POLICY BRIEF

Expanding access to HIV services for men who have sex with men through mobile phone and web-based platforms in Myanmar

KEY MESSAGES

- Ensuring access to HIV prevention and critical services for non-disclosed men who have sex with men (MSM) remains a priority in Myanmar.
- Internet, social media and mobile applications can be important means for reaching these men with HIV prevention messages and referral to services.
- Strategies to protect individual privacy, confidentiality and security are essential for making mobile phone and web-based health services available, accessible and acceptable to MSM.

CHALLENGES AND OPPORTUNITIES

Only a small percentage of MSM are accessing HIV prevention, testing and treatment in Myanmar due to high levels of stigma and discrimination.

In Asia and the Pacific region, risky sexual behaviour among MSM is a major contributor to national HIV epidemics[i], including in Myanmar. It is estimated that 48% of MSM have been reached by HIV prevention programmes in Myanmar in 2015. Only 27% received both HIV test and post-test counselling.[1] Given the high levels of stigma and discrimination, most MSM are not willing to disclose their same-sex behaviour and will not risk being exposed by attending HIV services that specifically target MSM.[2] New innovative strategies are needed to reach both disclosed and non-disclosed MSM with prevention messaging, and to ensure that those at highest risk are receiving critical health and HIV services.[3]

Mobile and web-based technologies have the potential to transform the HIV response among MSM in Myanmar but present new challenges in relation to privacy, confidentiality and security.

Beginning in September 2011, the levels of internet censorship in Myanmar were significantly reduced. Two private telecommunications companies launched services in major cities in 2013 and are gradually extending their infrastructure nationwide.[4] It is expected that mobile phone access will increase from 15% of the population in 2014 to 80% in 2016.[5] The availability of relatively inexpensive internet-enabled handsets from China has made mobile phones the easiest way to connect to the internet in Myanmar. In 2014, the total number of internet users in the country was 624,991.[6] Facebook and Viber have become the predominant social media applications in Myanmar as they provide no-cost registration and easy to use mechanisms for instant messaging.[7]

The expansion of internet, social media and mobile applications is providing opportunities to transform the HIV response in Myanmar and could be important means for reaching subgroups of MSM, such as those who are non-disclosed, or who may not feel comfortable in face-to-face interactions with service providers. These platforms can be utilised efficiently and at low cost to provide hard-to-reach MSM with access to HIV information and referral to critical services without judgmental attitudes or ridicule from service providers. Similarly, HIV information may be provided through text messaging, hotline services and smartphone applications, in partnership with private sector telecommunications companies.[8]

[i] (…) while HIV epidemics in Asia have generally reduced in severity, HIV epidemics among MSM in Asia continue to either be stable at unacceptably high levels (for example, Thailand, Indonesia and Myanmar) or are getting worse (China, Philippines and Mongolia)". Source: APCOM and UNAIDS Regional Support Team for Asia and the Pacific. Changing gears: A guide to effective HIV service programming for gay men and other men who have sex with men in Asia. 2016

A global review of electronically-delivered HIV prevention interventions, such as those that utilised text messaging, moderated chat-room discussions, web-based videos and education modules, and social networking platforms, identified potential for reducing HIV risk behaviours among high-risk MSM and increasing HIV testing rates in the short term.[9] Some social media applications have been designed for encounters between MSM.

These applications utilise Global Positioning System (GPS) technology built into the smartphones to help MSM identify potential partners who are geographically close to their current position.

In Myanmar, some non-government and community-based organisations are using social media and mobile applications to disseminate HIV prevention information and encourage MSM to access testing services. At the policy level, there is a need for greater understanding of how sexual risk behaviours may be facilitated by these applications, as well as how HIV prevention messaging may be provided via these platforms.

As possibilities are being explored, standards in online service provision are needed in order to protect client privacy and confidentiality while providing services and monitoring service usage. Some applications require full names and other personal data, while others permit registration under a pseudonym. Some applications provide options for individual messaging, webboard postings or group chatting, posing varying degrees of risk. Standards in online service provision are needed in order to minimise the risk that the client's personal information is not inadvertently divulged.

