

# Myanmar Report NCPI

---

## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 02/03/2014

**To date:** 03/31/2014

**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:** Dr Myint Shwe

**Postal address:** National AIDS Program Ministry of Health Nay Pyi Taw, Myanmar

**Telephone:** +95-67421203

**Fax:** +95-67421646

**E-mail:** dr.myintshwe1@gmail.com

**Describe the process used for NCPI data gathering and validation:** The process for filling NCPI Part B involved a civil society meeting organized by 3N, an NGO network umbrella organization. Over 40 representatives from PLHIV and KAPs networks working across the country participated in the two-day meeting to discuss the issues raised in the questionnaire and provide answers recorded in. The information was discussed at a meeting which was attended by representatives of civil society and bilateral and multilateral organizations. Following these additional inputs NCPI was finalised and the data was validated at the national GARP validation workshop held in Nay Pyi Taw on 21 March. At this workshop NCPI Part A was reviewed and validated along with quantitative and financial data presented in the narrative GARP report and funding/spending matrix. NCPI Part A was filled by representatives of the National AIDS Programme and validated in collaboration with representatives of other ministries.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** Disagreements on NCPI Part B were resolved through discussions at the national GARP validation meeting. A special session was organized to go through each of the questions raised in the questionnaire, compare current answers with those provided in the past and reach consensus.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):** In this reporting round some areas have received a lower score than in the past, not because the situation has deteriorated, but rather because people's expectations have grown. This is the case for example in NCPI Part B where the question on involvement of civil society in strategic planning and budgeting has received a two point lower score than in 2011. This answer was probed and civil society representatives insisted that the score should be lower now. They indicated that they expect to be involved much more than in the past when there were no opportunities for them to participate. With the changes that are occurring in the institutional landscape in Myanmar, civil society representatives feel they can and should be put in a position to make greater contributions.

## NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
National AIDS Program	Dr Myint Shwe	A1,A2,A3,A4,A5,A6

**NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]**

Organization	Names/Positions	Respondents to Part B
National NGOs Network ( HIV/AIDS)	Nwe Zin Win	B1,B2,B3,B4,B5

**A.I Strategic plan**

**1. Has the country developed a national multisectoral strategy to respond to HIV?:** Yes

**IF YES, what is the period covered:** 2011-2016

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:** Focused on key populations at higher risk and their regular sexual partners, impact mitigation including OVC and cross-cutting issues have been addressed as strategic priorities. It was disseminated and advocated multi-sectoral involvement at central, States and Regional levels.

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** Ministry of Health

**1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?**

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** No

**Other:**

**Included in Strategy:** No

**Earmarked Budget:** No

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:** Resource mobilization has been done locally through local NGOs and private sector.

### **1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

#### **KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** No

**People who inject drugs:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

**CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** Yes

**HIV and poverty:** Yes

**Human rights protection:** Yes

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** No

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** Truck drivers, sea farers

: Yes

**1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:** Yes

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**1.7. Does the multisectoral strategy or operational plan include:**

**a) Formal programme goals?:** Yes

**b) Clear targets or milestones?:** Yes

**c) Detailed costs for each programmatic area?:** Yes

**d) An indication of funding sources to support programme implementation?:** Yes

**e) A monitoring and evaluation framework?:** Yes

**1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:** Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:** Civil society was actively involved in the review process of the National Strategic Plan (NSP) 2006–2010 in close collaboration with all sectors, United Nations and NGO partners and also took part in development of NSP 2011–2015. Civil society also participated in the dissemination of NSP 2011–2015 up to States & Regional level by the respective representatives of civil society groups. Civil society representatives are also involved in reform of Association Law and Registration Law. Civil society representatives are members of MHSCC (Myanmar Health Sector Coordination Committee), which superseded the Myanmar Country Coordinating Mechanism (M-CCM), as well as of the Technical and Strategy Group (TSG) for HIV.

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:**

**1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:** Yes

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:** Yes, all partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** No

**National Development Plan:** Yes

**Poverty Reduction Strategy:** Yes

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** N/A

**Other [write in]:**

:

**2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?**

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** Yes

**HIV impact alleviation (including palliative care for adults and children):** Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:** Yes

**Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:** Yes

**Reduction of stigma and discrimination:** Yes

**Treatment, care, and support (including social protection or other schemes):** Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):** Yes

**Other [write in]:**

:

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:** Yes

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:** 1

**4. Does the country have a plan to strengthen health systems?:** Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:** In collaboration with WHO, with GAVI funding, health system strengthening has been implemented. Myanmar received USD 200 million from the World Bank for universal health coverage; 3MDG fund, Global Fund and other new development partners\_CHAI, CDC,USAID etc...\_ provide resources for strengthening health systems in Myanmar.

