

MYANMAR COUNTRY REPORT FOR  
EAST ASIA AND PACIFIC REGIONAL CONSULTATION ON CHILDREN  
AND HIV/AIDS

## OVERVIEW

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Union of Myanmar is a country with population about 54.3 million where various national races are living in unity. The population growth rate is 2.02%. As sixty percent of the population comprised of women and children, one of the top priorities of our country activities are the activities aiming for all round development of children comprising of health, education, development and protection of children.

All over the world, estimated number of people infected with HIV infection at the end of 2005 is about 40 million, out of which half of these people are women. The two main causes of such rapid spread of HIV infection nowadays are due to sexual transmission and intravenous drug use.

As all the countries over the world, Myanmar is also facing the spread of HIV infection. In Myanmar, first case of HIV infection was found in 1988 and first case of AIDS in 1991. According to the data of National AIDS Programme (1988- 2005 June), number of HIV infected persons are 62178, AIDS patients are 9772, AIDS deaths are 4336. According to the Estimation Workshop conducted during September 2004 by Ministry of Health and UNAIDS, estimated number of HIV infected people in Myanmar was 338911, out of which 9150 are estimated to be children. Since 1985, Ministry of Health has been implementing multisectoral HIV/AIDS prevention and control activities in Myanmar as a National Concern.

There is however, official surveillance data from 2004 that shows a slight decrease in rates of HIV infection among high-risk groups, male clients of STI clinics (3.2%), sex workers (27.5%) and injecting drug users (34.4%). A decrease was reported between 2003 and 2004 in donated blood (0.8%) and new military recruits (1.6%) testing positive, while there was a slight increase within pregnant women attending ante-natal care (1.75%). Recent trends need to be confirmed over time and other factors, like considerable geographical variation, especially between rural and urban areas, need further exploration.

### **HIV/AIDS Prevention and Control Activities in Myanmar.**

Since 1989, multisectoral National AIDS Committee was formed with high ranking officials from Ministry of Health and related Ministries such as Ministry of Education, Social Welfare, Progress of Border Area and National Races and Development Affairs, Labour as well as Presidents from Myanmar Maternal and Child Welfare Association, Myanmar Red Cross Society, Myanmar Medical Association, Myanmar Nurses Association, etc. There are also State and Divisional AIDS Committee in 17 States and Divisions with respective District and Township AIDS committees.

The AIDS Committees in respective areas are implementing HIV/AIDS prevention and control activities in line with National Health Plan through guidance by National Health Committee. National AIDS Programme comprising of 6 States/Divisional Offices and 43 AIDS/STD Teams are implementing ten activities for prevention and control of HIV/AIDS through out the country with coordinated efforts of respective AIDS Committees at various levels.

In Myanmar, when first HIV infected person was found, main mode of HIV transmission is through Injecting Drug use but like in all countries, main mode of HIV transmission has changed to sexual transmission. Because of increase in sexual transmission, HIV infection has been transmitted from infected males to their wives and partners. As HIV infection of male to female ratio has changed, there are now HIV infected pregnant mothers resulting in mother to child transmission of HIV like the trend all over the world.

In order to prevent HIV infection in women and children, activities aiming for awareness raising on HIV for women as well as Prevention of Mother to Child Transmission of HIV infection are being implemented as one of the priority activities of National AIDS Programme.

### **Care and Support for Orphans and Vulnerable Children**

The Department of Social Welfare is a focal department for providing care and protection of Children in Need of Special Protection (CNSP). Programmes for CNSP children such as prevention and rehabilitation are being undertaken by the Department, focusing on orphans, and vulnerable children, street children and working children, abused and exploited children, disabled children and trafficked children.

Care and support for orphans and vulnerable children are provided through residential nurseries. There are six residential nurseries under Department of Social Welfare taking care of children between (0-5 years). These residential nurseries provide health care, nutrition, early childhood care programme. Adoption service is also given to adopting parents according to the Adoption Law. The orphans and vulnerable children who need special medical treatment are referred to hospital under the Ministry of Health. There are medical doctors and nurses providing medical care and treatment to orphans and vulnerable children in residential nurseries. The Department provides counseling training, care and support training for care givers, staff and principal with the cooperation of the Ministry of Health.

