DOCUMENTING THE PROGRESS OF THE 100% TARGETED CONDOM PROMOTION PROGRAMME IN MYANMAR

National AIDS Programme
Department of Health
Ministry of Health

Collaborating Agencies

UNAIDS   UNDP   FHAM   UNFPA   PSI

Docomenting the progress of 100% Targeted Condom Promotion Programme in Myanmar

Acknowledgements

Contents

The 100% Targeted Condom Promotion (100% TCP) programme in Myanmar

Abbreviations

100% CUP	100% Condom Use Programme
100% TCP	100% Targeted Condom Promotion programme
AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioural sentinel surveillance
CCG	Condom Core Group - a multisectoral working group
DMO	District Medical Officer
DSW(s)	Direct Sex Worker(s)
EE(s)	Entertainment establishment(s)
FHAM	Fund for HIV/AIDS in Myanmar - Joint funding mechanism for the Joint Programme
FSW(s)	Female Sex Worker(s)
HIV	Human Immunodeficiency Virus
HSS	HIV sentinel surveillance (serosurveillance)
IDUs	Intravenous drug users
IEC	Information, education, and communication
ISW(s)	Indirect Sex Worker(s)
KAPB	Knowledge, attitudes, practices, and behaviour
NAC	National AIDS Committee
NAP	National AIDS Programme
NGO(s)	Non-governmental organization(s)
NHC	National Health Committee
PLWHA	People living with HIV/AIDS
PSI	Population Services International
SEAPICT	Southeast Asia and Pacific Intercountry Team of UNAIDS
SGS	Second Generation Surveillance
STD(s)	Sexually transmitted disease(s)
STI(s)	Sexually transmitted infection(s)
TMO	Township Medical Officer
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive Summary

Acquired Immunodeficiency Syndrome (AIDS) is one of the priority diseases and a disease of national concern in the National Health Plan of Myanmar. The National AIDS Programme (NAP), the responsible body for prevention and control of HIV/AIDS in Myanmar, is composed of forty AIDS/STD prevention and control teams nationwide. The general objective of the NAP is to increase the awareness and perception of HIV/AIDS in the community by promoting access to information and education leading to behavioural change and adoption of a healthy lifestyle. One of the NAP's HIV/AIDS prevention and control strategies is the 100% Condom Use Programme among targeted populations.

The 100% Condom Use Programme among female sex workers (FSWs) and their clients has been implemented in Myanmar since 2001. The present Myanmar programme - 100% Targeted Condom Promotion (100% TCP) programme was modelled on the two national programmes in Thailand and Cambodia, but expanded and modified to fit the Myanmar context. Both the Thailand and Cambodian programmes focus on increasing condom use among targeted populations most likely to acquire and transmit STIs and HIV. Both programmes depend on the support of national and

services, and a mechanism for monitoring and evaluation. The 100% TCP programme in Myanmar was piloted in 4 townships: Kawthaung, Tachileik, Bago, and Pyay in 2001. After a year of implementation the pilot project was evaluated and it was documented that the programme was effective in preventing STIs/HIV; and socially acceptable, feasible, and effective. Data analysis showed an increase in condom distribution, an increase in self-reported condom use among the FSWs, and a significant decline in STIs among them. As the evaluation team recommended expansion, the NAP has planned to scale up the 100% TCP programme nationwide. In 2002, the 100% TCP programme was expanded to 11 additional townships and in 2003, 43 additional townships were added throughout the country for a total of 58 townships. The NAP has planned to implement the 100% TCP programme in all townships by the year 2008 assuming that all the required resources are available.

Section I
Introduction

Introduction

AIDS is one of the priority diseases and a disease of national concern in the National Health Plan of Myanmar[1,2]. The National Health Committee, the highest policy making committee for health issues, has laid down clear guidelines to fight against AIDS. The National AIDS Committee, founded in 1989, is an active multisectoral body that has formulated a National Strategic Plan to prevent and control HIV/AIDS in Myanmar[3].

The HIV/AIDS Prevention and Control Programme was established in 1989; and in 1991, the STI Prevention and Control Programme combined with the HIV/AIDS Prevention and Control Programme into one programme – the National AIDS Programme (NAP). Currently, the NAP is composed of forty AIDS/STD prevention and control teams nationwide. The general objective of the NAP is to increase the awareness and perception of HIV/AIDS in the community by promoting access to information and education leading to behavioural change and adoption of a healthy lifestyle[3]. To achieve the objective, the National AIDS Programme is applying 15 different strategies including the 100% TCP programme[3].

The surveillance of HIV/AIDS in Myanmar began in 1985, before the establishment of National AIDS Programme. Since the first HIV infection was detected in 1988, and the first AIDS cases in 1991, Myanmar has faced the rapid spread of HIV among high-risk populations[3,4]. The main modes of HIV transmission in Myanmar are through sexual transmission especially to and from Female Sex Workers (67%) and sharing of needles among IDUs in some areas (30%). On the basis of HIV sentinel surveillance (HSS) conducted by NAP in 2002, HIV prevalence among FSWs were 29% and 35.7% in Yangon and Mandalay respectively[3,5].

From 1988 to March 2003, the NAP has received reports of 45,968 HIV positive cases, 6,727 AIDS cases, and 2,843 AIDS deaths from health

care providers all over the country. Most of the HIV/AIDS cases reported were in the age group of 20-39 years with a male to female ratio of four to one[3]. Myanmar's HIV/AIDS situation was explored at the workshop jointly held by NAP and UNAIDS in March 2002 in Yangon. It was estimated that there were a total of 177,279 people living with HIV/AIDS at the end of 2001 in Myanmar, with a range of 160,000 to 240,000[6]. It was also agreed that HIV infection in Myanmar is concentrated in high-risk populations and in Myanmar-Thailand border areas[6].

