Ministry of Health and Sports

Myanmar-Thailand Cross-border Health Collaborative Meeting for HIV Services

Myawaddy, 29 May, 2019

Dissemination of Meeting report
10 July, 2019

Dr Htun Nyunt Oo, Program Manager, NAP, DOPH, MOHS

Outlines of presentation

1. Meeting objectives and background
2. Myanmar national HIV response updates and issues of HIV in migrants- NAP, MOHS
3. Thai national response on HIV/AIDS- NAP, MOPH
4. Infectious disease update and response-Mae Sot General Hospital, MOPH
5. Critical issues raised by Thailand
6. Key discussion points
7. Recommendations and actions required

Meeting objectives

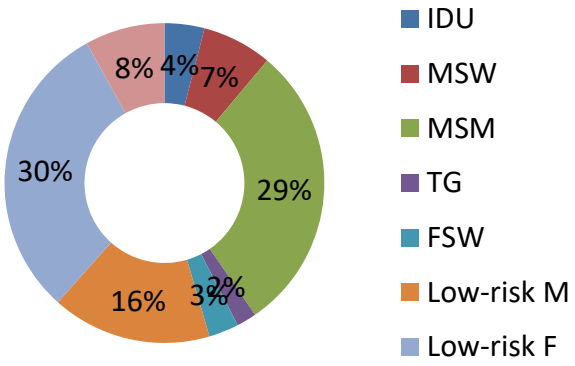
1. ***To strengthen HIV services including referral*** among migrants along the Myanmar-Thailand border areas
2. ***To evaluate the HIV control collaborative activities*** at Myanmar-Thailand Cx-border areas
3. ***To explain the new updates/referral*** on HIV control activities in border area
4. ***To identify the problems and solutions***

Background

- Meeting to exchange health and infectious diseases response information along the Myanmar and Thai border
- Identify the best solution for migrant health (HIV) services
- Attendees Myanmar side:
  - SHD and senior health officials, Hpa-an/Myawaddy; NAP-PM and AD, Immigration/ Police force oficials, i/lNGO, and EHO-KDHW
- Attendees Thai side:
  - HIV Coordinator International Coordination Bureau of AIDS, TB and STIs, Director Mae Sot General Hospital, Government health officials from (4) provinces, NGOs, department of quarantine officials

HIV situation in Thailand and Myanmar (2017)

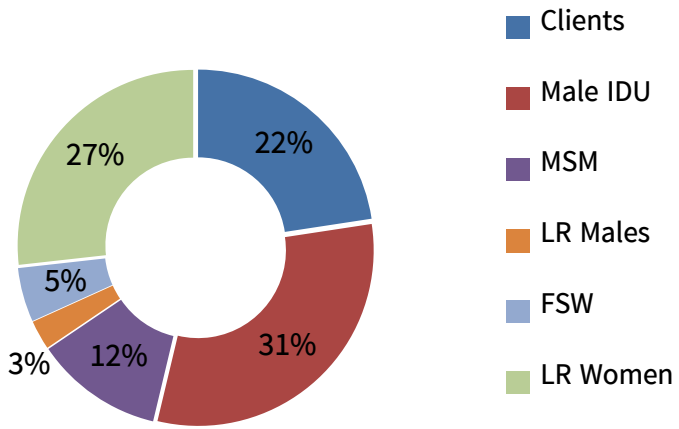
Proportion of HIV new infection by high risk group



Description (2017)	number
PLHIV	439,610
HIV new infection	5,529
AIDS related death	14,732
HIV prevalence	> 1%

