



Ministry of Health and Sports

New areas in National Strategic Plan IV on HIV and AIDS (2021 – 2025) (NSP IV)

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Vision, Goal and Objective of NSP IV



VISION

By 2030, end HIV as a public health threat in Myanmar

GOAL

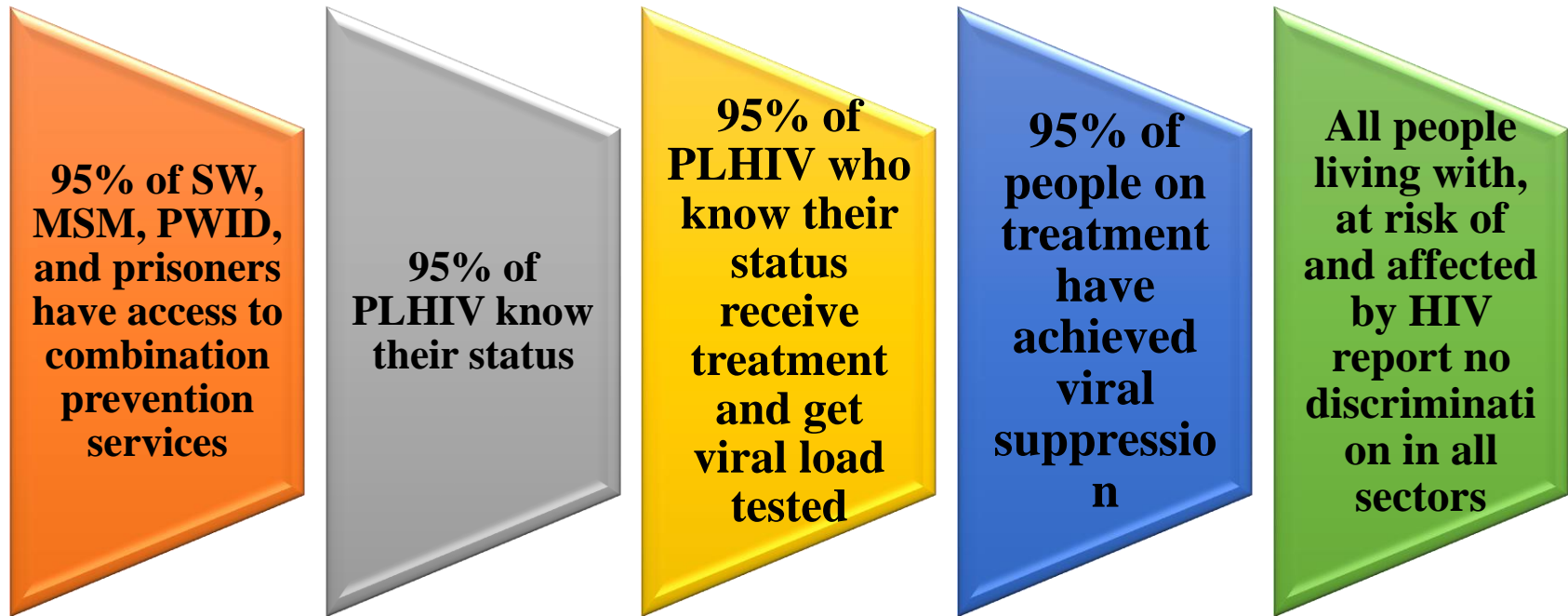
To further reduce HIV transmission and HIV related morbidity, mortality, disability & social and economic impact of HIV

OBJECTIVES

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



Strategic Milestones of NSP IV





STRATEGIC DIRECTIONS



Strategic Directions of NSP IV

SD 1

Reducing new HIV infection



SD 2

Improving health outcomes for all PLHIV



SD 3

Strengthening multisectoral integration, gender and human rights based, people-centered community and health systems



