



# MYANMAR

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**Country Statement of Myanmar**

**by**

**H.E.Prof. Mya Oo, Deputy Minister for Health**

**at**

**The High Level Meeting and Comprehensive Review of Progress  
Achieved in realizing the targets set out in the UNGASS Declaration of  
Commitment for HIV/AIDS**

**2 June 2006**

**New York**

Mr. President,

Allow me first and foremost to express our appreciation to you for convening and presiding over this very important meeting at this very important crossroad. We gather here this week to review the progress and challenges we have faced in our fight against AIDS, a common enemy that poses a threat to development of humankind. We are confident that under your able leadership and wisdom, this meeting will come to a successful conclusion.

It is a privilege for me to participate in this High-Level Meeting and the Comprehensive review of Progress Achieved in realizing the targets set out in the UNGASS declaration of the commitment for HIV/AIDS.

I would also like to take this opportunity to express our appreciation to Mr. Kofi Annan, Secretary-General of the United Nations, for his leadership in holding this meeting and his efforts to engage world leaders in a comprehensive global response to HIV/AIDS. We also extend our appreciation to Mr. Peter Piot, the Executive Director of the joint United Programme of HIV/AIDS for his leadership in the Global Response to HIV/AIDS. I am sure that with the technical support provided by UNAIDS, this Meeting will have a positive impact on our endeavors towards our fight against HIV/AIDS.

Myanmar is one of the South East Asian countries and has a population of 54 million of which 70 per cent resides in rural areas. HIV/AIDS is one of the three diseases of national concern and I would like to touch briefly to efforts being made in Myanmar in the fight against HIV/AIDS. A high-level mufti-sectoral National AIDS Committee, chaired by the Minister of Health, has been formed since 1989, to oversee the National AIDS Programme. The National Health Committee, the highest policy-making body chaired by the Secretary (1) of the State Peace and Development Council and consisting of ministers from related government ministries as members, provides policy guidelines to enhance HIV/AIDS prevention and control activities in the country.

The National AIDS Programme (NAP) is the focal body for all AIDS related activities. The general objectives of the National AIDS Programme are to reduce and prevent HIV/AIDS transmission through access to behavioral change communication, by adoption of healthy lifestyles, and to enhance the quality of life of people living with HIV/AIDS through treatment, care and support. The National Strategic Plan includes 6 broad strategic areas, namely:

- (1) advocacy to authorities and decision-makers, implementing partners, private sector and community leaders
- (2) HIV and STI prevention education
- (3) Targeted interventions including:
  - Prevention of sexual transmission
  - Prevention of HIV infection among injecting drug users
  - Prevention of mother to child transmission
  - Provision of safe blood and blood products

- (4) Care and treatment of STI patients and PLWA
- (5) Programme management and support including monitoring and supervision
- (6) Capacity building

The UN Theme Group consisting of 26 partners, including the National AIDS Programme (NAP), developed a joint programme to mobilize additional resources for 2003-2005, through the Fund for HIV/AIDS in Myanmar (FHAM) to scale up the response of the National Strategic Plan 2001-2005.

Five thematic components are:- (a) to reduce the risk of HIV infection through sexual transmission, (b) to reduce HIV infections among injecting drug users and their partners, (c) to improve knowledge and attitudes among the high-risk groups, the general population, and youth, (d) to increase access to quality health care, treatment and support, and (e) to strengthen essential elements for an enabling environment.

In our fight against HIV/AIDS, we are also collaborating with the regional countries, through the ASEAN Taskforce on AIDS (ATFOA), the Greater Mekong Disease Surveillance Network and with our neighbouring countries. Currently, we are developing a multi-sectoral broad-based National Strategic Plan for the year 2006-2010 in line with the "Three One" principles involving all partners of the UN System, NGOs, private sector and community.

Mr. President,

I would like to touch briefly on the current status, activities and achievements in the fight against HIV/AIDS in Myanmar.

#### HIV/AIDS Surveillance

In 1991 HIV sentinel surveillance system was established at 9 sites and it was further expanded to 27 sites in the year 2000 with additional behaviour surveillance to cover the whole country.

The surveillance data shows that since 2000 there has been a decline in HIV prevalence in general population both in high-risk and low-risk behaviour groups. The incidence in adult population was 1.3 per cent blood donors - 0.8 per cent and new military recruits- 1.6 per cent and pregnant women attending antenatal care- 1.75 per cent in 2003-2004. The men to women ratio is approximately 4:1 at present.

The 2005 report of the Technical Working Group on HIV/AIDS projection and Demographic Impact Analysis in Myanmar of UN Joint programme also stated that HIV/AIDS epidemic peaked in 2000 and has gradually decreased in high-risk behaviour group, pregnant mothers and blood donors. Currently, new infection appears to be roughly stable at 27,000 to 30,000 per year implying substantial room for implementing more effective prevention efforts.

### Prevention of Sexual Transmission

Access to affordable and good quality condoms and promotion of 100 per cent condom utilization in targeted populations project has been scaled up to cover 154 township out of 325. A total of 35 millions condoms were distributed by NAP and 13 partners by the end of 2005, which was funded by FHAM. More efforts to promote condom utilization in commercial sex workers, mobile population and intravenous drug users have been emphasized to reach the benchmark of 52 millions for the whole country.

