

# The Global Fund Program in Myanmar

Promoting harm reduction programs in Myanmar through peer workers

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*“I want to stop taking heroin, but I know it will be really tough. So in the meantime, I want to teach as many people as I can about the dangers of sharing needles.”*

Aung Kyaw, a peer educator at a drop-in-center in Myitkyina, Kachin State

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Ko Win, 32, started injecting heroin at the age of 16, following two months of smoking it. When his wife and young daughter left him as a result of his drug use, he decided to access methadone maintenance therapy (MMT)<sup>1</sup>. At the time, he was a regular client at The Asian Harm Reduction Network's (AHRN)<sup>2</sup> Drop-In-Centre (DIC) in Waingmaw, Kachin State, which is just a three hour drive from the Chinese border, and where heroin is cheaper than in the nearby capital of Myitkyina – and also widely available.

Ko Win spent the next seven years on MMT and said that within a month he felt completely stable. His wife of 10 years returned to live with him while he was on MMT and they had a second child three years ago. Ko Win now works as a full-time, salaried, peer educator at AHRN's DIC in Waingmaw and he shares his experiences with DIC clients.

“I try to get people motivated to take methadone and explain what it's like”.

Since harm reduction was introduced in Myanmar more than a decade ago, peer workers have become an increasingly important part of efforts to reduce the risks that PWID are exposed to, including contracting HIV, tuberculosis and viral hepatitis. Peers carry out a variety of tasks, including needle and syringe distribution and collection, counselling, social support and health education. Outreach work enables peers to find those who have not been reached by harm reduction activities and encourage them to visit a DIC.



Clients at the Substance Abuse Research Association's (SARA) drop-in-center (DIC) in Myitkyina, Kachin State.

Aung Kyaw, 20, has a degree in mathematics but the lack of job opportunities in Myitkyina and his status as a drug user have prevented him from finding a job that gives him the opportunity to apply his skills and knowledge. He has no source of income and relies on his mother, who is a single parent, to fund his K10,000 (USD\$10) a day heroin habit.

He began working as a peer educator at a DIC run by the Substance Abuse Research Association (SARA)<sup>3</sup> in Myitkyina two months ago, after being a regular client at the DIC for more than a year.

“I want to stop taking heroin, but I know it will be really tough. So in the meantime, I want to teach as many people as I can about the dangers of sharing needles,” Aung Kyaw explains.

Ko Phyo, 28, also works as a peer educator for SARA. He recently switched to methadone after a decade of injecting heroin and believes he can now serve as a role model to others.

“It was because of peer pressure that I started taking heroin – now I want to turn that around and use my influence as a peer to get people to stop,” Ko Phyo said.

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<sup>1</sup>Synthetic opiate drug used in the maintenance therapy for those dependent on opioids. World Health Organization. Lexicon of alcohol and drug terms. 1994

<sup>2</sup>AHRN is a regional information and support network created to link and support the courageous people operating programmes providing assistance to injecting drug users in Asia to prevent HIV transmission.

<sup>3</sup>SARA, a local organization formed in 1999, operates six DICs and two satellite sites providing harm reduction services in Kachin and Northern Shan States.

AHRN's approach to peer work is unique. Each of their 30 peers are full-time staff and receive a salary according to their responsibilities, which are many and varied, ranging from collecting needles and syringes to the role of monitoring and evaluation assistant.

“The reason why we only offer full-time, salaried peer work is because AHRN believes in creating an environment that lends itself to ownership. Harm reduction won't succeed without any involvement of beneficiaries and input from peers. Our peers are just as valuable – and just as equal – as all of AHRN's staff. If you ask one of our peers, they'll say, ‘AHRN is my organization,’” explained Hlaing Min Oo, Deputy National Program Manager for AHRN.

AHRN began working in Myanmar in 2003 and in 2006 it launched its first peer program in Lashio, Shan State. It currently employs 30 peer staff and runs two DIC in Shan State and six DIC in Kachin State.

Hlaing Min Oo said that the turning point for AHRN's peer model took place when MMT became available in Lashio in 2006.

“Some of our peer staff went on methadone, which meant that they were better able to carry out their work. They were more stable and were also able to save money,” he said.

AHRN continues to recruit their peer staff from the community. “Our peers communicate well with our clients and know where they are – even when a client isn't at home. The fact that they can find them is the very nature of outreach work.”

AHRN runs 24-hour care clinics in Seng Taung, Hpakant Township and Lashio, where the majority of PWID are far away from their families or even homeless.

“PWID are discarded by their family, society, and many have no place to stay, especially if they have HIV or some other serious illness. No one in the world cares for them,” Hlaing Min Oo said.

Peers at the care center provide medication and round-the-clock nutritional and emotional support. In the event that a client dies, the peers give them what AHRN describes as a “decent death” – the client's body is taken to a cemetery according to their religious beliefs.

There are many success stories – several peers who started out on needle patrol are now being treated with methadone, found a job and successfully reintegrated into society.

The harm reduction programs for people who inject drugs are funded through grants from the Global Fund to fight AIDS, Tuberculosis and Malaria and the 3MDG Fund. Save the Children's partners, through the Global Fund, are implementing harm reduction interventions in 21 townships in four states/regions in Myanmar. Key services for people who inject drugs include MMT, needle and syringe programs, HIV counselling and testing, primary healthcare, and HIV care and treatment. Peer workers are crucial to engaging with PWID to promote these services.



Asian Harm Reduction Network (AHRN) peer and former methadone maintenance therapy (MMT) client, Ko Win, at AHRN's drop-in-center (DIC) in Waingmaw, Kachin State.

*Peer names have been changed to ensure confidentiality.*

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