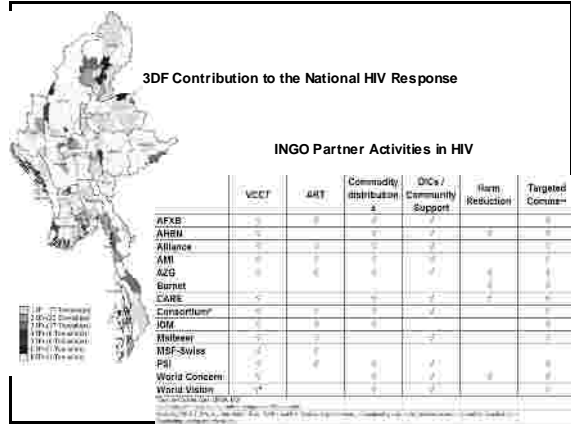




Annual Review Meeting  
14 October, 2009  
HIV – INGO  
Implementing Partners

The following is a compilation of INGO IPs' observations and challenges but is not a critically comprehensive review of 3DF-funded HIV programming. It is hoped that this presentation will provoke a discussion based on much-needed and critical self-reflection amongst those of us here today.



### HIV Prevention

**Observations**

- DICs provide safe places for target groups
- A peer approach appears effective for reaching beneficiaries and empowering community members
- Beneficiaries have begun to manage DIC activities
- Integrated engagement of target audiences on prevention, VCT and treatment is cost-effective and encourages service uptake

**Challenges**

- Difficulties are observed (most often as delays) in obtaining approvals from local authorities
- PLHIV are inaccessible in border areas
- Arrests of FSWs and IDUs are common
- It is difficult to track SWs along migration routes
- Aplaw condom quality is a concern with reported cases of breakage
- Lack of community-friendly service providers discourages FSWs and MSM from seeking services
- Stigma and discrimination affect partner referral for STI/VCT

**Recommendations**

- Improved target group definitions and population size estimates should be clearly communicated to all partners
- Expand geographic and target group coverage

### HIV Prevention

**3DF-funded interventions reached over 400,000 people, but each year an estimated 13,000 people are infected.**

**Achievements\***

- Male and female condoms distributed: 24,905,000
- Individuals reached with prevention activities: 414,900
- Individuals who have accessed VCT: 45,745
- People who have received treatment for sexually transmitted infection: 95,500
- Pregnant women who have accessed VCT and have received their test results: 2,940
- HIV infected pregnant women and their infants born who received a complete course of ART prophylaxis to reduce mother to child transmission: 286

\*July 2008 - June 2009

**Observations**

- There appears to be improved access to health services and needles
- Advocacy appears effective in improving understanding project activities and staff safety
- Shooting gallery owners are reportedly supplying clean needles when their needs are addressed by programmes
- Safer injection practices are increasingly common among IDUs frequenting DICs

**Challenges**

- HIV prevalence remains high among IDUs at an estimated 43%
- Arrests of IDUs are common
- Peer educator drop out rate is high due to treatment programmes and arrests
- Limited resources are available for specific drug user interventions
- Use of same basic package (like syringes) provided by DF not yet existing
- Referral costs for methadone maintenance therapy and drug treatment are prohibitive and access still limited (geographically)

**Recommendations**

- Increase IDU target group, geographic coverage
- Explore the use of buprenorphine in the Myanmar context
- Improve practical coordination among all partners
- Explore a greater focus on sexual transmission among drug users
- More comprehensive services needed (including TB/TB-HIV co-infection...)
- Improved palliative care is necessary for PLHA in the final stages of AIDS

### Harm Reduction

**3DF programming is the major contributor to harm reduction activities, but more resources are required to reach a population estimated at 75,000 with the highest infection rate in country.**

**Achievements**

- There appears to be improved access to health services and needles
- Advocacy appears effective in improving understanding project activities and staff safety
- Needles distributed or sold: 2,119,000
- Men and women who inject drugs reached with prevention activities: 29,000
- Men and women who inject drugs accessed VCT: 2,500
- Condoms distributed to IDUs: 314,000

\*July 2008 - June 2009

## HIV Treatment and Care

### Observations

- Technical training of HIV/ARV management providers has improved
- Access to care has improved through coalition partnership

### Challenges

- PLHA groups are lacking in support
- Limited involvement/collaboration from government sector
- Limited resources are available to continue and to scale-up HIV care
- There is no proper regulation of ARV prescription practices by private doctors
- ART support for PLHA is limited in geographical localities outside of current coverage areas

### Recommendations

- Generate more support for PLHA groups, who should be officially recognized
- Explore comparative benefits of HBC and clinical care for maintaining and improving PLHA quality of life
- Improve clinical and laboratory monitoring
- Establish more comprehensive 3DF indicators regarding HA response to ART
- Consider introduction of 2<sup>nd</sup> line ART drugs
- Improve coverage and programming for HIV/TB co-infections
- Strengthen capacity building to continue and to scale-up HIV care

## HIV Treatment and Care

3DF-funded INGO programming is keeping people alive – contributing to 12% of PLHA receiving treatment, but 60,000 in need are still without.

### Achievements\*

- PLHA with advanced HIV infection receiving antiretroviral combination therapy: 6,935
- PLHA receiving treatment for opportunistic infections: 28,300
- PLHA who receive HBC, including the package of support: 20,800
- PLHA involved in groups providing psychosocial support in order to reduce stigma and discrimination: 11,600

\*July 2008 – June 2009