The Myanmar response to the important issue of HIV/AIDS has been evolving over the past few years[3,7]. In response to changing needs and the environment in which prevention and control activities are being implemented, and with limited funds available, the UNAIDS secretariat in Myanmar organized a prioritization workshop in Yangon in October 2002, and identified "Targeted Condom Promotion and STIs services" as the intervention of highest priority[8,9].

HIV/AIDS epidemic in Myanmar: 3 major waves

1. IDUs
2. FSWs and their clients
3. Families and children

Time
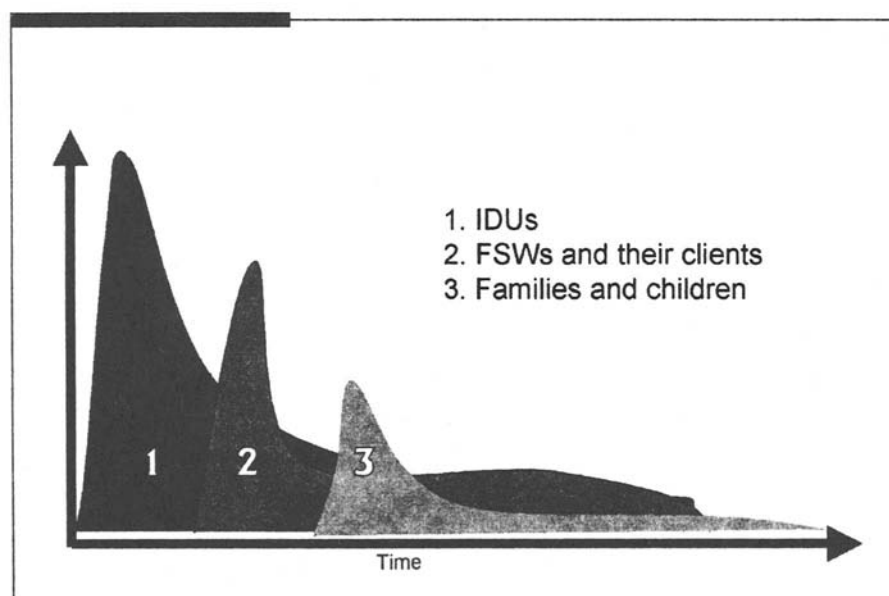
Section II

The 100% Targeted Condom Promotion Programme

The 100% Targeted Condom Promotion Programme

A. Objectives

General objective

The general objective of the 100% TCP programme is to reduce HIV transmission from high HIV prevalence groups (FSWs) to low HIV prevalence groups (housewives and general population) through the bridging group (clients of FSWs) by increasing condom use in every sexual act to one hundred percent[10-12].

Specific objectives

The specific objectives of the 100% TCP programme are:

- to increase the level of condom use to 100% in entertainment establishments;

- to strictly control the spread of STIs among FSWs and their clients;

- to reduce as much as possible HIV transmission between FSWs and their clients;

- to create an environment of multisectoral involvement; and

- to improve access to the outreach/peer education programme for all FSWs.

B. Expected outcome

The 100% TCP programme expects a decline in prevalence of STIs and HIV among FSWs, their clients, and spouses of the clients; and also a decrease in consequences of STIs and HIV in the general population[10-12].

C. Reasons a 100% TCP programme is needed

- The 100% TCP programme is one of the top priorities in the National AIDS Programme's strategies[3].

- The prevalence of HIV among FSWs has been increasing and rates of condom use among high-risk groups are still low[5,13,14].

- Even though FSWs have complete knowledge and skill in condom use, they are not in the position to resist denial by the clients to use condoms. They are also under the potentially abusive influence of their clients and entertainment establishment managers/owners.

- Some entertainment establishments do not allow health workers and outreach services to have access to FSWs. There is no proper control of STIs among FSWs; instead they are subject to inappropriate and inadequate STI treatments.

- Insistence on always using condoms is a cost-effective intervention against HIV transmission. The 100% TCP programme is a lower cost programme compared to other programmes [10,12,15,16].

D. World Health Organization's policy on promotion of 100% Condom Use Programme

World Health Organization (WHO) has been active in promoting the adoption of the 100% Condom Use Programmes (100% CUPs) in Asia. While the emphasis of WHO documentation promoting the 100% CUP is on the steps that governments need to take, collaboration with the entertainment establishment managers/owners and FSWs is also highlighted. WHO guidelines point to the value of training FSWs as peer educators and counsellors and the importance of meeting with FSWs to discuss the programme and its benefits. WHO also stresses the importance of extending the benefits of 100% CUPs to indirect sex workers[17].

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Section III
Introduction of the
100% TCP Pilot Project
in Myanmar