The Department is taking care of institutionalized children systematically. There are 22 training school/centers run by the Department and 164 youth development centers run by NGOs. These training/centers admit children in need of protection and children in conflict with the law. They are given formal and non-formal education, vocational trainings in the

institution. Arrangements are being made for job placement and continuation of attending the University for Follow-up Activities. Family tracing as a part of family reunification is carried out by the probation officers for those children admitted in the institutions.

Regarding child protection, the Department has been conducting training programme on child protection not only in the community but also Social Welfare Training School which is mainly responsible for providing various trainings for social welfare officers, probation officers and care-givers. In addition, training workshops, two training manuals on child protection are developed for the use of trainings as well as trainees. IEC materials such as pamphlets and posters are distributed for the training workshops. Similarly, Social Welfare Training School has been making arrangements for capacity building of service providers such as social welfare officers, probation officers and care-givers.

## **PROGRESS TOWARDS UNGASS GOALS**

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Recommendations from UN General Assembly Special Session on AIDS (UNGASS 2001) are being implemented in Myanmar especially to prevent the community especially children from being infected and affected by HIV infection as well as from social consequences. By implementing such activities for prevention and control of HIV/AIDS without relying on external funding but with our own human and financial resources and relying more on multisectoral coordinated efforts as outlined in World AIDS Day slogan, more effective and successful impact can be achieved.

## **GOOD PRACTICE EXPERIENCES**

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AIDS is one of the priority diseases of the National Health Plan of Myanmar. The National AIDS Committee, a multi-sectoral Government body created in 1989, is chaired by the Minister of Health and oversees the development and implementation of the National Strategic Plan.

Leadership to fight AIDS is provided by the National AIDS Programme (NAP), Department of Health which consists of the Programme Manager's Office, a Central AIDS/STD Clinic and AIDS Counselling team in Yangon, six state/divisional AIDS/STD offices, and 43 AIDS/STD control

teams at township level, located throughout the country, covering 35 out of 63 districts<sup>1</sup> (map).

The general objective of the National AIDS Programme (NAP) is: *to increase the awareness and perception of HIV/AIDS in the community by promoting access to information and education leading to behaviour change and the adoption of a healthy lifestyle.*

Strategic areas for action are:

- Advocacy to authorities and decision-makers, implementing partners, and private sector and community leaders
- HIV and STI prevention education
- Targeted interventions:
  - ❖ Prevention of sexual transmission
  - ❖ Prevention of HIV infection among injecting drug users
  - ❖ Prevention of mother to child transmission
  - ❖ Provision of safe blood and blood products
  - ❖ HIV prevention in health-care settings
- Care and Treatment of STI patients and PLHA
- Programme management and support including monitoring and supervision
- Capacity building

#### **The ten activities for prevention and control of HIV/AIDS of NAP -**

- 1) Wide spread Advocacy meetings.
- 2) Health education (Awareness raising)
- 3) Prevention of Sexual Transmission of HIV/AIDS.
- 4) Prevention of HIV Transmission through Injecting Drug Use.
- 5) Prevention of mother to child transmission of HIV.
- 6) Provision of safe blood supply.
- 7) Provision of care and support.
- 8) Enhancing multisectoral collaboration and cooperation.
- 9) Special intervention programmes.
  - Cross border programme.
  - TB-HIV Joint programme.
- 10) Supervision, Monitoring and Evaluation.

The AIDS activities in Myanmar are designed to help the country achieve in particular Millennium Goal No. 6, *Combat HIV/AIDS, malaria and other diseases, specifically To have halted by 2015 and begun to reverse the spread of HIV/AIDS.*<sup>2</sup>

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<sup>1</sup> Myanmar is divided administratively into 8 States and 9 Divisions, each of which are in turn divided into districts (63 country-wide) then townships (324 country-wide).