SD 4

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



SD 5

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





SD 1

Reducing new HIV infection

Priority Intervention Areas

- **Increase scale of effective combination prevention interventions** for priority populations and promote community led approaches
- Maximize HIV **testing and strengthened linkage** to ART among priority populations and their sexual partners
- Maximize **efficiency in service delivery** and enhance integration with other health services
- Ensure enabling environment for priority populations and their sexual partners
- Eliminate mother-to-child transmission of HIV and Syphilis



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SD 2

Improving health outcomes for all PLHIV



Priority Intervention Areas

- **Maximize linkage and improve access to care:** immediate enrolment, and ART initiation
- **Improve the quality of care** maximizing retention and viral suppression
- **Integration of health services** for co-infection and co-morbidity (TB, Hepatitis, STI, NCD, mental health, SRHR and prison health)
- **Enhance positive prevention**
- Strengthen and integrate HIV-related PSM into **one national Procurement and Supply Management (PSM)**
- **Strengthen laboratory services** in HIV and STI management



SD 3

Strengthening multisectoral integration, gender and human rights based, people-centered community and health systems



Priority Intervention Areas

- Strengthen and expand **Gender responsive and rights-based HIV service delivery models**, ensuring continuum and quality
- **Strengthen the community** to be engaged in service delivery
- Improve **legal and policy environment** at all levels
- Integrate HIV in **UHC and social protection schemes** for priority populations and Orphans and Vulnerable Children (OVC)
- Implement **workplace programs** and leverage other sectors involvement in the HIV continuum of services



SD 4

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



Priority Intervention Areas

- **Generate and use strategic information** to guide service delivery, program management, policy and financing
- **Improve monitoring and reporting** to provide quality data and effectively track NSP IV and improve performance at all levels
- Strengthen **coordination and resource mobilization** for strategic information
- Conduct **research and evaluation and apply findings** for programmatic improvement and policy change





SD 5

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

Priority Intervention Areas

- Strengthen and sustain **high level political and technical commitments** including relevant legal frameworks
- Sustainable **multisectoral HIV HRH plan**
- Ensure **sustainable financing**
- Improve **community health workforce**
- Strengthen **governance management and coordination and accountability** for delivery of results





PRIORITY POPULATIONS



Priority populations

- People living with HIV (PLHIV)
- People who inject drugs (PWID) and People who use drugs (PWUD)
- Men who have sex with Men (MSM)
- Transgender persons (TG)
- Sex workers and their clients
- People in closed settings (including prisons, detention and rehabilitation centers)
- Sexual partners of priority populations
- Young priority populations and children*
- Migrants**
- Overlapping risk***

* Younger members (≤ 24 years) of priority populations (MSM, TG, PWID, PWUD and SW)