**5. Are health facilities providing HIV services integrated with other health services?**

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Many

**b) HIV Counselling & Testing and Tuberculosis:** Many

**c) HIV Counselling & Testing and general outpatient care:** Few

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** None

**e) ART and Tuberculosis:** Many

**f) ART and general outpatient care:** Few

**g) ART and chronic Non-Communicable Diseases:** None

**h) PMTCT with Antenatal Care/Maternal & Child Health:** Many

**i) Other comments on HIV integration:** : Drug Treatment Centres and Prevention sites by partners

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?:** 9

**Since 2011, what have been key achievements in this area:** Private sector and civil society involvement have become more visible and committed. Myanmar has been able to provide more ART, testing and prevention activities for key affected populations.

**What challenges remain in this area:** Resource limitation, limited human and technical capacity.

## **A.II Political support and leadership**

**1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

**A. Government ministers:** Yes

**B. Other high officials at sub-national level:** Yes

**1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** The Union Minister for Health, high level officials from the Ministries of Home Affairs; Social Welfare, Relief and Rehabilitation; Information; Education; Labour; Foreign Affairs; Defence and Medical Services; and Immigration participated in World AIDS Day. This has been commemorated in all States and Regions and attended and actively participated in by Chief Ministers and all related Ministers.

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:** Yes

**IF NO, briefly explain why not and how HIV programmes are being managed::**

**2.1. IF YES, does the national multisectoral HIV coordination body:**

**Have terms of reference?:** Yes

**Have active government leadership and participation?:** Yes

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** Dr. Pe Thet Khin, Union Minister for Health

**Have a defined membership?:** Yes

**IF YES, how many members?:** 27 members (Operational Plan Page 9)

**Include civil society representatives?:** Yes

**IF YES, how many?:** 6 members

**Include people living with HIV?:** Yes

**IF YES, how many?:** 4 members

**Include the private sector?:** Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:** Yes

**3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::** MHSCC and TSG members include representatives from government , civil society organizations and private sector, and meet at least 4 times a year.

**What challenges remain in this area::** Some of the civil society and private sector actors still need to be strengthened.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

**5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

**Capacity-building:** Yes

**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** Yes

**Technical guidance:** Yes

**Other [write in]:** Counseling training , Network activities and social activities have been supported by NAP.

: Yes

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:** Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:** Yes

**IF YES, name and describe how the policies / laws were amended:** The Ministry of Home Affairs issued an Administrative Order No. 1048 in 2000 directing police not to use condoms as evidence in prosecution of sex workers. Registration of drug users is in the process of amendment of 1993 existing law section 15/19.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::**

Registration process for drug users according to the Narcotic Drugs and Psychotropic Substances Law (27th January 1993), and the Eradication of Prostitution Act Section 5 seem to be an obstacle to prevention, treatment and rehabilitation process. However, there are ongoing processes through a multisectoral approach for legal reform to support an enabling environment for better access to services.

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?:** 8

**Since 2011, what have been key achievements in this area::** Legal Review workshop has been conducted. Key populations are advocating to the Parliament for reform of laws. Parliamentarian and Community Network Consortium Joint Committee ( HIV and Human Right) was recently formed.

**What challenges remain in this area::** Registration Law is under the Ministry of Home Affairs and therefore beyond the control of the Ministry of Health.

### **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**  
Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** Women's and children's rights (1) Women shall be entitled to the same rights and salaries as that received by men irrespective of similar work (sect. 350, 2008 Constitution); (2) Mothers, children and expectant women shall enjoy equal rights as prescribed by law (sect. 351, 2008

Constitution); (3) Child under 16 years, young person between 16 and 18 years (sect. 2, Child Law. No 9/93); (4) Women's rights are also protected by criminal law and Myanmar customary law, such as the Buddhist Women's Special Marriage and Succession Act (1954), Anti-trafficking in Persons Law (2005) and case laws. The right to life, dignity and personal freedom (sect. 44,353, 354, 355; 2008 Constitution).

**Briefly explain what mechanisms are in place to ensure these laws are implemented:** Any citizen may send a complaint to the Myanmar National Human Rights Commission when his or her fundamental rights in the Constitution of the Republic of the Union of Myanmar are violated.

**Briefly comment on the degree to which they are currently implemented:** Fully implemented.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?:** Yes

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** Yes

**Prison inmates:** No

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies:** The Narcotic Drugs and Psychotropic Substances Law (27th January 1993); Eradication of Prostitution Act Section 5.

