MYANMAR NATIONAL STRATEGIC PLAN ON HIV AND AIDS

OPERATIONAL PLAN

MINISTRY OF HEALTH UNION OF MYANMAR

(April 2006 - March 2009)

Contents

1. Introduction

The Operational Plan 2006 -2009 was developed following the development of the National Strategic Plan 2006 – 2010.

The Operational Plan, using the National Strategic Plan as a guide for decisions on priorities and scaling up, provides a range of products associated with the planning, monitoring and implementation that require the input and involvement of many different stakeholders. A NSP flow-chart has been developed to clearly identify the steps, timing, and actors responsible for leading and/or being involved in processes (cf annex).

A training workshop was conducted in April 2006 on estimation of resources need and provisional rapid costing for resource mobilization. As a result, yearly targets and estimated cost of each component and sub-component of the strategic plan 2006 - 2010 were formulated. A core team of experts for the same to undertake future costing work was also formed.

The Operational Plan incorporates all existing resources. The three year Operational Planning Cycle aims to encourage longer term financing. Each year, the immediately forthcoming year will be developed in greater detail to ensure coordination, identify specific actors and geographical areas, assess key enabling environment issues which need to be addressed, and better plan financial flows. The annual review of a three-year rolling plan thus balances the desire for longer-term financing with the need for annual review of progress, changing conditions and more detailed planning.

Funding for Year 1 (April 2006 to March 2007) includes existing resources from the Global Fund and the FHAM which are mostly available up to December 2006. Funding to fill the gaps will be sought from a variety of sources, including increased domestic contributions, pooled donor mechanisms such as the 3-Diseases Humanitarian Fund for Myanmar, bilateral development agencies and other sources.

The Operational Plan is composed of a set of documents, including:

- description of the strategic directions and indicators with targets, including scaling-up and geographical priorities
- business plan and budget
- Monitoring and Evaluation Framework

2. National Strategic Plan on HIV/AIDS

The National Strategic Plan on HIV and AIDS, 2006 – 2010, was the first in Myanmar developed using participatory processes, with direct involvement of all sectors involved in the national response to the HIV epidemic. It was prepared following a series of reviews which looked at the progress and experiences of activities during the first half of the decade. These included a review of the National AIDS Programme in 2006 and a mid-term review of the Joint Programme for HIV/AIDS in 2005, as well as many diverse studies and reviews of particular programmes and projects.

The National Strategic Plan identifies what is required to improve national and local responses, bring partners together to reinforce the effectiveness of all responses, and build more effective management, coordination, monitoring and evaluation mechanisms. The Plan, building on key principles underlying the national response over the next five years, spelt out specific strategic directions relevant to populations at higher risk, corresponding activity areas and expected outcomes to serve as the starting point of the planning process. Approaches applicable to prevention, care, support and treatment and impact mitigation and to the creation of the required implementing capacity were then elaborated as a means to define the boundaries of the Strategy and inform priority setting. For each expected outcome, necessary outputs (i.e. key activities delivered in order to achieve these outcomes) were formulated. Specific activities, targets and indicators suitable to provide a direction and monitor progress towards 'Universal Access' to prevention and care services were expressed for selected outputs and outcomes recognized as the most critical products of the Strategy.

Aims:

The National Strategic Plan for Myanmar aims at reducing HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact.

Objectives:

1. Reduction of HIV transmission and vulnerability, particularly among people at highest risk.

2. Improvement of the quality and length of life of people living with HIV through treatment, care and support.

3. Mitigation of the social, cultural and economic impacts of the epidemic.

Strategic directions:

The National Plan addresses 13 strategic directions that are most pressing needs of populations at greater risk and essential enhancement of the capacity of health systems to help respond to these needs. Straetegic Directions 1 – 11 are population focussed, while Strategic Directions 12 – 13 are intended to create and/or further expand national capacity to formulate, implement, monitor and evaluate the Staretegic Paln, update it as required and account for its acievements.

3. The Operational Plan April 2006 – March 2009

This Operational Plan translates key principles and broad directions set out in the National Strategic Plan 2006 – 2010 into a directly actionable and costed plan for the first 3 years relevant to all aspects of the national response to HIV and to all partners.

3.1 Key issues

Primary attention and resources will be directed to building capacity and enhancing resilience among **populations at highest risk and vulnerability**, and to those most severely impacted by the HIV epidemic. Community-based activities will be directed to **reduce stigma and discrimination** towards people infected and affected by HIV and those whose behaviours is perceived as being associated with infection. In particular, initiatives will aim to reduce stigma and discrimination against sex workers, injecting drug users, and men who have sex with men, thereby ensuring that all these populations can play a central role in curbing the course of HIV and mitigating its impacts. **Building on evidence generated through implementation** of the National Strategic Plan, sound public health policies and practices, and monitoring and evaluation system in line with the Three-Ones principles, will provide a framework for the design of focused approaches suited to specific populations.

3.2 Prioritization of Strategic Directions

The National Strategic Plan recognizes 3 levels of risks and vulnerability:

- Key populations at highest risk and vulnerability in Myanmar include sex workers, clients of sex workers, drug users, men who have sex with men, and partners of people living with HIV. These populations are of primary concern as the extent and quality of support extended to facilitate their positive and sustained behaviour change are likely to be key determinants of the course of the HIV epidemics in Myanmar. Prevention focusing on these populations will be the utmost priority and will rely on, high-intensity, sustained and focused effective interventions.
- Populations vulnerable to risk of HIV infection – those who, for economic, social, cultural reasons are most likely to engage in risk-taking behaviours or be exposed to risk-generating situations risk in the near future. These populations include children and youth out of school, institutionalized populations, mobile populations and uniformed personnel, orphans and other vulnerable children.
- Populations at lower risk of HIV infection– people displaying lower incidence of HIV and other sexually transmitted infections, who do not engage in HIV-related

risk behaviours and who are not exposed to risk-taking situations. These populations include women and men in stable, monogamous relationships, in-school children and youth who have not yet experienced sexual activity, and women, men, boys and girls who consistently practice effective HIV prevention behaviours.

