Speaker's Profile

Dr. Si Thu Tun

Deputy Project Coordinator,
HIV/HCV Harm reduction Program, Puta-O, MAM

More than 4-year experience in MAM's integrated healthcare programs

- Responsible for the OVERALL management of the MAM-HIV/HCV harm reduction program in PutaO district.
- The MAM harm reduction model includes MAM-integrated clinics linked with community-based interventions using medical mobile teams networking with peer volunteers and existing Malaria-community health workers.

Speaking Topic

Providing HIV services through Integrated Community Health Worker

HIV/TB Agency, Information and Services Activity

"Providing HIV services through Integrated Community Health Worker"

Presented by Dr Si Thu Tun

(Medical Action Myanmar)

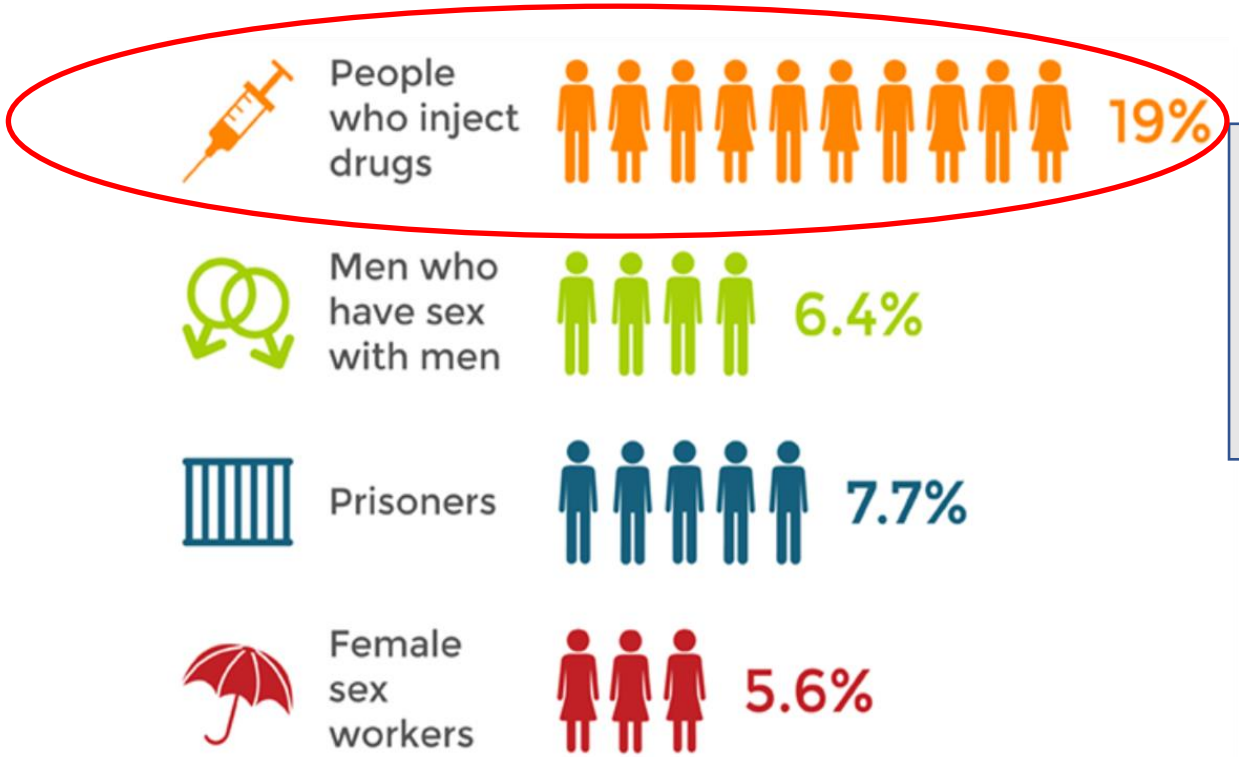
5th October 2023

HIV/TB Agency, Information and Services Activity

Disease burden

HIV and HCV burden among PWIDs in Myanmar

HIV prevalence



General adult population: <1.0%

HCV prevalence

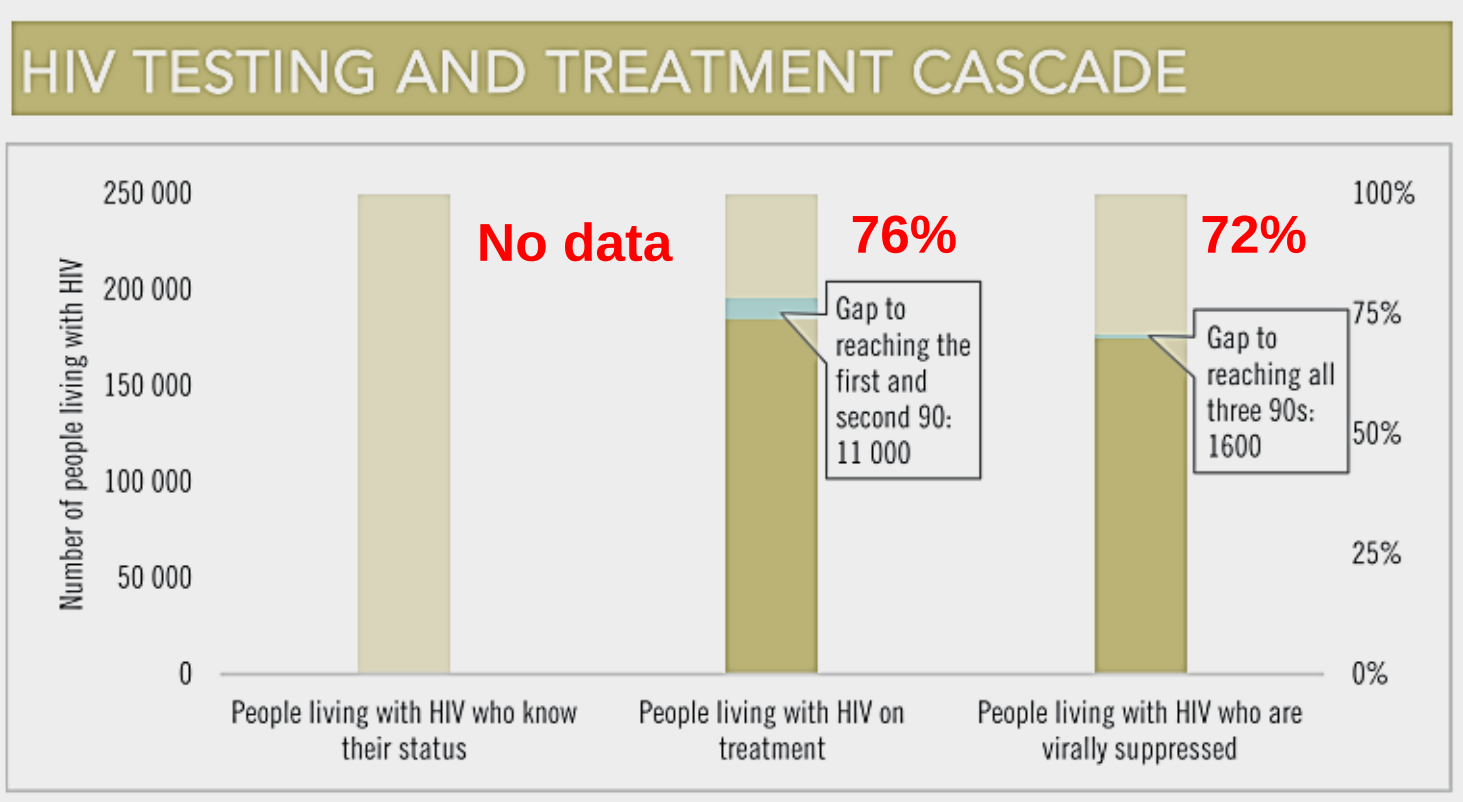
People who inject drugs: 66-93%

Other population: 3%

Issues/Problems

HIV cascade 95-95-95: what did we achieve in Myanmar?

