

Consultation on Police and HIV

Saturday, 4 October 2014

Industriële Groote Club - Amsterdam

CONVENED BY



The Law Enforcement and HIV Network

ORGANIZED BY



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The Challenge:

Police are most often THE critical determinant of the risk environment for HIV among Key Affected Populations, and therefore the key enabler in relation to HIV prevention in concentrated epidemics. They have also, to date, been totally inadequately mobilised and engaged in the HIV response ...

1. Introduction and Background

Police are a critical sector in determining the risk environment for HIV for most key affected populations (KAPs), especially sex workers, people who inject drugs, and other marginalized communities. In the global response to HIV, the key importance of the police role has been well recognized and integrated in many developed countries. In most of the developing and transitional world, however, there is a large literature on police as barriers to effective HIV responses, and their role in violations of the human rights of these key populations – but much less about how to work with police to change these situations.

A major barrier to change among police agencies is the perception by police that they have no role in the HIV response, that their role is simply concerned with the criminal justice system. Attempts by agencies whose agenda is HIV prevention or care to involve police are therefore often unsuccessful, as they address the concern of the agency, and are irrelevant to the perceived concerns of police. As well, such attempts are often fragmented, as international agencies each have partial agendas, focusing on one or other community and not co-ordinated. Interventions including one-off training of police cadets and sensitization of police personnel to HIV and human rights are necessary but by themselves inadequate, because the ability of the individual police officer to change their behavior in an unchanging police culture is very limited.

The need therefore is for change in police policies, culture and practices; the most potent strategies for such change (as in any closed culture) will likely include peer education (combined with law and policy reform), and engagement in partnerships with other key stakeholders, to promote awareness of each partner's perspectives and concerns.

Several agencies globally are supporting activities with police in relation to HIV and to human rights, and an increasing number of community service organisations (CSOs) and non-governmental organisations (NGOs) are developing collaborative relationships with local police, but there is little or no co-ordination of effort or message. Over the last few years there has been increasing interest on the part of international agencies in the involvement of police in the HIV response. This is to be welcomed, but comes with a risk of fragmentation of effort and a confusing diversity of approach. There is however accumulating evidence and experience which needs to be collected and shared.

2. The Consultation

This Consultation came about as a result of the recognition of a need for co-ordination and collaboration between all these agencies working with police in the HIV response, and better planning and sharing of resources and experience. It was convened by the Law Enforcement and HIV Network (LEAHN), and co-organised by the Centre for Law Enforcement and Public Health (CLEPH), the International Development Law Organization (IDLO) and Birkbeck School of Law at the University of London. The Consultation and individual delegates received support from Aids Fonds, AIDS Foundation East West, Birkbeck School, COC Nederland, Soros Foundations, UNAIDS, UNDP, UNFPA, UNODC Vienna and Regional and Country offices and WHO. Reflecting the particular importance of the issues in Eastern Europe and Central Asia, simultaneous interpretation was provided in Russian, with funding from COC Nederland and UNDP.

LEAHN convened this Consultation as an independent network of police committed to the broad police role in the HIV response, speaking solely on behalf of police. LEAHN sees HIV programs and collaborations not from the viewpoint of the agency involved, but from that of the police. As such, it is in a position to work with all involved agencies, CSOs and NGOs.

The Consultation was held over one day, Saturday 4 October 2014, in Amsterdam, in conjunction with the 2nd International Conference on Law Enforcement and Public Health. The Consultation was able to capitalize on the presence there of many supportive police, civil society and HIV programmes. The Dutch Police (Amsterdam) are very supportive hosts, with a long and strong history of police collaboration and leadership in public health areas; they include 'Pink in Blue', the police LGBT support and advocacy group. Local civil society organizations are similarly supportive and capable, including Mainline NL, COC Nederlands, SoA AIDS and AIDS Foundation East West.

Objectives

1. To share information on current initiatives and emerging best practices in police partnership in the response to HIV, including harm reduction approaches.
2. To identify recommendations for future action to build police capacity to respond in partnership to HIV, and support related national and regional initiatives

Outputs

1. 'Amsterdam Declaration on Police Partnerships for Harm Reduction'
2. Meeting report with recommendations and mapping relevant initiatives and institutions, networks and emerging best practices.
3. Advocacy video with interviews with senior police from among LEAHN CFPs

As well, a collection of resources on working with police in the HIV response was made available to participants, including the UNODC Training manual for law enforcement officials on HIV service provision for people who inject drugs.

