



Progress Report

2018

National AIDS Program
Ministry of Health and Sports
Myanmar

TABLE OF CONTENTS

ABBREVIATIONS	1
ABBREVIATIONS (Implementing partners and organizations)	3
FOREWORD	5
ACKNOWLEDGEMENT	7
SUMMARY	9
PART I	13
INTRODUCTION	13
STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS	19
STRATEGIC DIRECTION II: IMPROVING HEALTH OUTCOMES FOR ALL PEOPLE LIVING WITH HIV	80
STRATEGIC DIRECTION III: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS AND PROMOTING A HUMAN RIGHTS BASED APPROACH	99
STRATEGIC DIRECTION IV: STRENGTHENING STRATEGIC INFORMATION AND RESEARCH TO ENHANCE THE RESPONSE	108
STRATEGIC DIRECTION V: PROMOTING ACCOUNTABLE LEADERSHIP FOR THE DELIVERY OF RESULTS AND FINANCING OF A SUSTAINABLE RESPONSE	116
PART II	117
SERVICE PROVISION AT STATE AND REGION LEVEL	117
PART III	137
SERVICE PROVISION IN HIGHEST PRIORITY TOWNSHIPS	137

LIST OF FIGURES

Figure 1: Objectives and strategic milestones of NSP III	14
Figure 2: Strategic directions of NSP III	14
Figure 3: Myanmar 2020: HIV Prevention, Care and Treatment Continuum	15
Figure 4: Female sex workers reached with prevention, HTS and STI treatment (2011–2018)	21
Figure 5: Female sex workers reached with different prevention services by State/Region in 2018	25
Figure 6: Men who have sex with men reached with prevention, HTS and STI treatment (2011–2018)	30
Figure 7: Men who have sex with men reached with prevention services by State/Region (lower end figures) 2018	32
Figure 8: People who inject drugs reached with prevention, HTS and STI services (2011–2018)	37
Figure 9: People who inject drugs reached with prevention services by State/Region in 2018	39
Figure 10: Sterile needles and syringes distributed (2003–2018)	40
Figure 11: Number and proportion of sterile needles and syringes distributed by State/Region in 2018	40
Figure 12: People on MMT (2006–2018)	42
Figure 13: People who inject drugs covered by MMT services by State/Region (2017–2018)	43
Figure 14: MMT six-month retention rate by State/Region (2016–2018)	43
Figure 15: Number of regular partners of PWID reached by prevention program by year (2013–2018)	45
Figure 16: Number of incarcerated people reached by HIV prevention program (2013–2018)	50
Figure 17: Condom distribution – free distribution and social marketing (2004–2018)	58
Figure 18: HIV testing, and post-test counselling received by target populations (2011–2018)	62
Figure 19: Number of target population receiving HTS and tested positive in 2018	64

Figure 20: Number of individuals receiving HTS, tested positive and HIV positivity rate by state/region in 2018	65
Figure 21: People receiving STI treatment by key population (2011–2018)	68
Figure 22: Number of pregnant women receiving pre-test counselling and HIV post-test counselling (2011–2018)	72
Figure 23: Pregnant women receiving PMTCT services (2003–2018)	73
Figure 24: Pregnant women receiving PMTCT services, infants initiated ARV prophylaxis, infants received virological test and tested positive within two months of birth (2016–2018)	73
Figure 25: National AIDS Program PMTCT sites (2001–2018)	74
Figure 26: Number of pregnant women receiving pre-test counselling, HIV testing and HIV test results with post-test counselling by State/Region in 2018	75
Figure 27: People receiving ART (2005–2018)	82
Figure 28: ART treatment regimens (2013–2018)	83
Figure 29: Number of adults and children currently receiving ART by sector: public and not-for-profit private sector (2011–2018)	83
Figure 30: Total number of health facilities that offer ART by public and private sector (2011–2018)	84
Figure 31: Number of PLHIV on ART, tested for viral load and those with suppressed viral load by year (2016–2018)	84
Figure 32: 12-month retention on ART (2015–2017)	85
Figure 33: PLHIV treatment and care cascade, cross-sectional 2018 (standard denominator-estimated PLHIV)	86
Figure 34: Number of people receiving ART by State/Region in 2011 and 2018	88
Figure 35: People on ART, tested for viral load, and viral load suppression during 2018 by State/Region	90
Figure 36: TB/HIV co-management (2018)	92
Figure 37: TB status among newly enrolled patients (2018)	93
Figure 38: TB status among newly enrolled PLHIV by State/Region (2018)	93
Figure 39: Number of PLHIV received community home-based care (2005–2018)	96
Figure 40: Annual new HIV infections estimate in adults 15+ years (1990–2020)	109
Figure 41: Proportion of new HIV infections by mode of transmission 2018	110
Figure 42: Trends of HIV prevalence among key populations (HSS 2006–2018)	111

LIST OF TABLES

Table 1:	Female sex workers reached with prevention services by organization (higher end figures) (2016–2018)	21
Table 2:	Female sex workers reached with prevention services by State/Region (lower end figures) (2016–2018)	23
Table 3:	Number of FSW reached by HIV prevention and HTS programs	24
Table 4:	Geographical distribution of FSW prevention service coverage based on township priority and population size estimates	25
Table 5:	Clients and regular partners of female sex workers reached with prevention services by State/Region (2016–2018)	27
Table 6:	Clients and regular partners of FSW reached with prevention services by organization (2016–2018)	28
Table 7:	MSM reached with prevention services by organization (higher end figures) (2016–2018)	29
Table 8:	MSM reached with prevention services by State/Region (lower end figures) (2016–2018)	29
Table 9:	Number of MSM reached by HIV prevention and HTS programs	32
Table 10:	Geographical distribution of MSM prevention service coverage based on population size estimation	33
Table 11:	People who inject drugs reached with prevention services by organization (higher end figures) (2016–2018)	36
Table 12:	People who inject drugs reached with prevention services through outreach and DIC by State/Region (lower end figures) (2016–2018)	38
Table 13:	Number of MSM reached by HIV prevention and HTS programs	38
Table 14:	Sterile needles and syringes distributed by organization and State/Region/Township in 2018	41
Table 15:	Sexual partners of people who inject drugs reached by organization (2017–2018)	44
Table 16:	Sexual partners of people who inject drugs reached by State/Region (2017–2018)	45

Table 17: People who use drugs (PWUD) reached by HIV prevention services through outreach and DIC by organization (2016–2018)	48
Table 18: People who use drugs (PWUD) reached by HIV prevention services through outreach and DIC by State/Region (2016–2018)	49
Table 19: Incarcerated population reached by organization (2017–2018)	50
Table 20: Incarcerated population reached by State/Region (2016–2018)	51
Table 21: Mobile and migrant population reached with HIV prevention by organization (2017–2018)	52
Table 22: Mobile and migrant population reached with HIV prevention by State/Region (2016–2018)	53
Table 23: Out-of-school youth reached with HIV prevention by organization (2017–2018)	54
Table 24: Out-of-school youth reached with HIV prevention by State/Region (2016–2018)	54
Table 25: Uniformed services personnel reached with HIV prevention by organization (2017–2018)	55
Table 26: Uniformed services personnel reached with HIV prevention by State/Region (2016–2018)	55
Table 27: People reached through workplace programs by organization (2017–2018)	56
Table 28: People reached through workplace programs by State/Region (2016–2018)	56
Table 29: Free condom distribution by organization in 2018	58
Table 30: Free and social marketing condom distribution by State/Region (2016–2018)	59
Table 31: HIV testing, and post-test counselling received by target populations and by organization in 2018	62
Table 32: Number of target population received HIV testing and post-test counselling and tested HIV-positive (2015–2018)	64
Table 33: Number of individuals received HIV testing and post-test counselling by State/Region (2015–2018)	65
Table 34: People receiving STI treatment by organization in 2018	68
Table 35: People receiving STI treatment by State/Region (2016–2018)	69
Table 36: Number of pregnant women receiving HIV testing, post-test counselling and those who know their HIV-positive status by State/Region (2016–2018)	76

Table 37: Number of HIV-positive pregnant women received pARV/ART, HIV-exposed infants received ARV prophylaxis at birth, infants received virological test within two months of birth and tested positive by State/Region (2016–2018)	77
Table 38: People receiving ART by organization in 2018	82
Table 39: People receiving ART by State/Region in 2018	87
Table 40: Total people receiving ART by State/Region (2011–2018)	88
Table 41: Percentage of people living with HIV and on ART 12 months after initiation by State/Region (2016–2018)	89
Table 42: Number of people living with HIV and on ART tested for viral load and viral load suppression among those tested for viral load (2017–2018)	90
Table 43: PLHIV who received community home-based care by organization in 2018	96
Table 44: PLHIV who received community home-based care by State/Region (2016–2018)	97
Table 45: Number of PLHIV involved with self-help groups by State/Region (2016–2018)	98
Table 46: HIV prevalence in sentinel populations (2018)	111

LIST OF MAPS

Map 1: Distribution of prevention services for FSW by township in 2018	26
Map 2: Distribution of services for MSM by townships in 2018	34
Map 3: Distribution of prevention services for PWID by townships in 2018	46
Map 4: Distribution of PWID on MMT, MMT coverage and retention by states and regions (2018)	47
Map 5: Condom distribution in 2018	60
Map 6: Distribution of HIV testing service-delivery points by townships in 2018	66
Map 7: Distribution of STI service delivery points by townships in 2018	70
Map 8: PMTCT program coverage in 2018	79
Map 9: ART program coverage by township in 2018	94

ABBREVIATIONS

ADB JFPR	Asian Development Bank, Japan Fund for Poverty Reduction project
ART	antiretroviral therapy
ARV	antiretroviral
CBO	community-based organization
CCDAC	Central Committee for Drug Abuse Control
DDTRU	Drug Dependency Treatment and Research Unit
DHIS2	District Health Information Software
DIC	drop-in centre
EID	early infant diagnosis
EMTCT	elimination of mother-to-child transmission
FSW	female sex workers
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HMIS	health management information system
HSS	HIV sentinel surveillance
HTS	HIV testing services
IBBS	integrated biological and behavioural surveillance
IPT	isoniazid preventive therapy
LGBTI	lesbian, gay, bisexual, transgender and intersex
M&E	monitoring and evaluation
MHSCC	Myanmar Health Services Coordinating Committee
MMT	methadone maintenance therapy
MOHS	Ministry of Health and Sports
MPG	Myanmar Positive Group
MPI	master patient index
MSM	men who have sex with men
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NDPS	Narcotic Drugs and Psychotropic Substances Law
NEQAS	national external quality assurance scheme

NGO	nongovernmental organization
NSP	National Strategic Plan
NTP	National Tuberculosis Program
pARV	antiretroviral prophylaxis
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
PSE	population size estimate
PWID	people who inject drugs
PWUD	people who use drugs
SOGI	sexual orientation and gender identity
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
TSG	Technical Strategy Group
TWG	technical working group
UHF	Universal Health Flagship project
USAID	United States Agency for International Development
VL	viral load

ABBREVIATIONS (Implementing partners and organizations)

AFXB	Association François-Xavier Bagnoud
AHRN	Asian Harm Reduction Network
Alliance	International HIV/AIDS Alliance (Frontline AIDS)
Burnet	Burnet Institute
Consortium	Myanmar NGO Consortium on HIV/AIDS
DDTRU	Drug Dependency Treatment and Research Unit
ICAP	ICAP at Columbia University
IOM	International Organization for Migration
Malteser	Malteser International
MAM	Medical Action Myanmar
MANA	Myanmar Anti-Narcotics Association
MDM	Médecins du Monde
Metta	Metta Myanmar
MPG	Myanmar Positive Group
MSF-CH	MSF Switzerland
MSF-Holland	MSF Holland
MSI	Marie Stopes International
NAP	National AIDS Program
PGK	Pyi Gyi Khin
PSI	Population Services International
PUI	Première Urgence Internationale
SARA	Substance Abuse Research Association
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNION	International Union Against Tuberculosis and Lung Disease
UNODC	United Nations Office on Drugs and Crime
UNOPS	United Nations Office for Project Services
WHO	World Health Organization

FOREWORD

HIV is recognized as one of the public health priorities in Myanmar, alongside other communicable diseases such as tuberculosis and malaria. Myanmar bears high HIV burden having the second highest prevalence in Southeast Asia and selected as one of the fast track countries to end AIDS as a public health threat by 2030.



