

MYANMAR NATIONAL STRATEGIC PLAN ON HIV IV 2021-2025

TB, HIV and Malaria Country Dialogues for
National Strategic Plan (2021-2025) and
Priorities for 2021-2023

Dr Htun Nyunt Oo,
Program Manager, NAP, DOPH, MOHS
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VISION

By 2030, end HIV as a public health threat in Myanmar through fast-tracking access to a continuum of integrated and high-quality services that protect and promote human rights for all without financial hardship.

GOAL

To further reduce HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact of HIV.

OBJECTIVES

1. Reduce HIV incidence among all priority populations and their partners
2. Improve quality of care and accessibility for ART
3. Ensure viral suppression for all PLHIV
4. Improve the enabling environment to support the national HIV response

STRATEGIC MILESTONES 2025

95% of sex workers, men who have sex with men, people who inject drugs, prisoners and migrants, youths have access to combination prevention services

95% of people living with HIV know their status

95% of people living with HIV who know their status receive treatment and get viral load tested

95% of people on treatment have achieved viral suppression

0% of people living with, at risk of and affected by HIV report no discrimination in all sectors especially in health, education and workplace settings.

NEW & EMERGING AREAS — 2025



PrEP, community-based testing, Viral Hepatitis C co-infection, Combination prevention package (PrEP, STI diagnosis and treatment) especially to youth, and Key Populations/partners, drug use in wider context



Task shifting, HIV and aging (NCD, treatment failure), differentiated service delivery model, community-based approaches



Unique identifier for all HIV services for tracing and monitoring



Policy and services integration with NCD, hepatitis, SRH, drug treatment.



Institutionalization of community health workforce for HIV. Sustainable HIV financing (PPP, social contracting, more domestic resources)

