

**FOLLOW-UP TO THE
DECLARATION OF COMMITMENT
ON HIV/AIDS (UNGASS)**

MYANMAR COUNTRY REPORT
Reporting period: January-December 2002

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I. STATUS AT A GLANCE

NATIONAL COMMITMENT & ACTION

1. National Composite Policy Index
2. Government funds spent on HIV/AIDS

NATIONAL PROGRAMME & BEHAVIOUR

Prevention

3. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year : **32.1% for primary and 46.5% for secondary**
4. % large enterprises/companies that have HIV/AIDS workplace policies and programmes : **n.a**
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT : **2.0%**

Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled : **n.a**
7. % of people with advanced HIV infection receiving ARV combination therapy : **0.21%**

Knowledge/Behaviour

8. % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention (**Target: 90% by 2005; 95% by 2010**)
- **21.1%**
9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner **-46.3%**
10. % of injecting drug users who have adopted behaviours that reduce transmission of HIV (*where applicable*) - **n.a**

Impact alleviation

11. Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school – **n.a**
(survey data from 16 States/Divisions were still under analysis)

IMPACT

12. % young people aged 15-24 years of age who are HIV infected (**Target: 25% in most affected countries by 2005; 25% reduction globally by 2010**)
1.65 for capital city urban population, 1.8 for other urban cities
13. % of infants born to HIV infected mothers who are infected (**Target: 20% reduction by 2005; 50% reduction by 2010**)
- **n.a**

II. Overview of the HIV/AIDS epidemic

HIV prevalence in the country during the period January-December 2002 based on sentinel surveillance data.

<p style="text-align: center;">HIV prevalence at a glance</p> <p>% young people 15-24 years of age who are HIV infected – 1.6% among capital city urban population, and 1.8% among other urban areas</p> <p>% of infants born to HIV infected mothers who are infected - n.a</p> <p><i>Indicate Source: HIV sentinel surveillance data, National AIDS Control Programme</i></p>
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III. National response to the HIV/AIDS epidemic

1. National commitment and action

This sub-section should reflect the change in commitment made by national stakeholders in the fight against HIV/AIDS during the period January-December 2002. Commitment covers increased resources, expanded partnerships and multi-sectoral policy development.

<p style="text-align: center;">National commitment at a glance</p> <p>National Composite Policy Index Government funds spent on HIV/AIDS</p> <p style="text-align: center;">Kyats 21.115 millions</p> <p><i>Indicate Source : NAP, MOH</i></p>
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2. National programmes and behaviour

Progress made during the period January-December 2002 in specific HIV/AIDS programmes broken down by prevention and care/treatment.

<p style="text-align: center;">National programmes at a glance</p> <p>Prevention</p> <p>% of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year 32%</p> <p>% large enterprises/companies that have HIV/AIDS workplace policies and programmes: n.a*</p> <p>% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT – 2.0%</p> <p>Care/Treatment</p> <p>% of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled - survey not done yet</p> <p>% of people with advanced HIV infection receiving ARV combination therapy - 0.21%</p> <p><i>Indicate Source : Reports of PMCT activities to the NAP, DOH</i></p> <p><i>* Note: Workplace HIV/AIDS prevention education programmes have been carried out in Ministry of Rail transportation, Ministry of Labour, Ministry of Industry(2), Ministry of home Affairs, and private sectors. But due to the time constraint and limitation of information for the whole country, complete data were not available for reporting</i></p>
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Changes in behaviour as a result of programmes' activities.

National behaviours at a glance

% of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention – **21.1%**

% of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner – **46.3%**

% of injecting drug users who have adopted behaviours that reduce transmission of HIV (*where applicable*) – **n.a**

Indicate Source: Behavioural surveillance , National AIDS Control Programme

National efforts in impact alleviation, with a focus on orphans.

Impact alleviation at a glance

Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school – **n.a**

Indicate Source

IV. Major challenges faced and actions needed to achieve the goals/targets

Key challenges faced throughout the reporting period that hindered the national response and remedial actions envisaged to ensure achievements of agreed targets by 2005 and 2010 (see page 4).

1. Financial and manpower resources to expand targeted intervention programmes such as PMCT, 100% condom use programme, AIDS in the workplace.
2. Communication difficulties in educating people in the rural and remote areas because of geographic, language, and cultural barriers.
3. Lack of community participation in the provision of home care and social support for PLWHA and their families including orphans.

Remedial actions.

1. Seeking more inputs (financial and manpower) from all possible sources: government, donors, community.
2. Increasing media programmes in different ethnic languages and by using rural community leaders for the education messages to reach people in the village and remote areas.
3. Increasing education programmes targeted for non-discrimination and non-stigmatization and provision of support to expand home base care services and social support for orphans.

Country's data collection plan for 2005 reporting (see Table below).

Data collection plan (2005 reporting)	2003	2004	2005
Household surveys	√		√
Health facility surveys		√	
School-based surveys		√	√
Workplace surveys		√	√
Desk review	√		

V. Support required from country's development partners

Key actions that need to be taken by development partners to assist countries in achieving their goals/targets.

- Support required for development of IEC programme in the rural areas: distribution of education materials, training of village health committee members and volunteers.
- Support for expansion of PMCT services including VCCT for pregnant women and their spouses, and ART for infected women.
- Support to expand 100% condom use programme among targeted population.
- Support for strengthening laboratory services for diagnosis and monitoring disease progression of PLWHA.
- Support for provision of social support and income generation programmes for people infected with or affected by HIV/AIDS.
- Support for provision of care for orphans.

VI. Monitoring and evaluation environment

Overview of the current M&E system in the country based on a country sheet filled out and included as an annex (see Annex 4), and highlight – where appropriate – the needs for M&E technical assistance and capacity building to meet the 2005 requirements.

Existing Monitoring and evaluation system is the M&E system of National AIDS Programme.

Monitoring of all the prevention and control activities of National AIDS Programme are conducted at all levels of administration, jointly with the respective health departments: Township Health Departments monitor activities at township level, States/Divisional Health Departments monitor activities at State/Divisional Level.

HIV Sentinel Surveillance carrying out annually is to monitor the trend of HIV transmission and prevalence among the population groups with different levels of risk activities in selected sites. Similarly, Behaviour Surveillance surveys are carrying out to monitor the prevailing HIV/AIDS related risk behaviours and to monitor impact of prevention and education campaigns.

Evaluation was usually conducted once a year by an annual programme review meetings.

External review missions were also invited to make programme review and assessments. During 2002, CDC and DFID have made programme review and assessments.