“The experience shared by Kenya on collaborating with sex workers made me realize that it is possible to work with the police. Incentives for the police to do the right thing – all these amazing ideas that we could do in my country.” *Consultation participant*

3. LEAHN: The Law Enforcement and HIV Network

LEAHN is a global network of serving and retired police officers supportive of harm reduction approaches to policing among Key Affected Populations, communities at risk of HIV infection. LEAHN has been set up to promote a peer environment for change, by police for police. It currently supports networks in English and in Russian, with websites in both languages.

LEAHN is building a network of Country Focal Points (CFPs), serving and retired senior police officers who are building national-level LEAH networks with their own websites (in national languages) as part of national communications strategies.

LEAHN is the only independent grouping of police advocating for proper and effective engagement of police in the HIV response, and has a wealth of knowledge and experience about how this is best done. LEAHN's importance and strength as a partner in the global and national HIV response comes from its independence and its peer status – “by police for police”.

LEAHN Activities

LEAHN advocates for effective police engagement in the HIV response – to other police and to other sectors, including HIV programmes and civil society. LEAHN does this globally, and the CFPs do so nationally. CFPs are also involved in training their national police in working with KAPs.

LEAHN has produced a *Statement of Support* by police for harm reduction, which has been signed by over 10,000 serving and retired police globally and an increasing number of police agencies.

LEAHN CFPs (to date) (see <http://www.leahn.org/people/country-focal-points>)

- **Asia:** Viet Nam, Thailand, Indonesia, Nepal, India, Bangla Desh, Pakistan
- **Eastern Europe/Central Asia:** Kyrgyzstan, Moldova, Ukraine, Tajikistan
- **Africa:** Kenya, Tanzania, Ethiopia, Ghana
- **Latin America:** Brazil

[*What was valuable in the Consultation?*] “Spending time with police officers which would have been almost impossible in normal circumstances. They too are human beings.” *Consultation civil society participant*

4. Program

Consultation on Police and HIV

Industrieele Groote Club (IGC), Dam 27, Amsterdam

08.00-17.30, 4 October 2014

08.00 Registration and welcoming

09.00 Opening session

Welcome: Commissioner Olivier Dutilh, Head of the Amsterdam Police Academy

09.20 Overview of the Consultation: Prof Nick Crofts, CLEPH & IDLO

09.40 Keynote address: Professor Michel Kazatchkine, UN Secretary-General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia

Moderator: Prof Nick Crofts

Respondents: Senior Police Officers from the Law Enforcement and HIV Network:

- Inspector Wilson Edung Lomali (Kenya)
- Major Roberta Torres (Brazil)
- Police Colonel (retired) Gulsara Alieva (Kyrgyzstan)
- Police Colonel Krisanaphong Poothakool, Ph.D (Thailand)

10.30 Refreshments

11.00 Panel: Current initiatives and emerging best practices in partnerships with police

Moderator: Prof Matthew Weait, Birkbeck School of Law, University of London

- Mr Julian Hows, Programme Officer, Global Knowledge Management Team, Global Network of People Living with HIV (GNP+), Amsterdam
- Ms Pye Jakobsson, President of global Network of Sex Work Projects (NSWP), Stockholm
- Dr Zhannat Kosmukhamedova, UN Office on Drugs and Crime (UNODC), Vienna
- Ms Marja Lust, LGBT Police Team Roze in Blauw / Pink in Blue, Dutch Police, Amsterdam
- Mr Sanjay Patil, International Harm Reduction Development Program, Open Society Foundations (OSF), New York
- Ms Annette Verster, World Health Organization (WHO), Geneva

12.30 Lunch

13.30 Small Group Session: Recommendations for future action

Moderator: Mr David Patterson, Senior Legal Expert, Health, IDLO

Topic 1: Building the capacity of police institutions

Topic 2: Violence, civil society engagement, institutional challenges

Topic 3: Evidence-based harm reduction

15.00 Refreshments

15.30 Plenary Session: Recommendations for future action

Moderator: Chief Superintendent Jones M. Blantari

16.30 Plenary session: Review of 'Amsterdam Declaration on Police Partnerships for Harm Reduction'
Moderators: Prof Nick Crofts, Mr Greg Denham & Dr Alex Zelitchenko, LEAHN

17.00 **Wrap up and next steps**
Moderator: Mr David Patterson, IDLO
Topics and questions for Working Groups:

Topic 1: Building the capacity of police institutions

- Occupational health and safety
 - How can civil society partnerships be made more relevant?
- Public health approaches to HIV
 - How can these be mainstreamed?
- Institutional accountability
 - How can police engagement with key affected populations increase police accountability?