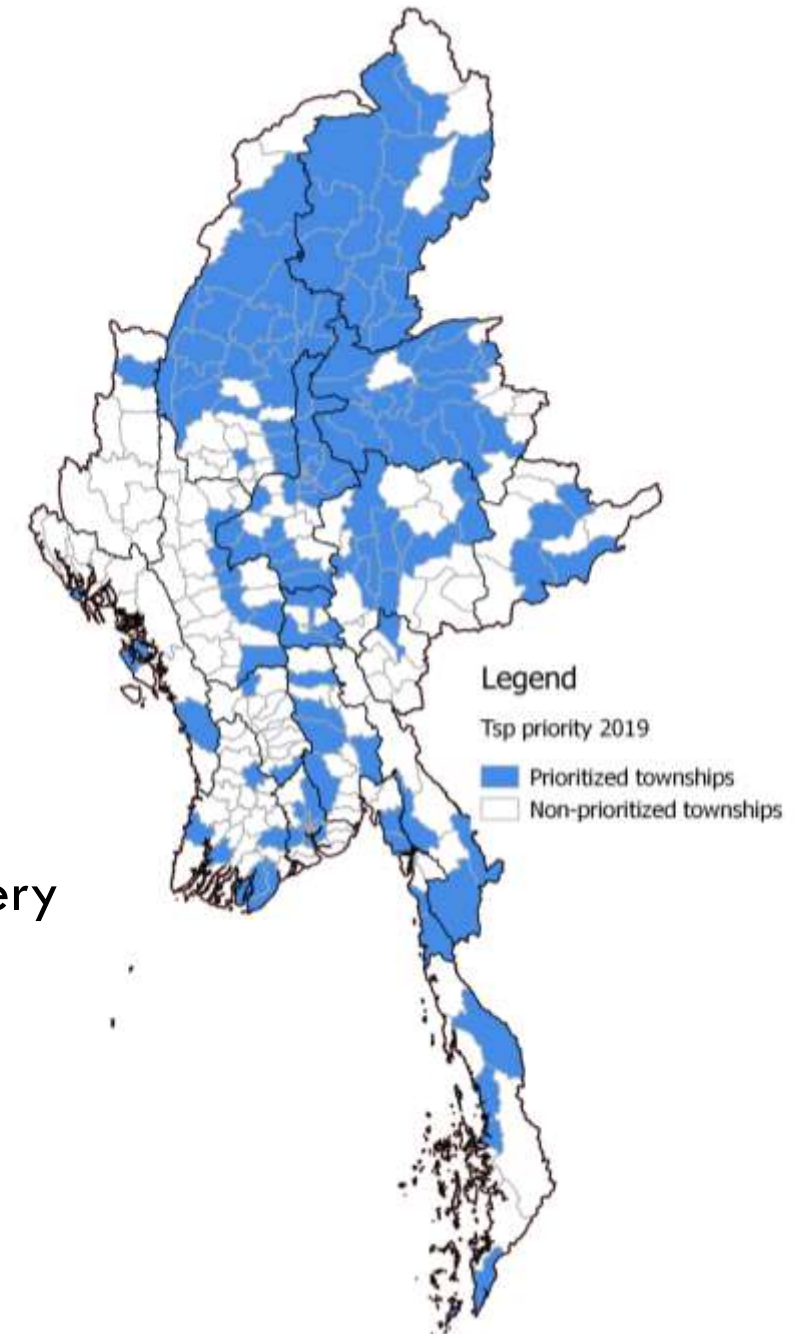


HIV in emergency settings and borders, working with EHO, and partnership approach

OPERATIONAL MODEL

What's New in Geographic Prioritization:

- Two Categories of Prioritization of Risk High & Low
- Stronger and more robust methodology based upon national wide surveys and epi data
- Out of 167 townships categorized as high 113 are from 5 high burden States/Regions
- Essential Package for Health Service-HIV 330 Townships is very good package = 'low priority' townships
- Comprehensive Package for Health Service-HIV mainly in 5 high burden States/Region = high priority townships



ESSENTIAL PACKAGE FOR HEALTH SERVICE-EPHS (HIV)

330 TOWNSHIPS

HIV prevention	HIV Testing Services	Care and Treatment	HIV integrated with other services	Commodities	Enabling environment
<ol style="list-style-type: none"> 1. Awareness raising 2. Behavior change communication 3. Sexually transmitted infection management 4. Sexual and reproductive health service 5. Blood safety 	<ol style="list-style-type: none"> 1. Facility-based HIV testing services 2. Community-based HIV testing (BHS) 3. Community-referred HIV testing 	<ol style="list-style-type: none"> 1. ART at ART centers & decentralized sites 2. PMTCT 	<ol style="list-style-type: none"> 1. Tuberculosis diagnosis and treatment 2. Sexually transmitted infection management 3. Reproductive health and family planning 4. Antenatal care 	<ol style="list-style-type: none"> 1. Condoms 2. Lubricants 3. STI (Syphilis) <ul style="list-style-type: none"> • RTK & VDRL • treatment 4. HIV RTK 5. ARV 6. Minor OI, 7. IEC 8. PEP*** 9. Lab commodities 10. TPT 	<p>Community System Strengthening</p> <p>Beneficiary Feedback Mechanism</p>

HIV SERVICES DELIVERY APPROACH

The essential packages of Health services (HIV)

- **HIV prevention** including awareness raising, BCC, Sexual and reproductive health (SRH) (including STI management):



HIV SERVICES DELIVERY APPROACH

The essential packages of Health services (HIV)

- Integrated HTS: **Facility based HTS and community Based Screening (CBS)** by BHS or trained community health workers addressing KAP and OVPs;



HIV SERVICES DELIVERY APPROACH



The essential packages of Health services (HIV)

- HIV clinical care and ART (including PMTCT):
ART at ART centers, decentralized sites



HIV SERVICES DELIVERY APPROACH

The essential packages of Health services (HIV)

- **Integrate** Tuberculosis diagnosis and treatment
- HIV into TB, STI, RH/FP, ANC Services



HIV SERVICES DELIVERY APPROACH

Scenario 1: The essential packages of Health services (HIV) Commodity distribution,

1. Condoms
2. Lubricants
3. STI (Syphilis) RTK, and VDRL
4. HIV RTK
5. ARV
6. Minor OI,
7. STI Tx
8. IEC
9. PEP***
10. Lab commodities
11. TPT