**Briefly comment on how they pose barriers:** Registration process for drug users according to the Narcotic Drugs and Psychotropic Substances Law (27th January 1993), and Eradication of Prostitution Act Section 5 seem to be an obstacle to prevention, treatment and rehabilitation process. However, there are ongoing processes through a multi-sectoral approach for legal reform to support an enabling environment for better access to services.

## **A.IV Prevention**

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:** Yes

**IF YES, what key messages are explicitly promoted?:**

**Delay sexual debut:** Yes

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** No

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** Yes

**Reduce the number of sexual partners:** Yes

**Use clean needles and syringes:** Yes

**Use condoms consistently:** Yes

**Other [write in]::**

: No

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:** Yes

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:** Yes

**2.1. Is HIV education part of the curriculum in:**

**Primary schools?:** Yes

**Secondary schools?:** Yes

**Teacher training?:** Yes

**2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) gender-sensitive sexual and reproductive health elements?:** Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:** Yes

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:** Yes

**Briefly describe the content of this policy or strategy::**

**3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?**

**People who inject drugs:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Men who have sex with men:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

**Sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Customers of sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction

**Prison inmates:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Vulnerability reduction (e.g. income generation)

**Other populations [write in]:**

: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?:** 7

**Since 2011, what have been key achievements in this area::** Increased awareness of HIV transmission and prevention, increased condom use, decreasing stigma and discrimination etc. Good coverage of prevention for FSW and MSM and more partners and funding from Global Fund, strengthened needle and syringe exchange program, thus achieved better results.

**What challenges remain in this area:** Scale up of MMT programs; Limited resources; involvement of non health sectors, Reform Laws to be materialized.

**4. Has the country identified specific needs for HIV prevention programmes?:** Yes

**IF YES, how were these specific needs determined?:** Using the available epidemiological evidence, data and documents such as HSS, Progress Report, NSP review, ART review, and NAP annual review.

**IF YES, what are these specific needs? :** Focusing on key populations; harm reduction; scaling-up of needle and syringe exchange; implementing MMT; prevention programmes for MSM, transgender persons, female sex workers, clients of sex workers; addressing OVC.

**4.1. To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Agree

**Economic support e.g. cash transfers:** N/A

**Harm reduction for people who inject drugs:** Disagree

**HIV prevention for out-of-school young people:** Disagree

**HIV prevention in the workplace:** Strongly disagree

**HIV testing and counseling:** Agree

**IEC on risk reduction:** Disagree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Strongly agree

**Risk reduction for intimate partners of key populations:** Disagree

**Risk reduction for men who have sex with men:** Disagree

**Risk reduction for sex workers:** Agree

**Reduction of gender based violence:** Strongly disagree

**School-based HIV education for young people:** Disagree

**Treatment as prevention:** Strongly disagree

**Universal precautions in health care settings:** Agree

**Other [write in]:**

:

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?:** 6

## **A.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**If YES, Briefly identify the elements and what has been prioritized:** Basic package of services includes: HIV counselling and testing; OI-related prevention and treatment services; ART provision and adherence support; peer and

psychosocial support; HIV/STI prevention-related services; nutritional support; provision of, or referrals for, TB diagnosis and treatment; PMCT; community and home-based care and support; as well as tertiary-level health care and social support services. The following elements have been prioritized: HIV counselling and testing; scaling up of ART provision.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** Decentralization of HIV testing and counselling(HTC); opening new ART centres and decentralized ART sites; Improve linkage from HTC to care.

### **1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Disagree

**ART for TB patients:** Disagree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Disagree

**Economic support:** N/A

**Family based care and support:** Disagree

**HIV care and support in the workplace (including alternative working arrangements):** Strongly disagree

**HIV testing and counselling for people with TB:** Disagree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Strongly disagree

**Nutritional care:** Strongly disagree

**Paediatric AIDS treatment:** Agree

**Palliative care for children and adults Palliative care for children and adults:** Disagree

**Post-delivery ART provision to women:** Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Strongly disagree

**Post-exposure prophylaxis for occupational exposures to HIV:** Disagree

**Psychosocial support for people living with HIV and their families:** Disagree

**Sexually transmitted infection management:** Disagree

**TB infection control in HIV treatment and care facilities:** Disagree

**TB preventive therapy for people living with HIV:** Disagree

**TB screening for people living with HIV:** Agree

**Treatment of common HIV-related infections:** Disagree

**Other [write in]:**

:

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:** No

**Please clarify which social and economic support is provided:**

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:** No

**IF YES, for which commodities?:**

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area?:** Scaling-up of ART provision; improved coordination among implementing partners in rolling out continuum of care for PLHIV and their families; implementation of national ART new guidelines; can refer for CD4 testing through CSO networks.

