OVERCOMING CHALLENGES IN HIV WITH SCIENCE, INNOVATION AND COLLABORATIONS IN SOUTHEAST ASIA

IAS 2019 POST-CONFERENCE WORKSHOP

Malaysia, 04-05 October 2019
Differentiated HIV Services for Key and Vulnerable Populations

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HIV Situation in Myanmar

- HIV prevalence is about **0.57%** of the population.
- **11,000** new infections during the year.
- About **220,000** people living with HIV **66%** of people living with HIV are currently receiving Anti Retroviral Treatment (ART).
- Concentrated epidemic among key populations; PWID, FSW, MSM/TG
HIV prevalence among populations in Myanmar

New HIV infections among population in Myanmar
Designs of HIV prevention programs among key populations (KP) are differentiated by KP, by township type and through State Operational Plans.

For example, Kachin and Shan North have high HIV prevalence among PWID while Yangon has high prevalence of HIV among MAM/TG and FSW.
• Differentiated ART program for KP is similar to those of general population
• ART centers, decentralization sites (for stable patients)
Differentiated HIV Services for KPs, Medical Action Myanmar

- Providing HIV services in 4 states and regions through 10 satellite clinics
- Targeted populations – KP (PWID, MSM/TG, FSW)
Cascade of care

- Reach
- Testing
- Linkage to care
- Viral suppression

Other health services (PHC, SRH, TB, Hep B and C, OST (methadone), NCD)
Enabling environment (well trained staff, KP friendly services, community mobilization)
Differentiated HIV Prevention (PWID)

What? Minimum HIV package (health education, condoms and lubricants, HTS, STI screening and treatment or referral), harm reduction (needle and syringe provision, referral for OST (methadone)

When? Depends on clients

Where? In the community, satellite clinic, KPSC

How? Community based approach, mobile outreach

Who? Trained community health workers, peer educators, medical doctors
Differentiated HIV Prevention (FSW)

<table>
<thead>
<tr>
<th>What?</th>
<th>Minimum HIV package (health education, condoms and lubricants, HTS, STI screening and treatment or referral), family planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>When?</td>
<td>Day time (mostly afternoon), night time</td>
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<tr>
<td>Where?</td>
<td>Brothels, KTV, other hot spot areas, street based, satellite clinic</td>
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<tr>
<td>How?</td>
<td>Mobile outreach</td>
</tr>
<tr>
<td>Who?</td>
<td>Trained peer educators, medical doctors</td>
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</table>
## Differentiated HIV Prevention (MSM/TG)

<table>
<thead>
<tr>
<th>What?</th>
<th>Minimum HIV package (health education, condoms and lubricants, HTS, STI screening and treatment or referral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>When?</td>
<td>Depend on clients</td>
</tr>
<tr>
<td>Where?</td>
<td>Hot spot areas like KTV, night club, satellite clinic</td>
</tr>
<tr>
<td>How?</td>
<td>Mobile outreach, social media</td>
</tr>
<tr>
<td>Who?</td>
<td>Trained peer educators, medical doctors</td>
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Service delivery
MSM/TG, FSW
## Differentiated HIV treatment (KPs)

<table>
<thead>
<tr>
<th>What?</th>
<th>Screening and management of co-infections, co-morbidities, OIS, PMTCT, SRH, Adherence support counselling For PWID – harm reduction, OST</th>
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</thead>
<tbody>
<tr>
<td>When?</td>
<td>Enroll into the treatment program</td>
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<tr>
<td>Where?</td>
<td>Satellite clinic (integrated with PHC services), Decentralization site (if the client is stable)</td>
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<td>How?</td>
<td>Facility based approach</td>
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<tr>
<td>Who?</td>
<td>Trained medical doctors, nurses, counsellors, peer educators, dispense, lab technician</td>
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</tbody>
</table>
Challenges still need to address

- Stigma and discrimination
- Reach for hidden populations
- HIV self-testing
- PrEP
- Young key populations specific services
- Services for TG
- Task shifting for ART
THANK YOU