All HIV population



UNAIDS: 2020

PWIDs population

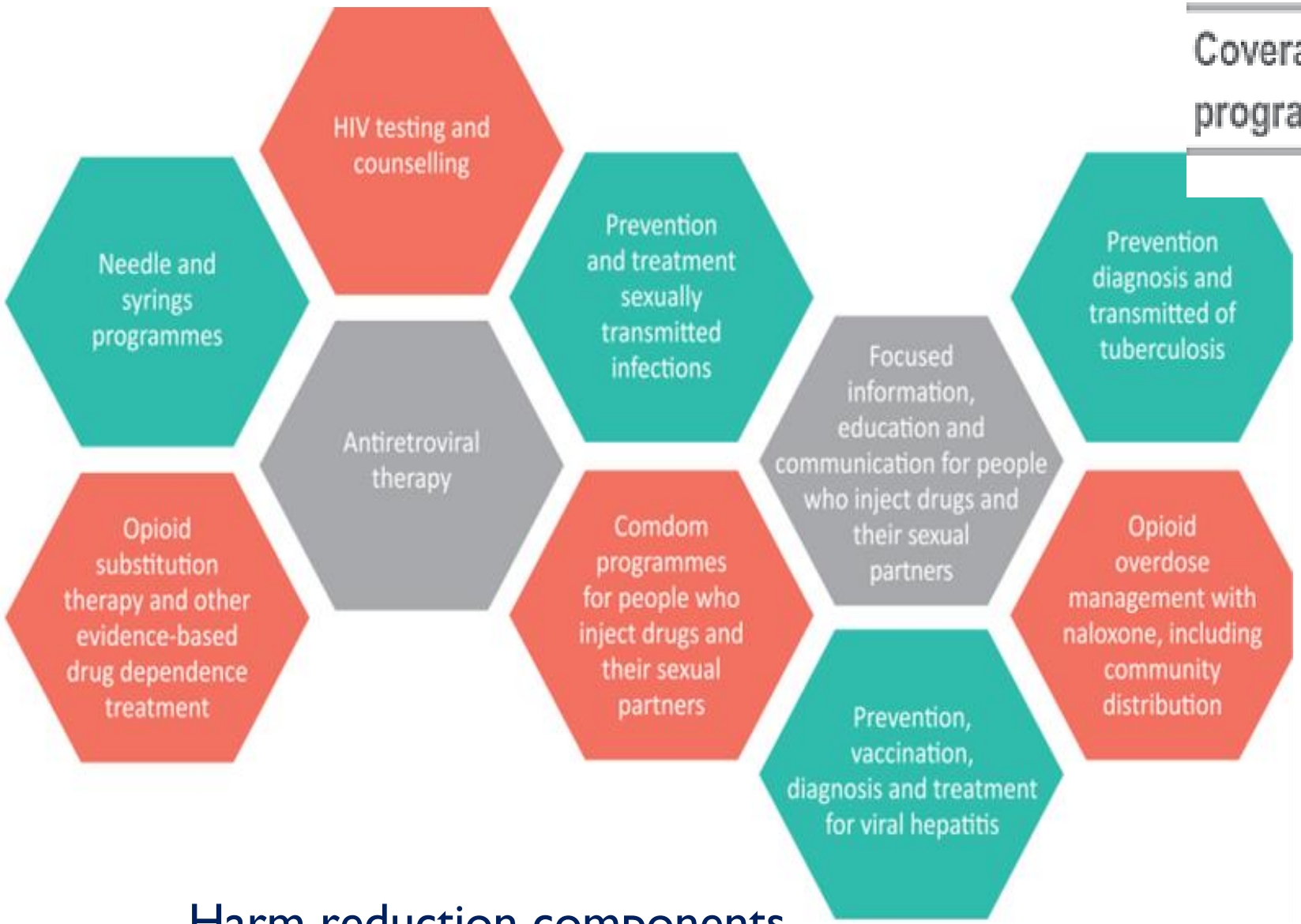
Estimated size of population	93,000
HIV prevalence	19.0%
HIV testing and status awareness	27.9%
Antiretroviral therapy coverag	14.1%
Condom use	21.9%
Coverage of HIV prevention programmes	34.2%

Harm reduction

Background information:

- The United Kingdom and the Netherlands initiated harm reduction more than thirty years ago to deal with harmful drug use.

- They became widely established as a pragmatic response to the HIV epidemic in the early 1990s.



Harm reduction components

Coverage of HIV prevention programmes	34.2%

Why is the coverage low?

Possible bottle-necks?

