



National Guidelines

A Core Package for

HIV Prevention

Amongst Key Populations

i n M y a n m a r



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The *Core Package for HIV Prevention amongst Key Affected Populations* plays a key role in defining the minimum standards of service delivery that implementers must be able to provide to meet the needs of their target populations. As a result, many implementing partners and members of the key affected populations contributed their time, energy and enthusiasm into creating these guidelines.

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Abbreviations and Acronyms

ART	Antiretroviral therapy
BCC	Behaviour change communication
CBO	Community-based organization
DIC	Drop-in centre
FSW	Female sex worker
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HSS	HIV sentinel sero-surveillance survey
HTC	HIV testing and counselling
IEC	Information education and communication
M&E	Monitoring and evaluation
MoU	Memorandum of understanding
MSM	Men who have sex with men
NAP	National AIDS Programme
NGO	Non-governmental organization
NHL	National Health Laboratory
NSP	Needle and syringe programme
OST	Opioid substitution therapy
PITC	Provider-initiated HIV testing and counselling
PLHIV	Person/people living with HIV
PMTCT	Prevention of mother to child transmission (of HIV)
PWID	People who inject drugs
PWUD	People who use drugs
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
TCP	Targeted condom promotion programme
TG	Transgender
UIS	Unique identifier system
VCCT	Voluntary counselling and confidential testing

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Introduction

The HIV situation in Myanmar

There were an estimated 189,000 people living with HIV in Myanmar in 2013. HIV prevalence in the general adult population in Myanmar has been declining steadily over the last decade, but remains relatively high among key populations such as people who inject drugs (PWID), men who have sex with men (MSM) and female sex workers (FSW) and their clients.ⁱ While there is a general downward trend in HIV prevalence among FSW and PWID, it has recently increased among MSM.ⁱⁱ Prevalence levels among younger FSW and MSM (under 24 years) suggest that young people in these two populations are at risk.ⁱⁱⁱ High-risk sexual contact and the use of contaminated needles and syringes are the primary drivers of the epidemic among the key affected populations.^{iv}

The number of new infections in Myanmar has been declining every year since 1999. Nevertheless, with an estimated 7,000 new infections in 2013, effective prevention remains a priority. The burden of new infections is increasing among people who inject drugs and men who have sex with men. A substantial proportion of new infections are also found among low risk women—who were infected by their male partners—but the numbers of new infections within this group are declining annually.^v

The national response to the epidemic continues to be scaled up, with increasing collaboration among all stakeholders, and has likely contributed to the overall reduction in prevalence, particularly among FSW and PWID. Despite this, coverage of prevention services for populations at risk is still relatively limited.^{vi} The challenges include laws that criminalize sex work, drug use and homosexuality, low levels of outreach to key populations at higher risk, especially in remote areas; inadequate awareness of HIV and sexually transmitted infections (STI) at both facility and community levels; poor access to HIV testing services; stigma and discrimination in health care settings, leading to low uptake of HIV testing and STI treatment services; fear of harassment and arbitrary arrest for

possession of condoms or needles and syringes; lack of government support for people living with HIV (PLHIV) and peer support groups involved in prevention activities; and difficulty in reaching the sexual partners and/or clients of FSW, MSM and PWID.^{vii}

The mid-term review of Myanmar's National Strategic Plan on HIV and AIDS (2011-2015) highlighted the need for a defined 'prevention package' to standardise prevention interventions and ensure access to a minimum level of quality services.

What's in the Guidelines

These Guidelines describe the principles and core package of interventions required for prevention of HIV amongst people at highest risk of HIV in Myanmar – female sex workers, men who have sex with men and people who inject drugs. The package defines what needs to be in place for effective HIV prevention and outlines other programme elements and strategies that can facilitate delivery and contribute to enhanced outcomes. As a result, the first chapter, How to Start, outlines the key steps in assessing the need for, planning and implementing an intervention, and how to maintain standards. Chapter 2 looks at key cross-cutting issues that should be taken into consideration for each intervention and key population.

Chapters 3 to 6 describe the core interventions, explaining the essential elements of each, including the key actions that need to be taken by implementers. These are the minimum elements that need to be provided as part of the service concerned. These chapters also suggest how the intervention can be effectively integrated with other services, as optimal results are more likely to be achieved when beneficiaries are linked to a continuum of appropriate support and care. Guidance is provided on how to create and/or strengthen an enabling environment in which the intervention can be implemented more effectively. Finally, a 'Measuring Prevention' section in each chapter explains how to monitor the coverage, quality and effectiveness of each intervention. References to additional information and guidance are provided at the end of each chapter.

Chapter 7 provides a more comprehensive overview of monitoring and evaluation (M&E), introducing some of the key concepts and approaches to measuring the provision and effectiveness of the Core Package described in these Guidelines.

Who are the Guidelines for?

The Guidelines are designed for use primarily by those providing services in Myanmar's HIV response, through community, civil society and nongovernment organizations, to the key affected populations – female sex workers, men who have sex with men and transgender people, and people who inject drugs, as well as young people from each of those key affected populations.

They are intended to serve as a concise yet comprehensive reference to the minimum standards of prevention services required for an effective HIV response among key populations in Myanmar, for anyone involved in programme planning, implementation, monitoring and evaluation. In a climate of increasingly constrained funding, there is a growing demand for accountability from beneficiaries and donors on how resources are being used and what results are being achieved. It is hoped that these Guidelines will help service providers to deliver high quality interventions with clearly documented results.

Key Affected Populations in Myanmar

This section provides a brief overview of the intervention approaches for each key population.

Female sex workers (FSW)

Better investment in prevention is needed to sustain the downward trend in HIV prevalence. More effort is also needed to reach young female sex workers (see section on “Young People”). Better integration of HIV and sexual and reproductive health services, including a defined minimum package of services, will create more opportunities to reach FSW. It is important to reach the clients or sexual partners of sex

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