The country's HIV response is guided by National Strategic Plan (NSP) covering a five-year period developed by the Myanmar HIV Technical and Strategy Group, under the Myanmar Health Sector Coordinating Committee. Under the leadership of National AIDS Program, Ministry of Health and Sports (NAP, MOHS), implementing and development partners, technical agencies, and civil society organization collectively work in the past on country's HIV response under the framework of the current National Strategic Plan on HIV and AIDS, 2016-2020 (NSP III).

This report highlights the achievements of the national response to HIV/AIDS by the end of 2018 in the course of NSP III. Significant successes are noticed in the area of HIV testing services (HTS), harm reduction activities, prevention of mother to child transmission of HIV (PMTCT), and the HIV treatment and care program. The PMTCT program covered 97% of townships in the country by the end of 2018 stepping closer to the realization of the goal of elimination of mother to child transmission of HIV and syphilis by 2025. ART coverage reached 70% of the estimated number of people living with HIV doubling the coverage in a period of five years. With the scale up of ART transition from private to public sector, 79% of the total ART cohort was receiving care at public sector ART facilities at the end of 2018. Strengthened enabling environment and strategic information also contributed to the success.

Despite the successes, apparent challenges remain in country. Although the number of new HIV infections is declining steadily in recent years, it is no longer declining at the same rate it did between 2000 and 2010, and the epidemic pattern varies widely by region. This highlights the needs for more strenuous HIV prevention efforts and innovative strategies carefully tailored to the requirements of each region. On the other hand, ample and uninterrupted investment and enough and qualified human resources play a fundamental role in sustainable success. Under the guidance of the Minister of Health and Sports, it is recognized that multi-sectoral approach is more efficient and effective in the long run.

Through this opportunity, I would like to express grateful appreciation to all MOHS officials and all partner organizations who have supported the HIV response in Myanmar in financial and technical terms. We can achieve ending AIDS as a public health threat by 2030 by working together in partnership towards our strategic vision and goals.

A handwritten signature in blue ink, appearing to read 'Thar Htun Kyaw', written over the printed name.

Dr. Thar Htun Kyaw
Director General, Minister Office
Ministry of Health and Sports, Myanmar

ACKNOWLEDGEMENT

The information included in this report represents the achievements of the national response to HIV/AIDS by the end of 2018 in the course of NSP III (2016–2020). This is the result of the collaborative efforts of all the implementing and development partners, technical agencies, and civil society, under the leadership of the National AIDS Program, Ministry of Health and Sports.

Our heartfelt thanks go to H.E. Dr Myint Htwe, Union Minister for the Ministry of Health and Sports and Chairperson of the Myanmar Health Sector Coordinating Committee, for his remarkable leadership and encouragement in the country's response to HIV/AIDS.

We also acknowledge with much appreciation the invaluable guidance and the support of Dr. Soe Oo, Director General, Department of Public Health/Department of Medical Services as well as Dr Thandar Lwin, Deputy Director General (Disease Control), Department of Public Health.

Our special thanks go to Dr San Hone, Deputy Director, National AIDS Program, and the UNAIDS Myanmar Country Office team for their technical efforts and coordinated support towards.

Last but not least, taking this opportunity, the National AIDS Program would like to express its deep sense of gratitude and appreciation to all the organizations, personnel and AIDS/STD teams whose support to Myanmar's HIV/AIDS response has enabled us to develop the annual progress report and continually track the HIV epidemic and the national response.



Dr Htun Nyunt Oo

Program Manager

National AIDS Program

Department of Public Health

Ministry of Health and Sports

SUMMARY

Myanmar is one of the hardest hit countries in Asia by the HIV epidemic and is prioritized for the Global Fast Track strategy. The country's HIV response is guided by National Strategic Plan (NSP) and implemented by organizations under the leadership of National AIDS Program (NAP). This report presents collective information on the achievements, challenges and opportunities in the course of the country's HIV response during 2018, in reference to the strategic directions and national indicators described in the third National Strategic Plan on HIV and AIDS, 2016–2020 (NSP III).

Reducing new HIV infections

New HIV infections have been declining in Myanmar since around the year 2000. Nonetheless, the decline since 2010 is 31% – calling for more extensive efforts to reach the target of 75% reduction in new HIV infections by 2020.

During 2018, prevention reach increased for all three key populations – female sex workers, men who have sex with men, and people who inject drugs – as did coverage of HIV testing, which has been increasing constantly since 2012. Harm reduction programs, methadone maintenance therapy and needle and syringe programming have also achieved positive results. Despite the achievements of the harm reduction program, the estimated proportion of new infections from use of contaminated injecting equipment did not show substantial reduction, indicating the need for in-depth assessment of harm reduction and new infection surveillance.

Although there was an overall improvement in prevention reach and testing among key populations, clients of female sex workers and partners of key populations need more focused interventions to further reduce the sexual transmission of HIV, along with other priority populations such as mobile/migrant people and incarcerated population. Youth is a population that should not be neglected, but especially targeted for drug use prevention and safer sex.

In the face of limited human resources in the public sector, more innovative ways in prevention and testing — such as using the online platform to disseminate information and for risk assessment, community screening by peers, self-testing, engaging peers in reaching and follow-up of key populations – should be considered in order to scale up prevention interventions and move another step closer to ending the epidemic.

Covering 97% of townships, the prevention of mother-to-child transmission of HIV (PMTCT) program provided HIV testing to 82% of estimated pregnant women, leading to 88% of estimated HIV-positive pregnant women knowing their HIV-positive status, and 82% of these women on treatment in 2018. This outcome puts the country on track for the elimination of mother-to-child transmission of HIV and syphilis. On the other hand, follow-up care for HIV-exposed babies and spouse testing both have room for improvement.

Towards further reduction of new HIV infections, innovative targeted prevention activities tailored to each key population and region – such as adapted online information using social media, applications, assisted partner notification, self-testing, and pre-exposure prophylaxis (PrEP) – will help reduce new HIV infections through the routes of sexual transmission and use of contaminated injecting equipment. Strengthening of the STI program will also be beneficial.

Improving health outcome for all people living with HIV

Since around mid-2000, annual AIDS-related deaths have been decreasing, and have reduced by 30% from 2010 – a promising result, but more efforts are still needed to reach the Fast Track target of reducing AIDS-related deaths by 75% by 2020.

The area of treatment and care has shown excellent performance and results in recent years. By the end of 2018, 70% of the estimated number of people living with HIV were already on antiretroviral therapy (ART), thanks to the rapid scale-up of ART centres and decentralized sites—well on course to reach the second of the three 90s. Follow-up care has also shown improvements: 86% of ART patients are retained on treatment 12 months after ART initiation. For the first time since viral load testing was introduced, the program successfully provided viral load testing to more than half (54%) of its ART patients in 2018—a step closer to meeting the third of the three 90s. Among those tested, 92% had achieved viral suppression.

Considering the sustainability of the care and treatment program, under the ART transition policy in which ART patients transfer from NGO-provided services to the public sector, progress continues at a rapid pace: 79% of the country's ART cohort was supported by the public sector at the end of 2018. TB/HIV collaborative efforts became stronger in 2018: 92% of people living with HIV under care received TB screening, and 92% of TB patients were tested for HIV. Areas that need to be strengthened include TB/HIV co-treatment and provision of isoniazid preventive therapy (IPT).

To keep the momentum of the program, the following should be considered: a detailed transition plan for ART patients balanced with the capacity of the public sector, streamlining and integration of current service delivery models for ART, task shifting and public-private partnership approaches in care and treatment settings.

Strengthening integration of community and health systems and promoting a human rights-based approach

As a result of continuous institutional capacity building of community-based organizations (CBO) and networks, Myanmar Positive Group was selected as a Global Fund subrecipient in 2018. The 2018 World AIDS Day event was held successfully through multisectoral collaboration that included the Ministry of Health and Sports and the National AIDS Program, the National TB Program, Yangon regional government, Yangon municipal department, Police department,

United Nations agencies, NGOs, CBOs, and private companies. HIV testing and TB screening services were provided at the event and participants took the opportunity to use those.

Key population community networks and networks of people living with HIV (PLHIV networks) were supported persistently to promote an enabling environment by drafting of new laws or reforming existing suppressive laws. CBOs and networks contributed to the formation of subnational HIV operational plans, and community representatives were included in state/regional HIV steering committees. Key population and PLHIV networks were empowered to lead the HIV prevention and linkage to care project in Rakhine State, where there is no implementing partner other than the public sector due to conflict.

During 2018, positive changes in laws and policies lifted some barriers, improving the enabling environment for key populations to access health care. Communities of people living with HIV and key populations were enthusiastically involved in advocacy with Parliament, leading to the amendment of the 1993 Narcotic Drugs and Psychotropic Substances (NDPS) law, launch of the National Drug Control Policy, and progress in the HIV law, law on sex work, and the intellectual property law.

To build the capacity of key populations, journalists and reporters, and stakeholders, various trainings and awareness-raising sessions were conducted, including on sexual and reproductive health and rights (SRHR), gender-based violence, human rights-based and gender sensitive approaches to HIV and on sexual orientation and gender identity (SOGI), basic human rights, and legal literacy. The community feedback mechanism project widened its scope to capture more human rights aspects in 2018.

Targeting to reduce stigma and discrimination and to promote human rights, legal aid programs and services to key populations have been expanding across the country.

Strengthening strategic information and research to enhance the response

Subnational HIV planning workshops were conducted in four out of five high priority regions – Kachin, Shan (N), Yangon and Sagaing— with the objective of understanding the HIV epidemic and response at the local level and to formulate customized operational plans for the HIV response.

HIV estimates and projections for five high priority regions were finalized and the information fed into the subnational plans. Development of HIV estimates for each of the remaining states and regions started in 2018. National HIV estimates for 2018 were completed in early 2019 and released through the global report.

Strengthening of the national electronic reporting platform (DHIS2) has been ongoing, with refresher trainings provided to end users. DHIS2 has been functioning well, promoting effective data use at several levels and in various sectors. Reconfiguration of the HIV, tuberculosis and malaria DHIS2 database was initiated in late 2018, to be ready for future integration of databases from other departments, e.g. the Health Management Information System (HMIS).

For monitoring of the HIV epidemic, routine HIV sentinel surveillance (HSS) was again conducted in 2018, with an increased coverage of sentinel sites for key populations. Preparations started for integrated biological and behavioural surveillance (IBBS) among female sex workers and men who have sex with men. These surveillance methods inform on changes in epidemiology and behaviours among key populations, which are crucial for determining the most effective and efficient interventions in the HIV response. Data collection for acquired HIV drug resistance survey among adults was carried out at 26 ART clinics, including both public and NGO sites.

A variety of HIV-related studies and assessments had been carried out to provide much needed information. These included a national AIDS spending assessment (NASA 2016–2017) and an acquired HIV drug resistance survey. The findings will be applied for programmatic improvements and policy changes. Infographics and factsheets were released to disseminate strategic information on HIV among key populations and the general population.

DHIS2 standardization and integration across health care programs, and strengthening in-house capacity to handle the information system and background information technology support will help sustain and expand the e-health information system. The research agenda and surveillance plans will fill knowledge gaps and guide the country's way forward in the HIV response.

Promoting accountable leadership for the delivery of results and financing of a sustainable response

The operational plan of NSP III was developed under the leadership of the Ministry of Health and Sports and the National AIDS Program with all round involvement of technical partners and stakeholders, and led to the evolution of four subnational operational plans for Kachin, Shan (N), Yangon and Sagaing.

Government's financial commitment of US\$ 15 million per year for the span of NSP III was ensured. Further resources were mobilized to fund subnational operational plans, and support by the Access to Health Fund and additional investment by the USAID HIV/AIDS Flagship (UHF) Project will enhance the country's efforts to end the HIV epidemic.

Through the Myanmar Health Sector Coordinating Committee (MHSCC), the HIV response is synergized with multisectoral stakeholders, and coordinated technically and strategically in the HIV Technical Strategy Group (HIV TSG). This in turn was supported by thematic technical working groups (TWG), which in 2018 were restructured into six TWGs to ensure greater efficiency.