Topic 2: Violence, civil society engagement, institutional challenges

- Addressing the impact of violence on HIV vulnerability
 - How can police and civil society work collaboratively to address it?
- Civil society engagement with police
 - How can we promote advocacy with police and the HIV community?
- Resource mobilization
 - What role can police leadership play?

Topic 3: Evidence-based harm reduction

- Sustainable partnerships and networking
 - What are we seeking and how can this be achieved?
- Communications and publications
 - What is needed to increase awareness of the value of partnerships?
- Linking public health and public safety
 - How do we need to reframe the issues?



5. Keynote speech

Professor Michel Kazatchkine

UN Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia

Dear colleagues, Ladies and gentlemen,

I would like to warmly welcome you to this consultation on Police and HIV.

I would like to thank you for your commitment to joining the fight against HIV and congratulate you, the organizers, and the drafters of the **“Amsterdam statement on police partnerships for harm reduction” for your wisdom and your courage.**

Because, it takes wisdom and courage to question and challenge, as you do, established ways of working.

It takes wisdom and courage to question whether policing practices with regard to socially-marginalized groups, as implemented in so many parts of the world, are the right course of action to take, from a public health perspective.

It takes wisdom and courage to “think differently” and to ask how best to “protect and serve” in legal and policy environments that in many parts of the world are discriminatory, aggressive to the most vulnerable, including people who use drugs and sex workers. Today, we will be hearing many examples of how police can do things differently and more effectively, even within adverse environments.

It takes wisdom and courage to base what you do on evidence, rather than on tradition. And the evidence when it comes to HIV, drugs, sex work, the legal and policy environment, and law enforcement is crystal clear:

1. Whereas remarkable progress has been achieved globally, the world has failed in dealing with so-called “concentrated” epidemics, including epidemics driven by unsafe drug injection.
2. The evidence that harm reduction works is comprehensive, compelling, and undisputable.
3. Repressive laws and policies based on prohibition increase the health risks of people who use drugs and their communities – and they fail to achieve their objectives of protecting citizens and reducing crime.
4. Although formal laws are an important component of the legal environment supporting harm reduction, it is the enforcement of the law that affects the behavior and attitudes of people who inject drugs most acutely.

The world has failed in dealing with so-called “concentrated” epidemics. At least one out of five persons who inject drugs lives with HIV, and two out of three are infected with the Hepatitis C virus. HCV co-infection rates among HIV-positive people who inject drugs are particularly high, often ranging between 70 and 90 %. HIV-positive people who inject drugs have a two to six-fold higher risk of contracting tuberculosis.

The prevalence of both HIV and HCV is much higher among prison inmates than in the general population. For an HIV-positive person who injects drugs in prison, the risk of contracting tuberculosis is 23 –fold higher than that in the general population. Whereas the number of new infections and AIDS-related mortality has decreased globally by 25-30% in the last few years, these numbers continue to increase in Eastern Europe and Central Asia (EECA) where unsafe injection drug use remains the main driver of the HIV epidemic in EECA, as well as in most of Asia. Unsafe injection drug use is now an increasing mode of transmission in coastal regions of Africa where new routes of trafficking are also opening new routes for drug consumption.

At the same time and whereas coverage with antiretroviral treatment has reached 65 % of estimated needs among HIV-positive people globally, it is only 4 % of people who inject drugs living with HIV that access therapy.

Clearly, throughout the history of the AIDS epidemic, the investment to prevent and treat HIV among people who inject drugs, sex workers and other criminalized and marginalized populations has not met the need.

Harm reduction works. And yet there is compelling evidence that needle and syringe programs (NSP) and opioid substitution therapy (OST) are effective in reducing the sharing of injecting equipment and averting HIV infections. In combination with antiretroviral treatment, NSP and OST reduce HIV transmission, decrease mortality, reduce drug dependency, reduce crime and public disorder and improve quality of life. NSP and OST also reduce the risk of acquiring viral hepatitis.