Source: Surasak-Thai-MOPH AEM Jan, 2018

Proportion of HIV new infection by high risk group



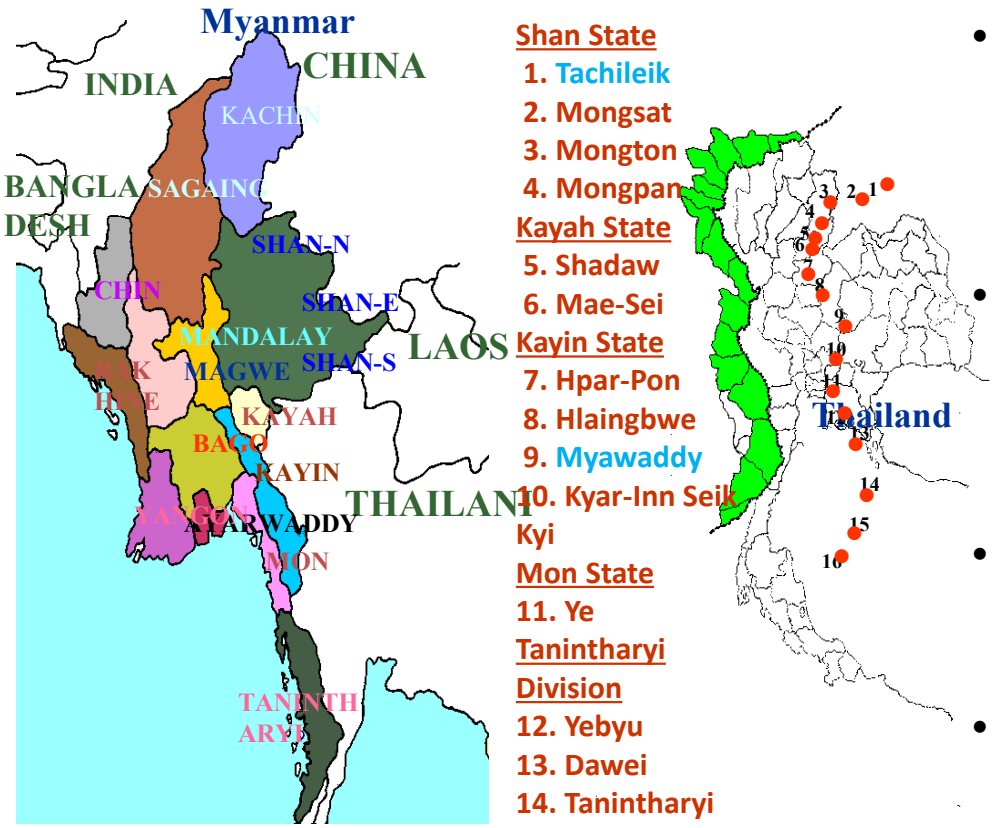
Description (2017)	number
PLHIV	224,700
HIV new infection	11,000
AIDS related death	6,700
HIB prevalence	0.57%

Source: MMR_MOHS AEM 2018

Myanmar HIV response-NAP, MOHS

- Provided that overview of HIV epidemic in Myanmar; emphasizing a concentrated **epidemic in KPs**
- Myanmar's comprehensive response guided by it's **5 year progressive NSP III** delivered under 5 strategic directions
- HIV responses targeted to the epidemic needs of geographical areas by addressing through **sub-national HIV operational plans**
- Highlighted achievements of **targeted interventions towards priority populations** and narrowing the gap between testing and treatment scale up
- NSP supports the **test and treat approach** with a massive HIV treatment scale up; **addressing punitive laws and polices**

Myanmar and Thailand border areas



Shan State
1. Tachileik
2. Mongsat
3. Mongton
4. Mongpan

Kayah State
5. Shadaw
6. Mae-Sei

Kayin State
7. Hpar-Pon
8. Hlaingbwe
9. Myawaddy
10. Kyar-Inn Seik Kyi

Mon State
11. Ye

Tanintharyi Division
12. Yebyu
13. Dawei
14. Tanintharyi
15. Bokepyin
16. KawThaung

