



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Country Situation

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The response to the HIV epidemic in Myanmar is slowly but consistently expanding. The basic framework – the National Strategic Plan 2006–2010 – is up to date, places vulnerable populations at the forefront, was developed in collaboration with major stakeholders, has targets which are realistic but ambitious and in line with universal access, is accompanied by an operational plan with budgets and harmonized indicators as the basis for annual reporting. The Technical and Strategy Group on AIDS; chaired by the Department of Health with membership drawn from government, non-governmental and UN partners and including representatives of PLHIV - coordinates partners' activities in relation to the plan.

Funding has slowly increased during each of the past five years for HIV activities in Myanmar, despite the lack of access to major funding sources such as the Global Fund. In 2007 the Three Diseases Fund was launched by the UK, the European Commission, Sweden, Australia, the Netherlands and Norway, providing critical funding (amounting to approximately 30% of total funding on HIV in 2007). Overall, increased funding has resulted in expanding services. For example, antiretroviral treatment patients have quadrupled from roughly 2500 in 2005 to 10 500 in 2007. The number of SW, IDU and MSM reached by outreach or peer education services has increased every year. A growing number of self-help groups of PLHIV are emerging across the country, and are increasing their capacity to network. However, the percentage of people in need reached by services remains unacceptably low. For example, an estimated 70 000 Myanmar people are in need of antiretroviral treatment today, but only 15% of this number are receiving it. Only 18% of estimated HIV positive pregnant women are receiving assistance to prevent transmission of the virus to their babies. Too little is known about children affected by HIV.

Prevalence in Myanmar is estimated to be declining, from a peak of 0.9% at the beginning of the decade to 0.7% in 2007 (0.4% - 1.1%). Improved surveillance and increased research on a variety of topics (sexual behavior particularly of men, gender, mobility, and the situation in prisons, for example) by government and private partners is required to confirm these estimates. The sustainability of the estimated decline will depend on the ability of Myanmar to increase the coverage of effective prevention services, particularly for vulnerable populations, enhance the capacity of civil society, empower women and modify male behaviour.

UNAIDS activities at country level during 2007

In 2007, the UNAIDS family in Myanmar devoted its efforts to mobilizing resources, expanding core services toward universal access, and laying a foundation for more participative approaches to programme development. The UN worked jointly in its resource mobilization efforts, arguing that despite the politicized environment, experience demonstrated the feasibility of expanding service provision. Collective representation in regional forums, the joint organization of a donor and diplomatic tour highlighting work with communities, joint briefings and coordinated engagement with the multi-donor Three Diseases Fund provide key examples. The UN underlined the need for the government to increase its allocation to social services, including for HIV.

The UN also directly worked to expand services in priority areas, including for MSM and SW (UNFPA), PMTCT (UNFPA, UNICEF), harm reduction (UNODC, WHO), antiretroviral treatment (WHO), mobile populations (IOM), youth (UNICEF, UNFPA), orphans and vulnerable children. (UNICEF) surveillance and health system strengthening (WHO), the provision of food assistance (WFP) and work with uniformed services (UNODC, UNAIDS). In total, the UN contributed roughly US\$ 5 million in core resources in 2007. Some highlights from 2007 include significant awards to WHO and UNFPA by the new Three Diseases Fund, the undertaking of a joint review by UNICEF, WHO and UNFPA on mother-to-child transmission, and the winning of a major AusAID grant for harm reduction by UNODC.

In support of the Ministry of Health's stated desire to follow the "Three Ones" principles, the UN supported the AIDS Technical and Strategy Group in becoming increasingly functional and work toward its potential to serve as a forum for government and non-government partners, particularly important in Myanmar's politicized atmosphere. In 2007, the UN supported the establishment of thematic working groups, enabling increased participation in policy discussion.

UNAIDS achievements at country level during 2007

Resource mobilization and tracking

UNAIDS and its cosponsors identified resource mobilization as the overriding collective priority. This reflected the evidence of recent years that a full variety of programmes are possible – though difficult – in Myanmar, and that scaling-up was prohibited by lack of resources.

