

MYANMAR: Discrimination in Healthcare Settings Against People Living with HIV and Key Populations

Globally, discrimination resulting from stigma has been identified as one of the foremost barriers to scaling up the HIV response. Substantive community involvement is at the center of effective prevention, treatment, and care. Community participation promotes supportive social, political and legal environments and protects the rights of people living with HIV and key populations.

In December 2014, Asia Catalyst commenced the Regional Rights Training Program to increase community based organization's (CBO) knowledge of human rights frameworks and instill skills to conduct human rights documentation and evidence-based advocacy. The program trained CBOs to effectively advocate for non-discriminatory health services for people living with HIV and key populations. Eight CBOs from Cambodia, China, Myanmar and Viet Nam participated in this 18-month program. They identified the most pressing issues for their communities, collected testimonials and developed recommendations identifying potential avenues for advocacy.

The analysis of the findings from all four countries is synthesized in the report First Do No Harm: Discrimination in Healthcare Settings against People Living with HIV in Cambodia, China, Myanmar and Viet Nam, available on the Asia Catalyst website at:

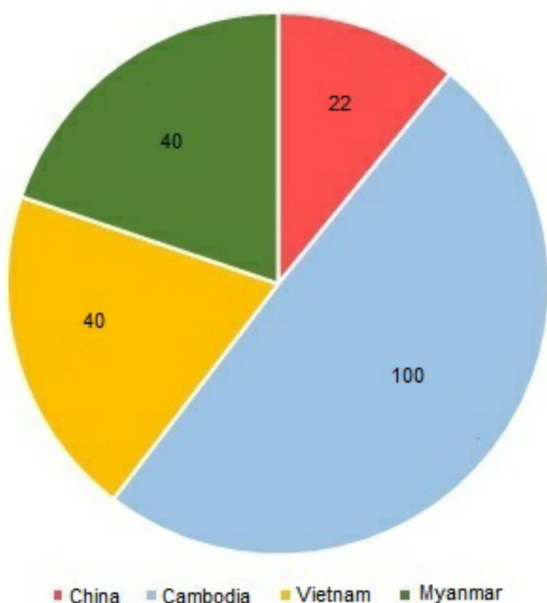
<http://asiacatalyst.org/resources/research/>

This brief highlights the findings in Myanmar and the recommendations to all stakeholders from the CBOs involved - Aye Myanmar's Association, Sex Workers network (AMA) and Myanmar Positive Group National Network of People Living with HIV (MPG). The CBOs identified extra fees charged to people living with HIV when accessing general health services as the most pressing issues for the communities in accessing quality health services in Myanmar.

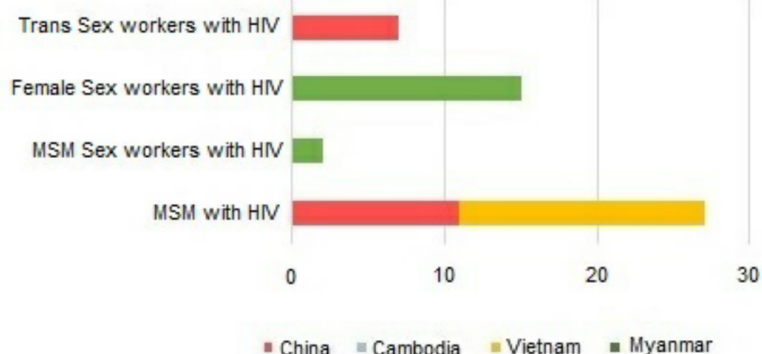
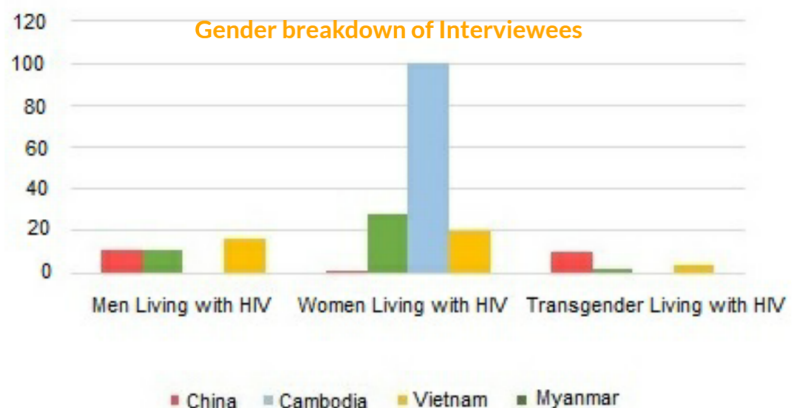
Map of Myanmar



Total number of Interviews



Gender breakdown of Interviewees



The CBOs found that:

1. People living with HIV, including women and sex workers living with HIV were forced to pay additional fees or incur extra expenses for the services they received because of their HIV status.