Migrants and HIV

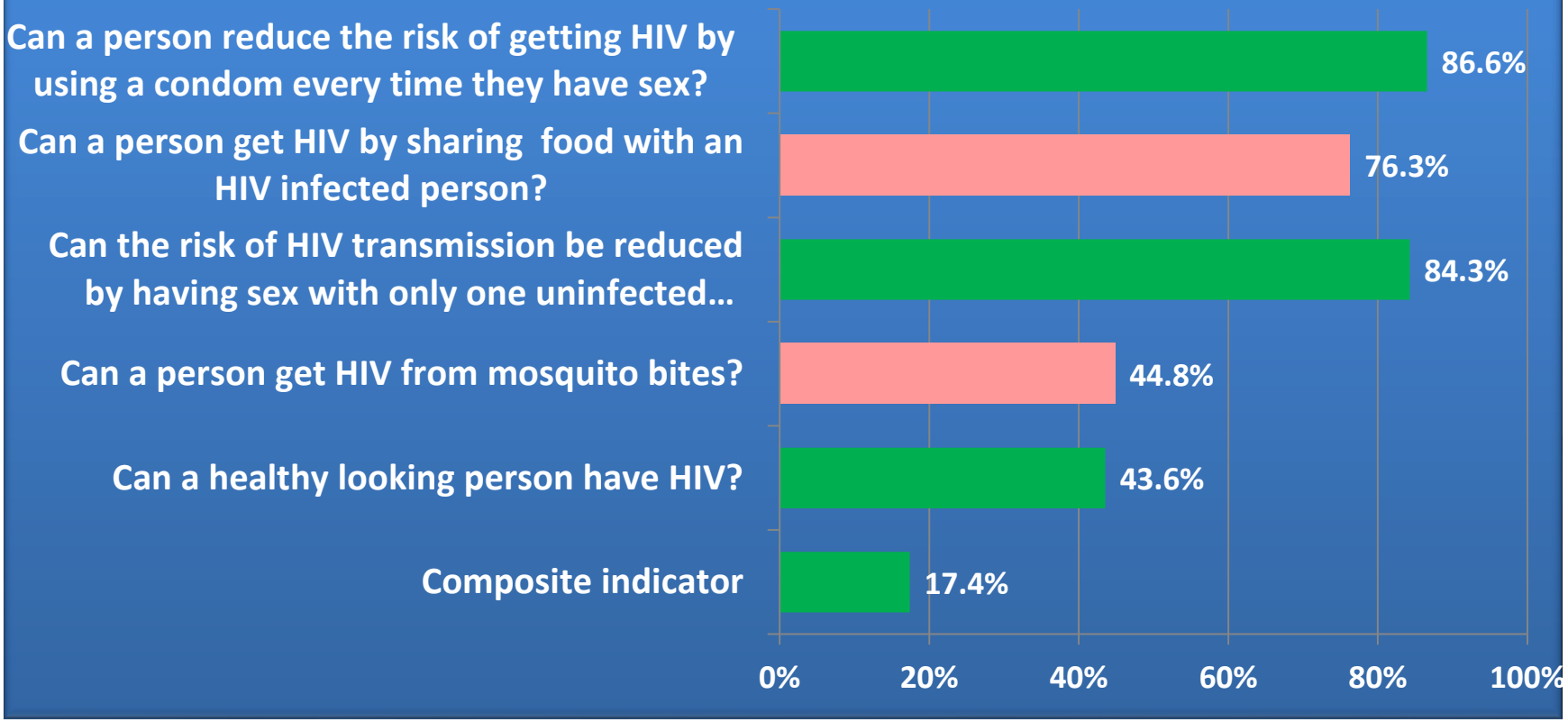
- A migrant is a person who has lived away from their town or village of origin **continuously for more than (3) months**
- Estimates from the 2014 census indicate that over **11 million Myanmar** residents have migrated internally or externally
- **Migration alone** is not considered a risk for HIV exposure
- **No comprehensive information** on HIV prevalence or risk behaviours in migrants
- Some evidence that migrant and mobile populations may **engage in risky behaviors**

Prevention among migrant and mobile population

- Qualitative evidence from a research conducted in Myawaddy and Kawkareik townships, report sexual interaction between so-called mobile men with money and female sex workers or men who have sex with men
- Service packages for three KPs will incorporate an understanding of how mobility potentially increases HIV risk and reduces access to services, including HIV treatment.
- Specific packages for people in border/key urban areas may be warranted in or near migrant clusters and transit points.

