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After Islamic revolution in Iran, the policy of official change and they send drug users to prison for mandatory be free from using drugs. And they call them rehabilitation centers, but they were actually prisons, because they didn't have access to any healthcare services to get you know supplementary treatment for the addiction, and they had no choice except to you know suffer for a few weeks. And since some of them they were you know drug users that they didn't have experience of injection. When they got to prison, they may got you know some kind of drugs from other prisoners that they brought inside and they shared needles. And that was the beginning of a history of needle sharing among endocrine drug users inside the prison. So this policy unfortunately continued for almost 20 years, and for 20 years there was no treatment facilities for drug users, and if they arrested any drug users they sent them to these mandatory rehabilitation camps.

And they So if they found any drug user, they pushed them to those mandatory rehabilitation camps, and for 20 years they had this kind of policy. And that was the reason that drug users they had to shift their behaviors, and some of they started injecting drugs and sharing needles while they were in prisons. And when they got released, they may got infected by bloodborne diseases such as HIV/AIDS or hepatitis B or hepatitis C. The first HIV case was detected in Iran in 1986 among a hemophilic case. And after that, for a while policy makers they denied that there was any HIV issue in Iran. They called it this was a western disease and we as a Muslim country we don't have any kind of those illegal behaviors which put a trace of population to get HIV, except through blood transfusion.

At the beginning, the main route of HIV transmission was through blood transfusion from blood that they got from France, because they didn't have any screening system. So the majority of people that they needed blood they got infected if they needed blood due to surgery or the type of disease that they had like thalassemia or hemophilia. But when they identified that the rate of HIV is increasing among this target population, they started to do screening, and that was after a few years the rate of HIV among this type of group was declined. But for more than a decade that there was a debate between experts and policy makers to have some survey among other high-risk behaviors. Finally, officials accepted to have a pilot survey among drug users, and the best way to find. So that was the reason – I totally lost what I was talking about. What was it?

Okay, yeah, yeah. So the first pilot project was implemented among drug users, and the best way to find them was through prison system. So they had a pilot survey among three main prisons in southwest, southeast, and the western part of Iran.

And they found the rate of HIV is high among drug users who were in prison. The rate was between five to eight percent. What they did, so they closed one of the prisons in southeast and Yeah, yeah. *[Side talk with camera crew]*

Okay. One of the prison was located in western part of Iran in Kermanshah City, which has common border with Iraq. And one of the member of parliament in that city who was a doctor, medical doctor, when he got this data, he said, “We have to do something for these drug users.” So he talked to other members of the parliament, and he mentioned that we have to do something for this target population. And he got millions of dollars fund to establish the first national AIDS hospital in Kermanshah, because he thought if we have this AIDS hospital, we can provide services for them. And he forgot that for more than a decade there was a huge stigma about HIV/AIDS in entire country, so when he came to TV and announced this idea, most of the citizens of Kermanshah they opposed to this offer. They broke windows of his office and the office of governor, and nobody reelected this member of parliament for his next election. So the offer was shut down and there was a huge silence not only in Kermanshah City but also in entire country for more than two years. So it was from 1997 to 1999. So now I have to give you some background about our work, because we are originally from Kermanshah and we are facing this issue.

Okay, yes. So we were familiar with this story, and we realized that some of our neighbors they were suffering from addiction and HIV. And when we were in medical school, we realized that this is a huge stigma attached to this patient and we have to do something for them.

That was really the first study among HIV/AIDS cases in the capital of Iran in Tehran with one of our professor was graduated from France in HIV and clinical immunology, so we went to his private clinic every afternoon and worked with him to make the first study. And after graduation we went to Kermanshah to work with other doctors at the department of healths to provide some services for people with HIV/AIDS. So when we talked to other doctors, some of them they got interested, and we talked with the commissioner of health to give us a space. She knew our advisor of our _____ hesitation, and she said, “I will give you this chance to work, but if you failed, we don’t say that we _____ to you, because you know that this was a huge stigma.” So they gave us a storage in a clinic. It was two meters to three meters and has you know space for just doctor and a patient; if the patient has family, so they couldn’t fit. But that was a good start.