Introduction of the 100% TCP Pilot Project in Myanmar

A. Background

As a prevention strategy for sexual transmission in sex work, the 100% Condom Use Programme (100% CUP) among FSWs has shown to be successful in situations such as in Thailand (initiated in 1989) and in Cambodia (initiated in 1998) as well as from mathematical modelling[10,15,18]. The programme promotes the use of condoms 100% of the time, in 100% of sexual relations associated with 100% of the entertainment establishments. Experience so far indicates that the 100% CUP is an effective HIV prevention strategy. It should be actively promoted in countries like Myanmar where the heterosexual route is a major mode of HIV transmission. Furthermore, the strategy should be implemented on a nation-wide basis in order to achieve maximal impact.
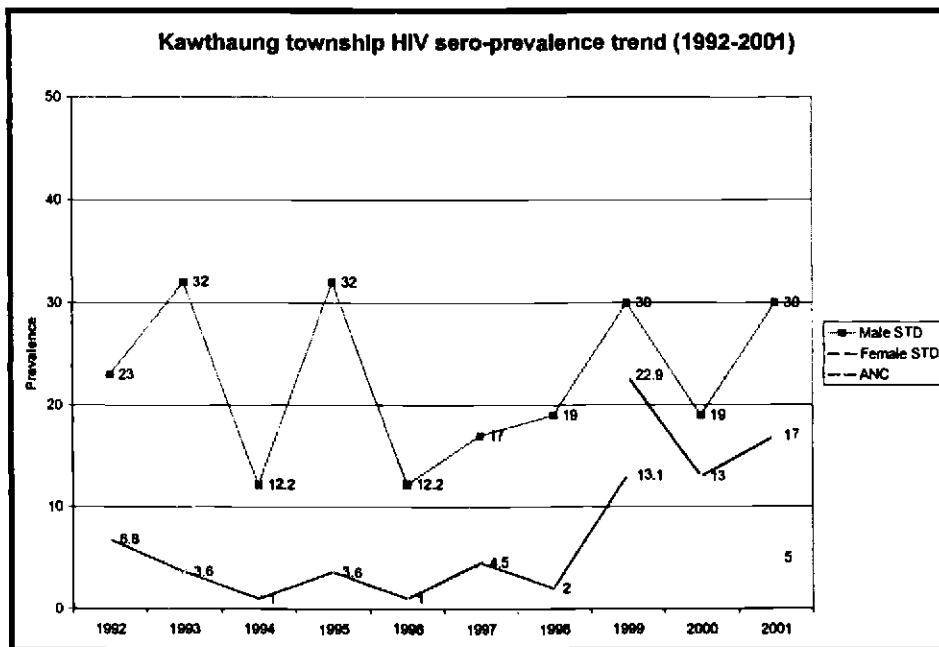
In March 2000, the NAP of Myanmar and UNAIDS (SEAPICT and Myanmar Secretariat) organized a technical forum on the 100% TCP programme. In May 2000, the Ministry of Health agreed with the proposal and allowed to launch the programme in pilot townships. In October 2000, the 8th NAC meeting endorsed the 100% TCP programme as one of the Myanmar National AIDS Prevention and Control Strategies and under the National AIDS Plan. Then, in December 2000, the programme was outlined to higher authorities at the 30th meeting of the National Health Committee. In March 2001, advocacy meetings and official launchings of 100% TCP in 4 pilot townships were conducted. The 4 pilot townships were Kawthaung, Tachileik, Bago, and Pyay. One year after launching of 100% TCP, an external evaluation team conducted an assessment on 100% TCP pilot project. The evaluation concluded that 100% TCP programme was effective in controlling STIs/HIV and recommended expansion to

other areas with high-risk situations throughout the country[19]. In 2002, the 100% TCP was expanded to 11 additional townships. In 2003, 43 additional townships were added throughout the country with the support of UNAIDS, WHO, UNFPA, FHAM, and UNDP for a total of 58 townships (Implementing the 100% TCP programme in Myanmar: Sections A and B).

B. Site selection

Kawthaung, Tachileik, Bago, and Pyay were selected as eligible sites for piloting the 100% TCP programme. Kawthaung and Tachileik are townships located at Myanmar-Thailand border areas where the entertainment establishment business was active, population density was high, and HIV control and prevention interventions, while few, were in progress. The support of local authorities and the community were also high[20]. Bago and Pyay are inland urban townships on road junctions where the people's behaviour and practice are different from those in border areas. These pilot areas met the following criteria:

- A high prevalence of HIV and sexually transmitted infections (STIs) based on the HIV sentinel surveillance (HSS) and STI annual report data, the high potential for the spread of HIV in the general community;
- A high number of FSWs (both direct and indirect);
- Low consistent condom use rate among FSWs based on behavioural surveillance surveys ;
- Commitment of local authorities at all levels;
- Commitment and motivation of the health staff;
- Availability of STIs services; and
- Geographically easily accessible.

Tachileik township HIV sero-prevalence trend (1992-2001)

Legend:
- Male STD
- Female STD
- ANC

Kawthaung township HIV sero-prevalence trend (1992-2001)

Legend:
- Male STD
- Female STD
- ANC
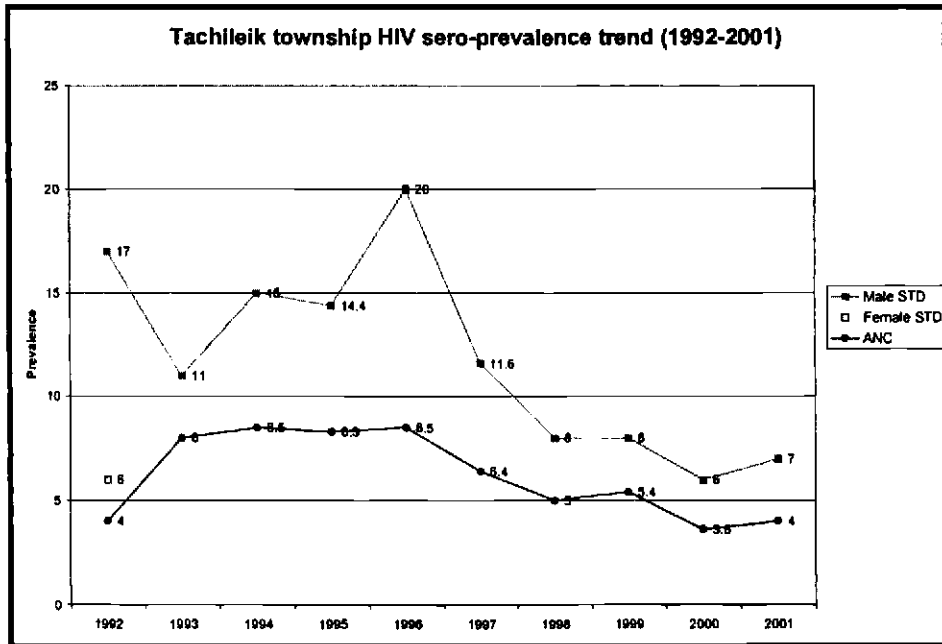
C. Preparation for advocacy meeting

The main requirements for advocacy for 100% TCP programme were 5 Ms: Manpower (human resources), Materials (material resources), Methods, Money, and Motivation.