HIV knowledge

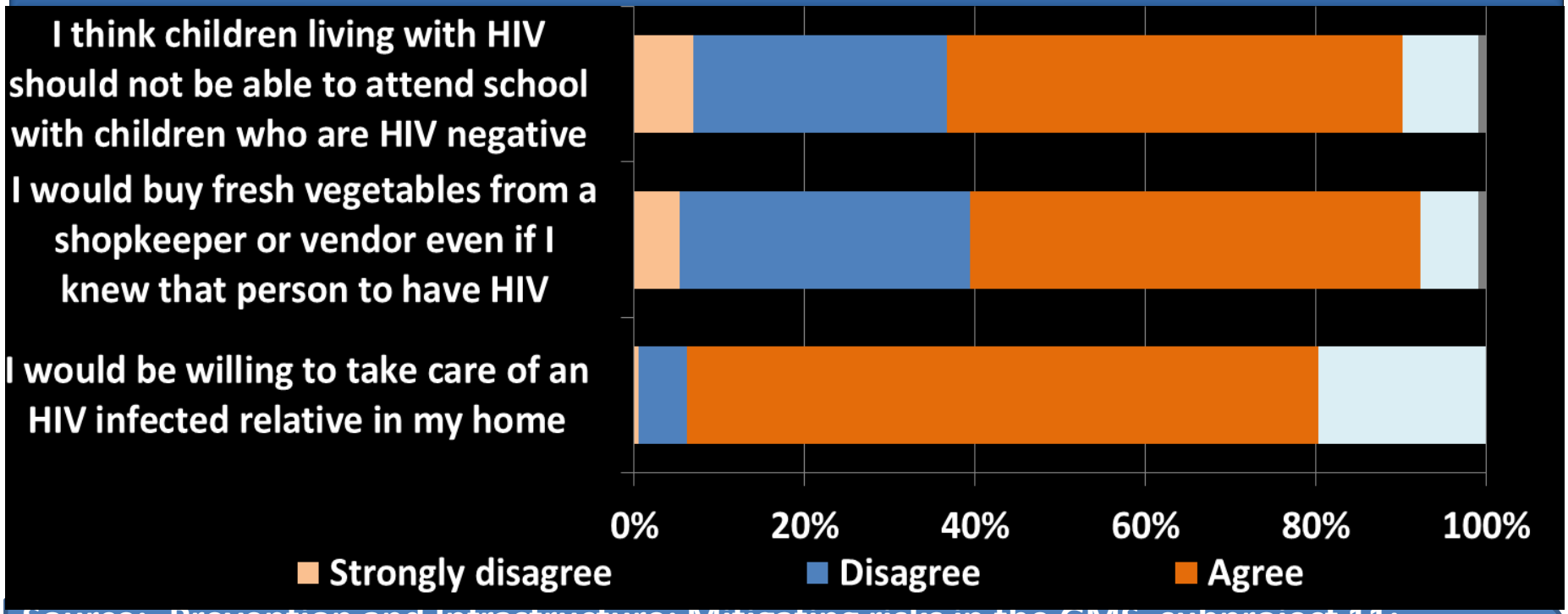
Standard composite indicator of HIV knowledge:



Source: IOM- HIV Prevention and Infrastructure: Mitigating risks in the GMS, subproject 11: Strengthening local response to address HIV risks along the Economic Corridors in Myanmar (2014)

Attitudes towards HIV

- About 60% of respondents agreed or strongly agreed that HIV negative children should not go to school with HIV positive children.
- 40% would not buy from an HIV-positive food vendor
- The majority would help an HIV-positive relative



Source: -Prevention and Infrastructure: Mitigating risks in the GMS, subproject 11: Strengthening local response to address HIV risks along the Economic Corridors in Myanmar (2014)

Quantitative survey conclusions

- Most migrants are originally from outside the study area in Myanmar, and the majority work in labour or as vendors/sellers.
- Reporting of risk behaviour is low – most appear to have monogamous relationships, with low drug use and commercial sex. (Response bias?)
- Migratory movement due to health care is rare
- Health care quality, rather than accessibility/quantity, should be improved:, with 40% of people facing problems related mostly to cost, discrimination, and dissatisfaction to service provided/waiting times.
- Satisfaction with distance and opening hours was better.
- Awareness of HIV/AIDS is high but:
  - Knowledge of transmission is low
  - Stigma appears to be high
  - Awareness of other diseases is low
  - Those with lower incomes have particularly poor knowledge
- The media is an ideal outlet for comprehensive health information