Conclusion and recommendations

Myanmar's HIV response has been progressing and experiencing remarkable achievements, especially in the areas of HIV testing, PMTCT and care and treatment. However, there is no room for complacency if the country is to reach the Fast Track targets by 2020 and eliminate mother-to-child transmission of HIV and syphilis by 2025.

First of all, ample and uninterrupted investment and sufficient and qualified human resources are crucial to sustainable success. It can also be seen that a multisectoral approach is important and more effective in terms of program implementation. Increased collaboration with the social welfare, municipal, education, police and prison sectors, as well as other areas of the health sector – such as reproductive health and the hepatitis program – communities and networks, and private sector participation would enable more productive results.

In parallel, ensuring an enabling environment, including rights-based approaches, will allow key populations increased access to prevention and health care services.

PART I

INTRODUCTION

HIV epidemic at a glance

HIV has been recognized as one of the priority diseases in Myanmar, alongside tuberculosis and malaria. The National AIDS Program (NAP) under the Ministry of Health and Sports (MOHS) has been leading and coordinating the national HIV/AIDS response since early 1990.

The HIV epidemic in Myanmar in terms of new infections peaked around the year 2000 and has been declining since then, with a more gradual decline in recent years. The HIV prevalence trend reached its peak around 2005, followed by a steady decline, becoming stable with the successful scale-up of the antiretroviral therapy (ART) program.

It is estimated that in 2018 there were nearly 240,000 people living with HIV, with around 11,000 new HIV infections and 8,500 HIV-related deaths. HIV prevalence among adults (15+ years) is around 0.57%.¹ The key populations of people who inject drugs (PWID) and clients of female sex workers each represented one quarter of new infections. Among other key populations, men who have sex with men (MSM) made up 12% and female sex workers (FSW) 5% of new HIV infections. Low-risk women (spouses of high-risk men, former PWID, and former FSW, etc.) made up another one quarter.

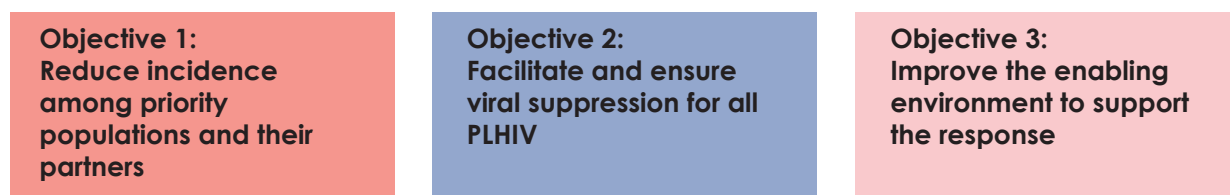
Based on the HIV sentinel surveillance (HSS) conducted during 2018, HIV prevalence is around 5.6% among FSW, 6.4% among MSM and 19% among PWID.²

National Strategic Plan on HIV and AIDS 2016–2020 (NSP III)

Myanmar's national response to HIV has been guided by national strategic plans since 2000. At present, under the leadership of the NAP, all implementing partners including communities, networks and technical agencies are working together to respond to HIV on the route directed by NSP III.

¹ AEM-Spectrum HIV estimates April 2019

² HIV sero sentinel surveillance (HSS) 2018

Figure 1: Objectives and strategic milestones of NSP III**Strategic milestones**

- 90% of sex workers, men who have sex with men, people who inject drugs, prisoners and migrants have access to combination prevention services
- 90% of people living with HIV know their status
- 90% of people living with HIV who know their status receive treatment
- 90% of people on treatment have achieved viral suppression
- 90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace settings.

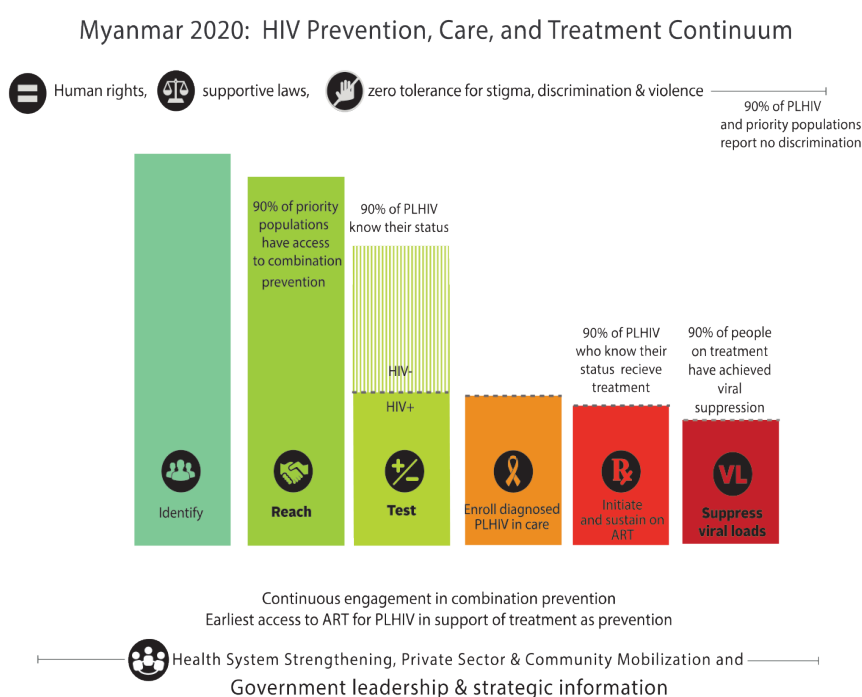
The vision of NSP III is ending HIV as a public health threat in Myanmar through fast-tracking access to a continuum of integrated and high quality services that protect and promote human rights for all, which will support Myanmar to achieve the Sustainable Development Goals (SDGs) and universal health coverage. The overall goal is to reduce HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact. The strategic framework of NSP III includes three main objectives along with five strategic milestones and five strategic directions, under which are the priority intervention areas and activities for a comprehensive and coordinated response to HIV.

Figure 2: Strategic directions of NSP III

NSP III aims to cover a broader aspect in HIV response, mentioning to strengthen national, regional and local leadership with enhanced public, private and community partnerships at all levels and with sustainable funding.

Moreover, NSP III describes the Myanmar 2020: HIV Prevention, Care and Treatment Continuum model (Figure 3). It illustrates the inherent connections of the strategic elements of the HIV response. Its implementation requires a human rights and gender equality framework with supportive laws and zero tolerance for stigma, discrimination and violence towards people living with HIV or affected by the epidemic.

Figure 3: Myanmar 2020: HIV Prevention, Care and Treatment Continuum



*Adapted from the USAID funded Linkages Project FHI360

INDICATOR SUMMARY

Indicator	Source	Value 2018
Outcome (FSW, MSM, PWID)		
% of female sex workers reporting condom use at last sex with clients	IBSS (2015)	81.1%
% of men who have sex with men reporting condom use at last anal sex	IBBS (2015)	77.1%
% of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	IBBS (2017)	90.8%

Indicator	Source	Value 2018
Output/Coverage (FSW, MSM, PWID)		
% of female sex workers who received an HIV test in the last 12 months and who know the result	IBBS (2015)	45.8%
No. of female sex workers reached with HIV prevention programs	Program data	65,197 (high figure) 50,906 (low figure) (77%) 36,805 ³ (mobility adjusted)
No. of female sex workers who received an HIV test and who know the result in the last 12 months	Program data	41,720 (63%)
No. of clients of female sex workers reached with HIV prevention programs	Program data	8,103
No. of regular sexual partners of sex workers reached with HIV prevention programs	Program data	1,893
% of men who have sex with men who received an HIV test in the last 12 months and who know the result	IBBS (2015)	49.6%
No. of men who have sex with men reached with HIV prevention programs	Program data	64,181 (high figure) 50,816 (low figure) (40%)
No. of men who have sex with men who received an HIV test and who know the result	Program data	48,545 (39%)
% of people who inject drugs reached with HIV prevention programs	IBBS (2017)	34.9%
% of people who inject drugs who received an HIV test in the last 12 months and who know the result	IBBS (2017)	27.9%
No. of people who inject drugs reached with HIV prevention programs (Outreach and DIC)	Program data	91,266 (high figure) 64,597 (low figure) (69%)
No. of people who inject drugs received an HIV test and who know the result	Program data	47,955 (51%)
No. of sterile injecting equipment distributed to people who inject drugs in the last 12 months	Program data	32.7m
No. of drug users receiving methadone maintenance therapy at the end of 2018	Program data	15,994 (17%)
% of individuals receiving methadone maintenance therapy for at least 6 months	Program data	70%
Output/Coverage (General)		
No. of regular sexual partners of key populations and sero-discordant couples of PLHIV reached with HIV prevention programs	Program data	6,456
No. of people who received an HIV test in the last 12 months and who know the result (not including pregnant women)	Program data	355,762

³ Adjusted for (1) duplication among different organizations in one township and (2) duplication between outreach and DIC and (3) mobility based on FSW IBBS 2015 results

Indicator	Source	Value 2018
No. of people who received STI treatment in the last 12 months	Program data	52,615
No. of condoms distributed for free	Program data	26,199,703
No. of condoms sold through social marketing	Program data	8,877,186
% of PLHIV who have been tested and known their HIV-positive status	Program data/ PLHIV estimate by modelling	80%
Output/Coverage (PMTCT)		
No. of pregnant women attending antenatal care services who received HIV testing	Program data	909,593
No. of pregnant women attending antenatal care services who received HIV test result with post-test counselling	Program data	900,846
No. of HIV positive pregnant women attending antenatal care services who received HIV testing and know their positive status	Program data	4,753 (88%)
No. of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission	Program data	4,439 (82%)
% of HIV exposed infants who initiated ARV prophylaxis	Program data/HIV+ pregnant women estimate by modelling	57%
% of HIV exposed infants stated on cotrimoxazole prophylaxis within 2 months of birth	Program data/HIV+ pregnant women estimate by modelling	30%
% of HIV exposed infants receiving a virological test for HIV within 2 months of birth	Program data/HIV+ pregnant women estimate by modelling	25%

Indicator	Source	Value 2018
Outcome (ART)		
% of PLHIV on ART who are retained on ART 12 months after initiation	Program data	86%
% of PLHIV on ART who are virally suppressed ($\leq 1,000$ copies/ml)	Program data	49%
% of PLHIV on ART who are virally suppressed among those tested for viral load test in the last 12 months	Program data	92%
% of PLHIV on ART with viral load suppression ($< 1,000$ copies/ml) at 12 months after treatment initiation	Program data	92%
Output/Coverage (ART)		
% of PLHIV who are receiving ART	Program data/ PLHIV estimate by modelling	70%
No. of adults living with HIV who are receiving ART	Program data	159,081 (70%)
No. of children living with HIV who are receiving ART	Program data	7,888 (80%)
No. of PLHIV on ART received viral load measurement during the reporting period	Program data	89,760 (54%)
No. of people living with HIV receiving cotrimoxazole prophylaxis who are not on ART	Program data	5,290
No. of HIV-positive new and relapse TB patients on ART during TB treatment	Program data	7,882
Number and % of people newly enrolled in HIV care who are started on TB preventive therapy (e.g. IPT)	Program data	5,776 (15%)
Output/Coverage (Laboratory)		
No. of HIV testing laboratories participating in national quality assurance scheme	National Health Laboratory NEQAS records	484

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

1.1 Increase scale of effective combination prevention interventions for priority populations: prevention among female sex workers and their clients

Partners working with female sex workers in 2018:

AHRN, Alliance, IOM, Malteser, MAM, MDM, MSI, NAP, PGK, PSI, PUI

National level female sex workers (FSW) reached with HIV prevention, tested for HIV and positivity rates during 2018

Output/Coverage Targets	Data Source	Size Estimate	Baseline 2015	Target 2018	Results 2018
No. of FSW reached with HIV prevention programs	Program Data	66,000 ⁴	35,443 ⁵	54,837	36,805 ⁶ 50,906 ⁷
No. of FSW who received an HIV test and who know the result in the last 12 months	Program Data	66,000	27,865	43,249	41,720
No. of clients of FSW reached with HIV prevention programs	Program Data	1,115,530 ⁸	14,410	206,491	8,103

Under the guidance of NSP III, since 2016, prevention interventions for female sex workers (FSW) have moved in the direction of increased utilization of effective combination services, including testing and treatment services.