- Accessibility
- Sustainability,
- Community resistance

Strategy

Remote villages
PWID

How to bring services into the remote villages

1. With good accessibility
2. With good sustainability
3. Less comunity resistance

MOH services

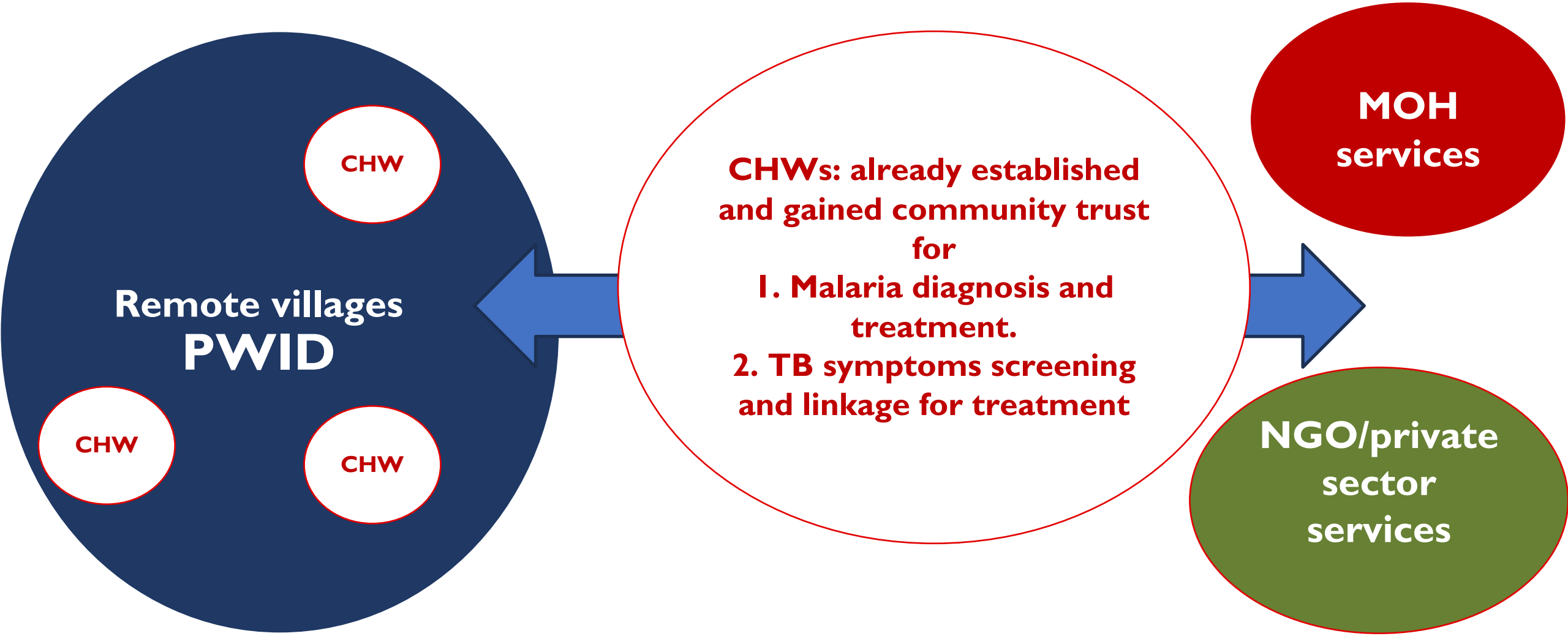
NGO/private sector services

Remote villages
PWID

First Q
Who are the existing and popular health services in the community?

MOH services

NGO/private sector services


CHW
Remote villages
PWID
CHW
CHW
CHWs: already established and gained community trust for
1. Malaria diagnosis and treatment.
2. TB symptoms screening and linkage for treatment
MOH services
NGO/private sector services

CHW

Remote villages
PWID

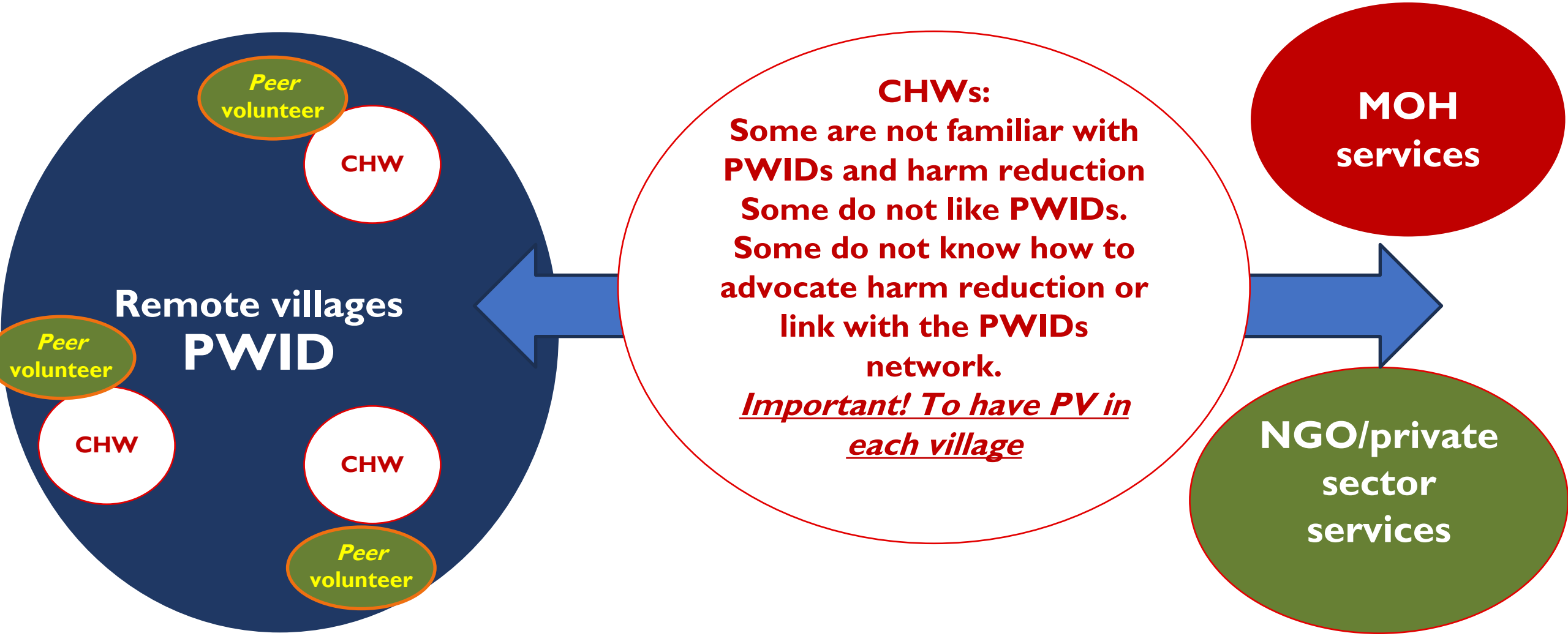
CHW

CHW

second Q
Are these CHWs alone are good enough to do ham reduction in the community?