Online anonymity and confidentiality can sometimes be compromised without the knowledge of application users. Users are potentially vulnerable to confidentiality and security breaches when downloading applications that are not developed by a named professional healthcare body/organisation. There may be a heightened risk of third-party tracking and phishing. As such, there is no assurance of confidentiality. "Permissions" that an application may require for optimum functioning may also involve access to and control of sensitive personal data, which may be shared with third-party companies.[10]

ACTIONS

Conduct a study to close the evidence gap on the use of internet, social media and mobile applications among MSM in Myanmar. The study should: (1) examine how and why these technologies are used, the situations and locations in which they are used, and how prevention messaging is currently being provided; (2) investigate the process by which MSM use smartphone applications to find partners (i.e. who they look for, how they present themselves, how they communicate, and the extent of safer sex negotiation and disclosure of HIV status); (3) examine the need for and acceptability of a smartphone-delivered sexual risk reduction intervention, and assess what MSM perceive as needed components for such an intervention; and (4) identify opportunities to partner with the private sector to provide mobile and web-based interventions.

Explore opportunities for providing anonymous links to HIV prevention and/or service websites through banners on mobile applications that facilitate encounters between MSM.

Support at least one pilot of a smartphone-based sexual risk reduction intervention with a MSM community-based organisation as the lead.

Develop guidelines and standard operating procedures (SOPs) for peer counsellors and other staff involved in mobile and web-based service provision. The SOPs should clearly state the objectives and scope of the services to be provided. They should also contain a Code of Ethics and a non-disclosure or confidentiality agreement. Peer counsellors and other staff should be required to sign this agreement before commencing mobile and web-based service provision. The agreement would stipulate that they may not divulge or disperse confidential information that is obtained from service users. They should also avoid divulging their names and any other personal contact information to clients. The website administrator should have sole authority over client registration and contact information, and should not link this information to client submissions.

Inform clients of the appropriate steps to ensure privacy, confidentiality and security while accessing online services. Where possible, clients should not divulge their name or any other personal information. When using messaging applications and social networking platforms, clients may use an alias rather than their name to maintain anonymity. Where social networking platforms do not permit the use of aliases, clients can change their privacy settings so that others cannot view their personal information. Clients may choose to direct messages or questions to the peer counsellor's private mailbox rather than posting comments to the social network "wall" or "timeline". For chat room and webboard platforms, clients should be informed that they do not need to provide their name or other personal information during chat room encounters or when submitting questions to webboards (i.e. aliases may be used). Clients should also avoid providing names of other individuals, groups or organisations to help protect the confidentiality of others.

Establish both internal and external mechanisms for quality assurance and improvement of mobile and web-based services. Providing peer counsellors with feedback can be an important part of quality assurance and capacity building for individual counsellors. This could be done through an online survey that asked clients how they felt their privacy and confidentiality had been protected by staff and by the media platform. Online interactions between peer counsellors should be reviewed periodically by an external entity. Feedback should be given to peer counsellors and to the project manager to keep them up-to-date and to identify any risks.

Provide training to peer counsellors and other staff providing mobile and web-based services. In addition to learning about HIV and STIs, making referrals and responding to client inquiries, prospective service providers should learn about the importance of confidentiality, how it is maintained and how it may inadvertently be compromised. They should also learn how to support MSM to ensure privacy, confidentiality and security when accessing services on their smartphones, by means of basic security features, including password protection and screen locking. Supportive supervision is essential in building the capacity of new peer counsellors.

Liaise with national and licensed telecommunications companies in Myanmar to promote and ensure corporate social responsibility and standards that promote health and human rights, protect privacy and confidentiality, and ensure optimal security of service users.

Promote online services with discretion. Since many MSM in Myanmar are reluctant to attend HIV services that specifically target MSM for fear of disclosure of their same-sex behaviour, it is likely that they will also be hesitant to access online services that specifically cater to MSM. Labelling services as men's health services or men's sexual health services may provide a higher level of discretion.

References

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