Harm reduction interventions are very cost-effective. They are part of the WHO-UNAIDS and UNODC recommended package of services for people who inject drugs. A health-based approach to drug policies starts with the implementation and scaling up of harm reduction.

However, globally, only 8% of people who inject drugs have access to OST. And, in 2010, it was estimated that, worldwide, just two needles and syringes were distributed per person who inject drugs per month.

Repressive laws and policies increase the health risks of people who use drugs and their communities. There is ample evidence of the many direct and indirect harms that flow from punitive legal and drug policy frameworks: health –related harms, HIV/AIDS, hepatitis C and tuberculosis; mass incarceration, prisons, pretrial detention, administrative detainees; stigma against and marginalization of people who use drugs, and human rights being severely undermined in every region of the world. Laws and policies surround syringe purchase and possession, including over the counter sales and NSPs. Laws and policies also govern access to OST. Such laws vary by country, state or province and sometimes between and within cities. Because of these legal provisions, coverage of NSP and OST worldwide remains exceedingly low. Despite it being on the list of essential medicines, methadone remains illegal in a number countries, including in the Russian Federation where the epidemic remains largely driven by unsafe injection drug use.

Laws and policies can be critical but it is the practices of police and the enforcement of the law that affects the behavior and attitudes of people who inject drugs most acutely.

Syringe confiscation and arrests directly influence the risk of people who inject drugs of acquiring HIV or hepatitis as they often then resort to borrowing someone else's used syringe or using discarded syringes. Such arrests happen even in settings where syringe possession is not prohibited by law.

Fear of police discourages people who inject drugs from carrying syringes even for the purpose of syringe exchange. The following words from a young woman in Moscow describe the fear cause by aggressive law enforcement, "Fear, fear. This is the very main reason. And not only fear of being caught, and you won't be able to get a fix. So on top of being pressured and robbed (by police), there is the risk you'll also end up being sick. And that's why you'll use whatever syringe is available right then and right there".

In Bangkok, a study has shown that people who inject drugs who had been subjected to random urine testing were more likely to report avoiding healthcare services and avoiding access to voluntary addiction treatment.

In addition, ample evidence documents that policing can also indirectly increase HIV risk by conducting surveillance, crackdowns and arresting people who attend harm reduction NSP or OST programs.

And most concerning, of course, are cases where police engage in misconduct extorting bribes, planting drugs, forced withdrawal, or physical and sexual abuse.

This long list of issues – unfortunately so real in the life of people who inject drugs and communities in almost every part of the world - is familiar to you. Today's consultation is about seeking solutions, and ways of intervention.

The good news is that the debate on what the current international drug regime has achieved/ or – actually - not achieved and on the effectiveness, or rather, lack of effectiveness of drug policies primarily based on a prohibitionist paradigm is now open. The Special Session of the UNGA on drugs to be held in 2016 provides us with a unique opportunity to hold that debate at national, regional and international levels. The UN SG has called on a wide-ranging and open debate that considers "all options". The Global Commission on Drug Policy, of which I am part, has called again last month in its latest report, for reforms that promote public health over the criminalization of drug use and for alternative legal regulatory frameworks for drugs.

But shifting the emphasis of the international drug control systems, changing laws, and matching reform of law enforcement to reform of laws and policies is still a long way to go from where we are today.

And we are here because we all believe that a lot can be done on the ground, at the community and city levels, starting today, that may have a considerable positive impact on the health and life of people. This is the work in which you have engaged: training and harm reduction education, Law Enforcement Assisted Diversion programs, partnerships between police and health facilities (Safe Injection Facility in Vancouver), documenting and fighting violation of human rights and misconduct.

I look forward to listening to your experience and what you believe should be the priority pathways for intervention; also to listening to your views on which are the challenges you see in your diverse country contexts in re-aligning your practices with public health. Pathways of intervention that ensure that policing and law enforcement does not undermine prevention, and also actively promote harm reduction.

Ample evidence documents the ways that experiences of police harassment and abuse increase HIV risks. Less time has been spent on today's debate, documenting the positive counter-examples and the mix of practical incentives and police commitment that have shifted dynamics, improved HIV programming and led to better outcomes for both police and the communities they serve. As many of you have demonstrated, there is a lot that can be done within the existing legal and policy environments.