MOH services

NGO/private sector services


Peer volunteer
CHW
Remote villages
PWID
Peer volunteer
CHW
CHW
Peer volunteer
CHWs:
Some are not familiar with PWIDs and harm reduction
Some do not like PWIDs.
Some do not know how to advocate harm reduction or link with the PWIDs network.
Important! To have PV in each village
MOH services
NGO/private sector services

Remote villages
PWID

Peer volunteer

CHW

Peer volunteer

CHW

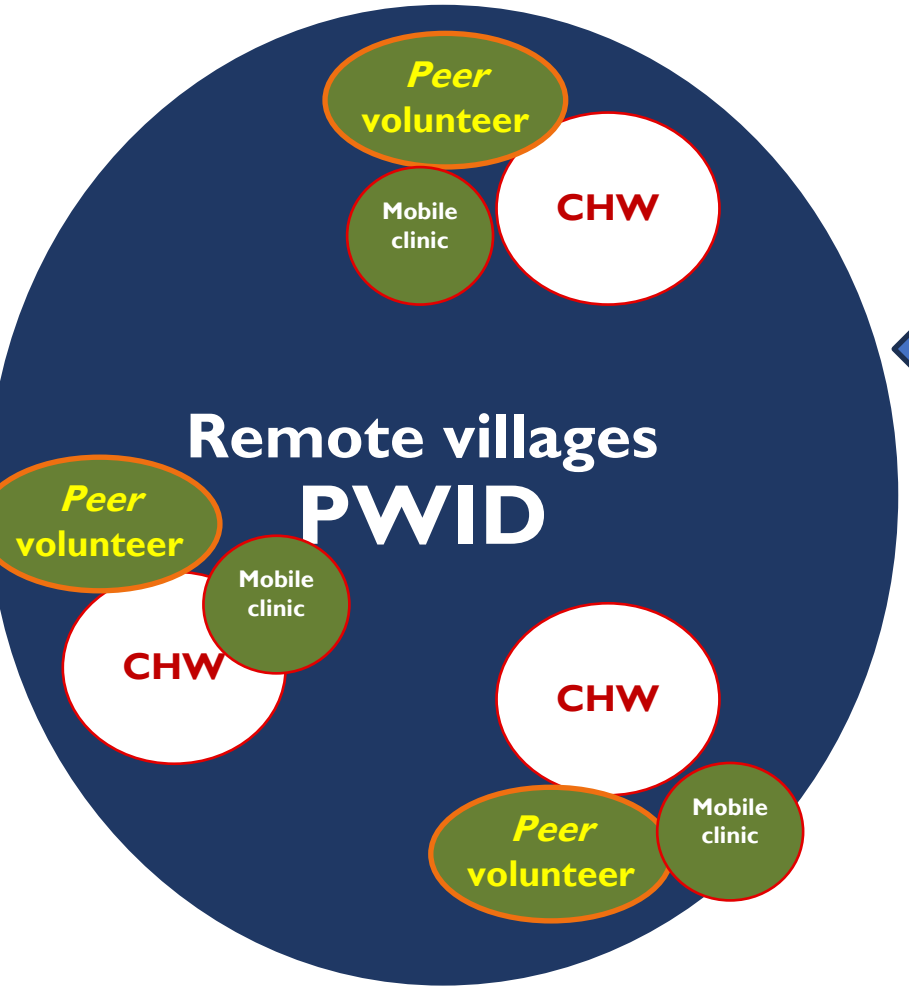
CHW

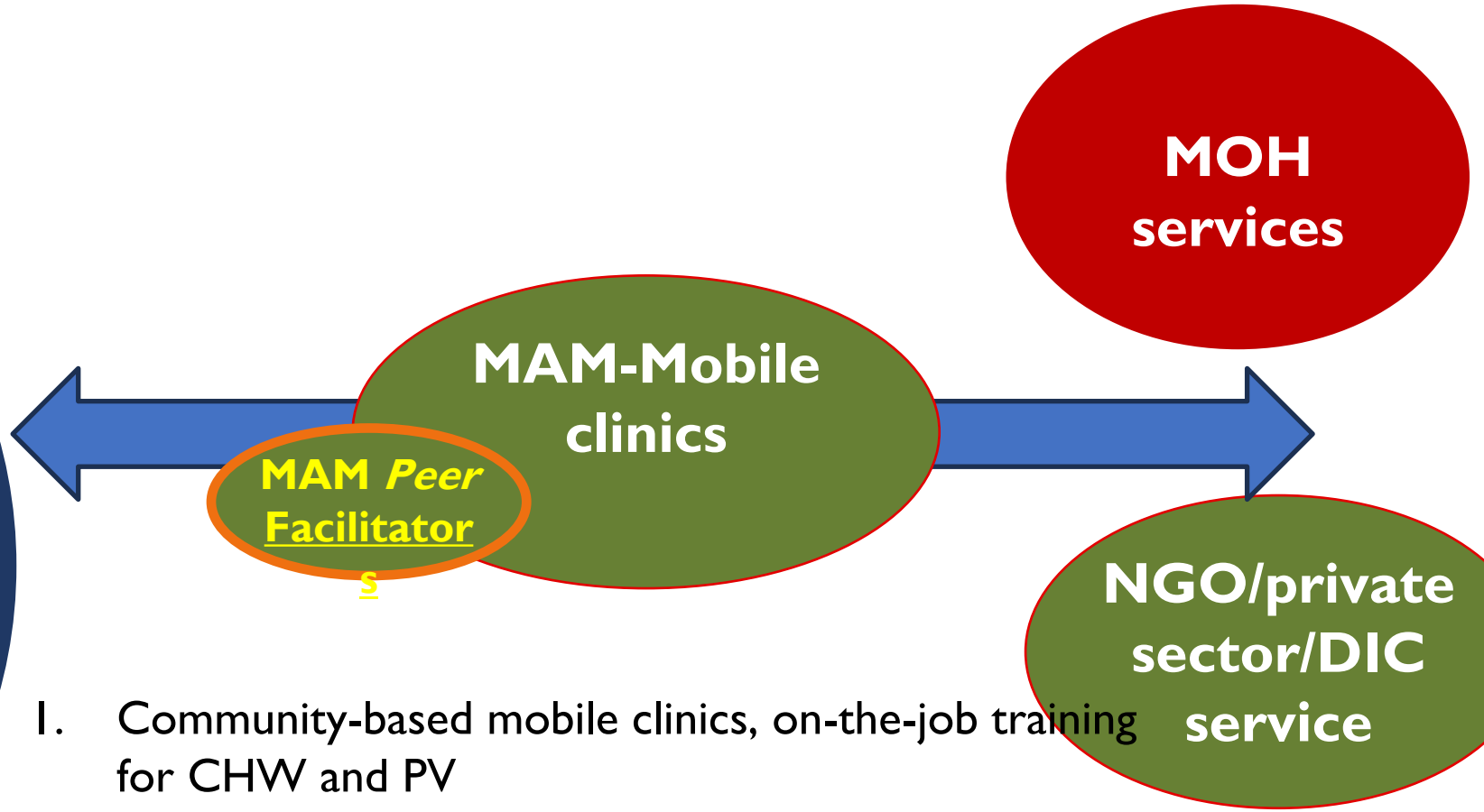
Peer volunteer

The third and most important Q
How are we quality assure the services in the remote villages?

