

Myanmar Report NCPI

NCPI Header

COUNTRY

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

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Describe the process used for NCPI data gathering and validation:

-

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

-

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

-

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
NAP	Dr. Khin Ohnmar San, Programme Manager	Yes	Yes	Yes	Yes	Yes	Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	No	No	No	No	No

A - I. STRATEGIC PLAN

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

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2011-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

Yes - focused on key populations at risk and their regular sexual partners, impact mitigation including OVC issues have been addressed one of the strategic priorities in latest version. It was disseminated and advocated multi- sectoral involvement both at central, States and Regional levels.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health

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

SECTORS

Included in Strategy	Earmarked Budget
----------------------	------------------

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	No
Yes	No

Other [write in]:

-
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 sectors.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

-

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

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 [write in]?:

Injecting drug users, drug users, MSM, Sex workers, clients of sex workers, sexual partners of key affected populations, young people, women and men of reproductive age, mobile population, uniform services, work place , prisons and rehabilitation populations.

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

1.6. 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

1.7

1.7. 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 actively involved in the review process of National strategic plan 2006-10 in close collaboration with all sectors, UN and NGO partners and also took part in development of NSP 2011-15. They also participated in the dissemination of NSP 2011-15 up to States & Regional level by the respective representatives of civil society groups.

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

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

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

HIV impact alleviation:

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:

N/A

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

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

Yes

Other[write in below]:

-

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

N/A

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

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. 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

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(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?:

MARPs: Sex Workers, IDUs, MSM and their sexual partners; Mobile population; Uniform services; Youth; Workplace; Pregnant women; men and women of reproductive age and OVC.

Briefly explain how this information is used:

Monitor the progress of national response on HIV and explore the gap of program implementation, advocacy tools for resource mobilization and capacity building, future program planning for multisectoral approach, advocacy tool for better coordination among implementing partners and all sectors.

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

States, Region, District and townships.

Briefly explain how this information is used:

Monitor the progress of and explore the gap of program implementation, by geographical area and use these information and existing data for risk mapping, service mapping and local planning for decision makers at the local level in terms decentralization process.

5.4. Has the country developed 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:

HIV prevention, care and support program is well integrated in the existing health care services and infrastructure with existing health staff. Prevention among key population has been implementing in close collaboration with related sectors by using the existing system and infrastructure.

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 the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

It has been improved in multisectoral involvement especially in dissemination and future planning in line with NSP 2011-15 in respective states & regions. Private sector and civil society involvement become visualized and committed.

What challenges remain in this area:

Resource limitation, limited human and technical capacity. At present, most of the implementation are very donor dependent and Myanmar is not considered as priority being a concentrated epidemic although there is still unmet need for HIV prevention, care and support. As a consequence, the momentum of program scaling is stagnant.

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

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Union Minister for Health, high official from Ministry of Home Affairs, Social Welfare, relief & rehabilitation, Information, Education, Labour, Foreign Affairs, Defence and Medical Services, and Immigration participated in NSP 2011-15 dissemination together with NGO, civil society, private sector and People living with HIV at central level. Chief Minister and all related ministers actively participated in dissemination of NSP 2011-15 at States & Regional level in close collaboration with the representatives of local population.

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

Yes

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?:

Union Minister for Health, Prof Pe Thet Khin

Have a defined membership?:

Yes

IF YES, how many members?:

29

Include civil society representatives?:

Yes

IF YES, how many?:

2

Include people living with HIV?:

Yes

IF YES, how many?:

2

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 interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

Multisectoral and private sector involvement in NSP 2011-15 development, dissemination and development of local planning in the respective area and sectors.

What challenges remain in this area:

Need more orientation and capacity development for actual implementation.

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

5%

5.

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 below]:

-

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:

National Blood and blood Law (2003) Ministry of Home Affair has issued standing orders citing not to use condom as circumstantial evidence for prostitution. (2000) Ministry of Health has issued a circular to public sector health facilities informing that request for sterilization from a HIV positive woman must be allowed.

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

-

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 2011?:

8

Since 2009, what have been key achievements in this area:

HIV is still one of the most prioritized public health issue in National Health Plan 2011-15 and more sectors and players interested and committed especially in HIV prevention, care and support.