HIV SERVICES DELIVERY APPROACH

The essential packages of Health services (HIV)

■ Creating enabling environment



Enabling environment

- Human, gender and SOGI rights training being rolled out
- Training on stigma and discrimination for service providers more widely available
- Community groups and networks empowered through training and legal support

COMPREHENSIVE PACKAGE FOR HEALTH SERVICE- CPHS (HIV)

HIGH PRIORITY TOWNSHIPS (MOSTLY IN 5 STATES/REGIONS)

ESSENTIAL PACKAGE FOR HEALTH SERVICE- EPHS (HIV) PLUS THE FOLLOWING SERVICES WILL BE INCLUDED

Combination HIV prevention	HIV Testing Services	Care and Treatment	HIV integrated with other services	Commodities	Enabling environment
Refer to specific combination prevention packages for key and priority populations. (structural, biomedical, behavioral)	<ol style="list-style-type: none"> Community-based HTS (peer network) Self-testing Index testing 	<ol style="list-style-type: none"> Laboratory tests – (as per treatment guidelines) Viral Load Facility based (Satellites sites including PPP) Community-based care & support 	<ol style="list-style-type: none"> Mental health Hepatitis C treatment Drug treatment center SGBV Services for ATS users Vocational and livelihood programs NCD 	<ol style="list-style-type: none"> PrEP Major OI NSP OST (MMT/ Buprenorphine) Naloxone Hepatitis B and C testing HBV vaccination STI 	<p>Beneficiary Feedback System</p> <p>Training on reducing stigma, discrimination and punitive practices</p>

SERVICE DELIVERY MODELS/APPROACH

	HIV Prevention/Reach	HIV Testing Service	Care and Treatment	Others
EPHS-HIV	<ol style="list-style-type: none"> 1. Peer education 2. Health literacy promotion 	<ol style="list-style-type: none"> 1. Facility-based HTS (Hospital and NAP Team) 2. Community-referred HTS 	<ul style="list-style-type: none"> • Community/peer-led (support at ART/DC site, ART/ADH counseling, defaulter tracing, Social support for referral, nutrition, hospitalization, funeral) 	Note: service delivery mostly will link to community/peer network together with THD/NAP team.
CPHS-HIV (High priority townships)	<ol style="list-style-type: none"> 1. Enhanced outreach 2. Community-based 3. Community network/Peer Educator 4. Youth-friendly service approach 5. Social media recognizing that elements of STI/HIV/HCV/TB diagnosis, care and treatment constitute both prevention and treatment 	<ol style="list-style-type: none"> 1. Enhanced outreach 2. Key Population Service Centre 3. Youth-friendly service approach 4. Community network/peer educator with linkage to care and treatment 	<p>Same as above +</p> <ul style="list-style-type: none"> • Community-led linkage to prevention, care and treatment • ART initiation in remote facilities by mobile team (e.g. Ongoing in Talawgyi) • Facilities-based (Hospital, NAP team, NGO, INGO) • PPP (private hospital, clinic, GP) 	<p>One-stop shop- whenever possible provides prevention, care, treatment and support service in combination.</p> <p>(A partnership approach between MoHS/NAP, NGOs, INGO, EHO and community)</p>

PARTNERSHIP APPROACH FOR SERVICE DELIVERY



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Partner	Activity
Priority Populations	Prevention, outreach/peer education, access to testing and treatment, treatment adherence. Participation on national and subnational governance structures – MHSCC and TSGs
People living with HIV	Prevention, self-help and mutual support, treatment adherence. Participation on national and subnational governance structures – TSGs.
Broader community and Community-Based Organizations	Fundraising, support to local initiatives, support groups, advocacy and intervention with police
Faith-Based Organizations	Prevention, care and support for children and vulnerable, advocacy, fundraising
Public health – including NAP and public health facilities	Prevention, testing, care and treatment; support to provision of health services in prisons and closed settings
National and international NGOs	Prevention through Drop-In-Centres and outreach/peer education, testing, care and treatment; support to provision of services in prisons and closed settings
Private GPs	Testing, care and treatment