And we didn’t want to provide our services through a private or non-for-profit services, because we wanted to integrate services in existing and ongoing healthcare settings, so because we wanted to replicate that in other cities and provinces. So that was we used those existing resources, and some of the human resources they you know contributed part of the time with us, and some of the volunteers who got interested they joined us. And we started this project, but we realized we had to change our approach from top-down approach that that member of parliament had to bottom-up strategy, first to approach the target population. When we targeted them, we realized more than treatment, more than having a big hospital they need somebody to talk to. When we talked to them, some of them they said, “I didn’t see my son for more than two years. I didn’t see my partner for a while. They left me when I was in prison. When I was in prison some of the health you know officials told my you know family members that he got

HIV/AIDS, so then they left the home, and I don't have any address." When we had you know handshaking, some of them they started crying.

They said, "Nobody had handshaking with me for a while." So it shows that there's discrimination, and that was the motivation that we focus at the beginning on counseling. And after our you know business day every day after business hours, we went to the home to talk to the family members, to their parents, siblings and say they are good people. It is not necessary to be a bad people to get HIV/AIDS. Then those family members they felt and they realized that they had misjudgment, so some of them they started crying and they felt guilty, and the next day they came to our clinic. And that was the reason we build a trust between you know our audience, our target population, and us. Instead of having doctor's patients is to have this horizontal approach.

And that was they brought their friends, so their partners, the people that they were you know drug users. They had needle sharing and so on. And our clients, the number increased from one to two cases per week to 50 cases per day after six months. It shows that how much you know they got involved. And little by little when we show the data to the commissioner of health and they got interested and they shared with the new general _____ of Center for Disease Control and Prevention at the Ministry of Health who was originally from this city, and he came and visited our services. And he got interested and he endorsed it and encouraged us to have presentation and national conference for other you know provinces you know who came who are representatives of you know different provinces and department of healths. And after a presentation, they got interested to come to visit our you know center, and every week we had new visitors and that was opportunity to replicate this model in other places. And besides that, the commissioner of health you know presented this case to the vice ministers of health, and then minister of health came and visited and we shared this is the teamwork of the university. Because the commissioner of health is part of the medical university in Iran, the system is different. And little by little they presented this to UN you know meetings in eastern Mediterranean regional office _____ organization they call it Cairo, in Cairo.

So then they you know presented to the UN meetings, eastern Mediterranean regional office in Cairo, and people at the UN agencies they got interested, and they said they wanted to come to visit our activities because it is unbelievable. So that was we had visitors; three people came, two from Cairo, original office of _____ one from headquarter from Geneva. And then they spent a couple of days, and they were very impressed. And we shared this is the work of you know Ministry of Health, so that was they got the credits and that was they promoted. And that was opportunity that we went to other provinces and _____ have another center and then another in other you know province and little by little became nationally recognized. And then wanted us to serve in the national committee of AIDS, and that was a great opportunity to work with other experts to develop five years' national strategic plan how to involve different ministries and government and nongovernmental organization on you know HIV/AIDS prevention and care projects. And besides that, we thought that we have to make it sustainable, so that was we were –

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interested to apply for international funds. If government changed, how we can make sure that these projects will continue. That was with help of two international experts, one from World Bank and one from WHO who visited. We developed a proposal for global fund that _____ called to help to fight against HIV/AIDS to _____ malaria in 2001. So the first launch was in 2002, so we applied in September 2002 and we got you know 15.8 million dollars. But we put recipient United Nation's Developmental Program, not Ministry of Health, so that make sure it's nongovernmental agencies that they can audit and make it accountable.

And so it took two years until they got the fund because there was negotiation between ministry of health and UN agencies who should be the recipient, and finally Ministry of Health accepted in 2005. So during you know a period of 1997 until 2005, which was during Khatami, is a president that was a kind of you know opening the society, and that was a great opportunity for us to you know develop our idea and to promote it. And we work with you know some staff at Department of Health and Department of Education at the national level to develop some in a booklet for high school students, because we had a pilot project in Kermanshah for high school students. For 10,000 students we had training and we selected 500 of them to be our ambassadors to share messages with other neighbors to indirectly share about the benefit of these services. And since our target population were not just people dealing with HIV/AIDS, we were focusing on drug users as well and people who got you know sexually-transmitted infection. We were focusing on three main angles. We call our clinic triangular clinic, which was documented, by Waters Organization as a best practice, which is available online, 55 pages. One of the experts came for one month, visited our _____ and documented that report, which was released in 2003. And that was a good opportunity for us to go to international conferences to share our best practice and some of our research that we did, and we had some visitors from other countries.