“Everyone pays the specific operation fee. But there are extra charges for HIV patients where they are asked to buy long gloves, apron, spirit, cotton and things like that.”

- Interviewee in Dawei

2. People living with HIV faced denial of healthcare services, particularly surgery related services– both in government-run hospitals, as well as, private clinics. People living with HIV reported that service providers often cited lack of infrastructure or technical capacity as the reasons for refusal and were asked to find alternative service providers.

“The gynecologist told me that this tumor should be removed and scheduled the surgery for the 13th July. When I arrived at the hospital, the doctor took my medical record and told me that they cannot do this surgery because I am on ART. So, I returned home and inquired at other private hospitals. They also replied that they cannot operate on people living with HIV. Although I was worried that other people will know about my status, I decided to go to a Government Hospital.”

- Interviewee in Dawei

3. Service providers, including medical doctors, engaged in humiliating treatment of people living with HIV, including sex workers living with HIV and women living with HIV. Interviewees reported being shouted at by staff at healthcare centers, denied bed spaces to people living with HIV that were admitted in the hospitals, publicly identified patients as people living with HIV and in some cases were not allowed to utilize the hospital apparatus such as the thermometer.

“When I was admitted in the hospital I did not get a bed. I asked why I didn’t get a bed. They replied that I was HIV positive and they did not give me a bed as instructed by the physicians from the medical ward of the General Hospital. So, I was admitted for 2 days and 1 night, but I slept in the barracks for the guards”

- Interviewee in Mandalay

4. Women living with HIV faced prejudicial behavior when accessing pregnancy and childbirth related services. This led to inadequate access to healthcare during delivery and post-natal services for the newborn child and prevention of mother to child transmission services, in addition to loss of follow up due to inadequate support to ensure the newborn, if needed, receive ART.

5. Stigmatizing and discriminating behavior against people living with HIV and sex workers led to violations of their right to privacy and confidentiality. This discrimination increased when people living with HIV were associated with a key population.

The consequences of these abuses include;

■ A direct negative impact on the well-being of people living with HIV who were forced to endure extended periods of physical pain as a result of denial of services.

■ People living with HIV faced economic hardship because of having to forego daily income in the process of seeking medical services or unable to work because of their worsening health situation which was the result of them being unable to access health services.

“ If they cancel the appointment and give me another date, I lose another day of work.”

- Interviewee in Yangon

The effective role of CBOs in realizing the right to health:

■ CBO involvement in providing referrals to people living with HIV and sex workers, and peer support are critical support for people living with HIV.

“The organization calls regular meetings. Life is unpredictable. That’s why I want to get more knowledge from them for me. I go for regular meetings of CBOs.” - Interviewee in Yangon, Myanmar

International Human Rights Frameworks:

International Bill of Human Rights				
UNIVERSAL Declaration of Human Rights (1948)				
International Covenant on Civil and Political Rights (ICCPR 1966)			International Covenant on Economic, Social and Cultural Rights (ICESCR 1966)	
Convention related to status of refugees (1951)	International Convention on Elimination of all forms of discrimination (ICERD) (1965)	Convention on elimination of all forms of discrimination against women (CEDAW) (1979)	Convention against torture and other cruel, inhuman or degrading treatment or Punishment (CAT) (1984)	Convention on the rights of Child (CRC) (1989)
Myanmar has signed ICESCR in 2015 and is a party to ICESCR and CEDAW and CRC (not signed optional protocol). Other major international treaties have not been signed.				