What challenges remain in this area:

Private sector involvement is still limited and it needs to be strengthened.

A - III. HUMAN RIGHTS

1.1

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

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

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 (section-2, child law. No 9/93) (4) Women's rights are also protected by criminal law and Myanmar customary law such as Buddhist women 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 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:

-

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

IF YES, for which 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:

No

Sex workers:

Yes

Transgendered people:

-

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

The narcotics and Drugs and Psychotropics Substances law (27th January 1993), Eradication of Prostitution Act Section 5

Briefly comment on how they pose barriers:

Registration process for a drug user according to the narcotics and Drugs and Psychotropics Substances law (27th January 1993), and Eradication of Prostitution Act Section 5 seem to be obstacle to prevention, treatment and rehabilitation process, however there are ongoing process through multisectoral approach for legal reform to provide 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?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

-

Be faithful:

Yes

Be sexually abstinent:

Yes

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 below]:

-

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 age-appropriate, 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?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
No	No	No	No	No	-
Yes	Yes	Yes	Yes	No	-
No	No	No	No	No	-

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 2011?:

7

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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

Yes

IF YES, how were these specific needs determined?:

-

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

N/A

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:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

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 2011?:

7

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 counseling 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 and social support services. The following elements have been prioritized: - HIV counseling and testing - OI-related prevention and treatment services - ART provision and adherence support - Provision of, or referrals for, TB diagnosis and treatment, PMCT, community and home-based care and support, as well as tertiary-level health and social support services.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Resource mobilization Situation and need assessment Capacity building for health staff, civil society and PLHIV Increase community mobilization and participation Strengthen systematic monitoring and supportive supervision Establish reporting and recording

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

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

N/A

HIV testing and counselling for people with TB:

Agree

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

N/A

Nutritional care:

Neutral

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

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

N/A

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Neutral

TB preventive therapy for people living with HIV:

Neutral

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

In addition to above activities, the following activities are also conducted: - adherence and peer counselling - PLHIV networking including defaulter tracing - Community Home Based Care

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?:

No

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?:

Yes

IF YES, for which commodities?:

ART, Laboratory commodities including HIV test kits and CD4 reagent, condoms and OIs.

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 2011?:

7

Since 2009, what have been key achievements in this area:

Scaling up of ART provision, better coordination among implementing partners in rolling out of continuum of care for PLHIVs and their families, development of National ART new guideline, increase availability of CD4 through networking among partners, facilities in place for early diagnosis of infants and children.

What challenges remain in this area:

Limited resources for providing necessities care and support for PLHIVs.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

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

Yes

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

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

-

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 2011?:

5

Since 2009, what have been key achievements in this area:

OVC has been included as one of the prioritized key interventions in NSP 2011-15 and OVC has been advocated and committed through related sectors namely Ministry of Social Welfare, relief and resettlement, Ministry of Education and Ministry of Health. OVC working group comprising of representative from Ministry of Health, Ministry of Social Welfare, Relief and Resettlement, Ministry of Education, NGOs working for OVC and UN agencies has been formed as a executive working group for TSG-HIV. And the working group has conducted the quarterly meeting regularly. Situation analysis on OVC has been conducted and findings were disseminated at central level and in respective States & regions. Chief Minister and related ministers actively participated in the dissemination workshop at States & regional level.

What challenges remain in this area:

Limited coverage in implementation and no indepth study and situation analysis on the magnitude of the problem at national level. Weak in coordination among implementing partners and community awareness to fill 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:

Human resource limitation for M & E in government sector, NGO and civil society. Lack of financial resource for national M & E system.

1.1 IF YES, years covered:

2011-15

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

Yes, some partners

Briefly describe what the issues are:

Set indicators and definition of indicators varies accroding to the requirement of the organizations, which is not in line with National M & E requirement.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

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?:

In Progress

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

Yes

Briefly describe any obstacles:

Insufficient staff both at central and State & Regional level except only one assigned M & E focal person at central level. There is delay in reporting and data collection due to communication gap.

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 [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Programme Manager	fulltime	-	1992
Assistant Director	fulltime	-	2004
Medical officer	fulltime	-	2007
Data entry staff	fulltime	-	2005

data entry staff	fulltime	-	2005
data entry	fulltime	-	2005
data entry	fulltime	-	2005

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

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.