**What challenges remain in this area?:** Limited resources for providing necessary care and support for PLHIV. Activities for income generation for Key Affected Populations are still needed. Additional funding will be required if shifting to CD4 <500 in line with the latest WHO recommendations. Will need also to have more people to come forward for HIV testing. The patient burden for follow-up would increase. Accordingly, thus having more people eligible for ART some major challenges are foreseen.

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** Yes

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** Yes

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:** 6

**Since 2011, what have been key achievements in this area?:** OVC have been included as one of the prioritized key interventions in NSP 2011–2015 and OVC have been advocated and committed through related sectors namely Ministry of Social Welfare, Relief and Resettlement, Ministry of Education and Ministry of Health. The OVC working group – comprising representatives from Ministry of Health, Ministry of Social Welfare, Relief and Resettlement, Ministry of Education, NGOs working for OVC and United Nations agencies – has been formed as a working group for TSG-HIV. The OVC working group has conducted regular quarterly meetings. A situation analysis on OVC has been conducted.

**What challenges remain in this area?:** There is still need for increased coverage of OVC. There is weak coordination among implementing partners and community awareness to fulfill the needs of OVC.

## **A.VI Monitoring and evaluation**

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:** Yes

**Briefly describe any challenges in development or implementation:** Limited financial resource for national M&E system. Human resource limitation in M&E in all HIV implementing partners- government + civil society

**1.1. IF YES, years covered:** 2011-2016

**1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:** Yes, all partners

**Briefly describe what the issues are:** Reporting from the partners is sometimes not timely.

## **2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address:**

**Behavioural surveys:** Yes

**Evaluation / research studies:** Yes

**HIV Drug resistance surveillance:** Yes

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):** Yes

**Guidelines on tools for data collection:** Yes

**3. Is there a budget for implementation of the M&E plan?:** Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:** 2

**4. Is there a functional national M&E Unit?:** Yes

**Briefly describe any obstacles:** M&E data compilation still involves both soft and hard copies. Currently only 2 M&E focal point has been assigned at central level. Need more human resource to be assigned. Delays in reporting still remain. Decentralization of M&E system to 5 states and divisions have been established but need to speed up to cover all states and regions.

### **4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:** Yes

**In the National HIV Commission (or equivalent)?:** No

**Elsewhere?:** No

If elsewhere, please specify:

#### 4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Program Manager	Full-time	1992
Assistant Director	Full-time	2004
Medical Officer 2	Full-time	2007
Data entry staff 4	Full-time	2005

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Central Project Coordinator	Full-time	.2011
Data Assistant 2	Full-time	2011

#### 4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

**Briefly describe the data-sharing mechanisms::** Yearly data collection and distribution of progress report. Data shared at TSG meeting. Quarterly data collection on ART, PMCT and others are also carried out in M&E

**What are the major challenges in this area::** Data quality and reliability. Need to decentralize M&E for greater data feedback and use of data at sub-national level

#### 5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

#### 6. Is there a central national database with HIV- related data?: Yes

**IF YES, briefly describe the national database and who manages it.:** Database for ART, STI, PMCT and VCT is available. It is managed by National M & E unit.

#### 6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

**IF YES, but only some of the above, which aspects does it include?:**

#### 6.2. Is there a functional Health Information System?

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s):** 5 States and Divisions

#### 7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

#### 7.2. Is HIV programme coverage being monitored?: Yes

**(a) IF YES, is coverage monitored by sex (male, female):** Yes

**(b) IF YES, is coverage monitored by population groups?:** Yes

**IF YES, for which population groups?:** Pregnant women, Key Affected Population - PLHIV, MSM,FSW, and IDU

**Briefly explain how this information is used:** This information is used for further focusing of activities by population.

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other?):** State and region, district and township level

**Briefly explain how this information is used:** This information is used for further focusing of activities by locality. Used also for advocacy.

**8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?:** Yes

### **9. How are M&E data used?**

**For programme improvement?:** Yes

**In developing / revising the national HIV response?:** Yes

**For resource allocation?:** Yes

**Other [write in]:** Used as advocacy tool for resource mobilization, program planning and epidemiological modelling.

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any:** Develop progress report to assess the progress of National response and HIV estimates and projections for future planning, data quality and reliability and timely.