** HIV risk is related to engagement in risk behavior rather than being a member of this group alone

*** People from priority population groups engage in more than one high-risk behavior



OPERATIONAL MODEL

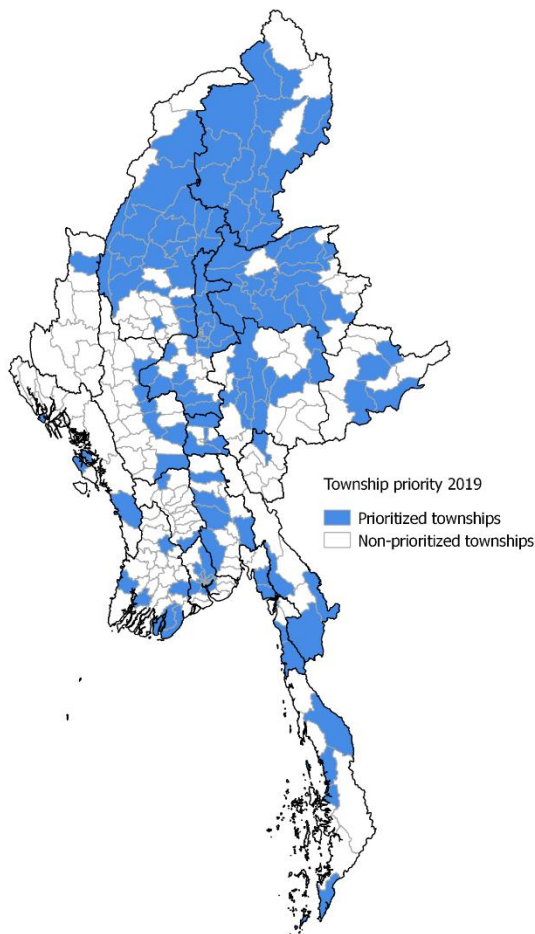


Operational Model

- Geographic prioritization for the national response to HIV
- Essential and comprehensive HIV service packages
- Service delivery models and approaches
- Integration across services
- Partnership approach, service delivery and the community
- Working with Ethnic Health Organizations
- HIV in Emergency Settings
- HIV in border areas



Geographic prioritization 2020



State/Region	High Priority Township	% of Township Selected
Yangon	37	82%
Mandalay	22	79%
Kachin	15	83%
Shan (North)	17	71%
Sagaing	22	59%
Ayeyarwaddy	6	23%
Bago	7	25%
Chin	1	11%
Kayah	1	14%
Kayin	3	43%
Magway	6	24%
Mon	5	50%
Nay Pyi Taw	4	50%
Rakhine	3	18%
Shan (East)	4	40%
Shan (South)	10	48%
Taninthayi	4	40%
Total	167	51%



ESSENTIAL PACKAGE FOR HEALTH SERVICE — HIV

ALL 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. TB diagnosis and treatment 2. Reproductive health and family planning 3. Antenatal care 	<ol style="list-style-type: none"> 1. Condoms 2. Lubricants 3. STI (Syphilis) 4. HIV RTK - RTK & VDRL - STI drugs 5. ARV 6. Minor OI 7. IEC 8. PEP 9. Lab commodities 10. TPT 	<ol style="list-style-type: none"> 1. Community centered approaches 2. Normalization of HIV in Health care and community setting 3. Ensure access to essential HIV services for all marginalized people

** Sexually transmitted infection management: Deleted in integrated services because of overlapping and it is part of NAP HIV prevention components*

PEP will be available free of charge for occupational exposure and sexual violence victims



COMPREHENSIVE PACKAGE FOR HEALTH SERVICE — HIV

HIGH PRIORITY TOWNSHIPS



ESSENTIAL PACKAGE FOR HEALTH SERVICE – HIV PLUS FOLLOWING SERVICES 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 (per treatment guidelines) Viral Load Facility based (Satellite 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 Voc and livelihood programs NCD 	<ol style="list-style-type: none"> PrEP Major OI NSP OSP (MMT/Buprenorphine) Naloxone Hepatitis B and C testing HBV vaccination STI 	<ol style="list-style-type: none"> Sensitization training on reducing stigma, discrimination KP friendly services Addressing punitive practices Securing legal protections to ensuring access to HIV care



Service Delivery Models and Approaches



	HIV Prevention/Reach	HTS	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 (ART centers/DC sites with lab facilities) 2. Community <ol style="list-style-type: none"> 1. test (BHS) 2. Referred 	<ul style="list-style-type: none"> • ART and PMCT at ART centers and DC sites, • Community/peer-led (support at ART/DC site, ART/adolescent counseling, defaulter tracing, Social support for referral, nutrition, hospitalization, funeral etc.) 	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. KPSC 4. Youth-friendly service center 5. Mobile services 6. Community network/peer navigator 7. Social media recognising 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. Community based 3. KPSC 4. Youth-friendly service center 5. Mobile services 6. Community network/peer navigator 7. Community based linkage to care and treatment 	<p>Same as above +</p> <ul style="list-style-type: none"> • ART at satellite sites (Facilities-based (public-NGO, NAP team- NGO) • PPP (private hospital, clinic, GP) under satellite sites facilitated by NGO 	<p>One-stop shop- whenever possible provide prevention, care, treatment and support service in combination. (partnership approach between MoHS/NAP, NGOs, INGO, EHO, community)</p>





