

An analysis of the Myanmar 2010 UNGASS report

by HIV Information for Myanmar [him]

The Union of Myanmar UNGASS 2010 Report has been posted on HIV Information for Myanmar http://him.civiblog.org/blog/_archives/2010/4/6/4498792.html and was posted in [him] 1166. The [him] moderator has not heard that a shadow report will be produced. Who would risk writing one?

In the absence of a shadow report the [him] moderator would like to offer these observations on the only official report on HIV that will come from the Government of Myanmar this year. The following comments are not meant to be a criticism of those who did all the hard work in producing the report. But publication of the report offers an opportunity for us all to get closer to truth.

1) The introductory letter from the Department of Health states that "partners from the civil society ... contributed their valuable part to the completion of this report", there is no description of HOW civil society participated in the analysis and development of the report. The sad truth is that true consultation in the spirit of partnership did not take place. An opportunity was lost. One wonders how civil society will truly participate in the development of the new national strategic plan this year.

2) The report begins with a bang, claiming that "HIV transmission primarily occurring in high risk sexual contacts between sex workers and their clients, men who have sex with men and the sexual partners of these sub-populations." Though the proportion of new infections through unprotected sex as opposed to unsafe injecting equipment has been said to be two to one for at least the last seven years, the [him] moderator is unaware of any credible data that this proportion reflects reality. Can any readers offer some?

3) Two and a half years ago in [him] 428 it was reported by the Ministry of Health that "230,000 people aged 15 though 49 are presently living with HIV. This corresponds to a national adult prevalence of 0.67%. There are thirteen thousand new HIV infections a year, seventy-three thousand people are presently in need of antiretroviral therapy, and twenty thousand people die of HIV related causes every year."

The present report states that "Latest modelling estimated the HIV prevalence in the adult population aged 15-49 at 0.61% in 2009. It is estimated that around 238,000 people are living with HIV in Myanmar in 2009, of whom 74,000 are in need of antiretroviral therapy. In the same year, an estimated 17,000 people died of AIDS-related illness. Incidence is estimated at well above 10,000 new infections per year".

These figures have hardly changed. Something is wrong. Where is the estimation workshop report?

4) VCCT, known to the rest of the world as VCT, is several times included as an activity for HIV prevention. VCT is not a prevention activity and has never, with the exception of serodiscordant couples, been proven to be an effective prevention activity. It should be included in care where it is the entry point.

5) The [him] moderator continues to be puzzled by the statement that increasing the numbers of people on treatment is constrained by resources: "one in four of people in need receiving ART, and provision is

constrained by insufficient resources." Perhaps technical, human, administrative, and time resources are in short supply. Money for ART has been available on request for the past several years. It certainly is not in short supply now.

6) The [him] moderator deplors the low coverage of antiretroviral treatment. Though Myanmar's 21,000 people out of an estimated 230,000 with the virus compares favourably with middle income Indonesia's 6,000 out of 333,000 people with the virus.

7) The word transgender doesn't even appear in the report. Where are they? Why are they not included?

8) Needle and syringe programmes continue to increase in volume though the number of people on methadone is dismal.

9) Nevirapine monotherapy is still being used for PMTCT. This borders on public health malpractice.

Comments? Criticisms?

[him] moderator