### **10. In the last year, was training in M&E conducted**

**At national level?:** No

**IF YES, what was the number trained::**

**At subnational level?:** Yes

**IF YES, what was the number trained:** about 60 trainees in 3 regions

**At service delivery level including civil society?:** Yes

**IF YES, how many?:**

**10.1. Were other M&E capacity-building activities conducted other than training?:** Yes

**IF YES, describe what types of activities:** Coaching mechanism, Standardization workshop on reporting forms and format among implementing partners.

**11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:** 9

**Since 2011, what have been key achievements in this area:** M&E system could be decentralized down to 5 state and regional level. Harmonized standard indicators among all implementing partners. Delays in timely reporting is reduced.

**What challenges remain in this area:** Scale up of M&E decentralization is still limited covering only 5 regions, need to cover all states and regions.

## **B.I Civil Society involvement**

**1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3**

**Comments and examples:** There is CSO involvement but it still needs to be more meaningful. Participation of CS in Health Sector Coordinating Committee (MHSCC), former CCM, where its seats have increased from 2 to 4 and in Technical Support Group. Participation of CS in key processes e.g., NSP MTR and Revisions, Legal Review. However, PLHIV representatives are more involved than KAPs, whose involvement in national dialogue remains insufficient.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts): 2**

**Comments and examples:** CS representatives have been involved in NSP MTR process including validation meetings and TWG discussions; Mid Term Review of ten targets; national meetings to review progress in different intervention areas and discuss achievements, needs and gaps, as well as the social and legal barriers hampering the national response. However, there is limited involvement of CS in budgeting. They feel budgeting is not transparent. CS expectations have increased and therefore the score dropped from 4 reported in last round.

**3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?: 3**

**b. The national HIV budget?: 1**

**c. The national HIV reports?: 3**

**Comments and examples:** With a greater number of CSOs and higher expectations, involvement in budgeting was scored lower than in the last reporting round. Participation in strategy development and in reporting remains at the same score as before. NAP quarterly and annual reports are produced regularly. CS led services are limited due to a lack of manpower and funding. Representatives from networks participated in TWGs and make a relevant contribution to the development of strategies.

**4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?: 3**

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 3**

**c. Participate in using data for decision-making?: 2**

**Comments and examples:** Representatives from CSO are members of National SI/M&E TWG and participate in working groups steering research (e.g., sex workers and violence, HIV socio-economic impact study and MTRs). M&E TWG meetings are regularly conducted and coordination among organizations is quite acceptable. CS helps oversee research and conducts research (e.g., on role of PLHIV in treatment and care services), but capacity of CS representatives needs to be strengthened in SI and M&E so they can play a more meaningful role in M&E and use of data for programming.

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex**

**workers, community based organisations , and faith-based organizations)?: 4**

**Comments and examples::** Since the last reporting, the number of community networks related to HIV in Myanmar has increased to 7, representing KAPs and faith based networks. Their representatives are invited to high level meetings including those dealing with GF and 3MDG Fund issues. They can share their experience and ideas. There has been an expansion in number, role and capacity of CBOs representing KAPs and self help groups. There is a need to strengthen their management skills.

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:**

**a. Adequate financial support to implement its HIV activities?: 2**

**b. Adequate technical support to implement its HIV activities?: 3**

**Comments and examples::** In general, funding for CS is limited. Some CSOs receive funds from GF and 3MDG Fund with technical support from UN and other agencies. As nowadays there are more CSOs, more funding is needed. Some struggle to access funding because they are not registered. They need technical support in project and financial management, resource mobilization, proposal writing and capacity to advocate. CSO need more information on funding opportunities and need support to implement activities in a context where there are many legal barriers to working with KAPs.

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

**Prevention for key-populations:**

**People living with HIV: >75%**

**Men who have sex with men: >75%**

**People who inject drugs: >75%**

**Sex workers: >75%**

**Transgender people: >75%**

**Palliative care : >75%**

**Testing and Counselling: 51-75%**

**Know your Rights/ Legal services: >75%**

**Reduction of Stigma and Discrimination: >75%**

**Clinical services (ART/OI): 51-75%**

**Home-based care: >75%**

**Programmes for OVC: >75%**

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 8**

**Since 2011, what have been key achievements in this area:** There has been an improvement in the score by one point since last reporting. CS was involved with parliamentarians in development of the Association Law. An HIV and Human Rights Working Committee in Parliament was successfully formed. A Community Network Consortium was formed with members from 7 constituencies to develop and oversee management of projects. CS was also consulted in the successful GF NFM application. WAD commemoration was organized. Access to prevention and treatment services has increased. More networking and advocacy have been done, such as for law reforms. There is more funding now for CS strengthening (from GF).

