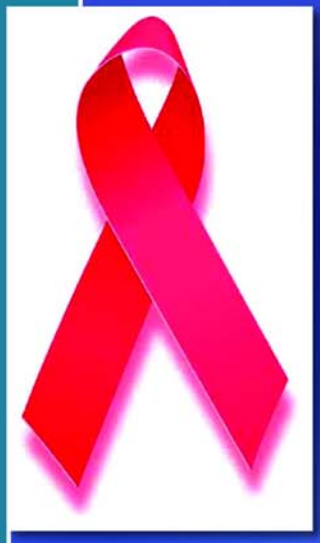
MYANMAR

NATIONAL STRATEGIC PLAN ON HIV AND AIDS



2006-2010

Executive Summary

The HIV epidemics in Myanmar remain largely concentrated among people identified with high-risk behaviours, in particular sex workers and their clients, injecting drug users and men having sex with men; and populations identified as highly vulnerable on the basis of their young age, gender, mobility and social or occupational characteristics. This focus of the epidemics calls for the urgent strengthening of prevention, care and treatment programmes addressing primarily the needs of these populations. The responses to the HIV epidemic to date have been diverse and great sources of learning, and demonstrated the capacity to respond to the HIV epidemic successfully in Myanmar, but are not being implemented to a scale sufficiently enough to address the epidemic or mitigate its impact.

Confronting an unabated HIV epidemic, the Government of Myanmar decided to embark on a comprehensive prevention, care and treatment strategy which would build on the experience and enrol the participation of all actors committed to this goal. Accordingly, this National Strategic Plan was the first in Myanmar developed using participatory processes, with direct involvement of all sectors involved in the national response to the HIV epidemic. Contributions were made by the Ministry of Health, several other government ministries, United Nations entities, local non-government organizations, international non-government organizations, people living with HIV and people from vulnerable groups. The National Strategic Plan 2006 – 2010 was prepared following a series of reviews which looked at the progress and experiences of activities during the first half of the decade. These included a mid-term review of the Joint Programme for HIV/AIDS in 2005 and a review of the National AIDS Programme in 2006, as well as many diverse studies and reviews of particular programmes and projects. The National Strategic Plan identifies what is now required to improve national and local responses, bring partners together to reinforce the effectiveness of all responses, and build more effective management, coordination, monitoring and evaluation mechanisms. It builds on current responses, identifies initiatives which are working and need to be scaled up to have maximum impact, builds on key principles which will underline the national response, outlines broadly the approaches to be used for prevention, treatment, care and support, and delineates strategic directions and activity areas to be further developed in order to mitigate the impact of the epidemic. Ambitious service delivery targets have been set, aiming towards 'Universal Access' to prevention and care services.

The National Strategic Plan is composed of two parts: Part One, presenting background information, aim, objectives, key principles, strategic directions, approaches and information on roles of participating entities and coordinating mechanisms; and Part Two, presenting, for each strategic direction activity area, outcomes, outputs, indicators and targets. The subsequent formulation of a Plan of Operations and accompanying budgets will translate key principles and broad directions set out in the strategic plan into a directly actionable and costed plan relevant to all aspects of the national response to HIV and to all partners in this unprecedented effort.

Building on previous experiences and lessons learned by all partners about what works best in the specific context of Myanmar, the National Strategic Plan identifies the key principles underpinning both the plan itself and

its future implementation. Among these are: the adherence to the "Three Ones" principles – One HIV and AIDS Action Framework; one National Coordinating Authority; and one Monitoring and Evaluation System – the participation of people living with HIV in every aspect and at every stage of the strategy, a primary emphasis on outcomes, defined as targeted behaviour changes and use of services; and a focus on the Township level with selected "Accelerated Townships" receiving support towards accelerated programme implementation. Key principles bring into focus populations at higher risk and vulnerability and with the greatest needs, ensuring that their needs are met to the maximum extent possible and that their participation in activities concerning them is secured. The development and implementation of an enabling environment is central to this approach, recognizing the negative effects that lack of information, inequality, discrimination and non-participation have on the reduction of HIV related risk and vulnerability. The strategy will strive to scale up programme coverage and use of services to the maximum achievable levels of resource availability and implementing capacity. It will build on evidence as strategic information guides decision and action and will achieve value for money as financial and other resources are incrementally mobilized and efficiently used. Working across sectors of government will gradually expand as capacity is built. The strategy will rely on collaboration between government and other public, private and non-government entities while mechanisms for coordination at the central and peripheral levels are enhanced.

The National Strategic Plan for Myanmar aims at reducing HIV transmission and HIV related morbidity, mortality, disability and social and economic impact. Its objectives are to: reduce HIV transmission and vulnerability, particularly among people at highest risk; improve the quality and length of life of people living with HIV through treatment, care and support; and mitigate the social, cultural and economic impacts of the epidemic.

Strategic directions are primarily defined on the basis of beneficiary populations. They include the reduction of HIV-related risk, vulnerability and impact among sex workers and their clients, men who have sex with men, drug users, partners and families of people living with HIV, institutionalized populations, mobile populations, uniformed services personnel, young people, individuals in the workplace and, more generally, men and women of reproductive age. They strive to meet the needs of people living with HIV for comprehensive care, support and treatment through the scaling up of services and use of a participatory approach. In order to expand the ability of all actors to engage fully in this collaborative effort, strategic directions also include the enhancement of the capacity of health systems and the strengthening of comprehensive monitoring and evaluation mechanisms.

This National Strategic Plan is a living document: it lends itself to adjustments and revisions as further experience is gained, resources are mobilized and evidence of success and shortcomings is generated through monitoring, special studies and mid-term and end-of-term evaluations.

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Myanmar National Strategic Plan on HIV and AIDS 2006-2010

PART ONE

Guiding Vision, Key Principles and Approaches

SITUATION ANALYSIS

National epidemiological situation

Surveillance of HIV and AIDS began in 1985. The first comprehensive surveillance system was developed in 1992, including surveillance amongst blood donors and AIDS reporting by health facilities. The first person with HIV infection was diagnosed in 1988, and the first person with AIDS diagnosed in 1991. Biennial HIV sentinel surveillance among different population groups began in 1992, along with the HIV surveillance among blood donors and AIDS case surveillance as reported by health facilities.

HIV sentinel surveillance has gradually expanded since that time to include 31 sites across all States and Divisions. Sampling has focused on urban and institutional based populations. Populations sampled for HIV sentinel surveillance include injecting drug users, sex workers, male and female patients with sexually transmitted diseases, pregnant women, blood donors and military recruits. New tuberculosis patients were included in sentinel surveillance from 2005. Each year, about 20,000 individuals are tested for HIV under the sentinel surveillance scheme and since 2003, a sub-sample of nearly 10,000 women and men is surveyed for HIV and STD related risk behaviours[1].

The Union of Myanmar has a population of 54.3 million. In 2004, a workshop organized by the National AIDS Programme, WHO and UNAIDS estimated that nearly 339,000 adults (15 to 49 years) were infected with HIV, representing 1.3 percent of the population. Incidence of HIV is estimated to be around 25,000 newly acquired infections each year[2].

Official surveillance data from 2004 show a slight decrease in rates of HIV infection among high-risk groups, but seemingly ascending trends between 2004 and 2005, as illustrated in Figure 1. By 2005, HIV prevalence in male

Figure 1. Trends in HIV Prevalence in various populations,1992-2005