Improving law enforcement responses to drug-related harms requires building operational bridges between criminal justice and public health sectors. It requires, in parallel, initiatives seeking to improve police professionalism, accountability and transparency, and to boost the rule of the law.

Our common challenge is to promote a "smart law enforcement " where public health and law enforcement work synergistically to shift the environment from one that exacerbates HIV risks and crime to one that promotes safer and healthier communities.

Congratulations again on your wisdom and courage. Keep up the fight.

"The way issues of LGBT were addressed by the police officer (much passion). If this was done in my country I would be a very happy person." *Consultation participant*



6. Recommendations

The Consultation worked as small groups, mixed in terms of sectoral representation, on a series of questions related to key topics. Each group produced three recommendations on each topic, which are collated here:

Topic 1: Building the capacity of police institutions

Occupational health and safety (OHS): how can civil society partnerships be made more relevant?

- Occupational health can be an entry point for discussion of health of key populations.
- Communication platforms between police and CSOs can help articulate the OHS and personal risk for police around HIV and can therefore inform the design and implementation of police training at institutional and field levels.
- Civil society should be trainers/facilitators in police occupational, health and safety trainings and sensitizations. This should be done with both recruits and in-service trainings, (example Ukraine, Pakistan) and include constructive dialogue between civil society and police – reinforcing mutual responsibility and respect.

Public health approaches to HIV: how can these be mainstreamed?

- **Community policing** is well established; key populations should be integrated into model.
- **The role of police in the National HIV program** needs to be articulated which should then highlight the imperative for HIV training to be mainstreamed into police cadet and in field training.
 - Public Health approaches to HIV prevention should be mainstreamed through police senior management leadership cascaded down through the ranks supported by operationalized policies and recognition and rewards for police.
 - Training and education and public sensitization with the objective of influencing the police mindset.
 - Academy and continuing education should address public health and be created by and inclusive of law enforcement, stake holders in the criminal justice system and especially key populations.
- **Best practice in policing and public health guidelines:** UN agencies should develop joint 'guidelines' for best practice in policing and HIV and related health issues strongly based in human rights principles.
 - Encourage dissemination and integration of guidelines into national level context in particular police training curriculum. Build capacity within the police academies - rather than bringing in outside expertise - to facilitate sustainability.

Institutional accountability: how can police engagement with key affected populations increase police accountability?

- **Strengthening partnerships for better policing practices and accountability:**
 - There is a need to support multi-stakeholder working groups at the National, Provincial and local levels that oversee the implementation of HIV programs.
 - Encourage the setting up of several mechanisms:
 1. Ministerial level inter-agency coordination mechanisms.
 2. Coalitions of parliamentarians who can champion better policing practices – cross party.
 3. Creating mechanisms for police, civil society, community leaders and representatives of affected communities to interact.
- BUT - Partnerships need to be supported by Police Instructions as to their role in supporting programs.
 - Police accountability must be increased through development and operationalization of codes of ethics which are supported by policies, and SOPs which are reinforced through management and supervisory structures.
- How can accountability strategies increase engagement? External investigation of abusive practices; internal and external incentives for public health activities.

Topic 2. Violence, civil society engagement, institutional challenges

Addressing the impact of violence on HIV vulnerability: how can police and civil society work collaboratively to address it?

- Capacity building of Police, Community members and healthcare stakeholders through exchange of information, monitoring and documenting the occurring of violence, and creating a platform to address it.

Civil society engagement with police: how can we promote advocacy with police and the HIV community?

- Creation of a platform for all key stakeholders to discuss, share objectives, create a win-win situation and Identify the strengths and roles of different stakeholders.
- Police play a key role in changing laws, policies, strategies and creating a safe environment that affects the interest of key populations because they have direct contact with key populations.
- Build trust between Police and Community Members to let them keep the materials protect themselves against HIV.

Resource mobilization: what role can police leadership play?

- Division of labour and responsibilities creates institutional challenges: multisectoral approaches must be developed with other line Ministries (Labour, Health, Education).
- Advocacy through occupational standard of security for the police.
- Use confiscated goods for social programmes.

Topic 3: Evidence-based harm reduction**Sustainable partnerships and networking: what are we seeking and how can this be achieved?**

- To develop internal instructions for law enforcement to behave towards vulnerable populations, even when this is not formally enacted in legislation.
- For a partnership or network to be sustainable, there needs to be clear benefits (organisational and individual) for all partners. If a law enforcement agency seeks to establish a partnership purely to solve a problem of its own, the partnership will quickly flounder and fail.

