

MYANMAR

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
An estimated 91% of all people living with HIV in Myanmar know their HIV status, 94% of all people diagnosed with HIV are accessing antiretroviral therapy (ART), and 75% of all people receiving ART are virally suppressed.	ON TRACK	No data available for 2020. By the end 2019, an estimated 77% of people living with HIV in Myanmar accessed ART (National AIDS Programme, progress report 2020). Improving access to HIV testing and ART is a priority for the national response by 2021.
90% of men who have sex with men, transgender persons, people who inject drugs and who use drugs, female sex workers, young key populations, and prisoners in high-risk geographical locations are accessing effective combination HIV prevention services.	SLOW PROGRESS	By the end of 2019, combination HIV prevention coverage was at 50.4% among female sex workers, 29% among men who have sex with men and 34.2% among people who inject drugs based on the integrated biological and behavioural survey data (GAM 2021).
Policy and legal reforms are implemented in health, education, drug control, social protection and justice for people living with or affected by HIV, including efforts to reduce stigma and discrimination.	ON TRACK	In February 2020, the Cabinet approved and submitted the draft HIV Law to the Union Parliament of Myanmar and the draft Law was published on the Mirror Daily newspaper for public comments.
Effective management, staff development and participation in UN's development, gender, rights-based approaches, and humanitarian efforts in Myanmar.	ON TRACK	COVID-19 pandemic related reprogramming and operational adaptation of the activities were effectively managed within the Joint Team as well as with donors. In 2020, the Joint Team made significant contribution to the national COVID-19 response through 'A United Nations Framework for the Immediate Socio-Economic Response to COVID-19 in Myanmar'.

JOINT TEAM

UNICEF, WFP, UNFPA, UNODC, UN WOMEN, UNESCO, WHO, UNAIDS SECRETARIAT, IOM, UNOPS

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

The Joint Team in Myanmar assisted in the establishment of the first three pre-exposure prophylaxis clinics in the country with targeted services for men who have sex with men and transgender people. Community-based HIV testing has yielded results in reaching high-risk and key populations in priority townships; and community-led multi-month dispensing (MMD) of ART and support ensured treatment continuity and adherence among people living with HIV. The Joint Team also supported the training of peer educators enabling them to conduct hundreds of peer education sessions reaching young people from key population groups to boost their skills around sexual and reproductive health and rights. Social media initiatives were also supported, engaging young people with quality information on HIV prevention, sexuality education, and gender equality. The District Health Information Systems has been upgraded to improve the quality of HIV data collection, analysis, and use.

HIV TESTING AND TREATMENT**UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS**

The Joint Team supported the Ministry of Health and Sports to integrate multiple HIV testing strategies, including index testing, community-based HIV screening (CBS), and HIV self-testing and scale-up diagnostic services among high-risk populations in priority geographical locations. 1419 people from key population groups in five townships received CBS facilitated by certified community health workers and peer supporters, and 190 people who had reactive cases were referred to HIV testing confirmation sites, through support from the Joint Team.

In 2020, with support from USAID, private sector, and community networks, 1823 people from key populations, their partners and out of school youth in Rakhine State accessed community-led HIV testing, of whom 50 tested HIV positive and 38 of them were enrolled on ART.

As a result of technical assistance provided to the National AIDS Program (NAP), an HIV contingency plan was developed and implemented to respond to the potential impact of the COVID-19 pandemic on HIV services. Implementation of the plan ensured expansion of community- and facility-based multi-month dispensing of ART to boost service continuity and treatment adherence among people living with HIV. In 2020, more than 75% of the people living with HIV enrolled on ART services received their medicines through the 3- to 6-month MMD scheme at USAID HIV/AIDS Flagship (UHF) sites while 60% of the people living with HIV across the nation received their treatment via 6-month MMD.

HIV PREVENTION FOR KEY POPULATIONS**POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

In July 2020, Myanmar inaugurated three pre-exposure prophylaxis (PrEP) clinics in Yangon to offer services to men who have sex with men and transgender persons, and 191 men who have sex with men and transgender people were enrolled on PrEP services in two months after the opening of these three PrEP clinics. A total of 407 men who have sex with men were initiated on PrEP by the end of 2020. Preparation is underway to open more clinics offering services for people who inject drugs in Kachin State—the Joint Team assisted in policy development, adoption, and advocacy for further scale up of the service throughout the country.