Based on this consideration, the 13 Strategic Directions laid out in the National Strategic Plan are prioritized as follows:

Priority	Strategic Directions
Highest priority	1. Reducing HIV-related risk, vulnerability and impact among sex workers and their clients 2. Reducing HIV-related risk, vulnerability and impact among men who have sex with men 3. Reducing HIV-related risk, vulnerability and impact among drug users 4. Reducing HIV-related risk, vulnerability and impact among partners and familes of People Living with HIV
High priority	5. Reducing HIV-related risk, vulnerability and impact among institutionalized populations 6. Reducing HIV-related risk, vulnerability and impact among mobile populations 7. Reducing HIV-related risk, vulnerability and impact among uniformed services personnel 8. Reducing HIV-related risk, vulnerability and impact among young people
Priority	9. Enhancing prevention, care, treatment and support in the workplace 10. Enhancing HIV prevention among men and women of reproductive age
Fundamental overarching issues	11. Meeting the needs of people living with HIV for Comprehensive Care, Support and Treatment 12. Enhancing the capacity of health systems, coordination and capacity of LNGOs & CBOs 13. Monitoring and Evaluating

3.2. 1 Strategic Direction 1: Reduction HIV-related Risk, Vulnerability and Impact among Sex Workers and their Clients

Impact/Outcome Targets	Denominator	Baseline	Apr 2006 - Mar 2007	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009
% of sex workers that are HIV infected	*40,000*	31.98% [2]	*30.5*	*28.5*	*26.5*
% of sex workers that have a STI (syphilis)	*40,000*	25.0% (2005)	*23%*	*21%*	*19%*
% of sex workers that report the use of condom with most recent client	*40,000*	62%[1]	*70%*	*80%*	*90%*
% of clients of sex workers that are HIV infected (by proxy: male with STD)	*1,361,000*	4.07% [2]	*4%*	*3.5%*	*3%*
Output/Coverage Targets					
Sex workers reached by package of BCC prevention and STI prev/treatment	*40,000*	30,000[3] (2005)	*30,000*	*35,000*	*40,000*
Number of sex workers accessing VCCT	*40,000*		*10,000*	*15,000*	*20,000*
Condoms distributed (in million)		41 [4]	*46*	*51*	*56*

Priority rating: Highest priority prevention programme

Scaling-up Priorities

This is one area of prevention programming where significant progress has already been made, demonstrating the feasibility of undertaking peer education-based and outreach programmes for behavior change: in 2005 an estimated 30,000 sex workers were reached with varieties of this basic package including STI treatment. Social marketing of condoms targeted to clients has also proven effective. The National AIDS Programme's 100% Targeted Condom Promotion Program (TCP) underlines the Government's priority to expand condom programming, especially in high-risk settings. Challenges remain over having better data (including on mobility pattern of sex-workers), access (especially to indirect sex-workers) and the regulatory environment.

Resources will be aggressively invested in scaling-up peer education-based behavior change programmes in as many townships as possible. The Government's 100% Targeted Condom Promotion Programme, incorporating recommendations from the 2005 review, will focus on the enabling environment, especially through advocacy to township authorities and the creation of condom core groups, monitoring and coordination of programmes. Sustained advocacy is considered particularly crucial at township and central levels in order to ensure supportive involvement of other key non-health sector bodies such as the Ministry of Home Affairs and law enforcement authorities.

[1] BSS NAP 2003 [2] HSS 2005 [3] Estimates according to partners annual report 2005 – NAP [4] Partners annual report 2005 – NAP

Geographical Priorities

Investments should firstly focus on all urban areas, expansion of partnerships in 100% TCP townships to ensure coverage and strengthening of peer education-based programmes, and ensure minimal overlap between individual partners. The National AIDS Programme with support from UN agencies and other partners is encouraged to improve the national mapping of these activities.

3.2.2 Strategic Direction 2: Reduction HIV-related risk, vulnerability and impact among MSM

Impact/Outcome Targets	Denominator	Baseline	Apr 2006 - Mar 2007	Apr 2007 - Mar 2008	Apr 2008 - Mar 2009
% of MSM that are HIV infected	*267,208*[1]	33% (1996)[2]	*33%*	*32%*	*31%*
% of MSM that have a STI (syphilis)		35.12% [3]	*35%*	*34%*	*33%*
% of condom use by MSM at last anal sex	*267,208*	67.0%[7]	*70%*	*72%*	*75%*
Output/Coverage Targets					
MSM reached by package of BCC prevention and STI prev/treatment	*267,208*	21,000 [4]	22,000	40,000	53,000
Number of MSM accessing VCCT	*267,208*		5500	16,000	25,000

Priority rating: Highest priority prevention programme

Scaling-up priorities

Programmes for men who have sex with men are relatively new in Myanmar. Informal data suggests that prevalence might be quite high amongst several population groups of men who have sex with are particularly to increase the number of urban areas in Myanmar with at least one community-based programme for men who have sex with men, alongside a series of awareness raising workshops for a variety of health and HIV service providers.

Geographical priorities