Manpower (human resources)

- The Chairmen of the National Health Committee and National AIDS Committee actively supported advocating and adopting the 100% TCP programme in pilot sites.

- The Directors General of different departments under the Ministry of Health, and Deputy Director General (Public Health/Disease Control) and Director (Disease Control) of Department of Health played an important role as internal advocates by virtue of their knowledge, their experience in STIs/HIV/AIDS, and their professional credibility.

- The Chairmen of the Township Peace and Development Councils were contacted to manage advocacy for all levels of local authorities in pilot sites. They were also the Chairmen of the Township AIDS Committees. They were critical to advocacy efforts as they are very active in HIV/AIDS prevention and care, and have great credibility with local authorities and partners.

Materials (material resources) developed

- Outlines of the national priority strategies, specifying 100% TCP programme as one of the top priorities to prevent STIs/HIV.

- Materials describing global and national STIs/HIV data (HSS) and behavioural surveillance survey (BSS) data, as well as the impact of STIs/HIV.

- Specific documents on the strategy and guidelines for the 100% TCP programme (Implementing the 100% TCP programme in Myanmar: Sections D, E, F, and G), and management of STIs.

- Printed IEC materials to advocate and support 100% TCP programme (Implementing the 100% TCP programme in Myanmar: Section N).

- Presentations on the experiences and lessons learned from the 100% TCP programme in Thailand and Cambodia.

Method (how to advocate)

- Advocacy meetings were conducted at the national level, where the objectives and procedures were explained to the NHC, NAC, and Ministry of Health; the local level organizations (local authorities and entertainment establishment managers/ owners), and the community (the general public). The audiences at the local level advocacy meetings were policy makers from different ministries, local authorities, police, military, health staff, entertainment establishment managers/owners, FSWs, representatives from NGOs, bilateral/multilateral organizations, news media, and religious leaders.
- The details of the strategy and guidelines for the 100% TCP programme and its expected impact, as well as guidelines for optimum management of STIs were presented (Implementing the 100% TCP programme in Myanmar: Sections D and E), including the experience and lessons learned from the 100% TCP programme in Thailand and Cambodia.

Money (how to get and use money)

- Resource mobilization to run this pilot project came from the Government and UNAIDS.
- With the availability of resources, Condom Core Groups were able to increase in size and initiate free condom distribution and capacity building training sessions.

Motivation

- Motivation of the Condom Core Group (CCG), local authorities, and implementing partners were established.
- Acceptance and compliance of entertainment establishment managers/ owners, and FSWs on the 100% TCP programme guaranteed the success of the programme.

Section III

D. Preparation for the 100% TCP pilot project

Developing the structure

- At the national level, NAP played an important role in technical and financial support.
- At the State/Division/District/Township level, the State/Division/District/ Township AIDS Committees and the multisectoral working group - Condom Core Group (CCG) played an important role in implementation and close supervision of the 100% TCP programme.

The composition of CCG varied depending upon the local situation of the entertainment establishment area, and the scope and number of entertainment establishments and FSWs (Implementing the 100% TCP programme in Myanmar: Section M).

Conducting advocacy meetings

The resources were used to advocate to all levels to get their approval and acceptance. Entertainment establishment managers/owners, and FSWs were informed about the objectives of the programme and to address the areas where the programme needed their support, collaboration, and cooperation.

Preparation of situation analysis and geographic mapping

The CCG prepared a local situation analysis and geographical mapping of all entertainment establishments in their coverage area. The geographic maps were updated periodically.

The STI clinics

STI clinics were re-designed for the needs of FSWs. They were staffed with trained and qualified health care providers specializing in etiological (clinical and laboratory) management as well as syndromic management of STIs. They had sufficient supplies of drugs and equipment.

IEC material development

A variety of IEC materials (leaflets, pamphlets, stickers, posters, etc) were produced to support the 100% TCP programme for different target groups: FSWs, their clients, and the general public, etc. The programme added complementary efforts to educate general public, youth, and clients of FSWs about safer sex and correct and consistent use of condom.

Establishing administrative punishment

The CCG prepared administrative documents for the application of 100% TCP programme, such as the decree for regulation of 100% TCP programme, and the guidelines for administration. If an establishment was found not complying with the 100% TCP programme, it could face administrative punishment according to the local situation.

Section III

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Section IV
Implementation of the
100% TCP Pilot Project

Implementation of the 100% TCP Pilot Project

The present Myanmar pilot project was modelled on the two national programmes in Thailand and Cambodia, but expanded and modified to fit the Myanmar context. Both the Thailand and Cambodian programmes focus on increasing condom use among targeted populations most likely to acquire and transmit STIs and HIV. Both programmes depend on the support of national and local authorities, a continuous supply of condoms, provision of quality STI services, and a mechanism for monitoring and evaluation[15,16].

A. Roles and responsibilities

National AIDS Committee
- adopt (and update) NAP's policy on 100% TCP programme;
- ensure technical and financial coordination with NAP; and
- provide assistance on programme monitoring and evaluation (both internal and external evaluations).

National AIDS Programme
- ensure the implementation of the 100% TCP guidelines;
- develop a check-list (reporting matrix) for monitoring the 100% TCP programme and ensure that the check-list is used;

- provide technical and financial supports (training, supervision, resource mobilization, developments of policy, guidelines, and advocacy tools);
- implement the necessary administrative measures and solve any technical and financial problems occurring;
- hold coordination meetings as needed;
- ensure condom availability at an affordable cost;
- monitor and evaluate the programme; and
- produce and disseminate an annual report of 100% TCP programme for institutions such as the NAC, the Ministry of Health, United Nations agencies, etc.