As mentioned in earlier progress reports, the total number of FSW reached with prevention services likely includes double counting of individuals due to lack of a unique identifier system for each individual, more than one organization providing services in the same township, and the mobile nature of the FSW population.

In the absence of a unique identifier system across the county, the issue of possible double counting (the possibility of counting the same individual two or more times for the same service provision) is considered and addressed in two steps: (1) among organizations and (2) within

⁴ FSW PSE calculation 2015

⁵ Adjusted for (1) duplication among different organizations in one township and (2) duplication between outreach and DIC and (3) mobility based on FSW IBBS 2015 results

⁶ Adjusted for (1) duplication among different organizations in one township and (2) duplication between outreach and DIC and (3) mobility based on FSW IBBS 2015 results

⁷ Adjusted for (1) duplication among different organizations in one township and (2) duplication between outreach and DIC

⁸ Clients of FSW PSE calculation 2015

an organization. If more than one organization is providing the same services in the same township, we counted the figure reported by the organization that reached the highest number of individual FSW in that particular township. Considering duplications within an organization, if an organization is providing services through outreach activities as well as by drop-in centre (DIC), it is assumed that 25% of the reach might be overlapping, based on consensus among implementing partners. Hence, 75% of combined outreach and DIC reach is counted if that figure is larger than the individual outreach or DIC reach. The resulting figure is described as the lower end figure (50,906) whereas the higher end figure (65,197) refers to the sum of all FSW reached by prevention services by all organizations. This same method of calculation for national data is applied across the years to ensure consistency, and gives a range of results from the lowest to the highest. This same method is also used in assessing the number of MSM and PWID reached with prevention services, for the same reasons as FSW (duplication, absence of unique identifier in outreach activities, and mobility). It has been decided to use the lower end figures for each key population for analysis and target setting purposes.

Moreover, based on the evidence from the 2015 IBBS among FSW, 27.7% of FSW were moving from township to township within a year for sex-work, leading to another type of duplication in prevention reach data. Applying this mobility factor to the lower end figure, the number of FSW reached by prevention services is further reduced to 30,006. It can be interpreted that the possible number of FSW reached by prevention services is between 36,805 and 65,197. However, for consistency in trend data analysis, we use the lower end figure without considering mobility—which is 50,906.

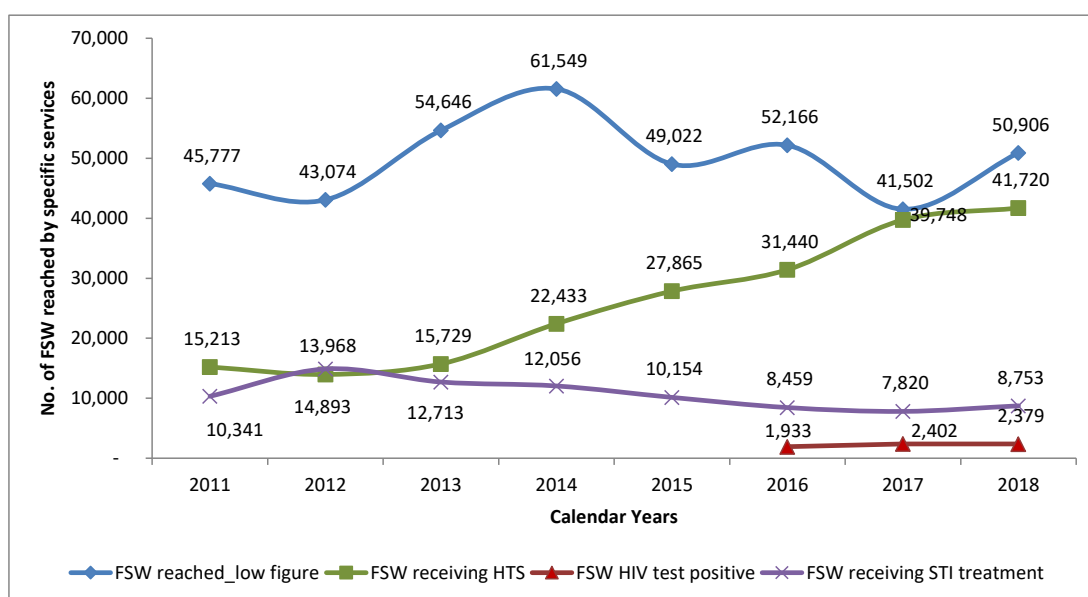
As shown in Table 1, the number of organizations working on prevention among FSW has been decreasing due to funding reduction. Only 11 organizations, including the NAP, provided prevention services for FSW in 2018. Among those organizations, Pyi Gyi Khin continued providing services through key population service centres under the supervision of the NAP.

Although the number of organizations providing prevention services has decreased, the number of FSW that received prevention services has increased. This is because the main organizations delivering services are still working, and the number reached by the public sector (NAP) has much increased, partly due to FSW reached through the collaborative key population service centre model.

While the trend of FSW reached by prevention services has been fluctuating in recent years, the number of FSW tested for HIV and receiving the test result has been increasing steadily. In 2018, around 77% of FSW were reached by prevention services and 63% of FSW knew their HIV status (tested and received the result). The proportion of HIV-positive test results among FSW has been stable for three years now at 6%. Providing effective combination services and adopting an enhanced outreach approach have contributed to the increase in HIV testing numbers.

Table 1: Female sex workers reached with prevention services by organization (higher end figures⁹) (2016–2018)

Organization	2016	2017	2018
AHRN	581	729	501
Alliance	6,881	2,621	8,734
Burnet	318	-	-
Consortium	4,107	3,557	-
IOM	1,511	1,835	1,193
Malteser	357	-	1,405
MAM	1,299	3,222	5,019
MANA	629	-	-
MDM	5,062	3,801	2,885
MSF-CH	536	-	-
MSF-Holland	1,255	-	-
MSI	-	-	2,092
NAP	17,954	12,354	20,659
PGK	2,577	5,006	-
PSI	37,909	28,263	22,167
PUI	1,783	1,709	542
SCiM	80	4	-
Total	82,839	63,101	65,197

Figure 4: Female sex workers reached with prevention, HTS and STI treatment (2011–2018)⁹ Sum of total reported figures of FSW prevention reach from all organizations (outreach + DIC)

The number of FSW receiving treatment for sexually transmitted infections (STI) has been around 8,000–9,000 since the start of NSP III. This is a weakening area as government investment in STI control is relatively low compared to other HIV prevention areas. The availability and easy accessibility of STI drugs in drug stores and private-for-profit clinics also compounds the issue. As being infected with an STI makes an individual more vulnerable to HIV infection, it is important to revitalize the STI program as an integral part of HIV prevention efforts. However, as we don't have concrete evidence for the gap in STI response, it would be suggested to put our efforts on STI surveillance and case report.

FSW prevention reach and HIV testing at state and regional level during 2018

Table 2 shows that HIV prevention services for FSW reached 16 of the 17 States/Regions in Myanmar. As usual, Yangon was the region with the highest number of FSW reached, followed by Mandalay and Bago. In terms of coverage, Mon, Yangon, Kachin and Bago were the regions with the highest coverage.

This prevention coverage was calculated based on the FSW population size estimates (PSE) from 2015 (Table 3). Regions showing more than 100% coverage may be due to the changing PSE in those states/regions in more recent years, mobility of FSW from region to region, or duplication in the reporting of FSW reached. Ayeyarwady, Nay Pyi Taw, Sagaing, Shan (N), Kayin, Kayah and Rakhine were the states/regions that had less than 50% FSW prevention coverage during 2018, while no FSW were reached in Chin, as before. Low prevention reach in Kayah and Chin might be due to the low numbers of FSW in those areas, as well as difficult transportation being a challenge to providing prevention services. FSW prevention coverage increased in all states and regions except Rakhine and Sagaing. The most significant decrease was seen in Rakhine, where conflict and instability might have contributed to the decrease. The NAP is the only organization providing services in Rakhine.

In terms of HIV testing, 82% of FSW reached by prevention services received HIV testing and post-test counselling. All the states and regions managed to provide HIV testing more than 50% of their prevention reach. Kachin was the state with the lowest coverage of HIV testing, able to provide HIV testing to only half of the FSW reached by prevention services. Shan (N) and Shan (S) also showed low coverage of HIV testing services (HTS) based on their prevention reach. If these states and regions could increase their HTS coverage, the target of 90% of FSW know their status could be achieved in the near future.

Table 2: Female sex workers reached with prevention services by State/Region (lower end figures¹⁰) (2016–2018)

Organization	2016	2017	2018
Ayeyarwady	4,425	3,962	3,926
Bago	4,772	4,275	4,496
Chin	-	-	-
Kachin	2,335	1,255	3,807
Kayah	40	5	12
Kayin	330	589	660
Magway	3,664	1,333	2,271
Mandalay	8,501	7,217	8,710
Mon	2,866	2,738	2,742
Nay Pyi Taw	242	74	580
Rakhine	1,102	1,068	36
Sagaing	3,466	3,070	1,965
Shan (E)	979	446	1,084
Shan (N)	895	531	1,287
Shan (S)	1,383	1,964	2,185
Tanintharyi	1,665	1,428	2,040
Yangon	15,501	11,547	15,105
Total	52,166	41,502	50,906

Although Kayah was the state with the highest percentage of FSW with HIV-positive test results at 18%, this is a reflection of the very low number of FSW receiving HTS there (28); this was the first time in three years that any FSW tested HIV-positive in Kayah. This percentage was also high in Shan (N) at 9%; Ayeyarwady, Kachin, Nay Pyi Taw and Tanintharyi at 7%; and Mandalay, Yangon and Sagaing at 6%. As in previous years, states/regions with high HIV prevalence among people who inject drugs — such as Shan (N), Kachin and Sagaing — also presented a high percentage of HIV-positive test results among FSW, representing a double burden for these states/regions.

FSW prevention reach and HIV testing at township level during 2018

Using the township categorization model of NSP III, townships were categorized and analysed as high, medium and low priority (Table 4). In 2018, 84% of townships in the high priority category were covered by prevention services for FSW, compared to 22% of medium priority townships and 2% of low priority townships.

¹⁰ Highest number of FSW reached in a specific township by one organization among all organizations working in that township (adjusted for duplication of FSW reached among different organizations in one township) and 75% of total reach by outreach and DIC (adjusted for duplication between outreach and DIC)

In high priority townships, 92% of FSW received prevention services and 82% got tested for HIV and received the test results. Among FSW tested, 6% were HIV-positive. It seems that the target of 90% of FSW knowing their status can be realized in coming years in the high priority townships. In medium priority townships, although only 31% of FSW were covered by prevention services, 79% of them received HTS. In low priority townships, 3% of FSW were reached by prevention services and 50% of those reached received HTS.

This implies that combination prevention services including HIV testing are well on the way, and that if we can manage to increase the reach of FSW prevention services, we can achieve the first of the three-90s targets for this key population.