For example, I remember we had a group of visitors from Indonesia, from Malaysia. Every month we had visitors. And then we set up some training program from 2004 for neighbor countries, because HIV doesn't care about borders. So the first approach was a cultural and language approach, so we had common border with Afghanistan and Afghanistan has come on border with Tajikistan. The three countries they have a similar language and a similar culture. We had the first training program in Iran that we invited representatives from Ministry of Health, you know prison organization, NGOs and to encourage them to work on HIV/AIDS, so when they return they continue their work. They develop a national strategic plan, and then we replicated this training for Iraq. We had the visitors from other countries from Middle East and southeast Asia and that was the opportunity you know to show another approach as a Muslim country, you know as a more conservative country, how could break the silence. So that was a good model for other countries like Malaysia. I remember they came in 2002. They had a conference in 2003, and ten years later in 2013 they hosted international AIDS conference, so it shows in how much they you know really put that in the agenda. And I was at the UK and a few months ago I saw one of the students at London School of Hygiene, she said she went to

Indonesia in 2010 to work on HIV, and they said they used the model that they came in 2001 to Iran as a best practice. So it was really well received by you know the people who came and visited. So there are some key points in that history that we have to consider. First, Iran had the experience of developing family planning, because after revolution the policy was to increase number of population, and that was from 1979 to 1989 almost, so the population increased from 30 million to 60 million; during ten years it got that. And then some of the experts said we have to reduce this you know number, and that was after you know several months and years you know discussion between experts and religious leaders; they accepted to change it to promote you know family planning approach, and that was you know became one of the great models for family planning. So that was a good foundation for us that we you know use some of those approaches. And in Iran, like a lot of countries which you know the attitude of government is based on religion, therefore when we approach the government we have to approach religious leaders. That was we approached some of the more flexible and open-minded religious leaders, and when we talk about you know HIV/AIDS, we emphasize that we want to prevent a baby to get HIV, and nobody can say no. So that was we started with that, and then we said we want to protect life of mother of that baby and then later father of that baby. So and when we use those approach, they help us to use terminology. For example, in Islam, drinking alcohol. So, for example, in Islam, drinking alcohol is prohibited, but if you are in the desert and you cannot find water to survive, you can drink alcohol to survive. So between bad and worse, bad is better, so talking about condom was bad, but getting HIV was worse. Let's talk about bad thing to protect to get worse things.

So by this kind of approach so they gave us some clue. So when we talked to those more open-minded and well-educated religious leaders and they said don't use this work, when some of the religious leaders they ask us, "Are you working with sex workers?" We said, "We are working with _____ women." They said, "Okay, no problem." By rephrasing, there was you know terms because terms have a lot of meanings. It's very important you have to be a diplomat. So it's very important you know which type of words you use, which phrase do you use, which is more acceptable by the society and less sensitive. And when you use those approach, it can open you know the window of opportunity that you know religious leaders talk about those issues. So after our meeting, so then they said, "Come to mosque and talk to other religious leaders." So we had the opportunity to talk after they and opened in a conversation, and they endorse it.

So I think this is a good model that how you can bring some sensitive issues, which has very high resistance by the religious leaders and society, to be very well accepted. How you can change social value to social entrepreneurship, and you can apply any other topics when you want to you know approach some other things. So I think this was a good way of you know looking on this issue instead of you know using traditional way of oh this is human right issue, we have to fight for that. Just focus more on. Yeah. So instead of using a traditional approach of human rights, say okay just campaign for human rights, this is their right, and just focus on advocacy. You have to you know focus on implementation, so that was maybe you should be like a diplomat, be more patient, and instead of just advocacy focusing on changing policies by

not only informing community but also involving and engaging stakeholders. So I think this is a key point, and we call our approach as a river strategy approach. There is no river in the. So if we look at the nature, there's no river which goes a straight change its way, not its go, and the more it goes get stronger. So we have to be flexible. And for example, even for some you know medical approaches to a kind of treatment or a lot of controversial between experts, how do you expert religious leaders that have no background about HIV/AIDS should know and understand and accept everything. You have to spend times and make him to be part of the decision, and besides that, the audience, people dealing with HIV/AIDS, their family, drug users to be part of that. So when they are part of the decision from the designing, implementing, adapting and you know delivering those services, so then you can learn a lot at the same time that you expect them that you have to learn. So it's you know two-way direction. So I think this is very good.