Multisectoral working group (Condom Core Group)

- strengthen administrative enforcement;
- ensure the implementation of administrative measures;
- issue sanctions against non-cooperative entertainment establishments;
- coordinate with STIs clinics to gather STIs data;
- monitor condom distribution and use in each entertainment establishment;
- organize quarterly meetings among group members;
- complete the check-list; and
- report check list and quarterly reports in time to NAP.

STI Clinic

- ensure sufficient drugs and equipments for the STI services;
- provide quality STI services to all FSWs;
- coordinate with CCG for the collection of STI data; and
- report in time to NAP.

Generally, local administrative sectors coordinate between the government sectors and the managers/owners of entertainment establishments. The health sector provides STI services, supplies a constant supply of condoms, gives health education and information to target groups, youth, and general population; collects data on condom use from FSWs and clients attending STI clinics; and reports non-cooperative entertainment establishments to the committee. The police sector manages non-cooperative entertainment establishments[20-22].

B. Monitoring and evaluating the pilot project

The specific goal of this project was to ensure the use of a condom in every sexual act in every entertainment establishment. To measure the success, indicators were identified, which were used to monitor the progress of the project and to evaluate the whole programme.

The indicators to be used for monitoring and evaluation of the programme were[23]:

- Process indicator: Number of condoms distributed to outlets;
- Outcome indicator: Proportion of FSWs reporting condom use at last sex with client; and
- Impact indicator: Prevalence of FSWs with STIs (VDRL and TPHA testing) and HIV.

C. Keys for success of 100% TCP programme are[19,24]:

- Strong willingness, commitment, and support from the local authorities at all levels (national, local, and community);
- Close collaboration of all stakeholders;
- Good cooperation between the local authority and entertainment establishment managers/owners;

Section IV

- Availability and accessibility of condoms;
- Availability of quality STI services;
- Appropriate outreach and peer education programme (Implementing the 100% TCP programme in Myanmar: Sections U and V); and
- Regular monitoring, supervision, and evaluation; and taking appropriate actions.

Section V

Achievements of the 100% TCP Pilot Project

Achievements of the 100% TCP Pilot Project

During the implementation of the pilot project, the indicators were regularly monitored. After 12 months of implementation, in March 2002, the programme was evaluated by an external evaluation team.

A. *Programme Monitoring*

Multisectoral response

An important aspect of the project was the bringing together of all concerned partners to work and share the responsibility. Entertainment establishment managers/owners and FSWs have joined hands with health care workers and local authorities to make sure that condoms were always used to prevent HIV transmission in entertainment establishments.

Condom distribution

Condom distribution demonstrated increased condom distribution and available; and probably condom use during sex work. The number distributed met/exceeded the number of condoms required for the programme in these townships.

CCG meetings and reports

Most of the reports to update the number of entertainment establishments and FSWs were prepared. The CCGs, however, were unable to meet as scheduled. The main reason for being unable to meet/complete all the meetings as scheduled was busy or overlapping schedules of the chairman and vice-chairman with other tasks.

B. Programme Evaluation

There were two ways of conducting an evaluation. An internal evaluation was completed through the joint effort of NAP, the township AIDS committee, and the CCG. Appropriate targets were set and programme was evaluated periodically. The external evaluation was scheduled by an external consultant in collaboration with NAP and UN agencies (Implementing the 100% TCP programme in Myanmar: Section S). Indicators included process, outcome, and impact indicators.

Behavioural change of condom use among FSWs and their clients

Results of the BSS in 2000-2001 showed a significant trend in increasing condom use among both FSWs and their clients. Among general male population, consistent condom use rate with FSWs was 61%, and 72% in 2000 and 2001 respectively. Condom use rate with regular partners were much lower, 33% and 42% in 2000 and 2001 respectively. Among FSWs, condom use increased from 60.7% in 2001 to 91.0% in 2002 in pilot sites[25]. From the BSS conducted by NAP, for which Tachileik is one site, there are clear indications that condom use has increased significantly from year to year, especially from 2000-02, among both FSWs and their clients[5,13,21]. Based on the local evaluation date from Tachileik in 2002, 91% of FSWs reported always using a condom with clients. Among the 36% who acknowledged having non-commercial partners, 77.8% reported always using condoms when having sex with their non-commercial regular partners.

STI prevalence

Treatment of STIs among FSWs brought down the prevalence of syphilis from 6.0% in 2001 to 3.0% in 2002 in Tachileik. STIs reduction may have contributed to the reduction in HIV transmission[21]. It is, however, still early to see a significant decline in HIV prevalence among FSWs.

Condom use rate and STI rate among FSWs in Tachileik (2001-2003)
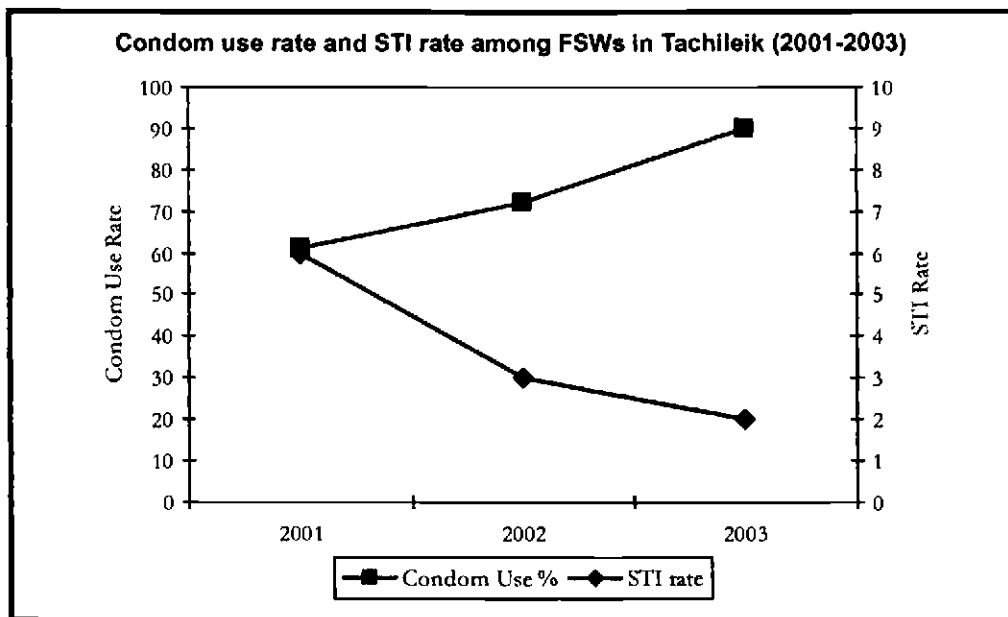
Distinct features of Myanmar's 100% TCP programme