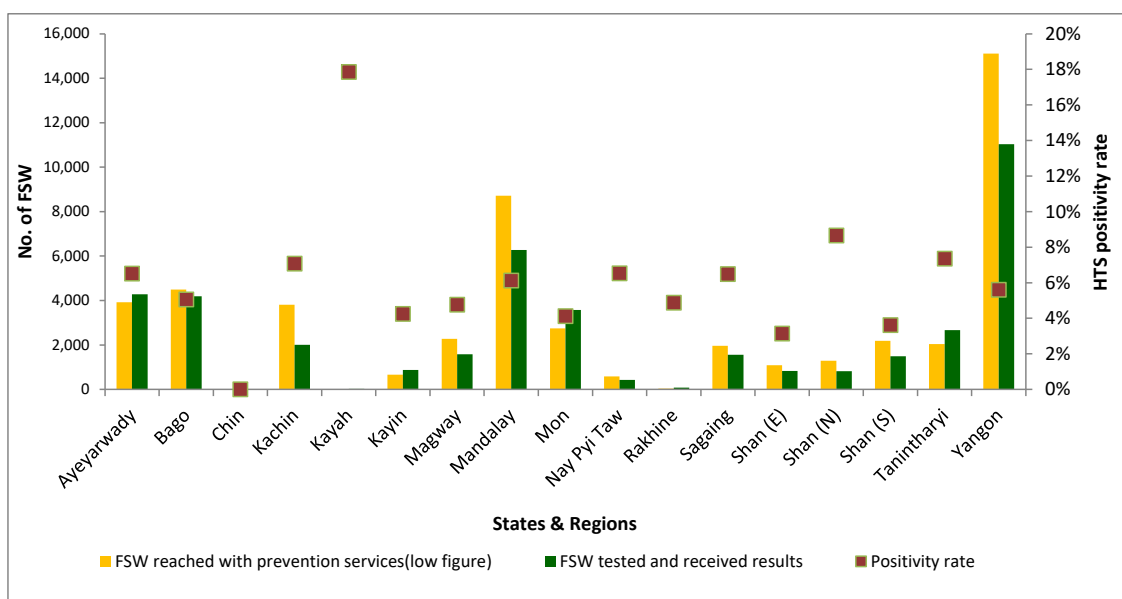
Table 3: Number of FSW reached by HIV prevention and HTS programs

State/ Region	2016					2017					2018				
	FSW prevention reach			FSW received HTS		FSW prevention reach			FSW received HTS		FSW prevention reach			FSW received HTS	
	High figure ¹¹	Low figure ¹²	Cover -age ¹³ based on low figures	FSW received HTS	HTS positivity	High figure	Low figure	Cover -age based on low figures	FSW received HTS	HTS positivity	High figure	Low figure	Cover -age based on low figures	FSW received HTS	HTS positivity
Ayeyarwady	6,822	4,425	53%	3,045	6%	5,824	3,962	47%	3,583	6%	5,375	3,926	47%	4,283	7%
Bago	8,780	4,772	109%	3,948	4%	6,238	4,275	98%	4,642	5%	5,504	4,496	103%	4,190	5%
Chin	-	-	-	-	-	-	-	0%	12	8%	0	0	0%	3	0%
Kachin	3,389	2,335	72%	707	10%	1,808	1,255	39%	731	11%	4,732	3,807	118%	2,006	7%
Kayah	40	40	35%	9	0%	5	5	4%	17	0%	12	12	11%	28	18%
Kayin	637	330	15%	450	9%	674	589	27%	521	7%	965	660	30%	872	4%
Magway	5,359	3,664	147%	1,435	6%	2,340	1,333	54%	1,470	4%	2,429	2,271	91%	1,576	5%
Mandalay	13,576	8,501	69%	5,694	6%	10,362	7,217	58%	6,136	9%	11,802	8,710	70%	6,278	6%
Mon	7,551	2,866	164%	2,604	7%	6,060	2,738	157%	3,121	6%	5,037	2,742	157%	3,570	4%
Nay Pyi Taw	242	242	16%	148	8%	74	74	5%	4	100%	580	580	38%	429	7%
Rakhine	1,187	1,102	141%	236	9%	1,095	1,068	137%	351	3%	36	36	5%	82	5%
Sagaing	5,549	3,466	60%	1,238	4%	4,550	3,070	53%	1,570	6%	2,644	1,965	34%	1,559	6%
Shan (E)	1,499	979	68%	641	5%	742	446	31%	417	5%	1403	1084	75%	830	3%
Shan (N)	1,166	895	23%	462	10%	889	531	14%	535	9%	1412	1287	33%	821	9%
Shan (S)	2,674	1,383	38%	1,382	3%	2,666	1,964	53%	1,690	4%	2,185	2,185	59%	1,496	4%
Tanintharyi	2,343	1,665	69%	1,069	6%	2,383	1,428	59%	1,677	4%	2,911	2,040	84%	2,666	7%
Yangon	21,766	15,501	134%	8,472	7%	17,391	11,547	100%	13,271	5%	18,170	15,105	131%	11,031	6%
Total	82,580	52,166	79%	31,540	6%	63,101	41,502	63%	39,748	6%	65,197	50,906	77%	41,720	6%

¹¹ Sum of total reported figures of FSW prevention reach from all organizations (outreach + DIC)

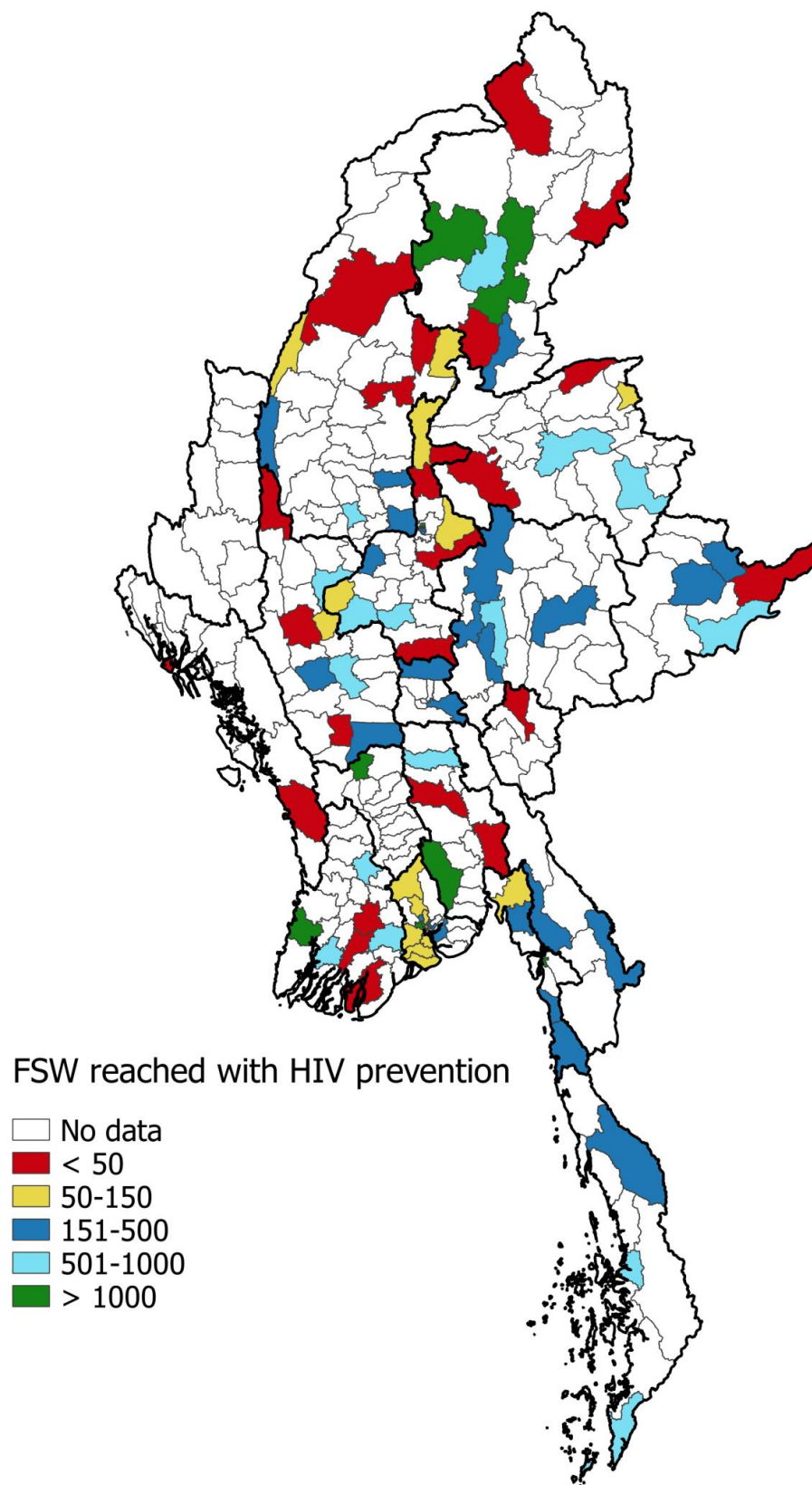
¹² Number of FSW reached by prevention adjusted for (1) duplication of FSW reached among different organizations in one township and (2) adjusted for duplication between outreach and DIC

¹³ Prevention coverage is calculated based on FSW PSE 2015 and low figure for prevention reach to FSW.

Figure 5: Female sex workers reached with different prevention services by State/Region in 2018**Table 4: Geographical distribution of FSW prevention service coverage based on township priority and population size estimates**

Township priority	Total number of townships according to priority (2015)	Number of townships covered In 2018	Estimated number of FSW (2015)	FSW reached In 2018 (low coverage figures and %)	FSW tested for HIV in 2018 (coverage based on reach)	FSW tested positive for HIV in 2018 (positivity rate)
High	85	71 (84%)	51,161	46,867 (92%)	38,547 (82%)	2,286 (6%)
Medium	151	33 (22%)	13,018	3,979 (31%)	3,143 (79%)	91 (3%)
Low	94	2 (2%)	1,877	60 (3%)	30 (50%)	2 (7%)

Map 1 illustrates township level distribution of prevention services for FSW.

Map 1: Distribution of prevention services for FSW by township in 2018

Clients and regular partners of FSW

Since 2017, prevention reach for clients of FSW has been decreasing. Seven organizations are involved in providing HIV prevention services for clients of FSW, reaching 8,103 clients in 2018.

The NAP was the largest service provider for clients of FSW, followed by MAM. At state and regional level, prevention services for clients of FSW were provided in 15 of 17 states and regions, with Yangon having the highest reach. A dramatic increase was seen in Shan (E), making it the region with the second highest number of clients reached, followed by Ayeyarwady. On the other hand, Mandalay managed to achieve less than half of its usual prevention reach. One of the main reasons for the decreasing trend in prevention reach for this population is that it is difficult in practice to identify people as clients of FSW.

Regular partners of FSW is another vulnerable population, as evidence from surveillance studies shows that condom use is lower between FSW and their regular partners. However, it is also difficult to identify and reach this population, and the only two organizations reporting this data covered 1,893 regular partners during 2018.

Table 5: Clients and regular partners of female sex workers reached with prevention services by State/Region (2016–2018)

State/ Region	Clients of FSW			Regular partners of FSW		
	2016	2017	2018	2016	2017	2018
Ayeyarwady	2,021	771	860	323	144	596
Bago	1,654	1,244	358	814	35	62
Chin	-	-	-	-	-	-
Kachin	165	244	503	-	-	111
Kayah	662	-	-	-	-	-
Kayin	560	8	185	11	-	-
Magway	1,467	383	362	587	75	109
Mandalay	2,661	1,738	685	1,199	2,766	204
Mon	831	133	501	-	756	15
Nay Pyi Taw	315	128	273	-	53	-
Rakhine	57	26	110	274	-	18
Sagaing	104	181	149	47	144	-
Shan (E)	401	18	919	-	-	8
Shan (N)	-	54	298	175	-	10
Shan (S)	-	57	194	-	-	-
Tanintharyi	68	186	438	-	-	52
Yangon	9,147	2,404	2,268	350	320	708
Total	20,113	7,575	8,103	3,780	4,293	1,893

Table 6: Clients and regular partners of FSW reached with prevention services by organization (2016–2018)

State/ Region	Clients of FSW			Regular partners of FSW		
	2016	2017	2018	2016	2017	2018
AHRN	-	-	2	-	-	-
Burnet	170	-	-	-	-	-
Consortium	-	2,717	-	-	3,279	-
IOM	-	6	55	-	-	-
Malteser	172	-	841	-	-	-
MAM	8,050	1,498	1,235	-	-	-
MSI	-	-	92	-	-	-
NAP	7,765	3,200	5,769	3,733	970	1,559
PGK	3,098	1,54	-	-	-	-
PUI	858	-	109	-	-	334
SCiM			-	47	44	-
Total	20,113	7,575	8,103	3,780	4,293	1,893

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.1 Increase scale of effective combination prevention interventions for priority populations: prevention among men who have sex with men (MSM), including transgender persons

Output/Coverage Targets	Data Source	Size Estimate	Baseline 2015	Target 2018	Results 2018
No. of MSM reached with HIV prevention programs	Program Data	126,000 ¹⁴	60,469	98,890	50,816 ¹⁵
No. of MSM who received an HIV test and who know the result in the last 12 months	Program Data	126,000	34,528	74,930	48,545

Partners working with men who have sex with men in 2018:

Alliance, IOM, Malteser, MAM, MDM, MSI, NAP, PGK, PSI, PUI

¹⁴ MSM PSE calculation 2015 (reachable MSM only)

¹⁵ Number of MSM reached by prevention adjusted for (1) duplication of MSM reached among different organizations in one township and (2) adjusted for duplication between outreach and DIC

During 2018, 10 organizations were providing HIV prevention services for men who have sex with men (MSM), one organization fewer than in 2017, reaching 64,181 MSM. Considering double counting, with the same reason and calculation method mentioned above for FSW, the final adjusted figure became 50,816 (lower end figure). As there is no evidence from surveys of MSM population mobility, we did not account for mobility. For consistency, we use the lower end figure in coverage and trend analysis. The national targets for both prevention reach and testing were not met in 2018.