In Myanmar, when first HIV infected person was found, main mode of HIV transmission is through injecting drug use, but like other countries in the region, main mode of transmission has changed to heterosexual transmission. Because of increase in sexual transmission HIV infection has been transmitted from infected males to their wives and partners, resulting in changing of male to female ratio of HIV infection. There are now HIV infected pregnant mothers and likelihood of mother to child transmission of HIV like the trend all over the world. In order to prevent HIV infection in women and children, activities aiming for primary prevention of women from HIV infection as well as prevention of mother to child transmission of HIV infection are being implemented as the priority activities of National AIDS Programme.

### **Awareness Raising Activities -**

#### **For Women:**

Awareness raising activities such as Health education, Life Skills Training, Reproductive Health, Peer education activities are being implemented in coordination with Myanmar Women Affairs Federation, Myanmar Maternal and Child Welfare Association. Prevention of mother to child transmission of HIV are also being implemented in coordination with Maternal and Child Section, Department of Health, UNFPA, UNICEF, Save the Children (US) and AMI. In coordination with Myanmar Red Cross Society, Myanmar Nurses Association and Social Welfare Department, HIV/AIDS prevention and care activities are also implemented.

#### **For Students:**

Since 1998, SHAPE (School Based AIDS Prevention And Education Project) have been implemented with UNICEF support and lessons on HIV/AIDS and Life skills have been taught as co-curriculum from fourth standard to ninth standard in schools through coordination and collaboration with Department of Education Planning and Training, Ministry of Education and National AIDS Programme and School Health Section, Department of Health. There are (140) SHAPE Project townships in 2005. Moreover, based on SHAPE, National Life Skills Education are now being taught in schools all over the country.

Coordination Workshops on HIV/AIDS Education Activities in schools are also conducted in various States and Divisions where State and Divisional Directors, and Township Medical Officers participated for more coordinated efforts in school based HIV/AIDS education programmes.

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<sup>2</sup> Myanmar's MDG report, 2005.

### **For Out of School Youths**

Community-based education activities, Harm reduction education activities, and peer education activities are being implemented by National AIDS Programme in collaboration with NGOs both National and International.

The Government structure is supplemented and complemented by UN agencies and the NGO sector which plays an important role in providing access to services, and particularly to vulnerable and hard to reach groups. UNICEF and its local NGO partner Pyinya Tazaung have recently launched "SHAPE Plus" – a similar programme that puts out-of-school youth in touch with positive young role models. International NGOs such as Save the Children in Myanmar has been working HIV prevention works since 1999. It uses culture based life-skills approach HIV/AIDS curriculum to provide HIV/AIDS and reproductive health education to out-of-school children and young people. Together with life skill training, reduction of stigma and discrimination towards people living with or affected by HIV/AIDS is integrated in the workshops. Save the Children staff, conduct workshops with children and young people to identify and train peer educators who later on take responsibilities to conduct multiplier workshops with their peers in project areas. They make their own plan to conducts such kind or multiplier workshops with the assistance of Save the Children.

Children organize HIV awareness raising campaigns during traditional and religious fairs and festivals such as new- year festivals, national days and pagoda festivals etc. They take responsibility to set up the exhibitions, distribute IEC materials, explain other children and young people who visit the exhibitions and report back their activities. In some places, children have drama shows during such kinds of special occasions to raise HIV awareness in the communities.

### **Harm Reduction -**

Ministry of Health provides technical support to Central Committee of Drug Abuse Control, Myanmar Anti-Narcotic Association, and UNODC in implementing peer education among drug users, drug use and HIV education among community and students, and harm reduction program.

Other sections of the health system are also mobilised to fight AIDS. The Department of Health's (DoH), Drug Dependency Treatment and Rehabilitation Unit (DDTRU) is responsible for harm reduction activities and treatment, including methadone maintenance, of addiction in drug users.