There are several distinct features of Myanmar's 100% TCP programme.

- The Myanmar's 100% TCP programme does not involve the compulsory or mandatory STI clinic visits or syphilis testing of FSWs, although regular health screening is strongly encouraged.
- Mystery clients are not used to evaluate the condom use. Instead, the programme uses reports from clients of FSWs who visited STIs clinics.
- There are no Condom Use Monitoring and Evaluation Committee and Condom Use Working Group (CUMEC and CUWG) as organized

in Cambodia 100% CUP programme[16,18]. The 100% TCP programme has been managed simply at the central level by NAP and at the local level by CCG.

- Potential actions against non-cooperative entertainment establishments are part of the programmes but are not often used.
- VDRL test and confirmation of positive results by TPHA are used for the estimation of the prevalence of STIs among FSWs due to the resource and technical constraints to use complicated methods to estimate the prevalence of other STIs such as Chlamydia and Trichomoniasis[21].

C. Programme Constraints[19,24]

- Limitation of resources including manpower, money, and materials such as condoms, advocacy tools, trainings, IEC materials.
- Weak cooperation with law enforcement sector at the local level in some townships.
- Weak cooperation with multisectoral organizations including private sector.
- Cultural sensitivity to condom at the township level. Difficulties in conveying explicit messages and sex education still exist.
- High mobility of targeted groups: the constant turnover of FSWs, with new ones coming into city continually, and high mobility of some clients (traders, transport workers, etc.).
- Entertainment establishment managers/owners and targeted groups still need to be convinced of programme benefits.
- FSWs do not always use condoms when having sex with their boyfriends or regular partners.

D. Programme Impact[19,24]

The evaluation of the pilot project showed that 100% TCP is effective in preventing STI/HIV and it is feasible, culturally acceptable, and sustainable in the Myanmar context. The pilot project has turned into an important and successful advocacy tool for political support from the Government. In addition, the success of the pilot project has enabled it to be used:

- to advocate for financial support for project sustainability and programme scaling up; and as an example of best practice for the country; and

- to expect the rapid reduction of HIV prevalence if 100% TCP programme is implemented nationwide.

Even although it is early to measure national impact of the programme through reduction of HIV prevalence, the 100% TCP programme may have already contributed to the reduction of HIV transmission among FSWs, as suggested by the result of HSS and BSS[5,13]. In addition, condom sales through social marketing, operated by Population Services International (PSI), increased every year while free condom supply by the NAP also increased simultaneously[20,22,26].

Section V

Condoms distributed by NAP, Private, Public, and Social Marketing (1996-2002)

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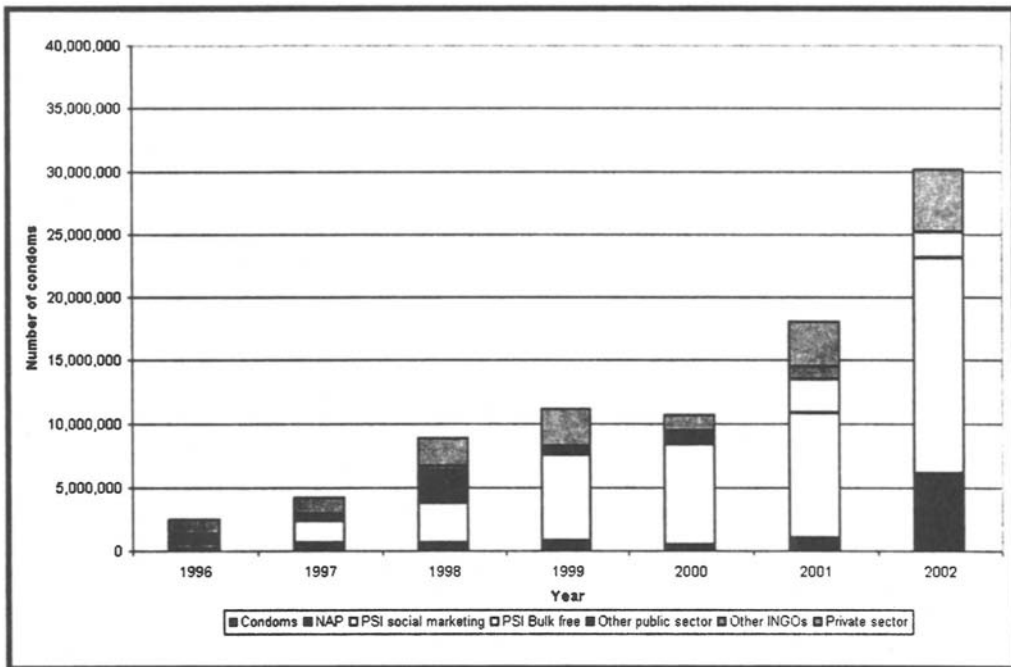
Section VI
Scaling up the 100% TCP Programme Nationwide

Scaling up the 100% TCP Programme Nationwide

After a year of implementation, the pilot project was evaluated and it was documented that the programme was effective in preventing STIs/HIV; and socially acceptable, feasible, and effective. Data analysis showed an increase in condom distribution, an increase in self-reported condom use among the FSWs, and a significant decline in STIs. Therefore, a Policy on 100% TCP programme (draft) (Implementing the 100% TCP programme in Myanmar: Section C) was developed by the National AIDS Programme and submitted to National AIDS Committee for approval. The National AIDS Programme then made plans to scale up the 100% TCP programme nationwide.

