

Controlled by a military regime since 1962 and largely cut off from the outside world, the health and welfare of people in Myanmar is affected by repression and low intensity conflict.

Ethnic minorities, many of whom are displaced and live in border regions, are particularly vulnerable. Provisions for healthcare are inadequate, with 80 percent of people living in malaria risk areas and thousands going without treatment for conditions such as tuberculosis (TB) and HIV/AIDS.

1. HIV/AIDS in Myanmar

47,758,181	Population of Myanmar (May 2008 est.)
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360,000	Estimated number of people living with HIV/AIDS by the end of 2005
1.3%	Estimated percentage of adults (ages 15-49) living with HIV by end of 2005
31%	Estimated percentage of HIV cases that occurred among women (ages 15-49) by the end of 2005
37,000	Estimated number of deaths due to AIDS during 2003
76,000	Estimated ARV needs
5,000	People on ARV treatment

Source: Statistical data provided by the UN, World Bank, WHO, UNAIDS, CIA World Factbook.

2. Potential generic HIV-related activities for Early Recovery

- Mainstreaming of HIV in Early Recovery assessments
- HIV/AIDS Prevention activities in the light of increased vulnerabilities and risk factors to HIV/AIDS transmission (gender based violence, promiscuous contexts, injecting drug use and poor access to HIV-related services including condom, PEP...) – using all possible avenues for PREVENTION and RISK REDUCTION
- Mainstreaming of cross-cutting issues throughout early recovery activities including livelihood – ensuring that people living with HIV get same access to services and programs such as livelihood programs
- Capacity building around Local and Central governance for HIV response
- Mapping of services (inventory of needs including HIV-related needs)

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4. Guidance

For further reference, please find below the link to the IASC guidelines for HIV in humanitarian situations. *Note that the guidelines are currently being revised and updated.*

http://data.unaids.org/Publications/External-Documents/IASC_Guidelines-Emergency-Settings_en.pdf

5. Proposed activities – May 2008 (discussed with UNAIDS Country Coordinator – Brian Williams) – ref. to Strategy Document for Integrating HIV into the Coordinated Cyclone Nargis Response in Myanmar ¹

As a cross-cutting issue and in line with the IASC guidelines on HIV interventions in emergency settings (link above), HIV activities are proposed to be integrated into different 'clusters' and through them into individual partners activities.

The overall guiding framework document for all HIV activities in Myanmar remains the "National Strategic Plan on AIDS, 2006 – 2010" issued by the Department of Health. All activities in this Nargis Cyclone response strategy are fully consistent and supportive of the national AIDS Plan. As cyclone Nargis will likely have far-reaching effects, it is also recommended that at the **next Technical and Strategy Group on AIDS (planned June 10)**, a specific agenda be added for how the national AIDS response more generally needs to adapt which may either build on initial activities outlined in this strategy (such as changes to sex work or mobility patterns) or address other areas not yet considered.

More specifically on Early Recovery & Agriculture Cluster:

Lead: FAO (Agriculture)

Lead: UNDP (Early recovery)

Medium term action (3 to 6 months)

- **Livelihoods for people living with HIV:** To the extent that networks of people living with HIV exist in affected areas, work with them (self-help groups, CBOs) to assess needs and opportunities for inclusion in community and household recovery programmes. Monitor to ensure no stigma or discrimination. Principle action is for self-help groups and CBOs and their supporting organizations. Additional funding for some staff posts may be required to help with linking organizations, proposal development, etc.
- **Mobility related HIV prevention:** On the assumption of increased mobility resulting from the cyclone, plan for a prevention campaign for mobile populations. Undertake study to assess changes in mobility to verify. Additional funds will be necessary.
Coordination: Identify implementing organization and appropriate consultative bodies (UNAIDS to advocate)

¹ This document has been prepared in urgency by NGO and UN stakeholders working on HIV in Myanmar as a collective contribution to the coordinated response to cyclone Nargis. The involvement of the National AIDS Programme in this strategy will be actively sought.

- **Prevention of HIV transmission in sex work:** Ensure that eventual changes in vulnerabilities to enter sex work are being assessed and known. There are several potential issues that could arise. Women who have lost their livelihoods could be pushed into sex work. Existing sex workers could also become increasingly mobile. While it is possible that neither of these scenarios will occur, it is still necessary to be prepared in case that they should occur.
 - PSI / MDM (others) establish an early warning system that captures changes in the nature of sex work, places where sex work takes place etc.
- **Women's livelihoods:** Further info is needed on how the cyclone affected household composition. There are likely more women-headed households. Other households will find themselves lacking previous opportunities to earn a livelihood, which may result in more women turning to sex work. Specific programmes should support women's access to income. Principal action is for livelihoods sector actors to ensure programmes for women.

Data/monitoring: UNAIDS will advocate research on vulnerabilities of women in the affected areas, including monitoring of the extent to which more women are finding themselves engaged in sex work.