What are the major challenges in this area:

Delay in reporting and data collection. Data quality and reliability

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.:

Excel worksheet Program Manager, National AIDS Program Assistant Director, National AIDS Program

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

6.2. Is there a functional Health Information System?

At national level:
Yes

At subnational level:
Yes

IF YES, at what level(s)?:
States & Regional and township level.

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

Yes

8. 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 and epidemiological modelling.

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.

9. In the last year, was training in M&E conducted

At national level?:
Yes

IF YES, what was the number trained:
5

At subnational level?:
Yes

IF YES, what was the number trained:
17

At service delivery level including civil society?:
Yes

IF YES, how many?:
65

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

Assessment of M&E capacity for AIDS/STD teams, MESST workshop, annual multistakeholders review of National AIDS Programme.

10. 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 2011?:

9

Since 2009, what have been key achievements in this area:

Formation of Strategic Information and M&E Working Group, finalization of National M&E plan, drafted Research Agenda, Mapping Exercise for Size Estimation of Female Sex Workers, and annual HIV Sero-Sentinel Surveillance Survey.

What challenges remain in this area:

Data gap for MSM and PWID.

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:

• FBO/CSO /MPG is represented at the CCM • Having opportunities to participate & contribute in national strategy and policy formulation • The smaller groups feel that their participation should be more meaningful

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)?:

4

Comments and examples:

• They are involved in NSP planning & budgeting and representative meeting • Participate in Review process of NSP I and developing of NSP II • Participation in regular working group meetings organized by respective UN agencies, e.g. DU,ST.M&E working groups

3.

a. The national HIV strategy?:

3

b. The national HIV budget?:

3

c. The national HIV reports?:

3

Comments and examples:

• Cooperate with NAP in the national response to the HIV epidemic Ref. Pg 8 of NSP II – Responses were based on stronger implementing capacity many local organizations and networks, largely with people living with HIV, those with high risk behaviours, and concerned local and faith communities. • Involve in national HIV reporting while smaller CBOs and SHG feel that they do not have budget information

4.

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?:

:

2

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

2

Comments and examples:

• Participating in the National M&E Committee/ working group responsible for coordination of M&E activities, understanding of indicators • Participate in using data for decision making • National M&E Plans were developed • There is no baseline population for real M&E to be conducted

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

3

Comments and examples:

• Many organizations have presentation from key affected populations • Networks of key affected populations such as Drug users, Sex Workers, Men who have sex with Men and People Living with HIV

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?:

4

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

4

Comments and examples:

• Funds flow especially from 3DF and GF Rd 9 Programme • Can access funds only if the CSO is strong and recognized but can access through some INGOs • Technical support from various UN agencies, INGOS and NAP among IPs

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

People living with HIV:

>75%

Men who have sex with men:

>75%

People who inject drugs:

>75%

Sex workers:

>75%

Transgendered people:

>75%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

>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 2011?:

7

Since 2009, what have been key achievements in this area:

• WAD; Candle Light memorial and involving religious leaders also • Increase participation in prevention, treatment, Care & support activities • Involvement at various levels, network and coordination among each other. E.g. NSP II • Increased visibility of CSOs through networks of key affected populations and recognized by other stakeholders • Increase funding opportunities • Recognize by other stakeholders • At local level and compare to 2009 they have been able to voice their concern

What challenges remain in this area:

• Funding support • Capacity building of CSO; Skills of Community Actors • Not all potential CBOs can access funds • Legal issue remain a major challenge

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:

• Review of NSP I • Development of NSPII, Strategic priorities of NSP and its operational plan with roles and responsibilities in M-CCM, and representation of key affected population as members in CCM can influence policy making

B - III. HUMAN RIGHTS

1.1.

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
Transgendered people:
 No
Women and girls:
 Yes
Young women/young men:
 No
Other specific vulnerable subpopulations [write in]:
 -

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 (section-2, Child law, No. 9/93 (4) Women's rights are also protected by Criminal law and Myanmar customary law such as Buddhist women 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:

• Any citizen may send 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. (7th October, The New Light of Myanmar, p-7) (a) Office Address- No. 27, Pyay Road, Hline Township, Yangon.