Because of limited financial support and human resources, the 100% TCP programme in Myanmar will be scaled-up as a nationwide programme in three phases.

Phase 1: The townships that met the criteria applied to the selection of the pilot project were scaled-up during the first phase. There were 60 priority townships that met the criteria and were selected to initiate the 100% TCP programme during the first phase of the scaling-up plan which took place from 2002 to 2003. Those townships included urban areas, located mainly along the Myanmar-Thailand border[26].

Phase 2: During the second phase, the 100% TCP programme will be expanded to the rest of the 100 priority townships jointly identified by the Ministry of Health and UN organizations in 2001 plus 12 townships from

Yangon and Mandalay divisions in 2004 to 2005 (a total of 112 townships)[3,27,28].

Phase 3: During the third phase, the programme will be expanded to the rest of the townships all over the country during 2006-2008.

There are five steps for successful scaling-up:

1. Advocacy on the acceptability, feasibility, and effectiveness of the strategy;

2. Development of policy and guidelines, including the production of implementation strategy guidelines;

3. Development of a scaling-up plan;

4. Support for implementation, including capacity building and field support; and

5. Ensuring the availability and accessibility of condoms.

1. Advocacy on the acceptability, feasibility, and effectiveness of the strategy

The first step in advocacy is to decide which target groups to reach and in which townships to expand. The results from pilot project were used as an advocacy tool to request higher political support and scaling-up the programme to other townships. NAP also works with the media to advocate for policy support for the 100% TCP programme.

2. Development of policy and guidelines, including the production of an implementation strategy guideline

There is a need to have a policy from the central level to facilitate scaling-up the 100% TCP programme. It should be noted that the approval of national leaders is the best policy for scaling-up a programme. A guideline for the 100% TCP programme was developed to train those who are given

the responsibility to implement the 100% TCP programme within their townships.

Following the lessons learned from the 100% TCP pilot project (and the issuance of the policy of the 100% TCP programme), the NAP of the Ministry of Health was given the responsibility to implement the 100% TCP programme nationwide. Guidelines described the steps to be taken for implementing the 100% TCP programme at the national, local (township), and community levels (Implementing 100% TCP programme in Myanmar: Section E).

3. Development of scaling-up plan

After the 100% TCP strategy is set, a plan has to be developed for scaling-up the 100% TCP programme in the country. Using the experience from the pilot project, NAP developed a plan for scaling-up the 100% TCP programme, including a timetable for phasing in additional townships and the budget for implementation. Once this plan had been developed, NAP played a very important role in resource mobilization to ensure that the necessary resources were available for each phase of the scaling-up process.

The ongoing activities of the scaling up plan are:

- advocating for financial support from both national and international resources;
- developing the training curriculum for the 100% TCP programme;
- conducting a training course on the 100% TCP programme for the responsible persons from townships to implement 100% TCP programme;
- producing IEC materials to support the programme; and
- monitoring and evaluating the programme at the national, local, and community levels (Implementing the 100% TCP programme in Myanmar: Section H).

Section VI

4. Support for implementation, including capacity building and field support

Capacity building at the new sites, training, and advocacy with the local authorities, police, entertainment establishment managers/owners and FSWs have been included. Training includes topics on the formation of the CCG to follow-up and monitor condom use. Linkage and referral to STI clinics and a vital reporting matrix has been established and a regular reporting system has been set up.

5. Ensure availability and accessibility of condoms

Condom availability is crucial to the 100% TCP programme. All three common sources of condom supplies should be strengthened in the country: public, social marketing, and private condoms. To ensure availability, accessibility, and affordability of condoms in Myanmar, the NAP works with Population Services International (PSI), an international nongovernmental organization to fill the gap on condoms through social marketing. In this regard, NAP worked with PSI to ensure that the condom distribution network was in place in the townships where scaling-up was going to be initiated.

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Section VII
Conclusion and Recommendations

Conclusion and Recommendations

A. *Conclusion*

The implementation of the 100% TCP programme in pilot areas has had a comprehensive, positive impact on STI/HIV prevention among high-risk populations such as FSWs and their clients.

From the pilot project, we learned that 100% TCP programme is:

- a good way to establish an effective programme with FSWs;
- leads to a significant increase in condom use from year to year;
- leads to a decrease in STIs and may lead to a decrease in HIV prevalence;
- is socially acceptable, feasible, and cost-effective;
- promotes an effective multisectoral response at all levels; and
- benefits all involved sectors.

Lessons learned from pilot townships in Myanmar are[19,24]:

- Political commitment at national, local, and community levels is important for the success of the programme and can change the trend of HIV/AIDS.
- Township level multisectoral cooperation and coordination is essential to assure all stakeholders that the programme benefits them and does them no harm.
  - o With limited resources, only enthusiastic community involvement and ownership can make a difference;
- Close collaboration of all the sectors is essential to the programme's success.

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- o The local authorities and police help to open the doors,

- o the entertainment establishment managers/owners provide the access,

- o the FSWs convince the clients to use condoms, and

- o the clients recognise the protective effect of condoms;

- As the programme is tailored to the prevailing political, social, and cultural climates, it can be culturally acceptable, feasible, and effective.

- The programme has contributed to changes in norms regarding condom use in entertainment establishments.

- It is possible to encourage condom use through free distribution of quality condoms in sites where FSWs meet clients and where sex occurs.