### **Prevention of Mother to Child Transmission of HIV-PMCT -**

Prevention of Mother to Child Transmission of HIV was launched in Kawthaung and Tachileik townships since 2000. PMCT is currently being implemented in (68) townships and (17)

specialist hospitals in collaboration with UNICEF, UNFPA, WHO, FHAM, and GFATM. The activities are as follows.

- \* advocacy with local authorities and responsible persons
- \* HIV prevention education for women
- \* HIV prevention education for youths
- \* counseling and HIV testing, and provision of training on Safe Delivery, Universal Precaution, Infant Feeding for health personnel
- \* HIV testing training for laboratory technicians
- \* Distribution of pamphlets and books on PMCT
- \* Delivery of Safe Delivery and Universal Precaution kits
- \* Advocacy on PMCT with general population and mobilization of community
- \* Counseling services for pregnant women
- \* HIV testing for pregnant women and their husbands
- \* Nevirapine therapy for both baby born to HIV positive mother and HIV positive mother
- \* counseling on infant feeding and care

NAP in coordination with UNICEF promotes a four-pronged strategy for prevention of mother to child transmission:

- prevent young women from HIV infection before pregnancy through knowledge and life skills,
- prevent HIV-infected women from unintended pregnancies through appropriate family planning
- prevent infection of infants born from HIV-positive mothers by using drugs (mainly *Nevirapine* at present), safe delivery and safe infant feeding, and
- provide continuous care and support for HIV-positive mothers and babies.

The programme was designed to deliver services initially at the community level in order to reach the majority of women in Myanmar who give birth at home.<sup>3</sup> Later Hospital-based PMCT was then developed so that pregnant mothers who presented with unknown HIV status could have better access to HIV medical care and treatment. Thus, in 2003, institutional based PMCT started in 5 hospitals. In 2004, 36 townships offered community-based PMCT and 17 townships offered hospital PMCT. PMCT is currently being implemented in (68) townships and (17) specialist hospitals in collaboration with UNICEF, UNFPA, WHO, FHAM, and GFATM.

NAP and UNICEF conducted a comprehensive survey of infant feed practices in Myanmar, and on this basis, infant-feeding guidelines for HIV-positive mothers to inform choices for PMCT has been developed by NAP, in consultation with partners.

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<sup>3</sup> 79% of births are in the home (Myanmar Reproductive Health Community Survey, MoH/UNFPA, 2002)



## **Provision of Care and Support**

- 1) Counseling services- HIV/AIDS Counseling Team provides basic, advanced, and refresher training courses for basic health staffs, participants from local and international NGOs, and other volunteers. so as to provide counseling services all over the country.
- 2) National Guideline on Voluntary Confidential Counseling and Testing (VCCT) has been developed and VCCT services are now provided in AIDS/STD teams and PMCT project townships as well as in some hospitals. VCCT services will later be expanded into MCH clinics, TB clinics and Drug Treatment Centres.
- 3) Provision of Antiretroviral Therapy and Opportunistic Infection Treatment for AIDS patients, and development of Guideline on Adult and Pediatric AIDS Case Care.
- 4) Development of Guideline on Home-based Care for AIDS patients, and implementation of community-based home-based care and social support without discrimination and in collaboration with social organizations

Local and international trainings for the clinical management of AIDS patients and treatment of opportunistic infections are carried out both in governmental and non-governmental sectors. Special trainings for management and care of dual TB/HIV infections were also given. Medical social workers, AIDS/STD investigators, basic health staff, volunteers from NGOs and community groups were also trained for counselling and psycho-social support of people living with HIV/AIDS.

National AIDS Programme in cooperation with AZG, ARV therapy was provided to the AIDS patients attending Waibargi Specialist Hospital and State General Hospitals in Lashio (Northern Shan State) and Myitkyina (Kachin State) since 2003. Currently, ARV therapy is also provided in Mandalay General Hospital as TB/HIV joint programme, Dawei, Kawthaung, Myawaddy and Tachileik Hospitals as Myanmar-Thai Border programme. Number of patients on ARV Therapy up to December 2005 is 231 patients.