First, UNAIDS mobilized collective UN engagement with the new Three Diseases Fund, peer reviewing UN submissions to ensure coordinated proposals, particularly in areas such as PMTCT (UNICEF, UNFPA, WHO), sexual transmission (UNFPA, WHO) and harm reduction (UNODC, WHO).

In February, UNAIDS organized the first annual diplomatic/donor exposure tour for AIDS activities, visiting the northern Shan State and Mandalay Division. This joint activity demonstrated that the provision of real services to people in need is possible in Myanmar, and that through persistent negotiation rights-based activities can be mounted, such as peer education for IDU and SW. In June, 2007, the UN followed-up with a joint briefing for the diplomatic community.

In June, UNAIDS facilitated a process to develop a UN Joint Support Programme, bringing into a single document a description of how the UN will support the National Strategic Plan from 2007 through 2010. The plan will be disseminated in early 2008, attached to specific activity sheets that seek additional resources. Starting in 2008, the UN will deliver an annual report on progress of individual and collective UN efforts on HIV.

In August, UNAIDS organized a satellite session on Myanmar at the regional AIDS conference held in Colombo. The session was one of the first appearances at which civil society, Ministry of Health officials and NGOs all presented on the same panel to an open, international audience, aiming to directly address concerns that increased funding can not be expended in Myanmar transparently and accountably. These same concerns were also addressed in an unofficial, peer reviewed article co-authored by the UNRC, AIDS Theme Group Chair, UNAIDS Coordinator and M&E Adviser.

Strengthening national coordination

With regard to the constraints above, in 2007 UNAIDS prioritized efforts to put initial building blocks in place to enhance cooperation around governance of the AIDS response. Building from the first participative national strategic plan, issued in 2006, UNAIDS supported the Ministry of Health in chairing the Technical and Strategy Group (TSG) on AIDS. UNAIDS facilitated the functioning of the TSG, including simply ensuring that meetings are held (presuing approvals from senior levels of government, facilitating travel permission from the authorities for international actors to the new capital), establishing a practice of professionalism (transparent minutes, open agenda items, annual workplans, terms of reference, etc.), and working with civil society outside of meetings to maximize the functionality of the TSG.

In 2007, two principal results of this work stand out. The first, using a participative and cascading process of consultation, is the production of the first broadly agreed set of priority townships. For the first time an agreed, common list exists, with specific targets for different priority areas of work including sex work, drug use, mobility, and burden of care.

The second is the establishment of a series of working groups, again around priority issues, falling under the governance of the TSG, chaired by government and facilitated by the appropriate UN cosponsor or partner. These structures enable (slowly) increasing space for partners, including NGOs but also civil society groups and networks representing people living with HIV, to enter into policy discussion with the government. The TSG and working groups assisted with the annual progress report, produced by government but with input and review from all partners. With these working groups in place, the scene will be set for a slow but steady increase in vibrant involvement of partners in policy discussions, such as the updating of the Operational Plan for 2008 – 2010 including targets, budgets and geographical priorities.

Main challenges / activities for 2008

Principal challenges include the politicized and difficult operating environment, chronic under-funding, a weak public sector and insufficient multi-sectoral engagement from non-health government departments. Community organizations face considerable constraints in establishing a legal footing necessary to operate. International organizations also face limitations in terms of access, ability to undertake research, opportunities to dialogue with government. Despite the constraints and unpredictability, the environment is not entirely prohibitive. Results over the last five years demonstrate that it is possible to establish a basis of operation enabling the provision of real services for people in need. The funding situation is equally precarious. There is no Global Fund, no PEPFAR funding, no Asian Development Bank, and no World Bank. The people of Myanmar receive an order of magnitude less development assistance than other countries in the region, roughly US\$ 3-5 per capita, as compared to US\$ 30-50 per capita in countries such as Cambodia, Lao People's Democratic Republic and Viet Nam. Domestic funding is insufficient. The public health infrastructure itself is weak, being under-financed for years, and donors are generally unwilling to support its capacity building. Additional sectors should become more collaborative on HIV, especially the police, prisons, transport and industry.