Integration across services

- Sustainable and cost efficient '**one-stop shops**' would increase the access of vulnerable people to prevention, care and treatment
- **Co-location or location** of a range of services in geographic proximity to one another
- Supported the elimination of parallel systems and the **integration of HIV services** into existing health systems
- Integration could increase HIV service uptake, help to address HIV related social stigma, and improve non-HIV outcomes related to the other health services concerned
- Conduct surveys and research into priority and OVP access to needed services, explore travel cost constraints and other operational issues affecting access to needed services



Partnership approach, service delivery and the community



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. Key Populations involved in the management and evaluation of service delivery through Program Advisory Boards and Key Population participation in feedback mechanisms outlined in the Essential Package And also in the Community Feedback Mechanism for EMTCT and migrant.
People living with HIV	Prevention, self-help and mutual support, treatment adherence. Participation on national and subnational governance structures – TSGs. Supporting enrollment into ART and adherence,
Broader community and Community-Based Organizations	Fundraising, support to local initiatives, support groups, advocacy and intervention with police and other health and welfare activities. Involvement with and engagement of community leaders to support societal approval of services.
Faith-Based Organizations	Prevention, care and support for children and vulnerable youth, advocacy, fundraising
Public health – including NAP and other public health facilities	Prevention, testing, care and treatment; support to provision of health services in prisons and closed settings
Local and international NGOs	Prevention through Drop-In-Centers and outreach/peer education, testing, care and treatment; support to provision of services in prisons and closed settings. Support to community-based /led services.
Private hospitals	Testing, care and linkage to treatment. Linkages with Key Population support groups and CBOs. For EMTCT, coordination for proper care and treatment among HIV positive mothers and their families in private hospitals.





Working with Ethnic Health Organizations

- EHOs are responding health needs for populations more remote from MoHS health facilities in coordination with facilities and SHD
- EHOs provide access to priority populations and OVP for HIV prevention, care and treatment – especially internal migrants and those returning from working in nearby countries.
- A two-day meeting with EHOs in different parts of Myanmar was held and discussed the main elements of the NSP being developed for HIV, TB and Malaria areas and issues relevant to EHO partnership, coordination and collaboration





HIV in emergency settings

- Effective contingency plans are developed and in place to avoid disruption to treatment continuation and prevention and support measures to support continued good health and well-being.
- Operational guidelines will be nationally reviewed and operationally ready within the standard emergency response to enable government and cooperating agencies to deliver the minimum required multisectoral response to HIV during emergency situations.
- All relief workers will receive a basic training, before the emergency, in HIV, as well as SRH for HIV and STI prevention for vulnerable girls and women, sexual violence, gender issues, and non-discrimination towards people with HIV and their caregivers.
- Adequate and appropriate treatment supplies and prevention commodities specific to HIV will be ready to be pre-positioned as required.
- Adults living with HIV and the caregivers of infants and young people living with HIV may be provided with an additional or buffer stock of Antiretroviral Treatment in the event of an anticipated emergency that may impact on continuation of treatment supply.