National AIDS Control Programme also planned to provide ARV therapy for 150 AIDS patients in Yangon and Mandalay with the fund from Funds for HIV/AIDS in Myanmar (FHAM) Round I. To achieve WHO 3 by 5 target, Ministry of Health is planning to scale up the provision of antiretroviral therapy in Myanmar. Major activities under this approach includes capacity building, upgrading diagnostic facilities, and provision of drugs for opportunistic infections and antiretroviral drugs. FHAM is assisting the Ministry of Health in combating HIV/AIDS at different levels.

Community home-based care activities are being conducted by Myanmar Nurses Association with the technical support from National AIDS Programme.

Providing a caring, protective and supportive environment for PLHA and their families has been a key priority for Myanmar. Strategies include developing the involvement of PLHA in project activities, enabling access to education, employment and social support, along with the engagement of community leaders to promote a positive behaviour around HIV issues.

National AIDS Programme in coordination with International NGOs are also providing care and support activities. PLHA networks are being formed at Central AIDS Counselling Team and Waibargi Specialist Hospital and PLHA peer educators are also trained so as to assist in ARV Therapy and other supportive issues.. Creation of self-help groups has been on the agenda of the National AIDS Programme and of several organisations including, Association François Xavier Bagnoud (AFXB), CARE, the International HIV/AIDS Alliance (IHAA), MSF-Holland, Myanmar Council of Churches, Myanmar Nurses Association (MNA), PSI, and World Vision, as well as other local NGOs and Community Based Organisations. Groups operate with or without the provision of socio-economic assistance to PLHA, such as the provision of food, loans for income generation and educational support for children.

Many International NGOs are working in coordination with National AIDS Programme for care and supportive environment .MSF-Holland's programme has already employed a number of peer workers including PLHA as counsellors, health educators and outreach workers. As part of MSF-Holland's programme, peer and patient support group as well as other recreational activities have been organised.

AFXB, for example, has organised the Sunday Group with some adults and infected and affected children, along with vocational training, and income generating activities for PLHA. A number of small NGOs and CBOs have also been supported by the UNDP AIDS project to work with PLHA and orphans and vulnerable children.

The IHAA and Burnet Institute are supporting a number of local NGOs/CBOs including faith-based organisations to build their capacity to provide support to PLHA. On-going counselling for PLHA is being provided by many of the above organisations, In addition, peer counselling between PLHA also takes place through the support groups.

PLHA are represented on the Global Fund Country Coordinating Mechanism (CCM), and also on the ART selection committees that have been established in the country.

The National AIDS Programme, IHAA, MSF-Holland and UNDP are collaborating on an initiative to support a group of PLHA to develop a GIPA project to be funded by the UNDP Regional Project .

## Multi-sectoral Collaboration -

### 1) Collaboration with related Ministries

Ministry of Health implements HIV/AIDS prevention and control activities in collaboration with Ministry of Education, Ministry of Labour, Ministry of Railway Transportation, Ministry of Social Welfare, Relief and Resettlement, Ministry of Mining, Ministry of Information, Ministry of Home Affairs, Ministry of Industry (1), Ministry of Industry (2), private sectors, and other community-based organizations.

### 2) Collaboration with UN Agencies, Local NGOs, and International NGOs

Ministry of Health implements AIDS/STD prevention and control activities in collaboration with (7) UN Agencies, (18) Local NGOs, and (17) International NGOs.

### 3) Cross Border and Regional/International Coordination.

Since 2000, Myanmar-Thai Cross Border Coordination activities for AIDS, TB, Malaria has been implemented in 16 border townships. Myanmar is actively participating in the regional and international activities. Some activities are involved as a member of ASEAN Task Force on AIDS (ATFOA) as well as Greater Mekong Sub Regional Coordination activities.