A social media campaign on HIV prevention targeting young people, particularly in Kachin and Northern Shan states and Sagaing region was launched by the Joint Team with support from Access to Health Fund, reaching over 5.9 million people in the first six months with an overall engagement rate of 39%, including people who clicked, made comments, liked, and shared the posts. In addition, the Joint Team, in collaboration with Myanmar Youth Stars, provided training of trainers for 39 Peer Educators on sexual and reproductive health and rights (SRHR), including gender-based violence (GBV) and HIV. Out of them, 24 Peer Educators were selected to further roll out SRHR key messages among young key populations; they also received a training to improve their skills around mental health and psychosocial support, with particular focus on psychological first aid. Peer educators also received personal protective equipment (PPE), including masks, gloves, and hand sanitizers to ensure continuity of support services during the COVID-19 pandemic. As a result, the trained Peer Educators conducted 434 peer education sessions reaching 1614 young people from key population groups in three townships to improve their knowledge around their sexual and reproductive health and rights.

In 2020, virtual training workshops were provided to around 80 teacher educators and 50 student teachers (adolescents) from 25 education degree colleges improving their knowledge and skills on HIV and comprehensive sexuality education, including gender equality contributing to the health and well-being of students and their communities. An estimated 10 794 student teachers in 25 education degree colleges indirectly benefitted from lectures and knowledge sharing sessions conducted by life skill educators and student teachers.

Support was also provided to produce and launch the document on methadone maintenance therapy (MMT) success stories to assist advocacy efforts to ensure increased commitment by the Government, development partners, and communities to invest in and scale up MMT programmes in Myanmar. The Joint Team continued providing technical assistance to expand MMT programmes in Myanmar enabling a total of 26 016 people who inject drugs to access MMT services, of whom 10 720 were newly enrolled in 2020.

SOCIAL PROTECTION, HUMAN RIGHTS, AND EQUALITY UPSTREAM ADVOCACY; POLICY DIALOGUE; TECHNICAL SUPPORT

In 2020, the Joint Team increased advocacy and technical support to national entities to ensure conducive policy and legal environments for harm reduction programmes and promote balanced, evidence-based, health oriented and human centred drug policies in Myanmar. The National Strategic Framework on Health and Drugs was developed and approved through a strategic collaboration between the Ministry of Health and Sports, Ministry of Home Affairs, Ministry of Social Welfare, Relief and Resettlement, the Joint Team, and other harm reduction partners.

Support was provided to key population groups warranting their increased and meaningful engagement in programme planning, implementation, monitoring and resource mobilization of the national HIV response. As a result, representatives from key populations, faith- and community-based organizations, and networks of living with HIV encouraged the development of the National Strategic Plan on HIV and AIDS, Myanmar 2021-2025 (NSP IV), and the Global Fund grant proposal for 2021-2023. Myanmar Positive Group is the sub-recipient for the Global Fund grant cycle 2021-2023 receiving US\$ 6 million for the implementation of community-led HIV prevention, care, and support services in all public ART sites. The grants will also support community-led approaches in creating enabling environment, programme monitoring, community system strengthening and community feedback mechanism.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team provided technical support to the national Rapid Response Team established by the Ministry of Health and Sports to mitigate the impact of COVID-19 in Myanmar, including the continuity of HIV prevention, care, treatment, and support services. COVID-19 prevention and control guidelines for healthcare workers and facilities were developed and distributed to all HIV service delivery sites. Antiretroviral medicines, HIV-related commodities, including testing kits, and PPE supplies for six months were procured and distributed as per the request from NAP.

As a result of technical support to the Country Coordinating Mechanism (CCM), the proposed budget of US\$ 18 million was mobilized from the Global Fund COVID-19 Response Mechanism to support the national COVID-19 response and mitigate the impact of the pandemic on HIV, tuberculosis, and malaria services.

Continuity of the HIV prevention and treatment service among people living with HIV and key populations was the main priority during the pandemic. The Joint Team supported the MMD programme to ensure the provision of a six-month ART supply for 60% (as of mid-2020) of the people living with HIV through the facility- and community-based treatment sites across the country. Due to shortages of antiretroviral drugs, a total of 287 people living with HIV who were enrolled on ART services at Médecins sans Frontières (MSF)-India in the border town of Moreh were transferred to public ART service sites in their home cities of Sagaing and Chin ensuring service continuity and their adherence to treatment. Another 31 people living with HIV working in Thailand side received a three-month supply of ART in coordination between the NAP teams in the border towns of Tachileik and Myawaddy and the Ministry of Public Health in Thailand.