The other key points, based on you know looking at this history, is that even the target location was inside prison, but we didn't. Even the target location was inside prison, but we didn't you know initiate a project inside prison.

First we initiated outside of prison. Then we wanted to show how it works to the policy makers, then indirectly approach them to be interested to deliver those services inside prison. So I remember when we established a triangular clinic you know that one of the high officials from prison system who was in charge of healthcare change, the new one was more open minded. When he came to visit our you know clinic, you know we didn't say that you have to provide you know syringes inside prison. We said as long as we can educate prisoners you know to know about HIV/AIDS, so that would be great. And you know when we were in international conferences, we acknowledged that prison wants to open and stop fighting and blaming them, and that gentleman who was in that conference got very encouraged and motivated to positive reinforcement. When he returned said, "Okay, how we can work together?" And we invited him in a national you know AIDS committee, so every three weeks he was involved in those decision. Then he say, "Okay, how we can have a pilot inside prison?" That was we help them to have a similar clinic inside prison in Kermanshah, which you know became you know a model for other prisons, and then they invited you know doctors from other prisons to Kermanshah. We had one-week training for them, and that was they replicated to be you know more than 45 triangular clinics in different prison system. And little by little they provided medical services, so they were developing the first medical clinic in Kermanshah inside prison, covering more than 400 prisoners. Those prisoners who were drug users came to prison; we provided. Then every year they increased the numbers. Now I am looking at data. By 2010, there are more than 28,000 prisoners under medical treatments, so it shows how they got you know accepted and they replicated those services. The other area was Red Cross'. So one of the doctors who was working with us to you know to establish this clinic at the beginning, then he left the Department of Health and became head of the Red Cross center in Kermanshah province. And he said how we can provide projects on HIV education. So we work with him and we develop some guidelines to train volunteers who are you know teenagers during the summer courses, and that became a national model for the Red Cross center and then internationally recognized as one of

the best models for Red Cross _____ system. So there are a lot of great people that they did wonderful job, and without their work and their collaboration and their permission, we couldn't make this happen. But the key point is that there's some people that put these you know interest of people together and give them some idea how we have to overcome this barrier and to be more you know patient, because there are a lot of you know restrictions, limitations, cultural barriers, stigma, discrimination attached to these things that you have to find a strategy, and daily basis you are facing several challenges from your family level into your friends. And some people say you are wasting your time you know working with this, but that was a great time for us to work with these people. For example, even you know we visited those people in the clinics during the weekends. We brought them to hike together, so we went to mountain. We had you know dance music. And when we returned, we collected _____ syringes to show to the society that even they are HIV positive but they want to be positive for the society.

That was encouraging to have their own you know not-for-profit organization you know and through self-help group to help each other. Like you know 12 steps Narcotic Anonymous there's a strong network in Iran, so this group joined those bigger group, and they call for you know campaign against addiction you know three years later. And 3,000 citizens of the city they did you know hiking with those extra users, primarily with HIV/AIDS, as in a coordinator of that event, and they had some performance. You see after three years how much an attitude and mentality of the society changed, the same society that strongly opposed against this group now they change and they became supportive. And they realized this is not their problem, this is everybody's issue that everybody can get you know infected or affected by HIV or addiction.

So and you see when you change the approach, instead of top-down approach, have a bottom-up strategy to involve the society, then after you know a few years, the mentality completely changed. Instead of opposing against these you know services to be part of the services because they realize that anybody may be affected or infected by HIV or addiction. So after the government changed in 2005, the new government came in 2005/6, the policy changed, and during Ahmadinejad they wanted to say this is not a really an important issues. And they said we don't have those high-risk behaviors so they shift budget from you know, for example, drug demands to fight, Okay. So the policy changed, and they wanted to say this is not a very major issue. And that was that even they couldn't you know close those triangular clinics, because that was part of the existing primary healthcare settings. And they couldn't stop that international fund, because that was significant money for treatment, for diagnostic and you know training inside and outside prison system. But they reduced the quality of those services. If you look at data from 2000 to 2005 because you know it was open society, the number of new cases increased every year ten, 15 to 20 percent. But after 2005, starting from 2006 to 2011, Yeah.