OVERARCHING THEMES – NSP IV 2025



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Prevention	<ul style="list-style-type: none"> ○ Harm Reduction, Key Pops, Youth, Transgender, Partners of KP, HIV/SRH health literacy ○ Expansion of coverage in high priority townships through EOM-KPSC, Community, Public, Private partnership
Care and treatment	<ul style="list-style-type: none"> ○ HIV services in routine health settings ○ Decentralization & Task shifting ○ Simplifying model of service delivery & ART services in all townships of Myanmar ○ Integration of HIV with Hepatitis B & C, TB, drug use, prison health, SRH, MCH, NCD, STI
Strategic information	<ul style="list-style-type: none"> ○ E-health & strengthening M&E, data quality and Use of UIC and MPI, Quality Improvement
Integration, gender and human rights	<ul style="list-style-type: none"> ○ Gender responsive HIV services
Leadership and financing and system	<ul style="list-style-type: none"> ○ Sustainable multi-sectoral HIV HRH plan ○ Sustainable HIV financing
Operational context/cross cutting	<ul style="list-style-type: none"> ○ Alignment with NHP for UHC ○ Evidence based planning and implementation ○ Multisectoral approach (MOHA, MOE, private sector, EHO, partnerships etc.) ○ Patient centered approach ○ Strengthening of community-based service delivery model & effective Community systems

STRATEGIC DIRECTIONS - 2025



1: Reducing new HIV infections



2: Improving health outcomes for all people living with HIV



3: Strengthening multi-sectoral Integration, gender and human rights based, people-centered community and health systems



4: Strengthening the use of strategic information and evidence to guide service delivery, management and policy



5: Promoting accountable leadership for the delivery of results and financing a sustainable response

SERVICE DELIVERY APPROACH: HARM REDUCTION

Existing Key Population Service Centers	Community-Led	Public-Private-Community Partnership
<ol style="list-style-type: none"> 1. Fix clinic + DIC 2. Enhanced Outreach: <ol style="list-style-type: none"> a) Harm reduction package b) naloxone (new) c) community-based testing CBS (new) d) Referral 3.) Mobile clinic: <ol style="list-style-type: none"> a) Harm reduction package b) naloxone (new) c) community-based testing CBS (new) d) Referral 4.) Psychosocial counselling and mental health (new) 	<ol style="list-style-type: none"> 1. Community-led (CBO, EHO, Community networks) – (new) <ol style="list-style-type: none"> a) Establish community-driven services (fully and independently led by CSO, EHO, community networks). The delivery model can be as follows: <ol style="list-style-type: none"> b) DIC+/- clinic + outreach services (in line with essential and comprehensive package of services) a) Community-led Key Population Service Centers (new) 	<ol style="list-style-type: none"> 1. Use of peer/community network members to strengthen and expand harm reduction services in public health sector and at the community level in high and low priority townships. This requires establishing partnership between the NAP/MOHS and the community network. 2. Public and community /peer network partnership (social contracting mechanism) 3. Introduce use of peer community network members in the public health sectors (e.g. in township hospital, RHC, and sub-center to increase HTS and linkage to care and treatment.

SERVICE DELIVERY APPROACH: SEXUAL TRANSMISSION

Facility Based (fixed setting)	Field-Based	Community-Led
<ol style="list-style-type: none">1. Public facility (STD team, Township Health Department)2. Key Population Service Center3. Clinic/GP network	<ol style="list-style-type: none">1. Peer Outreach (Individual daily outreach)2. Mobile outreach (usually mobile outreach will be implemented by team)3. Online Approach- using online platform in reaching and provision services	<ol style="list-style-type: none">1. Establish community-driven services (fully and independently led by CSO, EHO, community networks).

WHAT'S NEW IN PREVENTION?

ELIMINATION OF MTCT HIV & SYPHILIS

EMTCT:

- Goal of elimination
- New and expanded Tracking System for mother-baby pair using digital health platform
- Quality improvement program to enhance outcomes
- Integrated family-centered service provision
- Improved spouse testing
- PrEP trialed with discordant couples
- Ethnic minority language & improved health literacy

SERVICE DELIVERY APPROACH: CARE & TREATMENT

Transition from NGO to public sector delivery with private sector collaboration

Expand private sector collaborative models assisted by a coordinating body such as NGO, MMA.