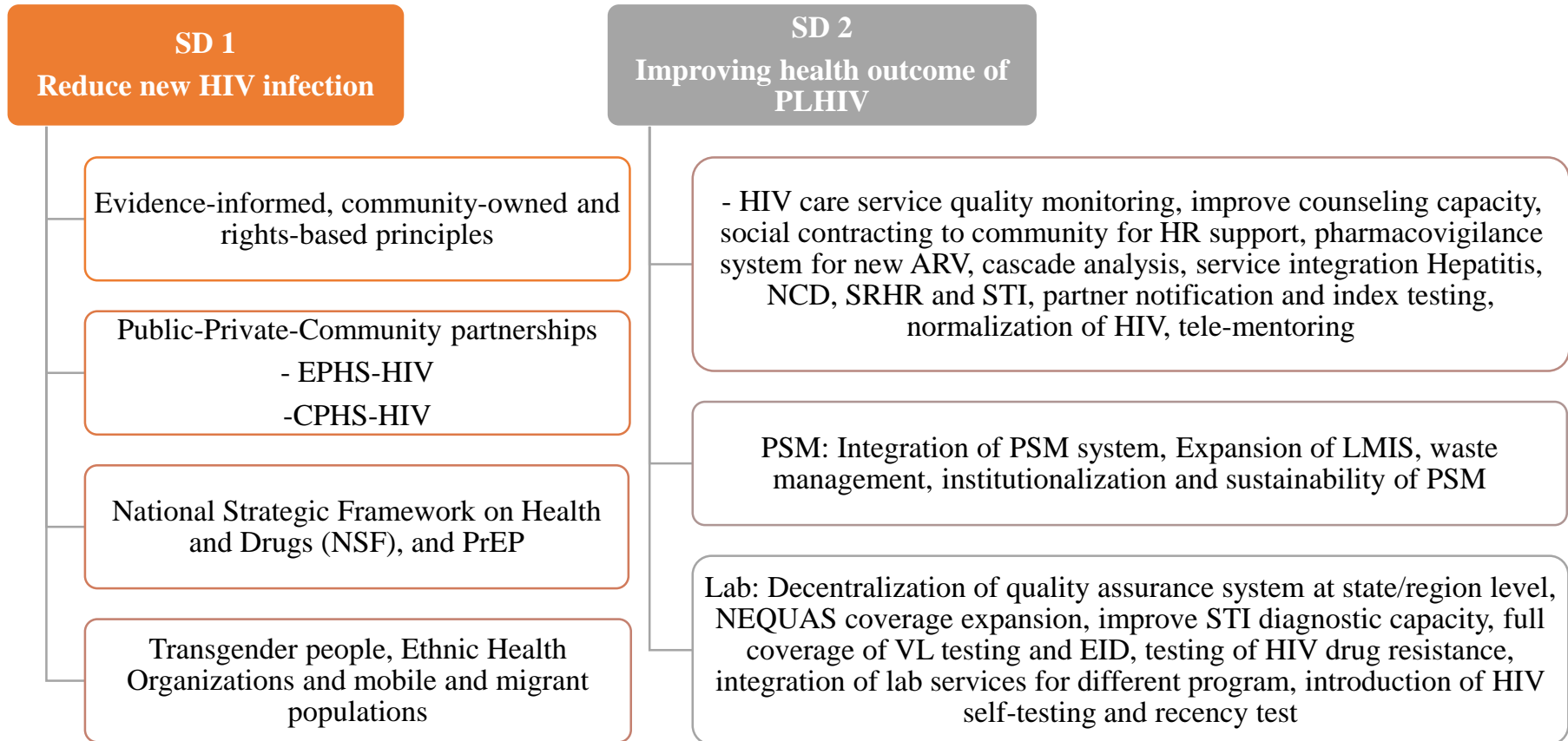
HIV in border areas

- Develop standard information and referral packages for pre departure and return.
- Situation analysis, mapping exercise with cross border cities.
- Discuss cross border issues together with TB and Malaria programs
- Consider the role of community networks and peer groups, NGOs for service delivery such as ART dispensing and follow-up tracing
- Reach-prevention-care and treatment: considered spectrum approach
- ART dispensing for longer duration (6 months or more) for cross border populations to support treatment continuity



WHAT'S NEW IN NSP IV

What's new for NSP IV



What's new for NSP IV



SD 3 Community and health system

Gender-responsive and right-based HIV
service delivery models

Strengthened multisectoral coordination and
public-private partnerships, include HIV
services in Youth Policy

Expansion of community-led services
Formalizing and strengthening the role of
community

Enhance legal and policy environment at all levels – strategy
include HIV legal review, HIV law and its implementation,
legal support increased, scale up on sensitization of law
enforcement on KP issues

