

MYANMAR

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, WFP, UNFPA, UNODC, UNESCO, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

In Myanmar, the Joint Team made significant contributions to scale up community-led HIV testing reaching thousands of people, including young people and key populations in various townships. Technical and financial support was provided to the Government and the national network of people living with HIV to implement the multimonth dispensing and community-led delivery of antiretroviral therapy ensuring the continuity of treatment and support services for people living with HIV including prisoners living with HIV during the COVID-19 pandemic. The Joint Team further supported the antiretroviral medicines procurement process to avoid stockout and supported the Government to rollout pre-exposure prophylaxis to curb new HIV infection among vulnerable and key populations. School teachers, student teachers and peer educators were trained, and electronic resources were developed to boost the delivery of sexuality education while thousands of young people were sensitized on sexual and reproductive health and rights, including gender-based violence. Capacity building was provided for community-based organizations and take-home dose of methadone maintenance treatment services were implemented to scale up harm reduction programmes, including HIV prevention among people who use or inject drugs. Technical assistance and collaboration led to the development of a draft HIV Law that was presented to key stakeholders and the public for comments. The Joint Team also supported the development of a policy paper on alternatives to imprisonment for some drug offences identifying the policy options aimed at drug-related overcrowding in prisons and its adverse health and human rights consequences. International resources were mobilised for the implementation of community-led programmes with active participation of civil society and networks of people living with HIV and key populations.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

During the COVID-19 pandemic, the Government was supported to develop national prevention and control guidelines for healthcare workers and facilities, which were disseminated in all HIV service delivery sites.

In partnership with the National AIDS Programme, Population Services International, and Medical Action Myanmar, the Joint Team also supported the rollout a pre-exposure prophylaxis (PrEP) programme targeting men who have sex with men and transgender persons at three clinics in the Yangon region. The mid-term analysis of the programme conducted in late 2021 showed nearly 90% of clients screened were eligible, of whom 61% people were initiated on PrEP.

In the 2020-2021 academic year, the Joint Team supported training of 80 life skill education teachers (72 females) and 50 student teachers from 25 education degree colleges to improve their knowledge and skills of delivering HIV and sexuality education, including gender-related topics. A new open e-learning platform and resource materials increased access to modified online courses and videos on HIV and sexual education among teachers and student teachers. Online weekly quizzes enabled 30 peer educators to actively participate and share knowledge during the COVID-19 pandemic.

The Joint Team collaborated with the Myanmar Youth Stars (MYS) to provide a training of trainers for 39 key populations, including MYS staff members, people living with HIV, female sex workers, people who use drugs, men who have sex with men, and transgender people on HIV, sexual and reproductive health and rights, gender-based violence and programme monitoring. Additionally, 2118 young people from key populations groups were sensitized on sexual and reproductive health, and rights (SRHR) using online and social media platforms during the COVID-19 pandemic and the political crisis. A total of 18 social media contents on SRHR were posted on social media ensuring active participation of 83 104 young people from key populations, of whom 260 people received referral support.

In 2021, the Joint Team conducted two virtual training sessions for 82 representatives of 18 community-based organizations to improve their capacity on the delivery of evidence-based harm reduction services, including HIV prevention, treatment, care, and support among people who use stimulant drugs. Technical support was also provided for the development of trainer's guide, training curriculum and tools which were used in the training sessions.

HIV TESTING AND TREATMENT

In 2020, Joint Team supported the Ministry of Health and Sports to integrate multiple HIV testing strategies, including index testing, community-based HIV screening, and HIV self-testing, particularly among populations at high-risk of HIV in priority geographical locations.

Community-based HIV screening led by community health workers and peer supporters reached 1419 people from key population groups in five townships and 190 identified reactive cases were referred to HIV testing confirmation sites. In Rakhine State, the Joint Team also facilitated community-led testing for 1823 people from key population groups, and out-of-school young people, of whom 50 people tested HIV positive and 38 were enrolled on antiretroviral treatment services supported by the United States Agency for International Development (USAID), public sector, and community networks.

In 2021, the Joint Team prioritized its support to ensure access to and continuity of antiretroviral treatment and other HIV services in humanitarian emergency situations. Hence networks of people living with HIV and key populations were supported to scale up community-led delivery of antiretroviral treatment; follow up of people living with HIV, including tracing people who are lost to follow up and linking them back to care; and referral to services. The networks were further assessed to disseminate health information and provide peer education and social support services, especially during the COVID-19 pandemic and the social unrest in 2021 in the country. For example, the Myanmar Positive Group (MPG), the national network of people living with HIV, was assisted to provide support services for 758 people living with HIV in 18 prisons across the country. Furthermore, the Joint Team provided 50 dignity kits to young female sex workers and young people living with HIV in Mawlamyaing during the monsoon season.

Following the request from the National AIDS Programme, the Joint Team procured and donated a six-month supply of antiretroviral drugs and HIV-related commodities, including test kits and personal protective equipment to ensure the continuity of HIV services during the COVID-19 pandemic.

As of mid-2020, an estimated 60% of the people living with HIV in Myanmar were accessing their treatment through a six-month multimonth dispensing (MMD) of antiretroviral treatment from facility- and community-based treatment service sites, according to available data on Open

Medical Record System (OpenMRS). Take-home dose of methadone maintenance treatment for 7 to 14 days was also provided for 75% of the people who use drugs enrolled on opioid agonist therapy programmes.

In partnership with the Clinton Health Access Initiative (CHAI), the Joint Team provided technical support to improve data collection and reporting on early infant diagnosis and viral load monitoring using the Laboratory Information Management System. Technical assistance was also provided to strengthen the quality of data from the OpenMRS software, including on people living with HIV enrolled on treatment services. These information systems were used in some public health and most private laboratories in 2021.