**What challenges remain in this area:** Limited funding and capacity development opportunities for CS. Legal issues and stigma and discrimination. Lack of strong governance structures and limited transparency. Many CSOs and CBOs are unregistered/cannot register, and still need permission to conduct events even after registration. CSOs are diverse and their capacity differs. Lack of continuity and predictable funding (transition of 3DF to 3MDG).

## **B.II Political support and leadership**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened:** The government is committed and has provided political and financial support to involve PLHIV in revision of NSP and OP together with other stakeholders. Involvement of CS in 2013 in MTRs of ten targets and NSP. NAP invites CSOs to attend meetings. CS participated in TSG and TWG meetings and Annual Review and other meetings (e.g., legal reform). Number of members participating in MHSCC – where policies and programme directions as well as advocacy and resource mobilization issues are discussed – increased from 2 to 4. Community Consortium was formed.

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:** Women's and children's rights (1) Women shall be entitled to the same rights and salaries as that received by men in respect of similar work (sect: 350, 2008 Constitution); (2) Mothers, children and expectant women shall enjoy equal rights as prescribed by law (sect. 351, 2008 Constitution); (3) Child (under 16 years), young person (between 16 and 18 years) (sect. 2, Child law, No. 9/93); (4) Women's rights are also protected by criminal law and Myanmar customary law such as Buddhist Women's Special Marriage and Succession Act(1954); Anti trafficking in persons law (2005); and case laws; The Right to life, dignity and personal freedom (sect. 44, 353, 354, 355, 2008 Constitution).

**Briefly explain what mechanisms are in place to ensure that these laws are implemented:** The Constitutional Tribunal has oversight over legislation passed by the House of Representatives (Pyithu Hluttaw). Any citizen may send a complaint to the Myanmar National Human Rights Commission (MNHRC) when his or her fundamental rights in the constitution of the Republic of the Union of Myanmar are violated.

**Briefly comment on the degree to which they are currently implemented:** There has been some improvement but more needs to be done to implement these policies. The Constitutional Tribunal would give trial judgement on the legality of any legislation passed by the House of Representatives. The government is developing a national Social Protection Strategy to address the needs of women, children, people with disabilities and other vulnerable groups. A national committee for coordination of this process is led by the Ministry of Labour and the Ministry of Social Welfare, Relief and Resettlement.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:** Yes

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies:** The Narcotics Drugs and Psychotropic Substances Law (27th January, 1993) stipulates that a drug user who fails to register at the place prescribed by the Ministry of Health or at a medical centre recognized by the Government for this purpose or who fails to abide by the directives issued by the Ministry of Health for medical treatment shall be punished with imprisonment for a term which may extend from a minimum of 3 years to a maximum of 5 years. For MSM, the Myanmar Penal Code, Act 45/1860, Section 377 criminalizes sodomy, punishable by up to 10 years imprisonment; also liable to fine. Suppression of Prostitution Act, Section 5, penalizes prostitution, punishable by up to 3 years imprisonment. Section 35, Police Act and Rangoon Police Act for loitering after dark; Section 54, arrest without warrant.

**Briefly comment on how they pose barriers:** These laws act as obstacles for access to services. Although the Narcotics Law and the "unnatural sex" offence, Penal Code Section 377, are rarely enforced, the existence of the offence complicates the delivery of effective HIV prevention services, prevents registration of CBOs and discourages programme beneficiaries from accessing services. Furthermore, it adds to stigma and drives MSM and transgender persons to live in a secretive and unprotected environment where access to prevention information and ability to practise safer sex behaviour are constrained. There still are many cases of stigma and discrimination, which are a major barrier to access to services. Peer education meetings have been used as opportunities to identify sex work places and subsequently arrest sex workers. HIV-positive sex workers commonly miss at least 2-3 days of ARV while in police detention. However, a legal reform process has started.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:** Yes

**Briefly describe the content of the policy, law or regulation and the populations included.:** Myanmar signed international conventions that protect women and children: CEDAW in 1997 and the Convention on the Rights of the Child in 1993. There is a National Strategic plan for the Advancement of Women. The laws related to this are: Penal Code 1860 concerning sexual violence; Anti-trafficking in persons Law (2005).The Penal Code 354 and 509 address violence, molestation and criminal intent, and threatening a woman's dignity either by verbal or physical gestures or physical actions. The Buddhist Women's Special Marriage and Succession Act (1954) protects the rights of Buddhist women to gender equality.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:** Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:** Myanmar's NSP addresses the issue of human rights. Guiding Principles mentioned on page 13 of NSP II seek to create an enabling environment for HIV prevention, treatment and care interventions. In 2013 a review of the legal framework was completed and recommendations from this review as well as from a gender assessment were incorporated in the revised NSP II as part of the MTR process. The revised NSP addresses the issues of stigma and discrimination, human rights and gender in a much more robust way.