Table 7: MSM reached with prevention services by organization (higher end figures)¹⁶ (2016–2018)

Organization	2016	2017	2018
Alliance	17,462	6,928	13,491
Burnet	10,374	4,657	-
Consortium	4,167	5,005	-
IOM	741	901	685
Malteser	152	-	203
MAM	333	1,544	1,280
MDM	4,738	3,233	2,848
MSF-CH	2,035	-	-
MSF-Holland	237	-	-
MSI	-	-	6,819
NAP	11,578	6,950	14,870
PGK	2,414	6,015	-
PSI	45,436	31,247	22,940
PUI	2,229	1,704	1,045
Total	101,896	68,184	64,181

Table 8: MSM reached with prevention services by State/Region (lower end figures)¹⁷ (2016–2018)

State/Region	2016	2017	2018
Ayeyarwady	6,173	4,938	4,404
Bago	5,843	4,443	3,889
Chin	-	-	-
Kachin	1,769	1,376	2,991

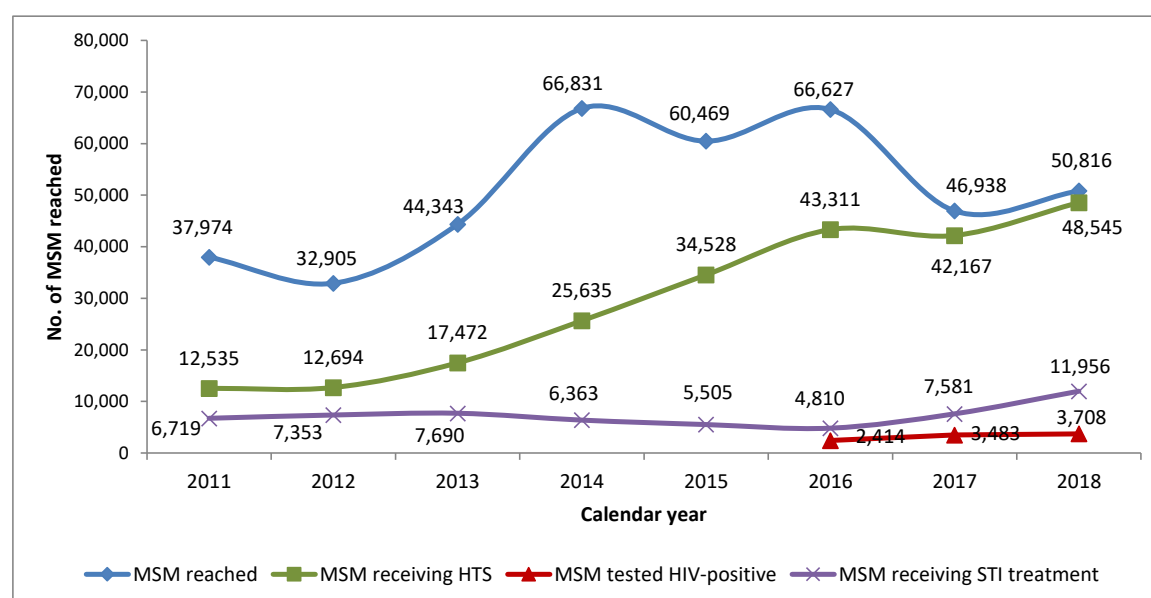
¹⁶ Sum of total reported figures of MSM prevention reach from all organizations (outreach + DIC)

¹⁷ Number of MSM reached by prevention adjusted for (1) duplication of MSM reached among different organizations in one township and (2) adjusted for duplication between Outreach and DIC

State/Region	2016	2017	2018
Kayah	-	-	3
Kayin	261	252	657
Magway	2,939	1,285	2,749
Mandalay	14,651	8,417	8,591
Mon	1,826	2,308	2,694
Nay Pyi Taw	190	48	424
Rakhine	1,203	974	44
Sagaing	5,595	3,697	3,594
Shan (E)	878	318	322
Shan (N)	1,586	685	810
Shan (S)	872	2,158	1,461
Tanintharyi	3,379	2,075	2,509
Yangon	19,462	13,964	15,674
Total	66,627	46,938	50,816

At national level, in 2018, the program managed to reach 40% of reachable MSM, and provide HIV testing and post-test counselling to 96% of those reached. Funding reduction led to a decrease in the number of drop-in centres, replaced by an outreach approach. Though prevention reach did not show significant improvement, HIV testing services have been expanding over the years due to innovative approaches such as enhanced outreach and an increased number of testing sites. The percentage of HIV-positive test results is quite high, at 8%. Unlike for FSW, the number of MSM receiving STI treatment services has been increasing during the NSP III period.

Figure 6: Men who have sex with men reached with prevention, HTS and STI treatment (2011–2018)



At state and regional level, prevention services were provided to MSM in 16 of 17 states and regions during 2018. In terms of the number of MSM reached with prevention services, this was still highest in Yangon and Mandalay, followed by Ayeyarwady, Bago and Sagaing regions. When we look at the reached in respect to the reachable MSM population estimates, Tanintharyi had the highest coverage at 62%. Tanintharyi, Mon, Kachin and Ayeyarwady had prevention coverage above 50%, while Nay Pyi Taw, Kayin and Kayah had less than 20% coverage.

HIV testing and post-test counselling services were provided to more than 80% of the MSM reached by prevention services in all states and regions. However, in Kachin only 31% of those reached by prevention services received HTS, highlighting a big gap between prevention reach and HIV testing in Kachin. In terms of HIV-positive test results, this was highest in Yangon at 11%, followed by Kachin and Mandalay at 10%, and between 4% and 7% in the other states and regions.

HIV estimates from modelling reveal that Yangon and Mandalay are the regions that contribute the largest share of new HIV infections among MSM, as well as the highest proportion of new HIV infections through sexual transmission. Program data support this modelling result, as those two regions have continuously had the highest proportion of HIV-positive test results. It is fair to suggest that implementing HIV prevention together with HTS services intensively in these regions will take us a step closer to our goal of reaching the first of the three 90s among the MSM population.

Though Kachin is recognized as a state with an HIV epidemic driven by injecting drug use, it also had high proportions of HIV-positive test results among FSW and MSM, calling for attention to address the issue.

At township level, HIV prevention services for MSM were provided in 64 of 85 townships in the high priority category, or 75% coverage. In high priority townships, 60% of MSM received prevention services, 96% of whom were tested for HIV, with the proportion of HIV-positive test results at 8%. For medium priority category townships, 20% had HIV prevention services for MSM, and while only 8% of MSM were covered by prevention services, 86% of those reached had HIV testing and post-test counselling.

Table 9: Number of MSM reached by HIV prevention and HTS programs

State/ Region	2016					2017					2018				
	MSM prevention reach			MSM received HTS		MSM prevention reach			MSM received HTS		MSM prevention reach			MSM received HTS	
	High figure ¹⁸	Low figure ¹⁹	Cover-age ²⁰ based on low figures	MSM received HTS	HTS posi-tivity	High figure	Low figure	Cover-age based on low figures	MSM received HTS	HTS posi-tivity	High figure	Low figure	Cover-age based on low figures	MSM received HTS	HTS posi-tivity
Ayeyarwady	9,592	6,173	72%	5,049	4%	6,912	4,938	57%	4,368	5%	5,559	4,404	51%	4,491	7%
Bago	12,092	5,843	48%	6,880	3%	6,394	4,443	37%	4,979	6%	4,961	3,889	32%	3,692	7%
Chin															
Kachin	2,375	1,769	31%	801	12%	1,489	1,376	24%	480	12%	3,182	2,991	52%	933	10%
Kayah									11	0%	3	3	1%		
Kayin	424	261	6%	157	20%	323	252	6%	242	8%	896	657	16%	912	7%
Magway	5,019	2,939	36%	1,794	5%	2,277	1,285	16%	1,246	4%	3,507	2,749	34%	1,720	5%
Mandalay	21,655	14,651	67%	8,510	5%	12,805	8,417	38%	7,781	11%	13,039	8,591	39%	9,493	10%
Mon	3,760	1,826	39%	1,567	5%	4,264	2,308	50%	2,318	7%	3,660	2,694	58%	3,519	6%
Nay Pyi Taw	190	190	9%	50	6%	48	48	2%	3	0%	424	424	19%	581	5%
Rakhine	1,254	1,203	38%	233	9%	1,009	974	31%	337	6%	44	44	1%	65	6%
Sagaing	10,363	5,595	46%	4,329	3%	7,522	3,697	30%	3,651	4%	5,266	3,594	30%	5,080	4%
Shan (E)	1,043	878	77%	346	5%	454	318	28%	254	2%	432	322	28%	363	6%
Shan (N)	3,454	1,586	56%	1,264	4%	993	685	24%	624	7%	1006	810	28%	596	6%
Shan (S)	1,583	872	18%	655	2%	2,704	2,158	44%	1,710	3%	1,461	1,461	30%	1,125	4%
Tanintharyi	5,732	3,379	83%	2,348	2%	3,247	2,075	51%	2,141	5%	3,716	2,509	62%	3,445	4%
Yangon	23,057	19,462	66%	9,316	11%	17,743	13,964	47%	12,022	12%	17,025	15,674	53%	12,530	11%
Total	101,593	66,627	53%	43,299	6%	68,184	46,938	37%	42,167	8%	64,181	50,816	40%	48,545	8%

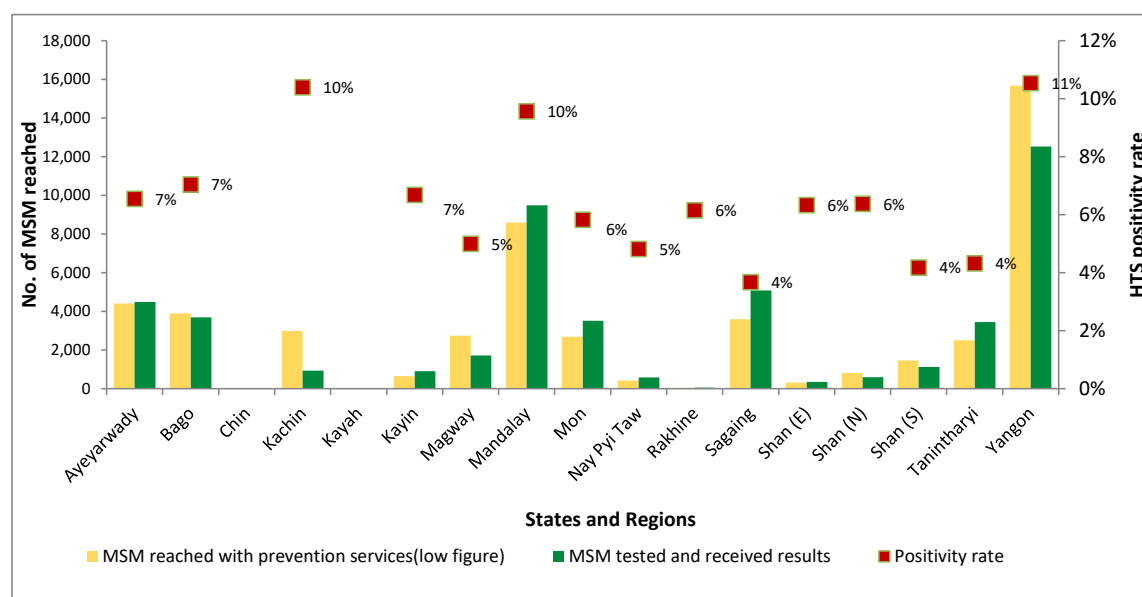
Figure 7: Men who have sex with men reached with prevention services by State/Region (lower end figures) 2018¹⁸ Sum of total reported figures of MSM prevention reach from all organizations (outreach + DIC)¹⁹ Number of MSM reached by prevention adjusted for (1) duplication of MSM reached among different organizations in one township and (2) adjusted for duplication between outreach and DIC²⁰ Calculation based on lower end figure of MSM reach 2017 and reachable MSM PSE 2015