## Achievements -

Program	2001 (township)	2005 (township)	Plan 2006 (township)
- 100% Targeted Condom Promotion Program	4	149	+5
- Prevention of Mother to Child Transmission	2	68 (17) hospitals	+30 +(10) hospitals
- Syndromic Management	154	314	+48
- Antiretroviral Therapy	Nil	(6) hospitals	+(6) hospitals

## INCLUDING CHILDREN

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### Children

Life-skills classes that educate children about the danger of HIV and AIDS are taking place in Myanmar by National AIDS Programme in coordination with Department of Education Planning and Training as part of a programme called the *School-Based Healthy Living and HIV/AIDS Prevention Education* (SHAPE). The SHAPE programme, which was introduced by UNICEF in 1998, is now part of the national curriculum in Myanmar. UNICEF reports that 2.14 million pupils have been reached by the SHAPE programme for the first semester of 2005 only.

Through this programme, UNICEF has supported the training of more than 54,000 teachers on a range of health and social issues, including HIV, personal hygiene, nutrition and drugs – knowledge that they can pass on to their students. International NGOs, like AMI and PARTNERS, have been able to support the SHAPE programme with the participation of local authorities in middle and high schools in the suburbs of Yangon. UNICEF and its local NGO partner Pyinya Tazaung have recently launched “SHAPE Plus” – a similar programme that puts out-of-school youth in touch with positive young role models.

## **Youth**

A significant number of partners have implemented projects focusing on Health Education for youth on HIV. The primary focus of youth HIV interventions is prevention messages that include life skills, behaviour change communication, adolescent reproductive health information, and HIV information education and communication (IEC).

## **Adolescents**

Additional partnerships for Adolescent Reproductive Health (ARH) among National AIDS Programme,<sup>4</sup> related Department s under Ministry of Health, UN Agencies and NGOS have been made to provide necessary ARH services. During the past years, fostered by UNFPA, youth trainings and youth HIV contests have been organised and youth-friendly corners established in 30 townships by National AIDS Programme ,Department of Health in collaboration with the Department of Health Planning and Marie Stopes International (MSI). These activities aim to train adolescents and youth in reproductive health related issues, HIV prevention, promoting positive behaviour change among youth through peer education and outreach activities, counselling, and youth participation in development activities. Youth participation in the project activities is one of the main strategies to achieve effective behaviour change among youth. Through these project activities, youth produce their own health messages, create their own songs with messages attractive to youth, short plays containing messages on ARH and HIV. These youth centres are thus run by youth peer educators and Basic Health Staff, trained on how to address adolescents’ reproductive and sexual health needs. They are particularly important for the dissemination of adolescent reproductive health and youth HIV information, as they are able to reach out-of-school youth.

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<sup>4</sup> MRCS also received support from the IFRC-International Federation of Red Cross and Red Crescent Societies

## TOWARDS THE FUTURE

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### **Key lessons learned to date**

- HIV awareness coverage has been greater in urban areas and with in-school youth than youth in rural areas, for out-of-school youth, and migrant populations.
- The use of peer educators has been an instrumental way to access youth. If ongoing training and follow up is done with peer educators, not only are they a disseminator of HIV information, they can be a voice for youth and instrumental to the monitoring process.
- HIV needs to have a stronger multisectoral approach that includes a social services and health. This is being addressed in the current development of the National Strategic Plan for HIV/AIDS.

In Myanmar, national development programs, and health programs are formulated and being implemented to reduce the impact of HIV/AIDS. Currently the NAP is collaborating with other Ministries and key stakeholders to develop a new National Strategic Plan (NSP) on HIV/AIDS for 2006-2010. This NSP is being conducted in multisectoral participatory approach to ensure wide ownership of the plan. Children will have a significant place within the plan and it is hoped that this will ensure wide protection, care and support for children affected by HIV/AIDS.

Myanmar has strong traditional, cultural and religious background that lays a solid foundation for tackling the complexities of HIV/AIDS issues. Myanmar Society comprises of extended family where children are regarded as precious jewels of the family. Thus multi-sectoral coordinated activities for prevention and control of HIV/AIDS have been implemented to achieve the goals and objectives of the Convention for the Rights of the Child (CRC) and UNGASS (2001).