MOH services

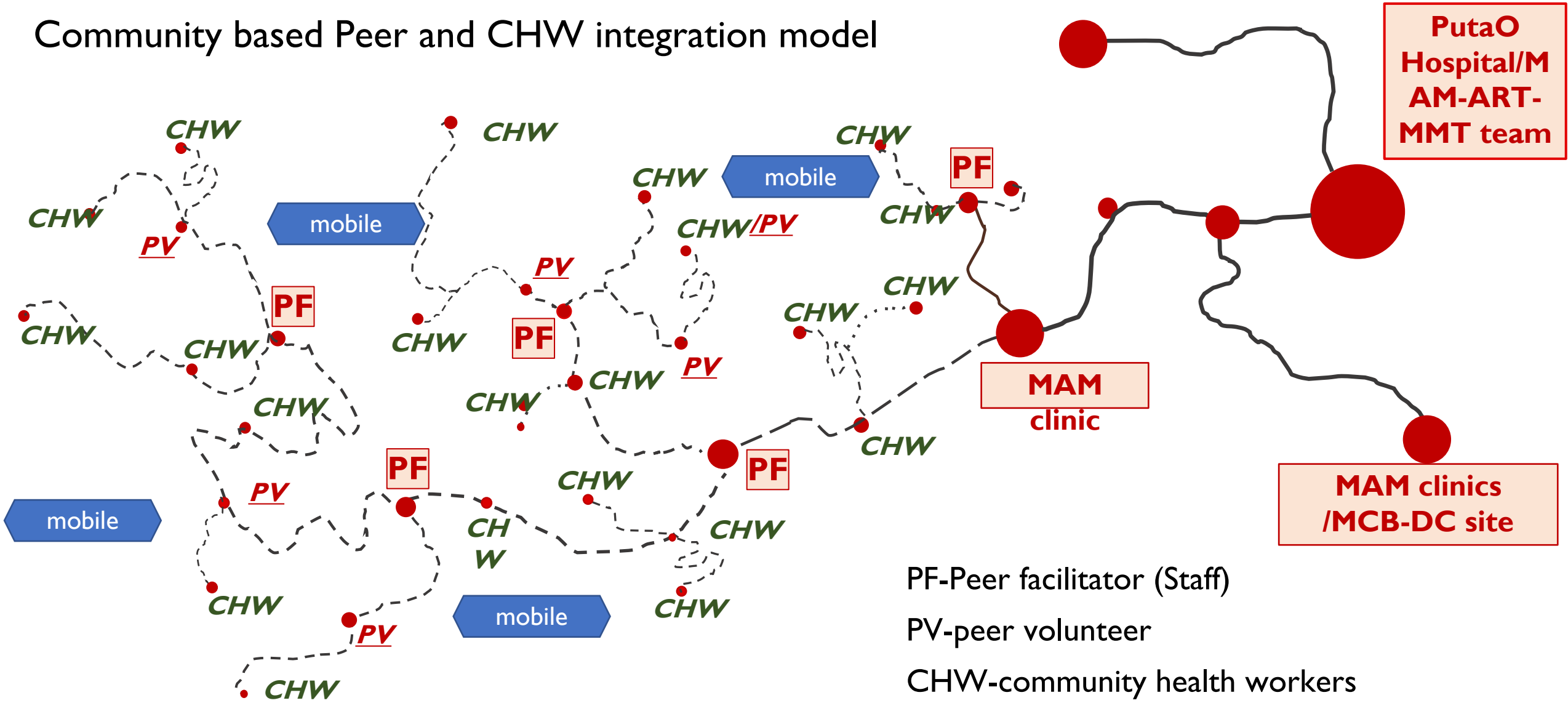
NGO/private sector services





1. Community-based mobile clinics, on-the-job training for CHW and PV
2. Community-based harm reduction activities, including HIV testing, TB screening and linkage to Care.
3. Needle and syringes (N/S) distribution, counseling for methadone, and active referral.

Community based Peer and CHW integration model



PF-Peer facilitator (Staff)

PV-peer volunteer

CHW-community health workers

Mobile – MAM mobile team with medical doctors

Current achievements

Type	Number
No of village covered	136
No of MAM-mobile team	3
No of MAM-fixed clinics/DIC	2
No of MAM recruited and trained PF	30
No of MAM recruited and trained PV	46