Communications and publications: what is needed to increase awareness of the value of partnerships?

- Build on research and publications that show the positive effect of partnerships for harm reduction, which can be used for advocacy.

Linking public health and public safety: how do we need to reframe the issues?

- To take into account the wider spectrum of public health issues, beyond a narrow focus on HIV and drugs.

Effecting Change in Police Cultures:

- Culture change within policing is best effected from within, driven by officers who are respected within the department, drawing in external expertise only where necessary and supported by strong leadership.
- Internal systems that define how police officers are recognised and rewarded (whether in terms of salary or future promotion) should move away from activity-based counting of inputs (eg: arrests) to results-based measures of outcome (eg: preventive interventions).



7. Amsterdam Declaration

Amsterdam Declaration on Police Partnerships for Harm Reduction

As people from all sectors engaged in the global response to HIV, and with the aim of facilitating HIV prevention and eliminating HIV-related stigma and discrimination, we the undersigned:

Affirm the Principles set out in the LEAHN Statement of Support by Law Enforcement Agents for Harm Reduction and Related Policies for HIV Prevention, and, mindful of the continuing relevance of those Principles,

Recognise the importance of the need to establish, develop and sustain partnerships between police and other law enforcement agencies and people living with, and affected by, HIV, and those providing care, treatment and support for them, and

Further affirm that these partnerships must be informed by a human rights-based approach, and a commitment to the principles of harm reduction. In particular, these partnerships should:

- Identify and eliminate policing practices that create barriers to the effective delivery of HIV services;
- Enable and support access to HIV prevention, treatment and care services;
- Reflect and be consistent with United Nations and World Health Organization Guidelines on the need for the revision of laws, policies and practices toward decriminalisation of behaviours such as drug use/injecting, sex work, same-sex activity and non-conforming gender identity, and in this context explore and promote alternatives to arrest and prosecution of those who are members of key affected populations;
- Provide and facilitate adequately resourced, high quality, sustainable and ongoing education and training relevant to the work of the partners in preventing HIV and eliminating stigma and discrimination;
- Develop standards for, and enable the auditing of, initiatives and projects to ensure that people living with HIV and other key affected populations have access to the services and support they need;
- Gather evidence for, and contribute to, policy development and implementation at local, national, regional and international levels in the service of HIV prevention and the elimination of stigma and discrimination;
- Promote and ensure the meaningful participation of people living with HIV and other key affected populations in line with best practice.

We call on all those concerned with the intersection between law enforcement and HIV, and the widespread inappropriate use of criminal sanctions against people living with HIV and other key affected populations, and those concerned with HIV prevention and HIV-related stigma and discrimination, to promote and support the work of partnerships established in line with the Principles set out in this Declaration, and to ensure that such partnerships are facilitated, supported and enabled to undertake their work successfully, both nationally and internationally.

This Declaration was developed by the participants at the Consultation on Police and HIV, which took place on 4 October 2014, in Amsterdam, The Netherlands.

Signatories to the Amsterdam Declaration:

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Paul West, Policing First

8. Feedback from participants

What did you find most valuable about the Consultation?

Participants found most value in the sharing of information and experience, many finding enlightening and often inspiring new ideas among the presentations and discussion:

- Information about situations and people who work on this issue all over the world.
- To hear about the best practices and experiences of collaboration between police and civil society organizations in both developed and developing countries.
- Experiences shared by the panellist in the morning session were of great importance to understand the challenges of police officers face and how other address similar challenges in their jurisdictions.
- Knowing better law enforcement world. How law and enforcement is organized and what are the entry point with civil society. Recommendations, ideas on how to improve.
- More information on current initiatives and police partnership in the response to HIV and harm reduction.
- The experience shared by Kenya on collaborating with sex workers made me realize that it is possible to work with the police. Incentives for the police to do the right thing – all these amazing ideas that we could do in my country.
- Opportunity to hear what other organizations are doing and to reflect potential steps.
- The way issues of LGBT were addressed by the police officer (much passion). If this was done in my country I would be a very happy person.