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?:** No

**IF YES, briefly describe this mechanism:** Although there is no formal comprehensive mechanism, there are some volunteer lawyer groups that work on documenting abuses of human rights, including among vulnerable populations.

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** No

**Provided free-of-charge to some people in the country:** Yes

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** No

**Provided free-of-charge to some people in the country:** Yes

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** No

**Provided free-of-charge to some people in the country:** Yes

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** In Myanmar, ART is provided free to PLHIV in need (CD4 <350 according to national treatment guidelines). However, so far ART has not been widely available and many eligible people were placed on a waiting list. In 2013, the government with partners and GF grant support started expanding ART coverage by decentralizing testing and treatment and increasing the focus of prevention interventions on KAPs.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:** Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:** Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:** Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included::** HIV prevention and HIV-related care and support interventions are targeted at KAPs. The NSP aims to reduce HIV transmission among men and women. PMCT is offered to all pregnant women.

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:** Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::** NSP II the National Strategic Framework page 15, Strategic Priority I: Prevention of transmission of HIV through unsafe behaviour in sexual contacts and injecting drug use framework covered female sex workers, men who have sex with men, prison or rehabilitation facility populations, mobile & migrant populations and communities affected by population movement, uniformed services, young people, workplace, ensuring equal access for different populations.

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** No

**IF YES, briefly describe the content of the policy or law::**

**10. Does the country have the following human rights monitoring and enforcement mechanisms?**

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:** Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:** No

**IF YES on any of the above questions, describe some examples::** Myanmar has a newly established National Human Rights Commission. Any citizen may send a complaint to the Myanmar National Human Rights Commission when his or her fundamental rights in the Constitution of the Republic of the Union of Myanmar are violated. PLHIV networks such as MPG are part of the SI/M&E TWG and have raised issues related to human rights and stigma and discrimination in this forum.

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:** No

**b. Programmes for members of the judiciary and law enforcement<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** Yes

**12. Are the following legal support services available in the country?**

**a. Legal aid systems for HIV casework:** No

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:** No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:** Yes

**IF YES, what types of programmes?:**

**Programmes for health care workers:** Yes

**Programmes for the media:** Yes

**Programmes in the work place:** Yes

**Other [write in]:** There are some workplace programmes but only very few.

: Yes

**14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:** 5

**Since 2011, what have been key achievements in this area::** One point score improvement on this indicator since last reporting. Involvement of PLHIV not only at implementation but also at management level. Able to discuss/promote human rights more freely than in the past. Community systems strengthening is now receiving some funding. In the NFM, funding is included for promotion of human rights. Members of Parliament engage on issues related to HIV. Association Law and Registration Law developed.

**What challenges remain in this area::** Punitive laws persist. Understanding and enforcement of human rights is still limited, especially at community level. Although harm reduction policies were developed, their implementation is constrained (e.g., needle and syringe exchange). Implementation of human rights laws and policies needs strengthening. Knowledge of HIV and human rights needs to be expanded through awareness raising campaigns. An HIV Law needs to be developed and adopted in Parliament, and protective laws need to be enforced.

**15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:** 5

**Since 2011, what have been key achievements in this area?:** An improvement by one point in the score since 2011. The revised NSP II has an increased focus on human rights. People can now address human rights issues more easily. Important policies have been introduced (e.g., MMT). A legal review has been conducted. A commission for human rights exists. Human Rights Society members are visiting Myanmar. With GF assistance, Myanmar is now scaling up access to ART to all who need it. The environment in which the NSP is being implemented has improved, but this is only the first step.

**What challenges remain in this area?:** Implementation of human rights laws and policies needs strengthening. Limited experience and knowledge on human rights hamper implementation. There is a need to strengthen awareness of human rights by providing adequate information through various communication channels. Financial resources to promote human rights are insufficient.

## **B.IV Prevention**

**1. Has the country identified the specific needs for HIV prevention programmes?:** Yes

**IF YES, how were these specific needs determined?:** NSP II focuses on KAPs and is informed by the epidemiological evidence available. HIV research, programme assessments and review meetings have helped in identifying the specific needs of groups that need to be targeted by HIV interventions.