- It is difficult to reach freelance FSWs by the programme in a way that does not increase their vulnerability to arrest.

- The indicators chosen are appropriate for programme monitoring but data has not always been collected in an appropriate way. Improving monitoring methods will make it possible to determine the outcomes of the programme without increasing programme costs.

B. Recommendations[19,24,29,30]

- The 100% TCP programme should be expanded and extended to other townships;

- Local and international NGOs should continue to increase the participation in both central and local planning and implementation;

- Local and international NGOs should be requested to develop and distribute more entertainment establishment-focused IEC materials on condom use;

- Law enforcement members of the CCG should not be involved in mapping or be presented the results of mapping;

Section VII

- The entertainment establishment managers/owners should be encouraged to purchase wholesale condoms from social marketing programme or private sectors to sustain the condom availability in the long run;

- Education programmes should be added for youth in the local community and potential clients of FSWs if additional resources are available;

- The manual for 100% TCP activities at township level should be revised and reprinted based on the experience of implementing the pilot project and lessons learned;

- Periodic penicillin injections for sex workers without testing for syphilis should be discouraged;

- Some operational and quality issues still need to be investigated to determine why STI prevalence is not low among FSWs and why condom use is still not high;

- Additional approaches are needed to work with FSWs who get STIs from their boyfriends or regular partners;

- More studies are needed to explore the 100% TCP activities such as condom acceptability, accessibility, and affordability in programme townships; long term effectiveness of the programme; and qualitative studies on condom use and barriers with commercial and non-commercial partners; and

- The follow-up survey results should be analyzed, necessary and prompt actions/revisions should be taken, and the results should be disseminated/shared with concerned partners/organizations.

Section VII

Section VIII

Future Plan

Future Plan

The National AIDS Programme plans to:

- encourage cooperation with donor agencies to scale up financial and technical supports;
- expand the 100% TCP programme nationwide;
- distribute more condoms from NAP free-of-charge and from social marketing channels;
- collaborate closely with PSI for condom social marketing;
- expand distribution of different varieties of condoms (coloured condoms, flavoured condoms, branded condoms, etc.);
- introduce female condoms in selected sites as a negotiating tool to use male condoms; and
- translate and distribute 100% TCP printed IEC materials in major ethnic languages[20,26].

National AIDS Programme
September 2003

Section IX

Bibliography

Bibliography

1.   MOH. National Health Plan. Yangon, Myanmar, 1996.

2.   MOH. Health in Myanmar. Yangon, Myanmar: DHP, 2003.

3.   MOH. National AIDS Programme. Yangon, Myanmar, 2002.

4.   NAP. Manual of operations for sentinel surveillance of HIV infection and HIV behavioural surveillance, 1998.

5.   NAP. Reports of HIV sentinel surveillance in Myanmar (1992-2002). Yangon, Myanmar, 2002.

6.   MOH. Report of the Estimation of HIV in Myanmar. Yangon, Myanmar, 2002.

7.   UNAIDS. Global AIDS 2002, 2002.

8.   UNAIDS. Prioritization workshop to support the implementation of the UN and partners joint response to HIV/AIDS in Myanmar. Yangon, Myanmar, 2002.

9.   W.H.O. Priority setting of identified interventions in the joint HIV/AIDS implementation plan in Myanmar for 2002-2003. Yangon, Myanmar, 2002.

10.   W.H.O. 100% Condom Use Programme in Entertainment Establishment, 2000.

11.   W.H.O. Training course for the 100% Condom Use Programme, 2002.

12.   W.H.O. Promoting Condoms in STI services: A practical guide for STI programme planners and managers, 2000.

13.   NAP. Reports of Behavioural Surveillance in Myanmar (1997-2002). Yangon, Myanmar, 2002.

14.   W.H.O. The condom situation assessment in 11 Asian and Western Pacific Countries, 2001.

15.   UNAIDS. Evaluation of the 100% Condom Programme in Thailand, 2000.

16.   W.H.O. Controlling STI and HIV in Cambodia. Cambodia, 2001.

17.   Lowe D. Documenting the experiences of sex workers: Perceptions of the Cambodia 100% Condom Use Programme, 2003.

18.   W.H.O. Guidelines for scaling-up the 100% Condom use programme: Experience from Cambodia. 2003.

19.   Uhrig J. Evaluation of the Pilot One Hundred Per Cent Condom Use Programme in Myanmar. Yangon, Myanmar, 2002.

20.   Myint T. Annual report of 100% Targeted Condom Promotion in Myanmar (2001-2002), 2003.

21.   CCG. Reports from CCGs, 2002.

22.   Myint T. Mid-year review of 100% Targeted Condom Promotion in Myanmar. Yangon, Myanmar, 2003.

23.   W.H.O. Monitoring and Evaluation of the 100% Condom Use Programme in entertainment establishments, 2002.

24.   Uhrig J. "Lessons learned and actions taken into scale" workshop on 100% Condom Use among Targeted Population. Yangon, Myanmar, 2002.

25.   Zaw M, Lwin HH, Thwe M, San KO, Myint T, Shwe M. HIV Risk Behavioural Surveillance Surveys (BSS) carried out among General Population in Myanmar, 2001.

26.   Myint T. Progress of 100% Targeted Condom Promotion in Myanmar. ICCAP 2003.

27.   MOH. Myanmar proposal on the 3rd round of Global Fund to fight AIDS, TB, and Malaria (GFATM), 2003.

28. UNAIDS. Joint Programme for HIV/AIDS: Myanmar 2003-2005. Yangon, Myanmar, 2003.

29. MOH. National Strategic Plan for Expansion and Upgrading of HIV/AIDS Activities in Myanmar. Yangon, Myanmar, 2002.

30. NAP. ASEAN country document of Myanmar. Yangon, Myanmar, 2001.