SD 4 Strategic information

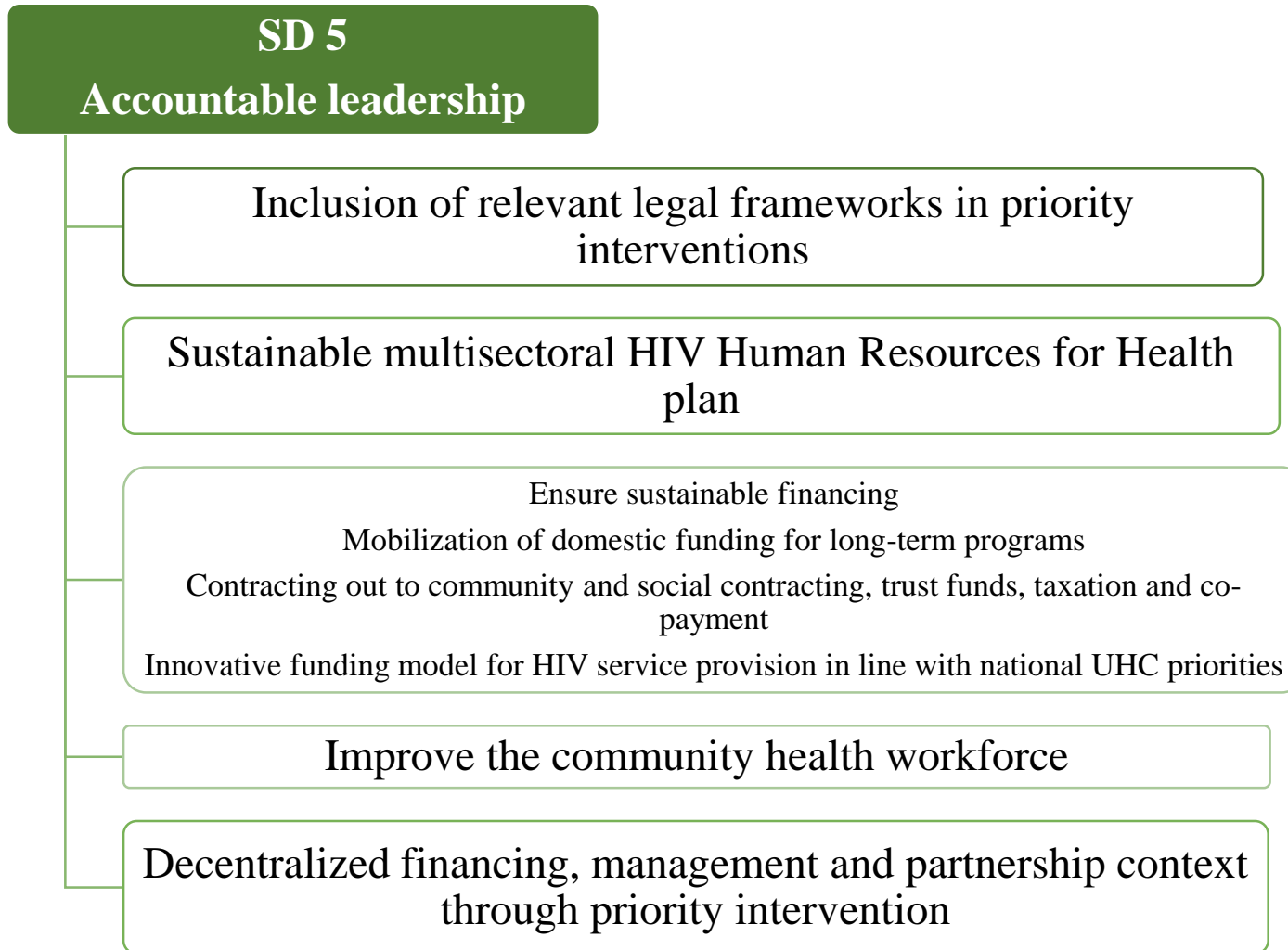
Open HIE and data security
initiatives

Integration of quality
improvement of
interventions

SI oriented program
management

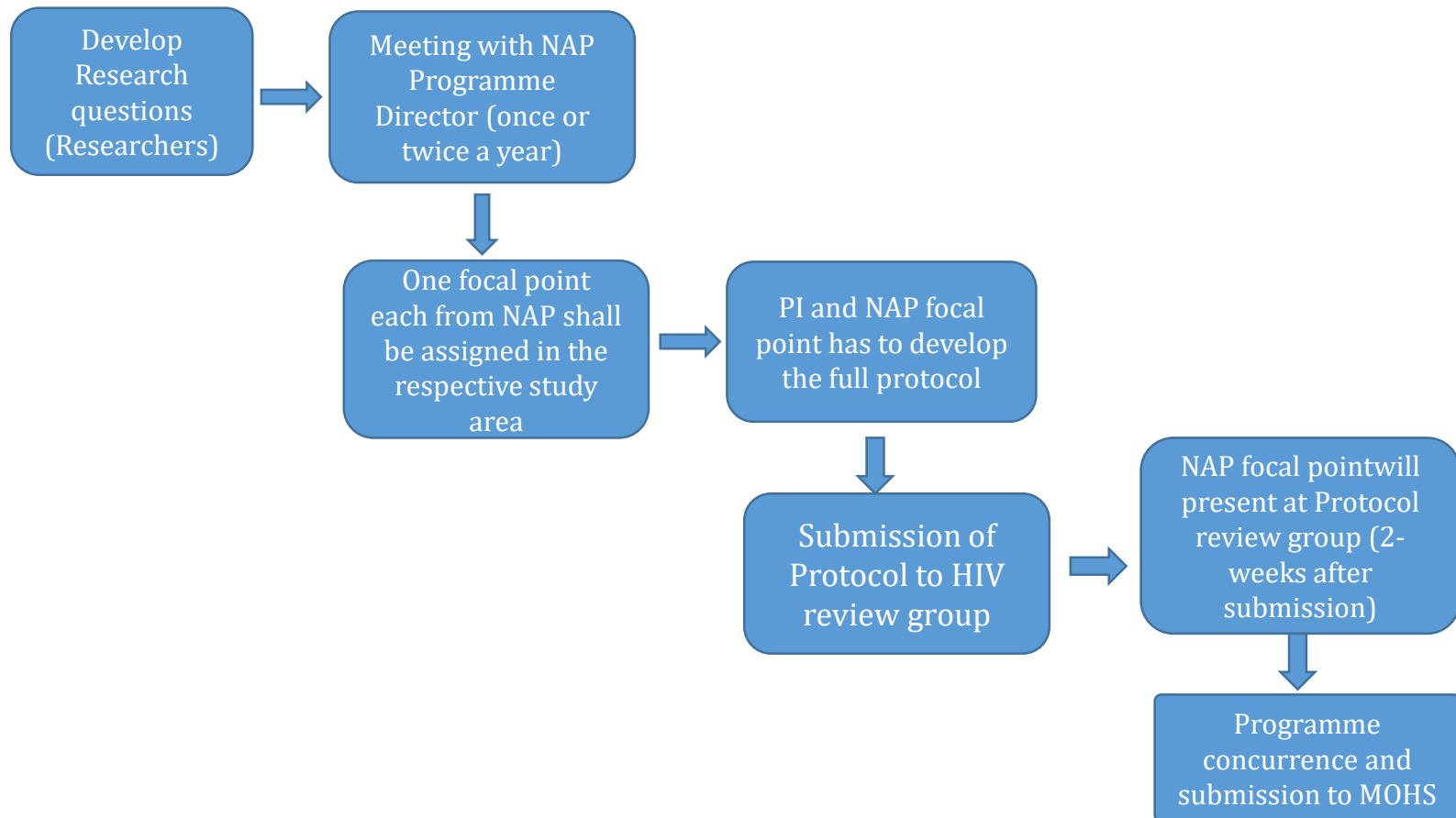
SI resource community,
National HIV forum and HIV
research database

What's new for NSP IV





Proposed processes for HIV research protocols development





THANK YOU



Questions, comments and suggestion