No of MAM trained CHWs	31
No of CHW trained for Community-based HIV testing	20
No. of secondary distribution sites (including CHWs + others)	88

Coverage areas

Township	Village tract	Ward/Village
Puta-O	15	109
Machanbaw	8	19
Nawngmun	2	6
Sumprabum	2	2

Project infrastructure

Town with MAM clinic

- Doctors, nurses, counsellors
- Laboratory

Remote villages with

- Mobile medical team
- Community health workers (CHW) & Peer volunteers (PV)
  - Community based HIV testing
  - TB screening
  - Needle & syringe exchange
  - Referral to clinic

Putao district in Northern Myanmar

High number of PWID

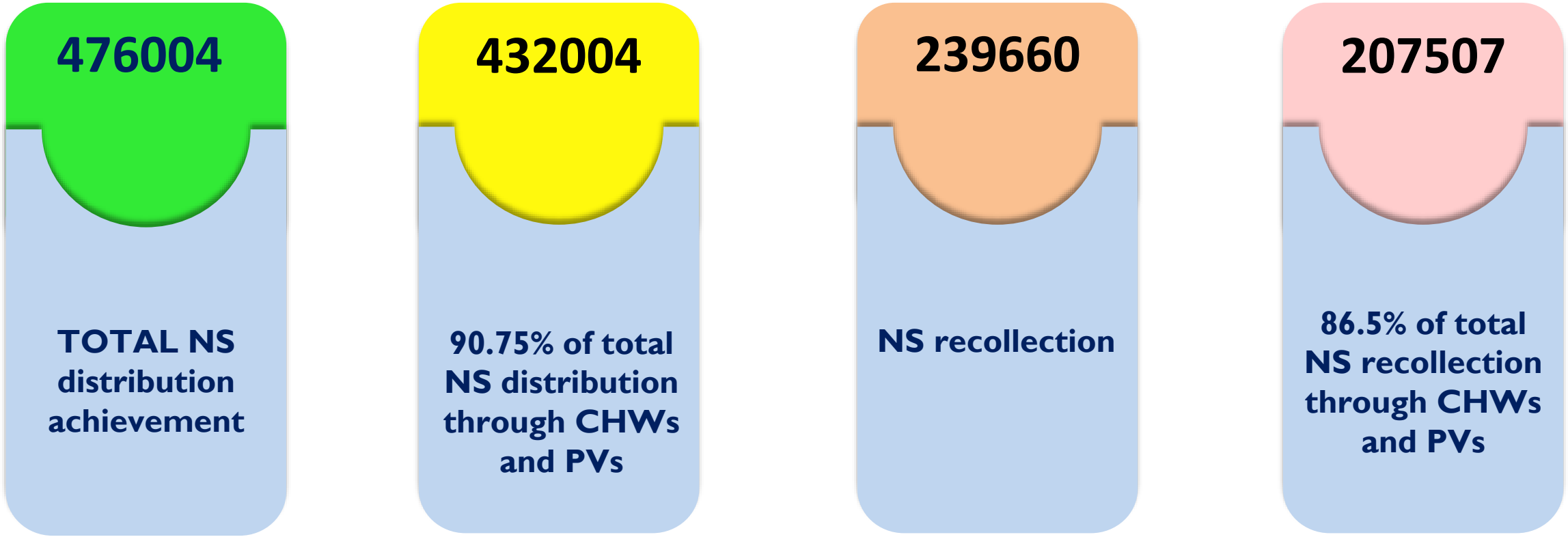
Medical Action Myanmar started an HIV / HCV program for PWID in 130 remote villages since 2018