Per capita condom consumption has increased three-fold over the last five years. A large survey on condom use by young people aged 15-24 has demonstrated an increasing trend of 49 per cent in 2003, 53 per cent in 2004 and 76 per cent in 2005.

I would like to acknowledge our partners - WHO, UNDP, UNFPA, PSI (Population Services International) and our national NGOs for their unstinted efforts towards those preventive measures adapting to our cultural context.

Mr. President,

### Prevention of HIV infection among drug users and their partners

The Central Committee for Drug Abuse Control (CCDAC), a multi-sectoral body, is launching a 15-year narcotics elimination plan (1999 - 2013). In accordance with this plan, the Ministry of Health is carrying out treatment programme for substance abuse patients at 26 major and 40 minor drug treatment centres, also at two youth rehabilitation centres and 49 border area hospitals in close collaboration with Central Committee for Drug Abuse Control (CCDAC), UNAIDS, UNODC and NGOs.

Harm reduction programmes for intravenous drug users (IDU) including methadone replacement and syringe & needle exchange programmes have been introduced in 16 out of 20 high risk townships of the Northern and Eastern States of the nation. As the result of these activities, the incidence of HIV infection among IDU is declining from 62.8 per cent in 1992 to 34.4 per cent in 2004.

Mr. President,

### Prevention of Mother to Child Transmission (PMCT)

Prevention of Mother to Child Transmission (PMCT) was implemented in 1998 with support from UNICEF and later UNFPA, WFP, INGOs (MSF-H, MSF-CH and AMI) joined this programme. Due to joint efforts of partners, antiretroviral treatment, care and support of HIV positive mothers and babies have been successfully implemented in 79 townships in 2004. It has been estimated that with the effective PMCT programmes there will be a steady decline of number of children born with HIV/AIDS from 2000 today, to 1 000 by 2010.

### Access to treatment, care and support

Recently antiretroviral therapy was initiated in two major cities and in eastern border towns. ART was also made available as part of TB-HIV joint programme in line with "universal access approach". About 8-10 per cent of TB patients have HIV infection and 60-80 per cent of HIV/AIDS patients have tuberculosis and other opportunistic infections. We have started implementing Joint TB and HIV programme in Myanmar. However, the coverage for ART is very low that only one in 20 patients that need ART is actually receiving ART. In other low and middle income countries one in five patients who need ART are receiving it. This demonstrates a wide gap between the need for ART and availability of resource.

I would like to commend, Artsen Zonder Greenzen (AZG) and MSF-Switzerland for their contribution in VCCT and ART for improving quality of life of people living with HIV/AIDS (PLWHA).

### Voluntary Counseling and Confidential Testing (VCCT)

By the end of 2004, VCCT services are made available in 69 townships at 114 service delivery points either through 43 AIDS/STD teams either directly or in collaboration with NGOs. With technical supports from WHO, manual for VCCT training were developed and training implemented. The bulk of HIV test kits for VCCT as well as for 100% blood safety in the public sector have been provided by FHAM, JICA, UNDP, UNICEF and WHO. As VCCT is entry point for ART and PMCT, there is increasing demand for further expansion.

### Knowledge, Attitude and behavioural change for Prevention and control of HIV/AIDS.

The NAP & all partners work together towards promotion of knowledge, attitude and behavioral change for general population to adopt healthy life style for HIV prevention and control. A school based healthy living and AIDS prevention education (SHAPE) was incorporated into the 4th to 9th grade school curriculum which covers 1.5 million students and over 7000 school teachers. Sustained behavioral change especially for out of school youth is a priority area whereby NAP works together with its UN partners and NGOs. Behavioural change communication for general population is being carried out using all types of media and languages to reach the entire nation.

Ministry of Health (NAP), UN agencies and partners collaborated in organizing the National HIV/AIDS exhibition in Yangon (2003) and Mandalay (2004) which are largely supported by UNICEF and the FHAM. These exhibitions were well attended by the general population.

Knowledge, Attitudes and Practices (KAP) study in 2005 demonstrated that there is an improvement in knowledge and attitudes about HIV and condom use, in high risk behavioral groups such as female sex workers, mobile population and youth, compared to previous year.

Mr. President,

Resource

Resource mobilization for effective response to HIV/AIDS has improved over the years. However the Global Fund for Fight against HIV/AIDS, TB and Malaria was abruptly terminated in August 2005. We are implementing the GFATM Phasing-out activities to be completed by August 2006. At present Ministry of Health, FHAM, UNAIDS and other donors are working together to bring about tangible results and we are now exploring ways and seeking alternative mechanisms for the three diseases -- HIV/AIDS, TB and Malaria.

Prevention and control of HIV/AIDS is one of the most important challenges faced by the international community today. The implications of this disease are affecting ever-greater dimensions of the quality of life as well as life expectancy of people. No country or society can ignore this scourge, which has become a pandemic.

In conclusion, I would like to reiterate that Myanmar will do its utmost to fight HIV/AIDS epidemic, with available resources. We will also continue to collaborate and cooperate with national, regional and international partners to further scale-up our national response to HIV/AIDS. I am confident that our noble efforts will be successful in combating this public health problem and in ameliorating the suffering of untold millions of humankind.

Thank you for your attention.