

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

**MYANMAR COUNTRY REPORT**  
Reporting period: January-December 2004

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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- **36.3%**
4. % large enterprises/companies that have HIV/AIDS workplace policies and programmes: --  
- **8%**
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT: **4.84%**

#### Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counseled : **n/a**
7. % of people with advanced HIV infection receiving ARV combination therapy: **4.4 %**

#### 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**) - **23.9%(Male), 21.2%(Female)**
9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner – **76.4%**
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 17 States/Divisions were still under analysis)

#### IMPACT

12. % young people aged 15-24 years of age who are HIV infected (Target: 25% reduction in most affected countries by 2005; 25% reduction globally by 2010)  
**0%** for Yangon city urban population, **2.3%** for other urban cities
13. % of infants born to HIV infected mothers who are infected (Target: 20% reduction by 2005; 50% reduction by 2010) - **24.4%**

## II. Overview of the HIV/AIDS epidemic

HIV prevalence in the country during the period January-December 2004 based on sentinel surveillance data.

**HIV prevalence at a glance**  
% young people 15-24 years of age who are HIV infected - **0 %**  
among Yangon city urban population, and **2.3%** among other urban areas  
% of infants born to HIV infected mothers who are infected – **24.4%**  
*Indicate Source: HIV sentinel surveillance data, National AIDS Control Programme*

## 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 2004. Commitment covers increased resources, expanded partnerships and multi-sectoral policy development.

National commitment at a glance  
National Composite Policy Index  
Government funds spent on HIV/AIDS – **Kyats 78.05 millions**  
*Indicate Source: NAP, MOH*

### 2. National programmes and behaviour

Progress made during the period January-December 2004 in specific HIV/AIDS programmes broken down by prevention and care/treatment.

**National programmes at a glance**

**Prevention**  
% of schools with teachers who have been trained in life-skill-based education and who taught it during the last academic year – **36.3%**  
% large enterprises/companies that have HIV/AIDS workplace policies and programmes - **8%**  
% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT- **4.84%**

**Care/Treatment**  
% of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counseled: n/a  
% of people with advanced HIV infection receiving ARV combination therapy – **4.4 %**  
*Indicate Source: National AIDS programme, International non-government organizations, UN agencies, and Ministry of education*

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 – **23.9% (Male), 21.2%(Female)**

% of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner – **76.4%**

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

*Indicate Source: Behavioural Surveillance 2003, National AIDS 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 responses and remedial actions envisaged to ensure achievements of agreed targets by 2005 and 2010 (see page 4).

1. Insufficient financial and manpower resources to expand targeted intervention programmes such as PMCT, 100% condom use programme, ARV treatment, blood safety programme and the workplace and youth.
2. Communication difficulties in educating people in the rural and remote areas because of geographic, language, and cultural barriers.
3. Weakness in assessing home based care activities and social support for people living with HIV/AIDS and their families including orphans.

Remedial actions:

1. Seeking more inputs (financial and manpower) from all possible sources: government, donors, community.
2. Strengthening multisectoral collaboration among government and non-government organizations.
3. 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.
4. Reducing non-discrimination and non-stigmatization towards people living with HIV/AIDS by advocacy and expanding home base care services and social support for orphans.
5. Ad hoc surveys, population based surveys or other specific surveys should be conducted in order to evaluate the effective implemented programmes.

Country's data collection plan for 2006-2007 reporting (see Table below).

<b>Data collection plan</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
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.

- Financial and technical support from all partners
- Need to build the capacity from all partners
- Increase involvement of people living with HIV/AIDS
- Infiltrate the awareness programme to the rural areas by development of IEC materials, 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 upgrading laboratory services in blood safety programme and to monitor the progress of AIDS patients
- Support to people living with HIV/AIDS in terms of psychological, medical, social and income generation
- Support for provision of social support and income generation programmes for people infected with or affected by HIV/AIDS
- Support for provision of care of vulnerable population and 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 highlighted – where appropriate – the needs for M&E technical assistance and capacity building according to three ones principles.

Existing monitoring and evaluation system of National AIDS Programme will be upgraded to central M&E unit.

Monitoring of all the prevention and control activities of National AIDS Programme are conducted at all levels of administration by field trips, jointly with the respective health departments: Township Health Departments monitor activities at township level, State/Divisional Health Departments monitor activities at State/Divisional level and particularly with officials from National Health Laboratory.

HIV Sentinel Surveillance carried 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 carried out to monitor the prevailing HIV/AIDS related risk behaviours and to monitor impact of prevention and education campaigns. Comprehensive behaviour surveillance surveys are going to carry out in 2006.

Evaluation was usually conducted once a year by an annual programme review meeting and also externally by the national programme review and special programme review teams supervision in collaboration with WHO and UNAIDS.

ANNEX 1

Preparation/consultation process for the National Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/entities were responsible in filling out the indicators forms?

- |                               |     |    |
|-------------------------------|-----|----|
| a) NAC or equivalent          | Yes | No |
| b) NAP                        | Yes | No |
| c) Others<br>(please specify) | Yes | No |

2) With inputs from:

- |             |   |     |    |
|-------------|---|-----|----|
| Ministries: | Education                                   | Yes | No |
|             | Health                                      | Yes | No |
|             | Labour                                      | Yes | No |
|             | Foreign Affairs                             | Yes | No |
|             | Others<br>(please specify)                  | Yes | No |
|             | Ministry of Railway Transportation          |     |    |
|             | Ministry of Resettlement and social welfare |     |    |
|             | Civil society organizations                 | Yes | No |
|             | People living with HIV/AIDS                 | Yes | No |
|             | Private sector                              | Yes | No |
|             | UN organizations                            | Yes | No |
|             | Bilaterals                                  | Yes | No |
|             | International NGOs                          | Yes | No |
|             | Others<br>(please specify)                  | Yes | No |

3) Was the report discussed in a large forum? Yes No

4) Are the survey results stored centrally? Yes No

5) Is data available for public consultation? Yes No

Name/Title: Dr. Min Thwe, Programme Manager, National AIDS Programme

Date: \_\_\_\_\_

Signature: \_\_\_\_\_