Support was provided to the Myanmar Positive Group reaching 758 people living with HIV from 18 prisons across the country released as part of an amnesty in April 2020 with necessary linkage to care services, including a six-month supply of ART and contacts of counsellors from their respective ART sites and transport allowances for their appointments.

More than 200 female sex workers who lost their livelihood due to the pandemic also received financial and social assistance.

With the technical assistance and advocacy of the Joint Team, MMT centres provided 75% of their clients with take-home methadone doses for 7-14 days during the COVID-19 pandemic to prevent client dropouts. The support included, tracking of the results in all 88 methadone therapy centres in the country through information system, advocacy, and coordination for necessary funding with key development partners and fund management organizations, and supporting infection control measures of MMT sites.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In collaboration with the Ministry of Health and Sports, Ministry of Planning and Finance, National Health Plan Implementation and Monitoring Unit (NIMU), and other development partners, the National Strategic Plan on HIV and AIDS, Myanmar 2021-2025 (NSP IV) was developed and aligned with the National Health Plan 2015 for Universal Health Coverage to ensure consistency with the national pursuit of providing healthcare for all citizens and the health financing reforms. The NSP IV seeks to expand facility- and community-based HIV prevention, treatment, and drug-related harm reduction services, eliminate HIV-related stigma and discrimination, and ensure equitable and rights-based healthcare system in Myanmar, which are critical to achieving the Sustainable Development Goals (SDGs) in 2030.

The Joint Team provided technical support for the development of a policy paper on alternatives on imprisonment in the national drug law to encourage decriminalization and reduction of sentences for drug use. The policy paper identified the policy options Myanmar can utilise to reduce drug-related overcrowding in prisons and its adverse health and human rights consequences contributing towards the SDG 3 through the efforts for ending epidemic of AIDS in 2030 and strengthening the prevention and treatment of substance abuse.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic slowed progress in the overall HIV response, with cancellation or delays in approving and implementing various programmes, including the scale-up plan for newly adopted HIV prevention models; community outreach initiatives promoting uptake of community-based HIV testing and PrEP services; and capacity building sessions due to poor internet connection, lack of IT skills, conflicting priorities among healthcare and programme staff, and travel/social restrictions.</p> <p>Ensuring availability of test kits and drugs for prevention of mother-to-child transmission of HIV (PMTCT) in remote areas was challenging due to pandemic-related travel restrictions and delays in the national supply chain.</p>	<p>Continue to provide technical and financial support to NAP, sector ministries and entities, civil society organizations, and communities to support the implementation of HIV programmes in the country.</p> <p>Provide technical support to develop and implement alternative strategies and different plans to mitigate the impact of the COVID-19 pandemic on the national HIV response, such as changing planned physical trainings and workshops to virtual sessions. This also includes capacity building on the use of different virtual platforms and information communication technologies.</p> <p>Apply the lessons learned from the Logistics Management Information System for HIV to address existing challenges and improve the national supply chain due to COVID-19. Coordinate with national counterpart and partners to monitor the logistic challenges and address gaps by identifying the alternative approach.</p>
<p>Difficulties in reaching key populations due to disruptions in outreach programmes and interruption of HIV services in many hotspots, including brothels and karaoke parlours due to pandemic-related social restrictions.</p> <p>Lockdown and social restriction measures resulted in closure of many business establishments, particularly the entertainment industry negatively impacting the livelihoods and increasing the vulnerability of people living with HIV and key populations.</p>	<p>Organize sexual orientation and gender identity (SOGI) training for service providers to improve the quality of services among key populations.</p> <p>Continue to support and closely work with community networks and prevention service providers to track and identify hotspots and movement of key populations.</p> <p>Continue to support dispensing of take-home methadone doses and MMD of ART to prevent disruptions in access to services.</p> <p>Continue to provide financial and social assistance to female sex workers who lost their livelihood due to the COVID-19 pandemic.</p>
<p>The referral pathways to non-stigmatizing SRHR services for young people from key populations still need to be strengthened and there is a need to build the capacity of service providers to improve the quality of SRHR services and client confidentiality.</p>	<p>Provide technical and financial support for peer focal persons from Myanmar Youth Stars to strengthen referral pathways to friendly SRHR services for young people from key populations.</p>

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