The multi-sectoral nature and mix of participants was seen as indispensable for this issue to be taken forward:

- Working Groups. Good mix of CSOs, UN agencies and Police. Possibilities to meet other colleagues.
- Spending time with police people, different institutions and cultures. Useful to understand different cultures in order to plan more work together.
- Group work to share experiences of what works and what can work. Spending time with police officers which would have been almost impossible in normal circumstances. They too are human beings.
- Strong engagement and good discussion around policing practices. Great to have police diversity in the room.
- Partnerships with police and civil society. Multidisciplinary approach in engaging key populations. Review of policies and laws towards discrimination of key populations.

Much of this was new to many participants – the role of police in the HIV response, the possibilities for partnerships between police and civil society:

- The leading role of police in the fight against HIV.
- The partnerships between police and civil society organizations.
- Recommendations for future action to build police capacities to respond well to HIV/AIDS related issues.
- The role police can play in harm reduction and the role of civil society.

What was missing, or could have been done better?

Participants' feedback on this was basically to call for more – more time, more countries, more examples, more details, more issues ... all demonstrating the need for much more work in this area, and much more in the way of this type of multi-sectoral consultation.



Issues

- Issues around prisons and how police chiefs and prison authorities deal these communities that to prison.

Experience

- More examples of good practices (existing) of cooperation between police and civil society
- More time could have been allocated to the sharing of actual experiences of countries that are successful with their programs.
- Country reports on these issue and capture better what has been learnt.
- Presentations of best models of cooperation between police and HIV services – mechanisms (who, what, when and which purpose) to ensure access of key affected populations to HIV prevention and treatment services.
- Concrete positive practices in the countries and their results were presented in a general way and did not explain the details of the activities.

Geography

- More geographical representation (Africa in particular) given the breakdown of participants.
- More police members from other countries.
- Panel representative were virtually all from developed countries and recommendations, suggestions and issues were very “from the first world” focused. Difficult to apply in developing countries beyond aspirational hopes.
- Lesotho police force not represented
- Consider outreach to Latin American police
- Other members of the police force and organizations from other countries.

Communities

- Perspective of Islamic societies like Palestinians, Afghans and Arab states.
- Consultation focused a lot on drug use, some content on sex work. Good have been good to hear more on transgender, same sex relations too.
- More community members ... Representation of injecting drug users.

Suggestions for future consultations on police and HIV

Again, suggestions for future activities revolved almost solely around extending the concept and activity of the Consultation. Feedback was unanimous in its call for further such Consultations, at both Regional and Global levels, and on a regular basis.

LEAHN

- Expansion of LEAHN network.

Further Consultations

- Suggestion of a 2 day event. To have more time for plenary sessions and to organize panels according to regions, Eastern Europe, Africa, etc.
- Maintain the meeting.
- It is necessary to continue this dialogue in current format.
- Another opportunity next year to update each other.

Regional Consultations

- More geographical focus.
- Would it not be easier and more relevant to hold “regional” platforms for harmonizing law enforcement and public health objectives and strategies? Participants would probably get more if discussions focused on country level/regional activities.
- It is important to divide delegates in groups on the regional basis, since bordering regions have similar issues.

Funding - donors

- Where are the donors? Without the donors no actual structural and institutional linkages. I’m afraid that there will continue to be extremely limited impact and support for this work.

More of everything else ...!

- More content on same sex, transgender and sex work. More content on other regions.
- Make more partnership with the communities, starting with the consultation, rather than just recommend what should be done at the local level.
- Involvement of other security officers e.g. army, prison authorities and immigration officers because they also violate key populations.
- Model perhaps civil society, police and health service partnerships by having case study sessions where partnership members can describe what they did and what they learnt.
- More time for discussions given participants came a long way and the resources spend. Allow more time for discussions in plenaries and working groups. The ideas could have been enormous and helpful.
- It would be useful to hold consultation in a country using best practices, with practical visits etc. In a location where a leading edge projects can be showcased and, ideally, visited by delegates.
- Invite the chiefs of police to attend similar conferences and meeting. Participation of law enforcement officer at the highest possible ranks.
- Evolve from “what” needs to be done to “how”.

- Organize joint workshops with sex workers, police and health practitioners to stimulate the discussions.
- Discussions on international statements of involvement on police in the implementation of harm reduction and HIV prevention would have been helpful to unify approaches and mechanisms.
- Decision makers and parliamentarians should be invited. Mass media representatives be included. Potentials of social media need to be incorporated.
- Involvement of criminal justice agents (judges, magistrates, prosecutors).