International and Regional Mechanisms on HIV AIDS

Political Declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV AIDS (Resolutions adopted by the General Assembly in 10 June 2011

International Guidelines on HIV/AIDS and Human Rights 2006 Consolidated Version

7th ASEAN Summit Declaration on HIV/AIDS, November 5, 2001, Brunei Darussalam

Declaration of the 7th ASEAN Health Ministers Meeting, "Health Without Frontiers," April 22, 2004, Penang, Malaysia

Declaration of the 8th ASEAN Health Ministers Meeting, "ASEAN Unity in Health Emergencies", Yangon, 21 June 2006

Myanmar National Legal Mechanisms Prohibiting Discrimination and Laws Related to HIV and AIDS

- The Constitution of the Union of Myanmar

Recommendations from the CBOs:

To the Government

- Introduce laws that prohibit all forms of discrimination on the basis of HIV status and all forms of discrimination against key populations, including sex workers, women living with HIV, men having sex with men, transgender persons and people who use drugs. The government should also review and eliminate laws that apply measures such as isolation, involuntary testing and other intimidating measures against key populations.
- The government should consider decriminalization of key populations (sex workers, men who have sex with men, people who use drugs) and ensure protection of rights of these populations. The government should engage with wider communities and stakeholders in the review of the Suppression of Prostitution Act 1949 and other laws that criminalize behaviors of key populations.
- The National Human Rights Commission of Myanmar should promote existing laws that prohibit rights violations. The Commission should also provide clear information on legal redress mechanisms in the case of rights violations, including complaints procedures and redress mechanisms related to discrimination faced by people living with HIV and key populations. The Commission should ensure complaint procedures are kept confidential and institute redress mechanisms.

- The Ministry of Health should ensure a minimum package of HIV services under Comprehensive Continuum of Care. This should include sexual and reproductive health services for people living with HIV, including women living with HIV, sex workers, transgender persons and people who use drugs.
- The Ministry of Health should develop - together with community members that include people living with HIV, sex workers, men who have sex with men, transgender persons and people who use drugs - a client feedback mechanism, for systemic monitoring of access to health services. This should include investigating and remedying all complaints of discrimination, in particular based on HIV status.
- The Ministry of Health should continue their collaboration with the CBOs in facilitating health services at the government hospitals and healthcare centers. The Ministry should invest in regular capacity-building activities of the CBOs to enable them to provide community level healthcare services.

To the Healthcare Administrators and Providers:

- Increase and expand engagement of the CBOs and communities in providing healthcare services to people living with HIV and key populations in all hospitals and healthcare centers in all States of the country.
- Ensure healthcare providers and staff at all levels receive regular trainings on rights based approach in delivering health services, including HIV related services. Collaborate with community-based organizations to develop the training curriculum, which should include knowledge on the rights of people living with HIV, sexual and reproductive health rights of people living with HIV and key populations and principles of non-discrimination.
- Effectively implement the client feedback mechanisms developed by the Ministry of Health. Healthcare administration should ensure non-discriminatory access to healthcare services for all by conducting thorough investigation of complaints made by patients and taking appropriate actions.

To the International stakeholders

- Support the Government and the CBOs to promote and provide access to legal services for people living with HIV and key populations.
- Provide support to the government in strengthening the healthcare system, including improving policies that are based on human rights, in increasing the technical capacity of healthcare providers, and in increasing human rights awareness and knowledge of healthcare providers at all levels.
- Provide technical and financial support for CBOs to advocate, implement and monitor effective rights-based responses for people living with HIV and key populations.
- Provide financial and technical support for CBOs to conduct systematic documentation of healthcare service-seeking experiences of people living with HIV and key populations.
- Provide financial and technical support for CBOs to continue capacity-building initiatives to the communities. This should include support for the CBOs to continue to provide information and knowledge on the rights of people living with HIV and key populations, sexual and reproductive healthcare and rights, awareness on prevention, care and treatment of HIV and access to justice.

To the CBOs

- CBOs led by people living with HIV and key populations, as well as, peer educators, healthcare volunteers, self-help groups and others should continue to provide information and knowledge for people living with HIV and key populations on HIV prevention, care and treatment, sexual and reproductive healthcare and rights and principles of non-discrimination.
- Continue systematic documentation of human rights violations and discrimination against people living with HIV and key populations at both urban and rural healthcare settings.
- Strengthen links with network of people living with HIV and key populations for stronger national advocacy to eliminate discrimination at all levels.
- Develop and strengthen networks with legal service providers including identifying pro-bono service providers. Network and mobilize the voluntary participation of lawyers and law students, media professionals to protect the rights of people living with HIV and key populations.

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