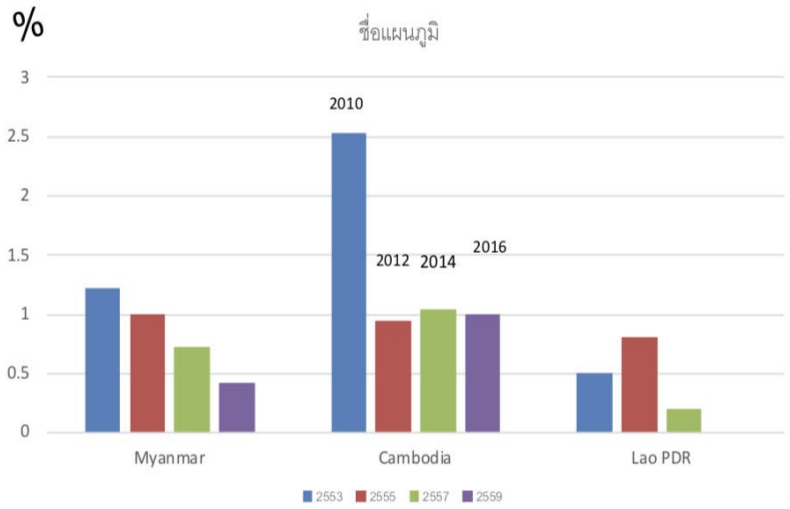
#Source: IOM- SP 11 (2014)

Thai response to HIV

Presented Mr. Surasak, MOPH

- Emphasized that **Joint Action Plan (2019-21) on Disease Prevention and Control under the MOU on Health Cooperation** between Thailand and Myanmar existed since 24 August 2018 in Yangon
- **HIV and migration imply social protections** are needed, especially around the continuity of HIV care
- Thailand, like Myanmar, has a concentrated epidemic, with an **NSP response that has 6 strategies** aiming to end AIDS by 2030
- Thailand has **3.9 million migrants** (Undocumented/ Cx-border/ Tourist/ Documented/ Imported labour by MOU/ Migrant married with Thai) , with Myanmar having the largest share-at least 300,000 Myanmar people cross the border yearly as migrants
- Thailand has a specific **insurance scheme for migrants**, with only **1.9 million migrants registered** for this **0.9 million-Myanmar nationals**

HIV Prevalence among migrants in Thailand

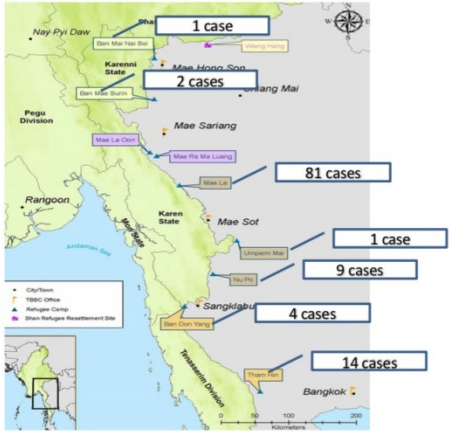


HIV prevalence in migrants report that Myanmar nationals have a HIV prevalence of 0.45% behind Cambodian nationals of 1%

Source: Surasak (MOPH)

HIV prevalence among migrants and PLHIVs in refugee camps

Number of AIDS cases in refugee camps



Source : IRC

112 Total cases

112 Myanmar nationals with HIV in (7) Refugee camps in Thailand

Source: Surasak (MOPH); IRC

Mae Sot General Hospital Presentation

Dr Nuttagarn, Infectious Specialist Physician

- Provide services to 589,220 people Myanmar national are estimated to be around 248,235 (2015-19)
- Mae Sot General Hospital report the re-emergence of up to 18 infectious diseases e.g. diphtheria, tetanus, pertussis and others
- The hospital also provide HIV treatment services, which Migrants can access if they have health insurance otherwise it is an OOP expense costing between 300-3,600 Baht/month)
- 266 HIV patients in Tak province, 98 from refugee camps

Critical issues for Myanmar migrant HIV patients

Patient aspects

- Moved back to inland other non-Myawaddy cities
- Concern about different of drug quality
- Lack of acceptance in the community

Medical services system

- Myawaddy due to **an appointment system often cause delays** ART initiation
- **Lack of feedback mechanism** between Myawaddy and Thai health authorities who receive patients from Myanmar
- Need for **an identified centre to coordinate** referrals both domestically and internationally
- Lack of a good system to link patient **data** between networks

Key discussion points

Refugee camps

- Reported that refugee camps is closing in phased manner with no referral mechanism in place for PLHIV on ART,
- Thailand currently provides ART to refugees, which the **Thai Government will soon phasing out**
- While Myanmar can support **ART for refugees, it requires the refugee to travel to Myanmar** to get ART supplies
- Myawaddy immigration representative advised that with an **NGO staff accompanying refugees,** they will allow crossing to access HIV services in Myawaddy.
  - There still needs to be support from the Thai Immigration Ministry-to allow this passing-refugee movement
  - However refugee movement outside of camps is restricted on the Thai side