**IF YES, what are these specific needs? :** Targeted prevention interventions that focus on PWID, MSM, FSW and their clients need to be scaled up. They also need to target migrant and mobile people. HIV counselling and testing especially need to be provided on a much wider scale both to KAPs and their partners to promote early enrolment in treatment. Strategic information has improved, but data is lacking on geographically specific needs and the situation in hard to reach areas. Current services are not user friendly for KAPs due to persistent stigma and discrimination. Considerable community system strengthening efforts are needed.

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Agree

**Condom promotion:** Agree

**Harm reduction for people who inject drugs:** Agree

**HIV prevention for out-of-school young people:** Disagree

**HIV prevention in the workplace:** Disagree

**HIV testing and counseling:** Disagree

**IEC on risk reduction:** Disagree

**IEC on stigma and discrimination reduction:** Disagree

**Prevention of mother-to-child transmission of HIV:** Agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Disagree

**Risk reduction for men who have sex with men:** Disagree

**Risk reduction for sex workers:** Agree

**School-based HIV education for young people:** Disagree

**Universal precautions in health care settings:** Disagree

**Other [write in]:**

:

**2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?:** 5

**Since 2011, what have been key achievements in this area?:** No change since last reporting as participants in the GARP validation meeting argued that there has been a reduction in prevention funding/spending since 2011 and programme coverage has shrunk. There was some debate however, with some partners suggesting higher scores as they say there is increased awareness of HIV transmission and prevention, decreasing stigma and discrimination, and overall a declining prevalence.

**What challenges remain in this area?:** Financial resource limitation; more funding is needed to scale up prevention for PWID, MSM and FSW. Limited human resources and technical capacity. Population size estimations need to be updated. PWID need harm reduction services and MMT on a larger scale. Non-health actors (i.e., police) need to be involved in programmes. More activities should target KAPs so they get tested for HIV and know their status so they can get treatment if HIV-positive, which will in turn reduce HIV transmission. It is critical to provide people information on where they can get tested for HIV.

## **B.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**IF YES, Briefly identify the elements and what has been prioritized?:** However, only essential elements of the package are prioritized. For example, for PWID Hepatitis B and C diagnosis, testing and vaccines are not made available. There also is not enough adherence counselling for PLHIV on ART. Priority has to be given to the scaling up of HIV counselling and testing (including partner counselling) to promote early enrolment in treatment and to strengthen treatment adherence. Prophylaxis and treatment of OI, provision of ART and adherence support, PMCT and community home based care need to be prioritized.

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** ART and HIV counselling and testing are being scaled up through decentralization. ART for TB patients has expanded. Integration of HIV with TB and of HIV with SRH and MCH has been strengthened in the last two years. Still, more needs to be done to integrate HIV into wider health and development efforts and to establish a one-stop approach where people can get different services all at once. MTR helped to strengthen nutrition and HIV strategy approach with more attention given to nutritional and treatment adherence counselling.

**1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Disagree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Disagree

**HIV care and support in the workplace (including alternative working arrangements):** Disagree

**HIV testing and counselling for people with TB:** Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Disagree

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Disagree

**Post-delivery ART provision to women:** Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Disagree

**Post-exposure prophylaxis for occupational exposures to HIV:** Disagree

**Psychosocial support for people living with HIV and their families:** Disagree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:** Agree

**Treatment of common HIV-related infections:** Agree

**Other [write in]::**

:

**1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 5

**Since 2011, what have been key achievements in this area::** Efforts have remained the same as in the previous reporting period. However, some improvements need to be acknowledged. There now are more people on ART. HIV and TB co-infection prevention and treatment has improved. Good progress in prevention of mother to child transmission.

**What challenges remain in this area::** Insufficient technical and service delivery capacity; Need more effective coordination among the NAP and partner agencies; Difficulty still exists in accessing ART in small cities and towns; ART services need to become more user friendly; Human resources are limited; Equipment is inadequate; Not enough planning for scale-up of services taking shortage in human resources and capacity into consideration; No plan for sustainability.

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:** Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** Yes

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:**

**Since 2011, what have been key achievements in this area::** Education for children has increased; children living with HIV have access to ART, prolonging and improving quality of their lives; HIV treatment has expanded for adults too; CSOs are taking care of orphans; Shelter for orphans living with HIV.

**What challenges remain in this area:** There is no law or policy for OVC and thus care and prevention services are weak. Financial resources invested in OVC support has diminished in the biennium.