

# Evidence for a successful implementation of the minimum package of HIV prevention interventions in Myanmar, August 2007

## Executive Summary

The minimum package approach, which aims to implement a package of effective HIV prevention interventions in a coordinated fashion, is being implemented in a number of sites across the Mekong Region. The programme in Myanmar is one of the more established of these and it presents a wealth of data that can be used to better understand the implementation of the Myanmar programme and demonstrate its effectiveness.

## Summary of Findings, Conclusion and Recommendations

### Findings

- There is a need to scale-up interventions rapidly and deliver interventions in targeted fashion where they are most likely to reach populations most-at-risk for HIV infection.
- Broad mass media efforts through TV commercials, billboards and other channels increased awareness of HIV and reduce stigma among the general population.
- Extensive mass media and condom-promotion activities have contributed to a greater awareness of HIV and acceptance of outreach and other behavior-change interventions. This more supportive environment has enabled the expansion of outreach activities and the achievement of broad coverage of target populations.
- Drop-in centres provide a safe place for Female Sex Worker (FSW) and Male Sex Worker (MSM) to seek Sexually Transmitted Infection (STI) and Voluntary Counseling and Testing (VCT) services. High-quality services are also available at several INGO-run clinics. The availability of quality and MAR-friendly services has resulted in an increase in service use. Outreach effort reaching the majority of target populations also support the use of these services.
- Most FSW and MSM who have been reached by INGO programmes received multiple targeted components of the minimum package including peer outreach and education, direct condom promotion, targeted media, VCT and STI services. This indicates that there are few missed opportunities to provide programme beneficiaries with the complement of effective HIV prevention interventions.
- The availability of multiple targeted components of the minimum package at one site and the involvement of more than one organization contribute to the high intensity of services use seen among programme beneficiaries in Yangon.
- Greater exposure to peer outreach and education activities had an impact on consistent condom use among MSM and, to a lesser extent, FSW. As condom use is already at a mature point, it is difficult to achieve additional positive trends among FSW. Efforts are however needed to maintain this level. Additional elements of the minimum package may also be needed to create incremental changes in this behaviour.

## **Conclusion and Recommendations**

### Achieving Results in Yangon

- In the Mekong region, coverage of HIV prevention interventions among most-at-risk populations is still low. A more strategic approach to implementing among most-at-risk is needed. In Yangon, one of the hot spots for US AID-funded programmes in Myanmar with years of implementation of the minimum package, has resulted in broader coverage of the target population. In addition to high exposure to mass media and condom social marketing activities, high utilization of services such as drop-in centres, STI services, and VCT has occurred. In fact the majority of most-at-risk populations in Yangon have been reached with multiple components of the minimum package. Behaviour change among the target populations has been found to be correlated with exposure to the programme activities.

### Coordination and collaboration

- Partnership between NGOs involved in delivering HIV services should be considered as key to the success of the programme in Myanmar. The organizations collectively play a role in achieving the minimum package rather than operating autonomously. This results in a functional packaging of services where all elements are available and linkages between organizations insure that beneficiaries of one organization can also access services of others. Mechanisms for collaboration can be either formal or informal. Examples include an MSM working group that meet on a regular basis, outreach staff that spend time in the drop-in centres of other organizations, visits by staff to other clinics as part of training, creation of a network of referral for clinic services, and maps and lists of available services.

### Sequencing and nesting

- The minimum package of targeted services includes mass media and social marketing. This core component achieves an initial level of behaviour change. These efforts also create trust in the product and the organization providing the product, and facilitate the introduction of other interventions. Establishing safe places, such as drop-in centres, empowers these populations to demand their rights and access needed services. Targeted services, including peer outreach and education, STI screening and treatment, and VCT are then provided within this context of safety.

### Added Value of the Minimum Package

- Condom use among high-risk populations (and FSW in particular) has been relatively high in Myanmar for several years and is likely to be a result of the strong condom-promotion programme. With this behaviour at a mature point, it will be difficult to see additional positive trends. More elements of the minimum package may, however, be needed for incremental changes in behaviour.
- With intensive efforts focusing on these populations including outreach and creation of safe places to discuss condom negotiation, and the adoption of other safer behaviours, it would be irresponsible not to offer VCT and STI services. Integrating services within a minimum package approach results in wider coverage of target groups, and higher utilization of the services can be achieved. The minimum-package approach is a strategy that can be adapted for most ongoing HIV-prevention programmes and is sustainable in the long term.

### **Research Geographic Coverage by Area**

Five "hot spots" in Myanmar were chosen for focused interventions based on their concentration of higher risk populations and the potential for spread of HIV. The potential for building a minimum package of services was also considered based on implementing partner, and donor activities.

Of these sites, Yangon was selected as the focus of this report due to the availability of comprehensive strategic information that allows for an assessment of the implementation of the minimum package. This information includes data from tracking surveys, service utilization surveys and programme data.

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