Table 10: Geographical distribution of MSM prevention service coverage based on population size estimation

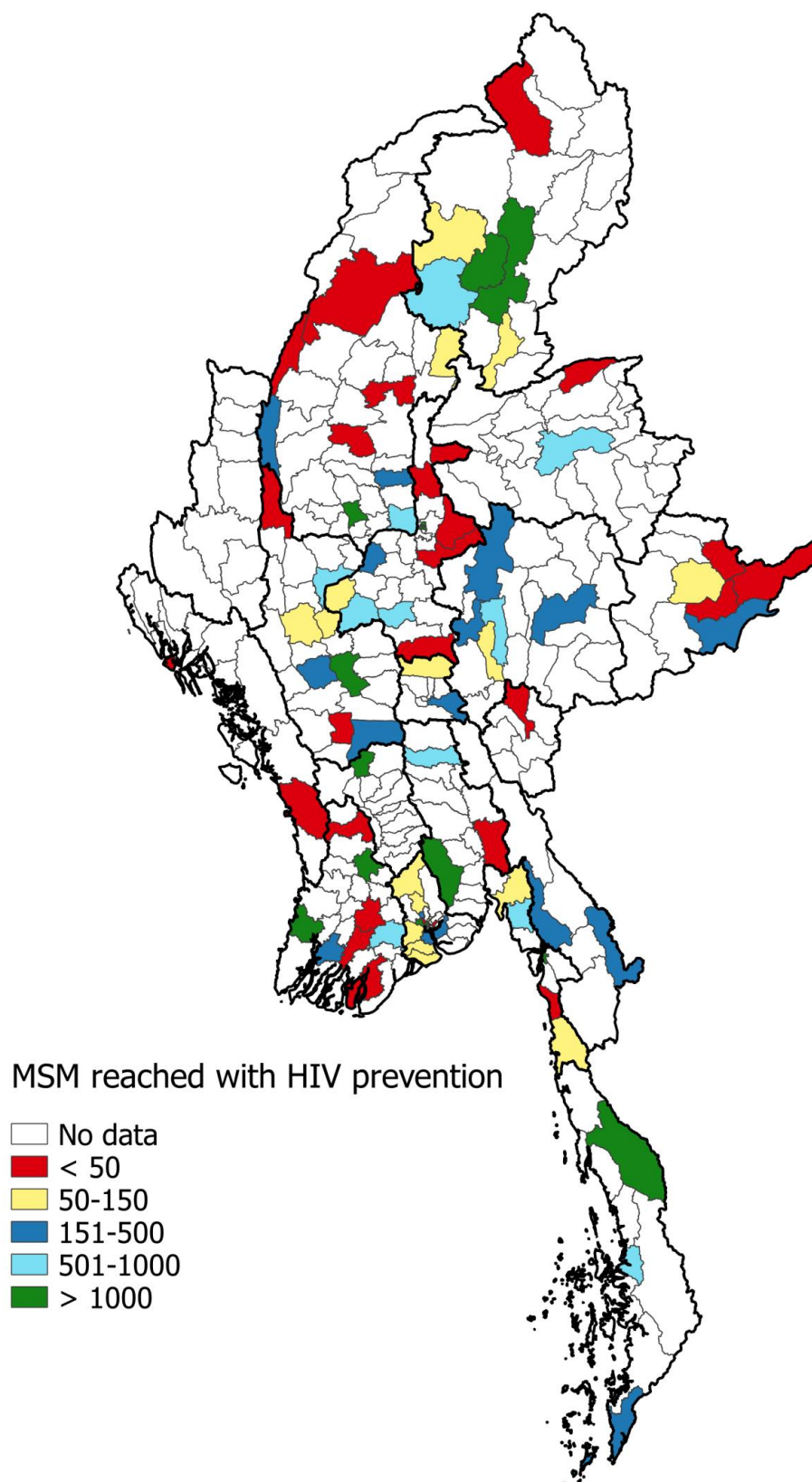
Township priority	Total number of townships according to priority (2015)	Number of townships covered In 2018 (number and %)	Estimated number of MSM (reachable) 2015	MSM reached in 2018 (coverage low figures and %)	MSM tested for HIV and received post-test counselling in 2018 (coverage based on reach)	MSM tested HIV-positive in 2018 (positivity rate)
High	85	64 (75%)	79,362	47,831 (60%)	46,010 (96%)	3,608 (8%)
Medium	151	30 (20%)	38,743	2,935 (8%)	2,526 (86%)	95 (4%)
Low	94	2 (2%)	7,654	50 (1%)	9 (18%)	5 (56%)

HIV prevention among MSM still needs to be emphasized, as coverage of prevention services is still low compared to other key populations. The pace should be further escalated to meet NSP III targets. The ultimate goal of achieving the first of the three 90s, which is the entry point to the other two 90s, will not be realized in the near future if we do not find a way to gear up HIV prevention among MSM. Innovative ways including delivering prevention services through social media and HIV self-testing can be considered to improve the prevention and testing coverage among MSM.

Map 2 illustrates the townships with HIV prevention services for MSM.

Female partners of MSM

Alongside the low prevention coverage among MSM, prevention reach among female partners of MSM is also low. The NAP was the only organization providing this service during 2018, and 707 female partners of MSM were reached with HIV prevention services. With high prevalence of HIV among MSM, female partners of MSM are another vulnerable population that should not be neglected.

Map 2: Distribution of services for MSM by townships in 2018

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.1 Increase scale of effective combination prevention interventions for priority populations: prevention among people who inject drugs (PWID)

Output/Coverage Targets	Data Source	Size Estimate	Baseline 2015	Target 2018	Results 2018
No. of PWID reached with HIV prevention programs (Out-reach and DIC)	Program Data	93,000 ²¹	37,846	57,937	64,597 ²²
No. of PWID who received an HIV test in the last 12 months and who know the result	Program Data	93,000	25,385	46,137	47,955
No. of sterile injecting equipment distributed to people who inject drugs in the last 12 months	Program Data	93,000	18.5m	25.4m	32.7m
No. of PWID receiving methadone maintenance	Program Data	93,000	10,290	23,316	15,994
% of individuals receiving methadone maintenance therapy for at least 6 months	Program Data	93,000	65%	78%	70%

Partners working with people who inject drugs in 2018:

AHRN, MAM, MANA, MDM, Metta, DDTRU, NAP, SARA

During 2018, eight organizations were working on the area of harm reduction, three fewer than in 2017. The Drug Dependency Treatment and Research Unit (DDTRU) is the only organization providing methadone maintenance therapy (MMT). Despite this reduction in the number of implementing partners, most NSP III targets for harm reduction indicators were met in 2018 due to the additional funding for harm reduction activities from Universal Health Flagship Program (UHF).

²¹ PWID PSE calculation 2017

²² Number of PWID reached by prevention adjusted for (1) duplication of PWID reached among different organizations in one township and (2) adjusted for duplication between Outreach and DIC

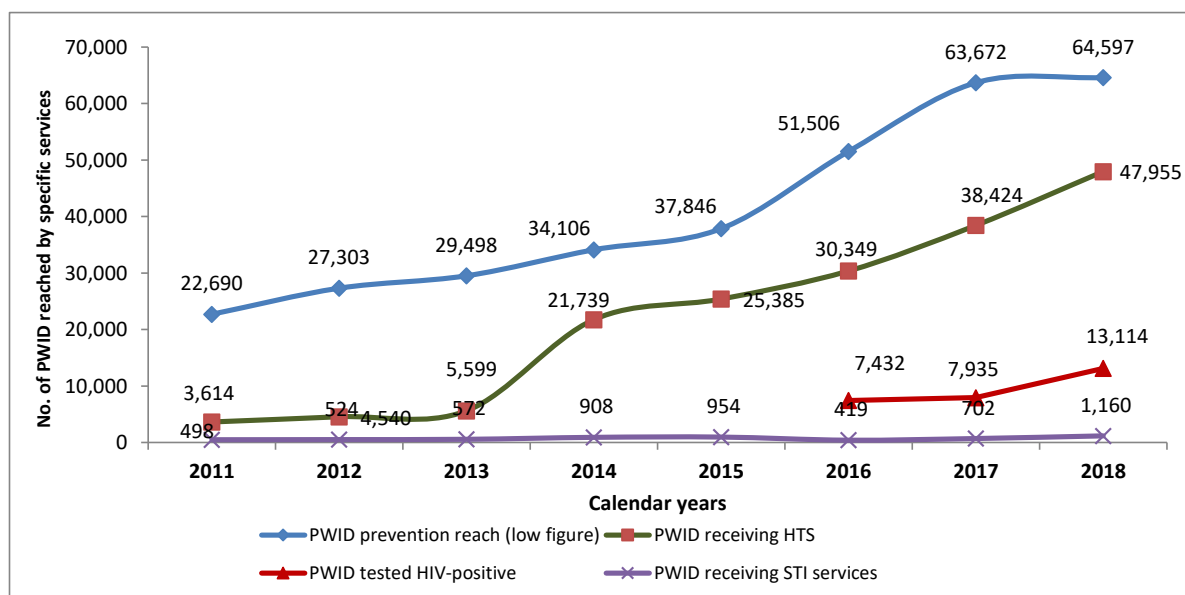
Prevention services for people who inject drugs (PWID) have been increasing in momentum since the start of NSP III. Both prevention reach and HIV testing numbers show a steady rising trend. For PWID, the same calculation method as FSW and MSM is used to allow for possible double counting within and among organizations.

During 2018, 64,597 PWID were provided with HIV prevention services, 69% of the PWID population size estimate. This is a significant increase compared to 2014, when coverage was 41%. With this achievement, PWID are the only key population for which the NSP III prevention targets have been exceeded. Some 51% of all PWID had an HIV test and received the result with post-test counselling in 2018. The HIV-positivity rate was very high at 27%, meaning one in four PWID tested for HIV turned out as HIV positive. The trend in the number of PWID receiving STI services remained stable.

Table 11: People who inject drugs reached with prevention services by organization (higher end figures)²³ (2016–2018)

Organization	2016		2017		2018	
	Outreach	DIC	Outreach	DIC	Outreach	DIC
AHRN	14,003	10,210	16,594	12,627	14,604	11,910
Alliance	1,326	-	-	-	-	-
BI	1,236	3,998	1,314	3,333	-	-
HPA	948	761	2,127	1,120	-	-
MAM	57	57	418	418	762	295
MANA	7,368	16,908	9,582	16,000	12,325	30,049
MDM	4,901	3,414	5,414	3,150	6,906	1,158
Metta	54	771	849	1,802	1,463	2,329
MSF-Holland	895	5,600	-	-	-	-
NAP	682	323	-	-	1,282	-
SARA	7,087	7,010	11,039	11,658	3,060	5,123
SCiM	1,138	257	1,209	198	-	-
Total	39,695	49,309	48,546	50,306	40,402	50,864

²³ Sum of total reported figures of PWID prevention reach from all organizations (outreach + DIC)

Figure 8: People who inject drugs reached with prevention, HTS and STI services (2011–2018)

Large-scale HIV prevention programs including harm reduction services were established in the six states and regions with higher prevalence of injecting drug use: Kachin, Mandalay, Sagaing, Shan (E), Shan (N) and Shan (S). Other than the methadone program, there have been no harm reduction interventions in Yangon since 2017, resulting in a dramatic decrease in comprehensive prevention service provision there.