After 2005, from 2006 to 2011, the rate of new cases of HIV was decreasing ten to 15 percent. It shows that the people, they couldn't trust those clinics. When they look at news, they look at you know mentality of new officials, they said how we should go there and say you know this is our issues. And that was the main you know concern, because 70 percent of general

population of Iran are less than 35 years old. We have you know the majority of them between you know 17 to 27 years old. Yes. Also, they were at risk for unprotected sex.

So 70 percent of general population are less than 35 years old, and more than 50 percent are between 17 to 27. They are at great risk for unprotected sex, addiction, and so on. So but when the policy changed, for example during Ahmadinejad, we worked with some experts from you know Ministry of Education to develop some guidelines.

It was ready to be distributed, but new Ministry of Education said, "No, shame on you. We shouldn't provide these you know education materials about reproductive health." And the new director of Red Cross they didn't let those education matter, which was developed by you know former you know officials of Red Cross on HIV/AIDS to be delivered, so they were stuck in the storage. So for eight years there was less attention even through national TV or media or to do any research about HIV, and at the same time the rate of addiction was increasing. For example, before revolution, the rate of addiction was between 100,000 to 150,000, but after revolution that they you know forced some of drug users to be in prison and to _____ denial, the rate increased to more than two million, even three million based on different studies by UN _____ or Ministry of Health.

So it shows that we had great risk of you know those drug users who were at risk of HIV, but the services were declined, and there was a course which was delivered for at university for reproductive health and HIV. They said we don't need this kind of course at university, so you see for eight years the lack of enough education or appropriate you know method of education until recently that from last year that the government changed. So for eight years there was no less attention on HIV education until last year that the government changed. The new government came to power, and the new minister said shame on us during you know _____ AIDS day that they said you know we denied this HIV for eight years, which there are some studies that shows that the rate of HIV is increasing among high-risk groups. We have to spend more time making more priority. And we hope that in next few years.

So we hope that you know new administration that they wanted to make it priority. You know during the past year they will continue their work, we hope, because this is the major issue, you know addiction, because it has come on border with Afghanistan that 80 percent of war drugs come from Afghanistan and has to go across Iran. And we had eight years of war between Iran and Iraq. We had you know hundreds of thousands who got killed and you know more than 300,000 disabled due to war, so they were affected by war. And the other thing was high rate of unemployment, specific during the sanction you know. And you know this is a key –

I think this is very critical that if we don't focus more on you know HIV education specifically among teenagers and highlighting you know to have protected sex, because the age of puberty is 15; age of you know marriage is more than 30. So they are for more than 15 years at risk for unprotected sex, which put them at risk for sexually transmitted infection, including HIV/AIDS.

And my concern is that if you look at data, the last data, if you compare to the year before, the proportion of women who were infected increased three times. For example – okay.

So if you look at data during the past two years, if you compare the recent data to the data which was you know reported last year, the rate of HIV was increasing among women. The proportion of women who got HIV increased three times. Two years ago 11 percent of HIV-infected cases were women, but at recent report more than 30 percent are women. It shows that more women get HIV through their partners, and if we don't provide those protection services prevention of mother-to-child transmission, in the near future we will have a lot of new babies who will be infected by HIV/AIDS. So is there anything else do you want me to –

Okay. What was the last statement? Okay. Yes. Sure.

If we don't emphasize more on women health issues, if we don't provide prevention of mother-to-child transmission on HIV/AIDS, our main concern is that in the near future we will have a lot of new baby who will get infected by HIV. The same way that they got infected in Africa, now you see a lot of baby get infected on a daily basis. So this is very main you know challenge for the you know control of HIV/AIDS in Iran, because it's not just the duty and obligation of Ministry of Health. We have to involve other ministers and governmental and nongovernmental organizations. And the recent concern on you know HIV/AIDS –

sorry, I got lost. Okay, sorry, I have to change. Yeah, before that, what was the change.

Okay, so forget the last sentence because I don't want to open new things. I want to just – is there anything you want me to address? Okay, good. Good.

[End of Audio]