Briefly comment on the degree to which they are currently 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 other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

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
Transgendered people:
 Yes
Women and girls:
 No
Young women/young men:
 No
Other specific vulnerable subpopulations [write in]:
 -

Briefly describe the content of these laws, regulations or policies:

• The Narcotics Drugs and Psychotropic Substances Law (27Th January, 1993) A drug user who fails to register at the place prescribed by the Ministry of Health or at 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 • Sodomy Law for MSM the Myanmar Penal Code, Act 45/1860, Section 377- Transportation for life, or maximum imprisonment of 10 years; also liable to fine • Eradication of Prostitution Act. Section 5. Penalty for depending livelihood on someone engaged in prostitution is punishable with 3 years imprisonment

Briefly comment on how they pose barriers:

- These laws act as obstacles for access to services

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:

- (5) Myanmar signed international conventions which protect women and children: CEDAW in 1997 and CRC in 1993 • Child Law

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:

- Notes in NSPII, Guiding Principle Pg 13, (The protection of human rights, both of those vulnerable to infection and those already affected, which also produces positive public health results against HIV.)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

- In Myanmar Treatment is given to PLA under CD4 <350 • Focus on key affected populations

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:

- PMCT for all pregnant women, • Ref. NSP II Aim, Objectives, targets, Guiding principles; Strategic framework; Operational Plan - cross cutting interventions • 100% TCP programme

8.1

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

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

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 National Human rights Commission • Any citizen may send 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. (7th October, The New Light of Myanmar, p-7) • Office Address- No. 27, Pyay Road, Hline Township, Yangon

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 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]:

-

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 2011?:

4

Since 2009, what have been key achievements in this area:

• In 2010 were able to promote/participate in HR • ART coverage increased • Some workplace accept/recruit PLHIV • Involvement of PLHIVs at implementation and management level • Improvement in NSP I and II, community systems strengthening, guiding principles, cross cutting interventions • Key affected population empowered

What challenges remain in this area:

• Understanding and enforcement of Human rights to the grass-root level • Although harm reduction policies were written is not yet in force

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 2011?:

4

Since 2009, what have been key achievements in this area:

• NSP II is better focus on HR • Having more opportunities to make effort to implement HR and related policies • IDU have Methadone treatment therapy

What challenges remain in this area:

• Implementation need to be strengthened • More information on HR

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 focus on key affected populations based on epidemiological data

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Agree

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:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Disagree

Universal precautions in health care settings:

Agree

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 2011?:

6

Since 2009, what have been key achievements in this area:

• Through religious teachings, more condom used, stigma reduced • Condom availability increasing • HIV transmission awareness increased • Gradual decline of HIV prevalence • More coverage of MARPs (Ref. Progress reports)

What challenges remain in this area:

• From Yangon base to extend to other parts of the country • Sustainability • Modifications of Laws • To formally promote needle syringe exchange programmes and condom promotion • Accessible only in metropolitan areas and not accessible in remote areas

B - V. TREATMENT, CARE AND SUPPORT

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

Yes

IF YES, Briefly identify the elements and what has been prioritized:

• Example - For IDUs, to follow the International std- '9' elements of HIV prevention, treatment care and support among Drug users • COC Framework • VCCT, HbC, OI and ART are prioritized in treatment part

Briefly identify how HIV treatment, care and support services are being scaled-up?:

• Coordination between Public and private sector & Civil Society, Implementing Partners • Increase access to treatment • Referral system is needed for IDUs with co-infection of HIV to have one stop service

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

Antiretroviral therapy:

Disagree

ART for TB patients:

Disagree

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:

Disagree

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

Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

N/A

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:

Agree

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:

Disagree

TB screening for people living with HIV:

Disagree

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 2011?:

5

Since 2009, what have been key achievements in this area:

• PMCT has been increased • ART coverage population is 40,000 in addition to Cotrimaxazole prophylaxis • MMT programme is scaled up

What challenges remain in this area:

• Need more service providing centres to cover more geographical areas • Funding reducing • Limited second line therapy • MDRTB • One stop service is not there

2. Does the country have a policy or strategy to address the additional HIV-related 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

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

No

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-

3. 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 2011?:

-

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

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