Key discussion points (cont'd)

HIV confirmation for migrants

- One NGO reported a resource gap to facilitate HIV confirmatory testing; majority of their activities are for TB-HIV coinfection
- NAP advised that could send clients blood sample to Myawaddy-NAP for confirmation

ART referral Thai-Myanmar

- NAP advised Mae Sot General Hospital that they don't need a lengthy referral for a HIV naïve client-all that is needed is a HIV test results

Migrant ART/TB referral support (question posed by Mae Sot GH)

- IOM and SMRU, can support in the Myawaddy area
- EHO, can provide TB care in the Shwe Kokko area

Referral case sharing mechanism

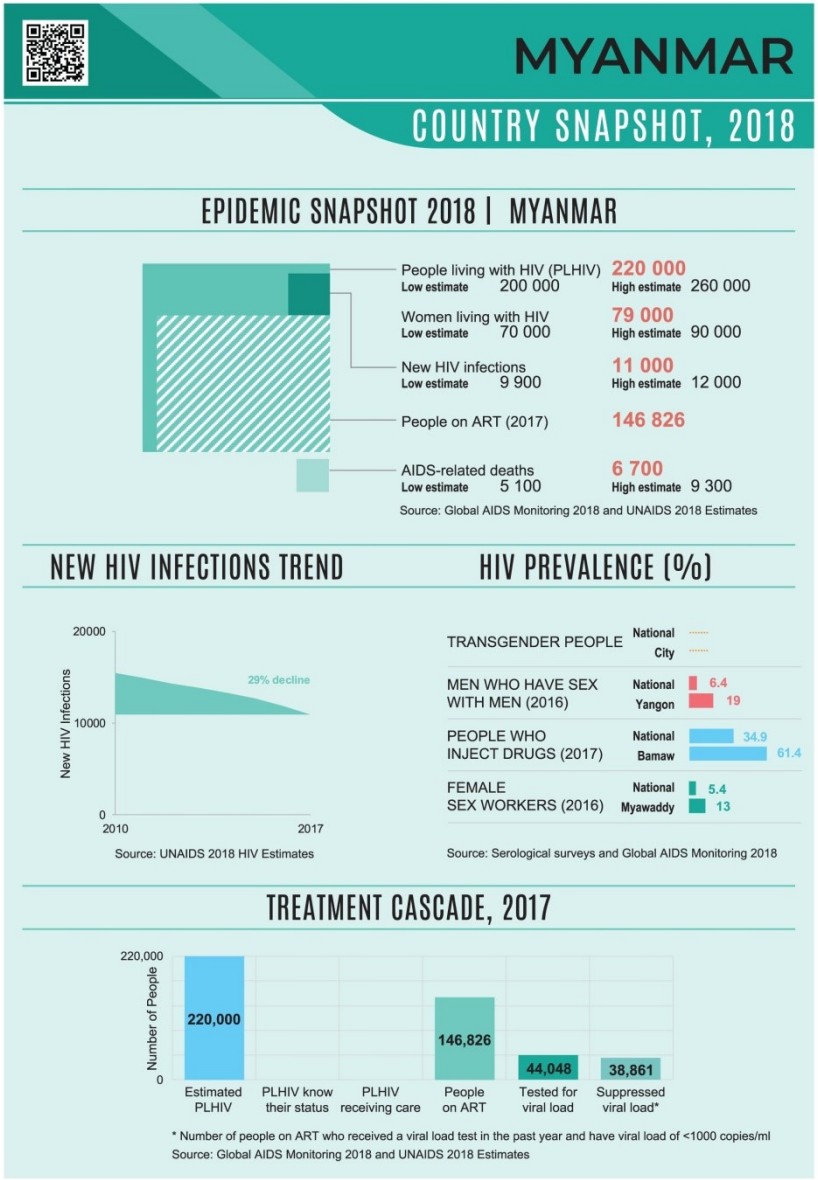
- Mae Sot GH report that once patients leave Myanmar to return to Myawaddy these is often loss to follow up due to information gap
- NAP advised that a focal person would be identified to communicate the referral of cases using email, messenger or Viber

