Empowering youth leaders and advocates in Myanmar
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We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

About Link Up

Link Up, an ambitious five-country project that ran from 2013-2016, improved the sexual and reproductive health and rights (SRHR) of nearly 940,000 young people most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. Launched in 2013 by a consortium of partners led by the International HIV/AIDS Alliance, Link Up strengthened the integration of HIV and SRHR programmes and service delivery. It focused specifically on young men who have sex with men, sex workers, people who use drugs, transgender people, and young women and men living with HIV.

For more information visit www.link-up.org

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Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.
Executive summary

Conditions are improving for people living with HIV in Myanmar, with changes of government and increased commitment to health policy and programming, as well as better access to treatment. Continued advocacy is, however, essential to promote the rights and needs of young key populations. Young key populations have been under-represented in debates on health policy and programming, and have largely been unable to fulfil their sexual and reproductive health and rights (SRHR).

Myanmar Youth Stars (MYS) empowers young key populations to improve their access to HIV and sexual and reproductive health (SRH) services. MYS supports its leaders in acquiring practical skills in management, leadership and advocacy.

1. Context

Following a period of minimal spending on health care and restrictions on international NGOs, HIV services in Myanmar have recently been transformed. Since the military dictatorship ceded power in 2011, international assistance to the health sector has grown and domestic policy has begun to address major health problems in the country. From 2010 to 2014, the number of people in need who were unable to access antiretroviral therapy (ART) fell from 90,000 to under 60,000. The Myanmar country coordinating mechanism included representatives from key populations and community groups as well as government officials, and the national strategic plan on HIV and AIDS placed a new emphasis on high-risk behaviour.

Young key populations face specific challenges that create unique barriers in accessing SRH services as well as other types of care. In Myanmar, young people who inject drugs experience stigma from other patients when attending methadone clinics in government hospitals. Young male sex workers lack access to HIV and SRH information. They report that they do not understand how HIV is transmitted; and mostly refuse counselling and testing. Adolescent girls and young unmarried women have extremely limited information about menstruation, sexual health, pregnancy and childbirth. Contraception – mainly emergency contraception – is often procured for them by male sexual partners. Safe abortion is severely restricted. Many young people do not know how to access other SRH services and often feel too intimidated to talk to clinical service providers. Internalised stigma is common and serves as a barrier to care-seeking behaviour. Young key populations face stigma and discrimination at school, in their families, at work, within health services, and from the police.

In Myanmar, HIV is most prevalent in key populations. UNAIDS estimates that in 2014, 0.7% of the general population over the age of 15 were living with HIV. Among key populations, however, 6.4% of female sex workers, 5% of men who have sex with men, and 20% of people who use drugs were living with HIV. The total number of people living with HIV was approximately 210,000.

1 Link Up focuses on “young key populations” aged 10 to 24 who are most affected by HIV, including young people living with HIV, young people who sell sex, young men who have sex with men, young transgender people and young people who use drugs.


This acts as a huge disincentive to disclosing their HIV and/or key population status and accessing HIV prevention, treatment and care, and SRH services. Young people often feel shy in networks of key populations and support groups because of their age. This creates a barrier to accessing peer support, which can be a cornerstone of HIV and SRH information and a gateway to services. Young people feel that they have little stake in networks of key populations.

2. About Link Up and Myanmar Youth Stars

During a training course for young key populations in Bangkok in 2012, three young people from Myanmar identified the need for a network of young key populations in their country. By the end of the workshop, they had conceived the idea of Myanmar Youth Stars (MYS) aimed at strengthening networking between young key populations, supporting joint advocacy and raising awareness among their peers. At that time, there were very few youth leaders who could advocate for policy and programmes to support young key populations and virtually no youth representation in decision-making processes. Since 2013, Link Up has provided crucial support to MYS.

MYS’s mission is to advocate and create opportunities for young key populations to access HIV information, prevention, treatment and care, and promote sexual and reproductive health and rights (SRHR) and empowerment. MYS does this by working in partnership with international NGOs and its networks of community-based organisations as well as engaging in direct advocacy with the government on health policy.

In addition to increasing the visibility of young key populations, who are often overlooked by key population networks and interventions, MYS has also enabled youth advocates from key populations to develop leadership and management skills. In the last three years, MYS members have gained the confidence to advocate at national and international levels and acquired the management skills needed to lead the MYS network in resolving the challenges facing young key populations in Myanmar.
3. Results

With support from Link Up, MYS has conducted training, workshops and media events and built a membership network comprising 160 active members in 19 cities and townships across the country. Representing young people who sell sex, men who have sex with men, people who use drugs, transgender women and young people living with HIV, the network’s health promotion activities have reached over 1,000 young people from key populations across the country, linking them to HIV and SRH information, education, prevention and care services.

