

**Country Statement made by Union Minister H.E Dr. Myint Htwe at The Ministerial Meeting of the Global Prevention Coalition: HIV Prevention 2021-2025, Taking Stock, Planning the Future**

**Wednesday, 18<sup>th</sup> November 2020**

Greetings from Myanmar,

Minister for Health from Ethiopia, Dr. Lia Tadesse

Executive Director of UNAIDS, Ms. Winnie Byanyima

Executive Director of the Global Fund, Mr. Peter Sands

Ministers of Health from member states of the Global Prevention Coalition (GPC).

At the very outset, I would like to inform my colleague ministers that the current global response to the COVID-19 pandemic is strengthening our resolve to make a difference in saving lives.

We would like to share our spirit of solidarity with all member states of the GPC from Asia, Africa and our partners throughout the world.

Our resolve has definitely not been broken, instead becoming much stronger, despite the difficult times we are facing in Myanmar as in other countries due to COVID 19 pandemic.

We have emphasized that essential life-saving services for non-COVID diseases must be maintained throughout this period.

At the same time, all mitigating measures to reduce the risks of HIV infections and provision of treatment and care must not be sidelined.

To do so, policy and strategic decisions have been 'fast tracked' in a remarkable manner to maintain services to our people, including HIV prevention for those at high risk of infections, ART and continuum of health care for people living with HIV, as well as substitution therapy and harm reduction for people who use drugs.

These services have been provided despite the importance of maintaining 'stay-at-home' orders, travel restrictions, quarantine measures, and social distancing.

The National AIDS Program has responded to this call.

During this period, partnership with representatives of people living with and affected by HIV has also increased.

New strategic measures such as Pre-exposure Prophylaxis (PrEP) have been introduced.

Global Fund and other funding mechanisms have allowed flexibility in the use of existing resources and also brought additional resources to bear.

Our partnership with the UN on HIV, Tuberculosis, Hepatitis and drug prevention and treatment programs has continued as one team to face the harsh realities of the pandemic.

As an example, I am glad to report that up to 70% of those currently on ART treatment are benefitting from six months multi-month dispensing of ART medicines.

Up to 90% of those on methadone maintenance treatment are benefitting from take home doses.

The primary purpose is to ensure continuity in access to life-saving measures, particularly for those dealing with economic challenges, living in remote areas and who are otherwise vulnerable to HIV and co-infections.

We hope that all countries learn lessons that will help us deal with public health challenges and also bring more urgency to achieve the "last mile" of the HIV response.

Ladies and gentlemen,

I would like to convey my special appreciation to the Global Fund for its exemplary commitment to funding the country's AIDS, TB and Malaria programs over the last decade and UNAIDS for its commitment for giving technical support in particular to HIV prevention, community system strengthening and monitoring and evaluation.

Up to 85% of people living with HIV in Myanmar know their status, of which 91% of those are on treatment and 94% who tested for viral load have experienced substantial reduction in viral load. This is of special epidemiologic importance.

Overall, 36% reduction in new HIV infections and 52% decline in AIDS-related deaths were noted with reference to 2010 data.

Anti-retroviral therapy now reaches 79% of an estimated 240,000 people living with HIV as of end June, 2020.

Significant success has also been noted in HIV prevention efforts for key and vulnerable population.

Prevention of mother-to-child transmission now covers 98% of townships in the country and we are coming much closer to the realization of the goal of eliminating mother-to-child transmission of HIV.

There are very good parameters pointing to the success of our HIV program.

We will maintain the satisfactory trajectory that we already had for the elimination of mother-to-child transmission by 2025.

We remain closely aligned with the five pillars defined by the GPC as they relate to countries with concentrated epidemics.

Our national program has given special attention on reaching key populations targeting relevant sub-populations in high disease burden areas.

We have determined that HIV prevention must also be accessible to all regardless of age, gender, life choices and several social contexts.

We request the UN and the Global Fund as well as bilateral partners to support us the following three priority activities which will be implemented until 2025 in Myanmar:

- The roll out of a comprehensive evidence-based effort to tackle the ravages of drug use and, specifically injecting drug use, on the health, well-being and development of individuals and the country as a whole.

- Effective HIV prevention up to 95% of those involved in unprotected sexual encounters, and specifically those involved in sex business, men who have sex with men, transgender population, people who use drugs, prisoners and other vulnerable segments of the population – with emphasis on young people and women.
- Integrating and sustaining prevention, treatment and continuum of care through our strategy to achieve universal health coverage.

We will also accord special attention to link social protection and rights-based policy vis-a-vis legal challenges.

We have noticed that participation of community and people living with HIV are very crucial in achieving our fast track target in the next cycle of National Strategic Plan (2021-25).

Respected colleagues, at the occasion of our joining the “UNGA on ending AIDS by 2030” and on joining the GPC during the World Health Assembly, May 2018, in Geneva, I referred to our commitment to work with other countries in the context of ‘ending HIV/AIDS as a public health threat’ as well as facing other crises of our times through international cooperation.

In conclusion, in the context of "planning the future" and to have good plans for HIV/ AIDS, I would like to suggest a few things to the Executive Directors of UNAIDS and Global Fund for their kind consideration. These are simple but important.

- Information system of HIV/ AIDS programs be further strengthened together with increasing the capacity and capability for analyzing data/information in order to streamline the HIV/ AIDS program.
- More implementation research or operational research using qualitative research methods should be carried out to improve the management, logistics, administrative and coordination perspectives of HIV/ AIDS programs.
- More systematic monitoring should be conducted using "checklist type" of monitoring to know the ground reality on several perspectives of HIV/ AIDS programs.

Thank you very much.