- Small villages 100-500 people
- Poor infrastructure
- Difficult to access the town / clinic
  - Regular visits not possible

Detail of Activities of CHW and PV

- HE about harm reduction and HIV prevention to PWIDs and their partners
- Link with MAM PF (outreach staff) for CBS or assisted referral to clinics for HTS or ART or any health services
- Supporting mobile clinics operated by MAM team leader
- Serve as a secondary distribution point of prevention commodities; N/S, water for injection, alcohol swabs and condoms
- Passive Collector of used needles and syringes
- Overdose management

Current Achievement on NS distribution (Jan - Jun 2023)



No. villages where CHW integrated with harm reduction : 31
No. of villages where PV integrated with harm reduction: 46

How do we ensure monitoring and supervision?

How, when and by which means

Current

- Tools _Stock card for prevention commodities
- Monthly visit _identify the challenges and needs, commodity physical check, incentives payment

Future (in addition to current activities)

- Tools _CBS register, Stock card for HIV RDK and related commodities
- Biweekly visit for first 3 months _monitoring of CBS, identify the community response and needs of CHW

By whom

- Outreach Team Leaders
- Project Medical Coordinator (Outreach)

Capacity Building

NAP

- CBS New and Refresher trainings

MAM

- Inception training on basic knowledge of harm reduction including overdose management
- Hands-on training during regular monitoring visit
- Yearly training workshop

Challenges

- Overburden of assigned tasks and recording/reporting due to integration of many programs (malaria, MCH, HIV and TB) in CHW model, balancing family daily activities
- Some CHW have low Interest on drug users and need advocacy about benefits of harm reduction
- Drop-out or detachment of CHW and PV from the integration
- Adverse effects of PWID such as stealing properties at volunteers' homes
- Transport difficulties for regular monitoring to hard-to-reach areas
- Police arrest to PV (unavoidable)

The way forward

Continuing the existing integrated activities

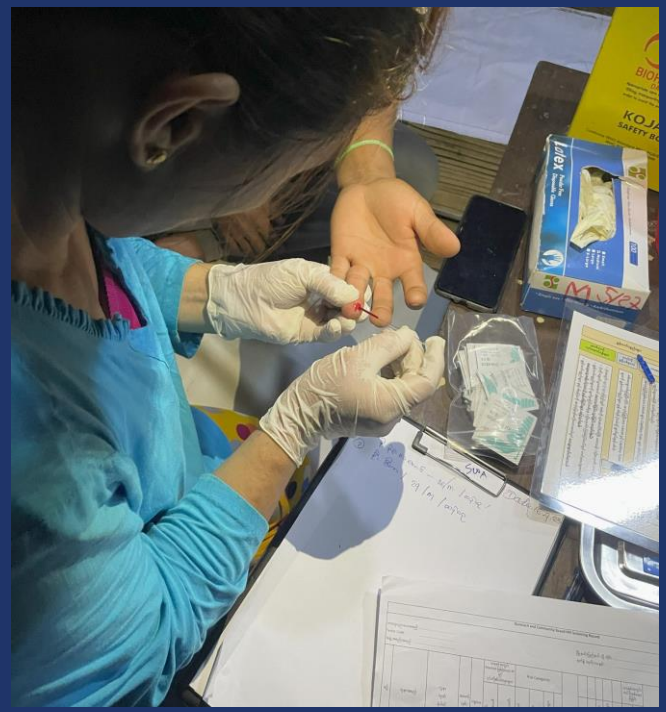
Strengthening the integration by _

- Expand more CHW, PV
- Community-based HIV testing by CHW after certification by regional NAP
- Conducting mobile clinic and promotion of CBS testing through CHW
- On the job training of CHW
- Strengthened linkage to care and treatment
- Assisted referral for emergency/ill clients
- Information sharing and referral for MMT

What was learned?

- Community acceptance: Empowerment and service provision by local CHW and PV enhance community acceptance and increase uptake of services by drug users
- Sustainability: Using local CHW and PV sustains the service provision in time of crisis like Covid-19 or conflict political situation
- Accessibility: Using local CHW and PV brings the services closer to drug users and improve accessibility to HIV prevention, harm reduction and treatment services.

CBS testing by PF (outreach staff)



CBS hand on training to volunteer

IEC distribution at volunteer's house

On job training to CHW by TL and PMC (Outreach)

Discussion of challenges for integrated harm reduction activities with CHW

Mobile clinic setting

Night mobile clinic at Htan Htu (Nawngmun)

NS distribution and recollection at volunteer's house (new design)

NS distribution and recollection box at CHW home (old design)

Mobile teams visiting remote communities

Awareness about harm reduction by volunteer

N/S recollection by volunteer

Consultation of PWID by medical doctor at MAM clinic

HIV/TB Agency, Information and Services Activity

THANK YOU.

"Strength is within."