MYS staff and central executive committee (CEC) members say that their activities give young people a voice, create awareness of SRH and inform young key populations of their rights. They teach them how to accept their status as members of key populations and how to deal with external and internal stigma.

Through network building, conducting awareness-raising activities and advocacy, the central executive committee - who lead MYS - have gained important skills. This has helped them to develop as a new generation of youth leaders and advocates in responding to HIV and advancing the SRHR of young key populations across the country.

MYS youth leaders have secured significant policy achievements during their short tenure representing the network. MYS advocates have participated in high-level meetings and workshops at national and global levels, such as International Youth Day, World AIDS Day and the Asia Pacific Conference on Reproductive and Sexual Health and Rights. They have also gained recognition for the network. In 2015, the Myanmar Ministry of Health and the Department of Social Welfare invited MYS to a joint strategy meeting, at which MYS was given a permanent seat on the Myanmar health national coordination consortium. Using this position, MYS succeeded in including the term “young key affected populations” in the 2014 national HIV prevention guidelines: a key achievement. MYS continues to use this seat to advocate for the rights of young key populations and to push for policy that addresses their needs.

“For me, I was far away from the NGO community. Then I went to one sewing training given by an NGO. After that, I attended training on sexual and reproductive health by the same NGO and then I felt confident to test for HIV. I tested positive. I went to counselling and a weekly support group meeting, but I was still very depressed and wanted to commit suicide. Then I started going to Sunday meetings at the Alliance and I became stronger. I attended leadership training from MYS and felt more confident. I then could facilitate workshops in front of a large group. I joined the youth advocates at MYS for a year. Now I feel confident to do many things: facilitate peer groups, financial management, lead workshops and lead a team.”

(Female, CEC member)
“I was accessing my HIV treatment (antiretroviral therapy) from an NGO and I also worked as a volunteer there. I joined the Sunday Empowerment Group, an Alliance Myanmar and Link Up implementing partner. I shared about positive living, and then I joined MYS as a CEC member. There I worked with women as an outreach worker. I had a chance to go to Chiang Mai (Thailand) and share about women’s and HIV rights in front of a lot of people. I could do it because I had gained confidence from my work at MYS. In 2013, I went to the candlelight ceremony in Myanmar and shared my story. Daw Aung San Suu Kyi was in the audience. She heard me speak and I felt so proud. I will keep working at MYS to represent the needs of our community. I can help them raise their voices and do advocacy.”

(Female, CEC member)

4. Lessons learnt and future plans

Starting and managing a network has posed a number of challenges for the MYS team. The term ‘network’ is quite novel in the context of Myanmar. The volunteers who give their time and commitment to serving as agents of change are constantly learning and developing. The early days of MYS saw a focus on project-based activities (rather than mission-driven activities) and an inability to hire enough full-time staff - due to funding constraints - as well as weak office skills which drove inefficiencies.

Through Link Up, the network has accessed resources to host national members’ meetings, bringing together young people from all over the country
to develop their vision for the network. Subsequently, the network has recently undergone a consultative process to formulate a strategic plan. The next steps are to operationalise the plan and seek sustainable funding.

The sustainability of this project lies in the conviction and confidence of MYS leadership. The MYS strategic plan envisions creating a stronger and more sustainable network, improving the capacity of its members, enhancing communication, and engaging in more fundraising. Whether or not additional funding is secured for the continuation of project activities, the leaders’ skills will endure and will be harnessed to advocate on behalf of young key populations in Myanmar.

MYS has given youth leaders vital opportunities to develop practical skills, make decisions and take responsibility: qualities which are all required in managing their own network. Leaders at MYS have described how they were transformed by the experience, and how they will continue to lead organisations and advocacy to support young key populations.

As a result of their advocacy efforts and in recognition of their valuable contribution to the SRH and HIV response, Myanmar Youth Stars network is now a member of the community consortium which is coordinated and supported by the UNAIDS country office. They are currently being included in the Global Fund community’s systems strengthening proposal.

The situation in Myanmar was conducive to the success of this approach. As it emerged from decades of military dictatorship, the population had significant unmet HIV and SRH needs. An enabling donor environment and increased political will to address the HIV epidemic, combined with few groups active in this field, created a niche for MYS. The very low baseline of health services provided by the military regimes generated numerous opportunities for policy successes. Because HIV and SRHR policy was so weak, policy goals were achievable. Nevertheless, while settings vary, the key requirements for similar models to be replicated elsewhere are: motivated youth, passionate activists and gaps in youth-centred HIV and SRHR policy and programmes, creating a need for advocacy.

5. Contact details

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LINKUP

Link Up improved the sexual and reproductive health and rights of nearly 940,000 young people affected by HIV across five countries in Africa and Asia. The project was implemented by a consortium of partners led by the International HIV/AIDS Alliance.

For more information, visit www.link-up.org

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