Improve satellite site model by promoting ownership of public sector

- Mobilize service provider to satellite sites for prompt ART initiation
- ART initiation at satellite sites through tele-consultation with ART center
- Collaboration with private hospitals for updating policies and information sharing

Establish key population-friendly service network involving public sector, NGOs, GPs and key populations

Youth/Adolescent-friendly clinic

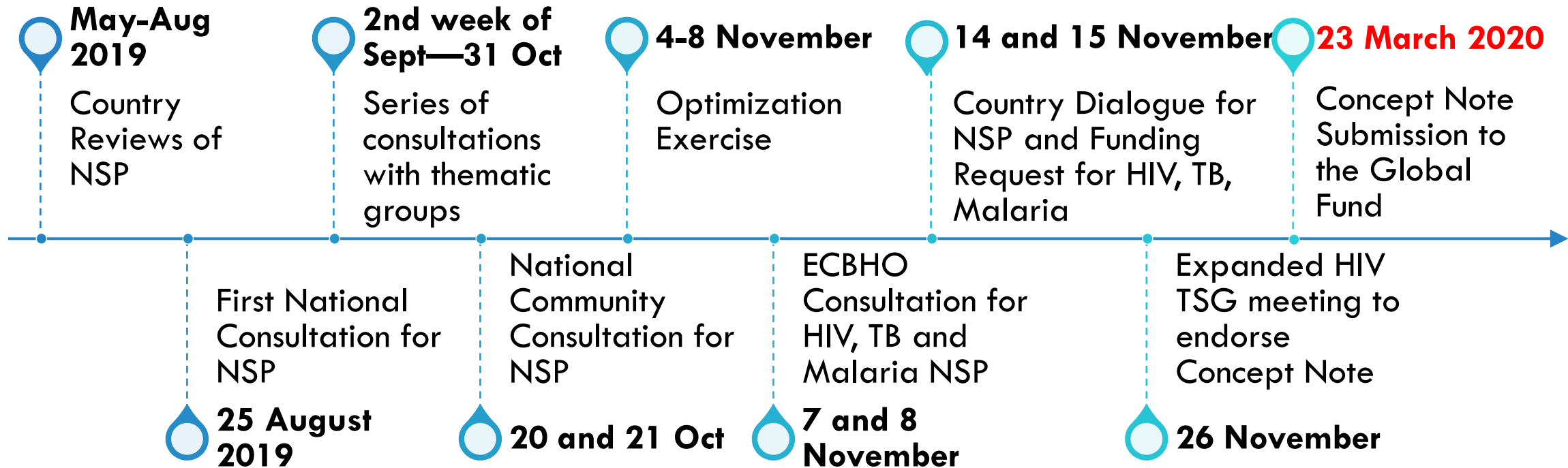
Meaningful engagement and participation of community in HIV care & support through networking in all townships. The services may be tailored based on the burden of HIV new infection and risk and needs of the priority populations.

WHAT'S NEW IN LABORATORY AND PSM?

Laboratory and PSM:

- **PSM**
 - Integration: procurement, storage, distribution
 - Expansion of electronic based LMIS up to township level
 - Waste management for expired and damaged HIV commodities
 - Institutionalization and sustainability of PSM including training courses
- **Laboratory**
 - Decentralization of lab quality control to state & region level
 - Tester and site certification system
 - STI diagnosis capacity
 - Viral load and EID coverage through optimizing integrated high throughput and POC network
 - Service availability for testing of HIV drug resistance
 - Integration of lab services for different diseases/program
- Introduction of self-testing

HIV NATIONAL STRATEGIC PLAN AND CONCEPT NOTE TIMELINES



“A new strategy will fall short of its potential if it fails to address the underlying mind-sets and capabilities of the people who will execute it”. *Nate Boaz and Erica Ariel*

“Everyone thinks of changing the world, but no one thinks of changing himself.” *Leo Tolstoy*

THANK YOU

Q & A