HIV: Cops Too Can Make a Difference

8 Oct 2014 | <http://www.idlo.int/news/highlights/hiv-cops-too-can-make-difference>



An October 4 Police and HIV Consultation in Amsterdam issued a fervent call to promote partnerships between all those at the intersection between law enforcement and HIV – police and other law enforcement agencies, people living with and affected by HIV, and those providing care, treatment and support.

The appeal came in the form of the Amsterdam Declaration on Police Partnerships for Harm Reduction, which was developed by delegates to the Consultation jointly organized by IDLO, the Centre for Law Enforcement and Public Health (CLEPH) and the University of London’s Birkbeck School of Law.

Nick Crofts, IDLO’s Senior Expert in Law Enforcement and Public Health and Executive Director of the Law Enforcement and HIV Network (LEAHN), described the Declaration as ‘the brainchild of people from all sectors engaged in the global HIV response’.

Speaking at the public launch of the Declaration on October 6, Prof. Crofts stressed the practical outcomes that all participants were working towards: “The ultimate aim here is to facilitate HIV prevention, eliminate HIV-related stigma and discrimination and thus help turn around the epidemic in key affected populations.”

At the Consultation itself, speakers illustrated the need for identifying and eliminating policing practices that hinder the delivery of HIV services. Inspector Wilson Edung Lomali of Kenya set the tone by describing the negative effects of aggressive policing practices: “Drug users fear the police and run away instead of seeking treatment. That leads to aggression, withdrawal... When police enforce a law that’s supposed to protect everyone, drug users can end up in prison, where they could ultimately die the cells,” he said, pointing to the challenges that the law presents.

Former police officer and LEAHN’s Australia coordinator Greg Denham, argued that “Policing does not occur in a vacuum”. Going on to describe the pressures police face, he said, “We must be mindful that the community supports our work but police are public servants, and have to respond to government demands.”

Thai Police Lieutenant Colonel Krisanaphong Poothakool's description of 'arrest quotas' set under previous governments exemplify the kind of demands made of police in many countries. Lt. Col. Poothakool lectures to new recruits at the Royal Police Cadet Academy on harm reduction and is also the country focal point for LEAHN.

Pye Jakobsson, President of the Global Network of Sex Work Projects, lamented what she described as a worsening of relations between the police and sex workers in her native Sweden. "No real good relationship is possible if sex work is not decriminalized," Ms. Jakobsson asserted.

In the meantime, with support from their leadership, police can find creative ways to change attitudes and policing approaches.

To prove this point, Chief Superintendent Jones M. Blantari of Ghana has made a habit of whipping out a condom from his pocket. The police officer explained that in his country, the possession of a condom has frequently been used as evidence for arrest. That, he said, drives sex workers underground and they do not carry condoms. "If I, as a police officer, carry a condom, I will not have the moral authority to arrest anyone else who is carrying one," he said, smiling broadly.

It is this sort of exchange of ideas around best practice and harm reduction that the organizers hoped to encourage at the Consultation, in order to strengthen the collective effort towards an improved global HIV response.

Supported by AIDS Foundation East West, AIDSfonds, CoC Netherlands, UNAIDS, UNDP, UNFPA, Open Society Foundations, UNODC and WHO, the Consultation was organized in conjunction with the 2nd Law Enforcement and Public Health Conference.

9. Future steps

The Law Enforcement and HIV Network is small and operates with minimal funding. This Consultation is an indication of the need for such activities – and therefore for the Network itself.

LEAHN will work towards making such Consultations regular events – annually at the global level, and whenever possible at regional levels, in conjunction with regional meetings where appropriate.

The Consultation heard from many of the agencies present about plans for further work in the area of police partnership and engagement in the HIV response, actual, planned or proposed. LEAHN will explore the options for another global Consultation in 2015. There is likely to be much more to consider in the way of fruitful experience in partnership building.

10. Resources and links

<http://www.leahn.org/archives/3434>

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<http://www.leahn.org/>
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9. 140709. Guidelines for KAPs. WHO.
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10. 140901. Engaging uniformed services in AIDS responses in Asia and the Pacific. UNAIDS.
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11. LEAHN Statement of Support by Police for Harm Reduction
<https://docs.google.com/forms/d/1rClnFwaHZDvHCBz5-YpO6ln7rPe9jaLaQNYFtvAlriE/viewform>

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- WHO Geneva
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