A series of information materials, including 150 000 pamphlets and 5 000 posters on COVID-19 prevention and HIV-related risks, and advantages of adherence to antiretroviral treatment and COVID-19 vaccine were produced to ensure the safety of people living with HIV and address misinformation in communities. These materials were distributed to more than 20 HIV programme implementing partners and community-based organizations while the electronic versions were published on various partners' social media outlets.

HUMAN RIGHTS, STIGMA, AND DISCRIMINATION

As Myanmar has no HIV-specific law, Section 269 and Section 270 of the Penal Code are used to address HIV exposure or transmission cases in the country. In this regard, the Joint Team worked with the Union Parliament of Myanmar and other national partners to develop the draft HIV law to protect the rights of people living with or affected by HIV. The draft law was published in the newspaper for public comments in March 2020.

The Joint Team provided technical support and collaborated with national partners and the LGBTI community for the review of Section 377 of the Penal Code that criminalizes same sex relations. In 2021, the Joint Team also built the capacity of key populations, including men who have sex with men and transgender people on human rights and national laws to scale up the advocacy efforts aimed at strengthening enabling environments for the provision of HIV services and protecting the rights of people from the LGBTI community.

In partnership with the Sex Workers Network in Myanmar and national partners, the Joint Team advocated for and provided technical support the review of the 1948 Suppression of Prostitution Act (Law No. 7/980), which penalizes sex workers by up to three years of imprisonment if found to be involved in sex work. That Act further hinders access to HIV, SRHR and other health services and gives no legal protection for sexual and gender-based violence and other forms of abuse. The new special law entitled Law on Sex Work is currently going through the legal editing process at the Attorney General Office.

To guide implementation of the national drug control policy, the Joint Team supported the development of the National Strategic Plan for Drug Control 2020-2024, which was approved and endorsed by the Office of the President in 2020. Technical assistance was also provided for the preparation of a policy paper on alternatives to imprisonment among minor drug offenders which will be also used as an advocacy brief for implementation of non-custodial measures for minor drug offences.

The Joint Team provided training of trainers (ToT) for 42 community-based focal persons on gender-based violence from 12 townships in 12 states and regions to improve their capacity of support women living with HIV, female sex workers and their children who survived/experienced gender-based violence, which has been worsened during the COVID-19 pandemic.

INVESTMENT AND EFFICIENCY

The Joint Team made significant contributions to the Country Coordinating Mechanism (CCM) for the mobilization of US\$ 18 million from the Global Fund COVID-19 Response Mechanism to mitigate the impact of the COVID-19 pandemic on HIV, tuberculosis, and malaria services. In total,

US\$ 91.6 million (including above funding allocation) was secured from the COVID-19 Response Mechanism 2.0 to support the COVID-19 pandemic from July 2021 to December 2023.

Technical support was provided to all community representatives of networks of people living with HIV, key populations, young people, and faith-based organizations to ensure their meaningful participation in programme planning and resource mobilization for the national HIV response, including the development of the fourth National Strategic Plan on HIV/AIDS and the Global Fund concept note. As a result, the Global Fund allocated US\$ 6 million to the Myanmar Positive Group to support community-led HIV programmes and support activities.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Following consultation with a broad range of stakeholders, including community networks, civil society organizations and the National Drug User Network, the Joint Team provided substantial technical support to the Ministry of Health and Sports for the development of the National Strategic Framework (NSF) on Health and Drugs. This milestone document will be used to address the adverse effects of drug use and drug dependence, including new HIV infection and other communicable and infectious diseases, in line with the Sustainable Development Goal (SDG) 3 (Good Health and wellbeing).

During the COVID-19 pandemic and the governance, policy and socio-economic unrest, the Joint Team coordinated with its partners to ensure the continuity of HIV and other critical services in Myanmar. This contributed towards the attainment of SDGs 3, 5 (Gender equality), and 17 (Global partnerships for sustainable development).

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic and the changes in government in 2021 created security, political, public health and socioeconomic challenges and negatively impacted the provision of HIV services and planned programme activities. The Joint Team's collaboration with government officials was also severely curtailed, hampering its ability to operate at full capacity.

Despite the significant efforts made to maintain HIV services, the situation in the country continues to impede the delivery of essential HIV services, including tracing of people living with HIV on treatment who are lost to follow up, overdue or are missing appointments. There are also delays in initiation of services. This is due to the safety and security of peers and outreach workers and their organizations, a scarcity of appropriate human resources, as well as shortages of drugs and other essential supplies. To overcome these challenges, the Joint Team capitalized on the multisectoral approach with HIV partners, including technical and programme implementing partners, donors, fund management organizations, and community networks. The Interim Coordination Mechanism was also established to preserve gains made in the HIV response during the last decade by maintaining cohesion and coordination between all stakeholders during the political and pandemic crises. Additionally, the Joint Team supported and strengthened the community networks, community-based and civil society organizations to close the service gap created by the public sector and scale up community-led HIV response.

COVID-19 pandemic- and security-related travel restrictions, lockdowns, and limitations of group gatherings resulted in postponement and cancellation of various support activities, including trainings, awareness raising and outreach initiatives, and in-person field visits to monitor the programme implementation. In response, the Joint Team provided the technical support to develop and implement alternative strategies and approaches to mitigate these restrictions, such as capacity building trainings, workshops and awareness session using virtual and social media platforms.

School closures were another apparent challenge that limited sexual and reproductive health and HIV services that targeted adolescent and young people in schools. Lessons learned underscored the need to address limited technology, poor internet connectivity, and functionality of virtual platforms to ensure successful engagement with this target populations.

Report available on the
UNAIDS Results and Transparency Portal

open.unaids.org