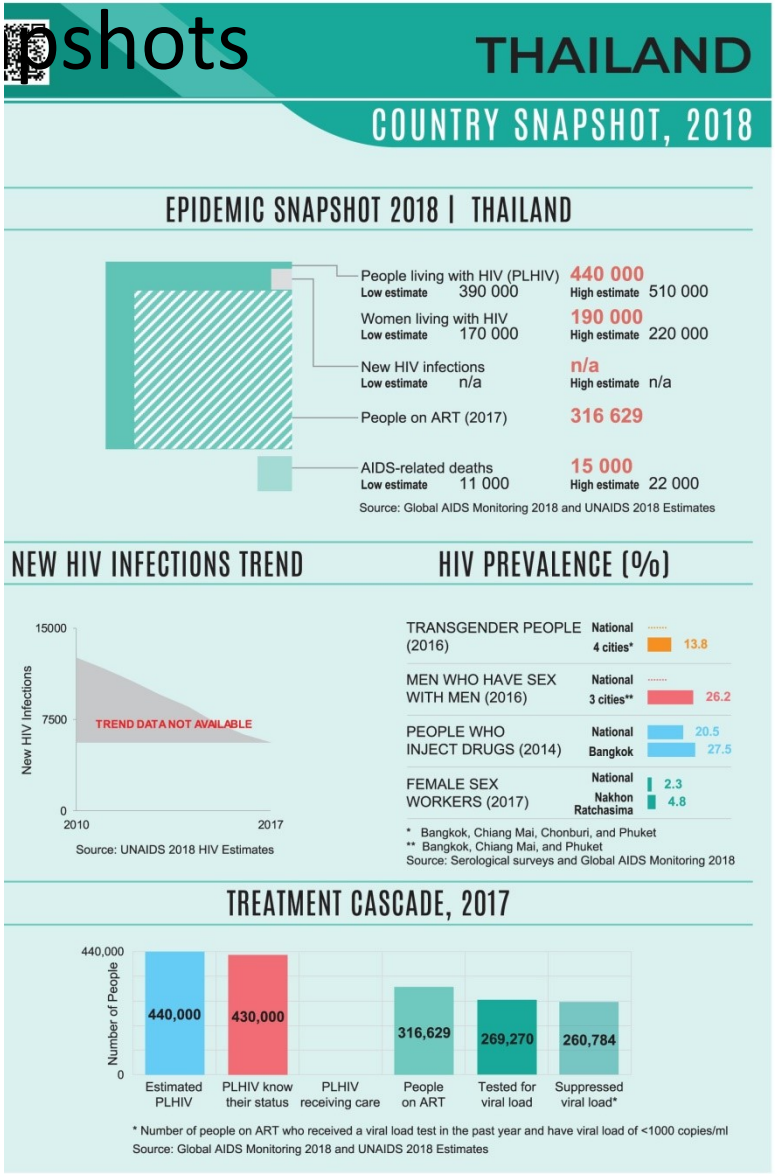
Recommendations and further actions

- Creating enabling environment to improve access to STIs/HIV prevention, care, treatment and support among migrants
- Recommended to conduct migrant mapping survey to improving the understanding of the characteristics of migrants, migration process and HIV risk and vulnerability, particularity the unknown and untouched labour sectors that may be at risk
- Enhancing the multi-sectoral collaboration among key stakeholders nationally and internationally
- Strengthen HIV testing services by integrating migrant health posts and workplaces (Myanmar side)
- To set up the cross-border core technical working group meeting to work more on referral mechanism

Recommendations and further actions (cont'd)

- From Myanmar NAP side, ART center/ DC site can provide the maximum 6 months ART drugs (Multi months scripting- MMS) for the migrants and/or refugee taking ART in person
- State Health Department to coordinate with local Immigration Department about the HIV patients in refugee camps to cross the border 6 monthly.
- Thai based International Rescue Committee-IRC will discuss with senior management team within IRC regarding the suggestion from Myanmar side. IRC will also discuss with Thailand immigration department, Ministry of Home Affairs and Ministry of Public Health Thailand.
- Comprehensive referral system particularly for ART patients (Myanmar side) such as email, some social media such as Viber or WhatsApp should be used in transferring the information between the focal points within the working group.





#Source: UNAIDS_AIDS DATA HUB, country snapshots

Thank you very much