At state and regional level, the highest number of PWID reached with prevention services was, as usual, in Kachin State. The more than 100% achievement in Kachin may be because of inadequate adjustment in the calculation for double counting, and/or a larger PWID population than the population size estimate, and /or mobile nature of PWID in Kachin which has not been adjusted for. There was progress in prevention reach in Shan (N), Sagaing, Mandalay, Shan (E) and Shan (S), whereas only 1% of the PWID population of Yangon was covered by prevention services in 2018.

The proportion of PWID reached by prevention services and that completed HIV testing was highest in Sagaing and Shan (N) at 90% and 89%, respectively. Although the highest number reached by prevention services was in Kachin, only 68% of people reached completed HIV testing. More effort to increase HTS coverage is needed in Kachin, Shan (E), Shan (S) and Mandalay.

The highest HIV-positivity rate was seen in Kachin, at 49%; in other words, alarmingly, one in two PWID tested for HIV identified as HIV-positive. In the other states and regions with harm reduction programming, the HIV-positivity rate was 28% in Sagaing, 20% in Yangon, 9% in Shan (E), 8% in Shan (N) and 6% in Mandalay.

Table 12: People who inject drugs reached with prevention services through outreach and DIC by State/Region (lower end figures²⁴) (2016–2018)

State/Region	2016	2017	2018
Bago	31	-	-
Kachin	23,225	32,874	26,885
Kayah	-	-	1
Magway	-	-	1
Mandalay	4,852	4,963	8,743
Mon	-	-	1
Rakhine	3	-	2
Sagaing	7,768	9,321	9,763
Shan (E)	230	241	756
Shan (N)	13,527	14,687	17,466
Shan (S)	230	367	939
Yangon	1,640	1,219	40
Total	51,506	63,672	64,597

Table 13: PWID reached by HIV prevention and HTS programs

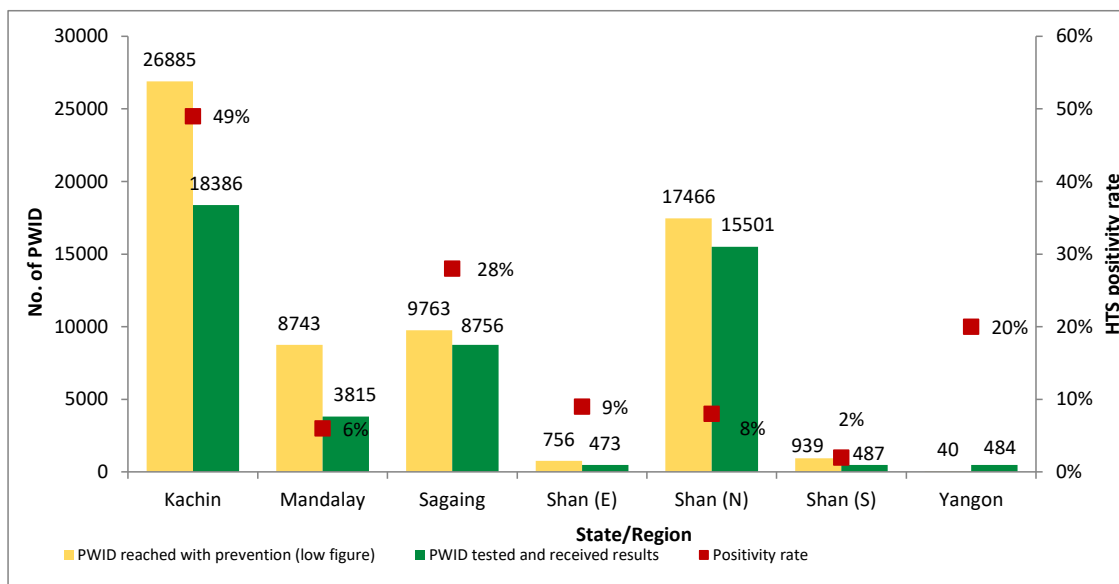
State/ Region	2016					2017					2018				
	PWID prevention reach			PWID received HTS		PWID prevention reach			PWID received HTS		PWID prevention reach			PWID received HTS	
	High figure ²⁵	Low figure ²⁶	Cover -age based on low figures ²⁷	PWID received HTS	HTS posi -tivity	High figure	Low figure	Cover -age based on low figures	PWID received HTS	HTS posi -tivity	High figure	Low figure	Cover -age based on low figures	PWID received HTS	HTS posi -tivity
Bago	42	31	2%	23	9%										
Chin														14	7%
Kachin	46,697	23,225	106%	7,866	46%	55,028	32,874	151%	12,138	39%	41,706	26,885	123%	18,386	49%
Kayah											1	1	0%	1	100%
Kayin				2	0%						1	1	0%	4	0%
Magway														11	27%
Mandalay	8,971	4,852	48%	5,076	16%	8,748	4,963	49%	4,617	10%	11,002	8,743	87%	3,815	6%
Mon				1	100%				1	100%	1	1	0%	3	67%
Rakhine	4	3	0%	1	100%						2	2	0%	1	0
Sagaing	10,958	7,768	41%	3,813	33%	11,327	9,321	49%	6,299	25%	12,559	9,763	51%	8,756	28%
Shan (E)	313	230	6%	210	9%	322	241	6%	400	6%	889	756	19%	473	9%
Shan (N)	19,789	13,527	68%	11,983	13%	21,313	14,687	74%	13,418	7%	23,816	17,466	88%	15,501	8%
Shan (S)	306	230	4%	169	4%	489	367	6%	305	0%	1249	939	15%	487	2%
Tanintharyi			0%	53	15%			0%	8	75%			0%	19	32%
Yangon	2,186	1,640	58%	1,704	7%	1,625	1,219	43%	1,238	14%	40	40	1%	484	20%
Total	89,266	51,506	55%	30,901	24%	98,852	63,672	68%	38,424	21%	91,266	64,597	69%	47,955	27%

²⁴ Number of PWID reached by prevention adjusted for (1) duplication of PWID reached among different organizations in one township and (2) adjusted for overlap between outreach and DIC

²⁵ Sum of total reported figures of PWID prevention reach from all organizations (outreach + DIC)

²⁶ Number of PWID reached by prevention adjusted for (1) duplication of PWID reached among different organizations in one township and (2) adjusted for overlap between outreach and DIC

²⁷ Calculation based on lower end figure of PWID reach 2017 and PWID PSE 2017

Figure 9: People who inject drugs reached with prevention services by State/Region in 2018

Needle and syringe program

The needle and syringe program has significantly expanded in recent years, to reach nearly 33 million needles and syringes distributed across six states and regions in 2018—a 2.5 times increase compared to 2014.

Implementing partners have conducted a needle and syringe program since the start, with the number of implementing partners and size of the program depending on the PWID population size and the severity of the HIV epidemic in each location. In Kachin, an average of 814 needles and syringes were distributed per PWID per year in 2018. This was followed by Shan (N) with 394, Mandalay 261 and Sagaing 201. These states and regions are categorized as high coverage based on the WHO recommendation of at least 200 syringes per PWID per year, whereas the other states and regions are low coverage at less than 100 syringes per PWID per year.

Needle and syringe program was provided by six organizations in six states and regions during 2018, with AHRN and MANA providing the largest number of needles and syringes. Efforts to expand the needle and syringe program need to be further strengthened in Sagaing, Shan (E) and Shan (S) in order to reduce HIV transmission through use of contaminated injecting equipment. Occurrence of new HIV infections among PWID in Yangon region should be closely monitored it is considered as one of the indicators for restarting the program there.

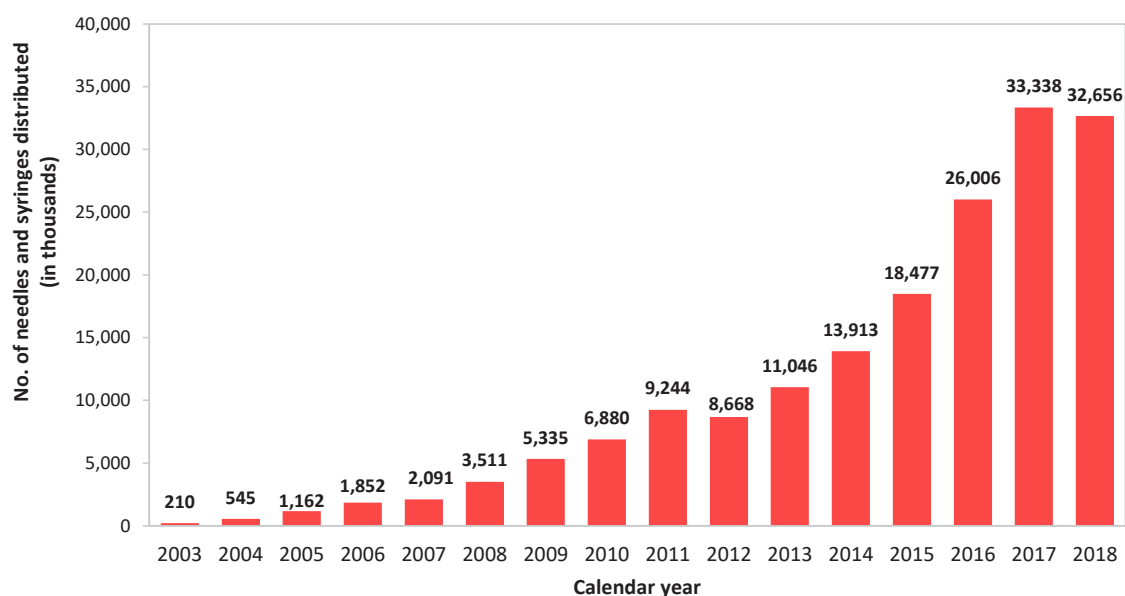
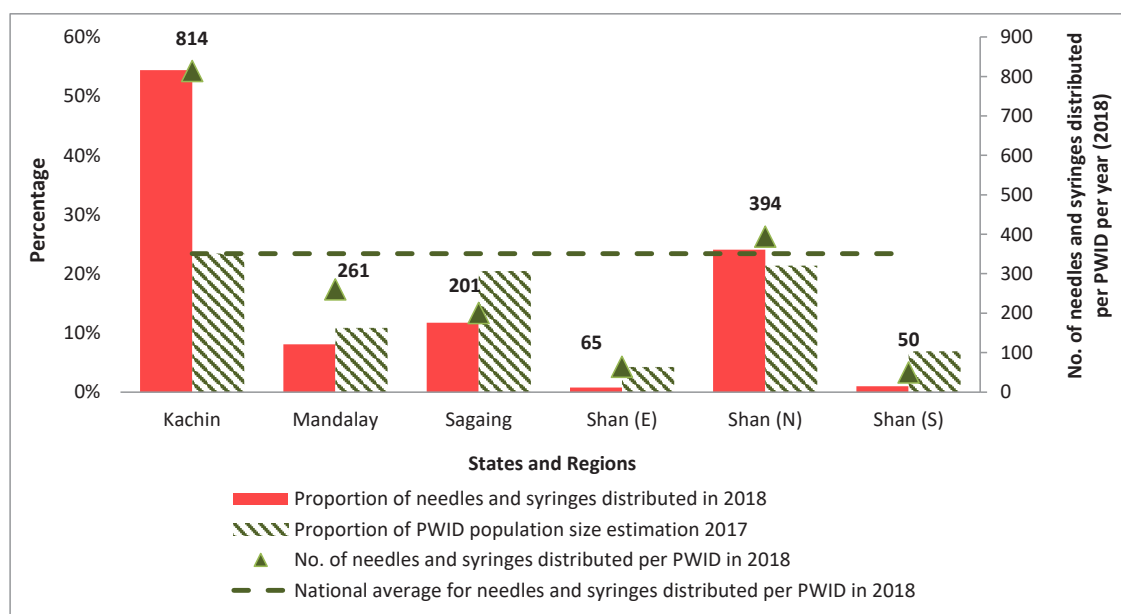
Figure 10: Sterile needles and syringes distributed (2003–2018)**Figure 11: Number and proportion of sterile needles and syringes distributed by State/Region in 2018**

Table 14: Sterile needles and syringes distributed by organization and State/Region/Township in 2018

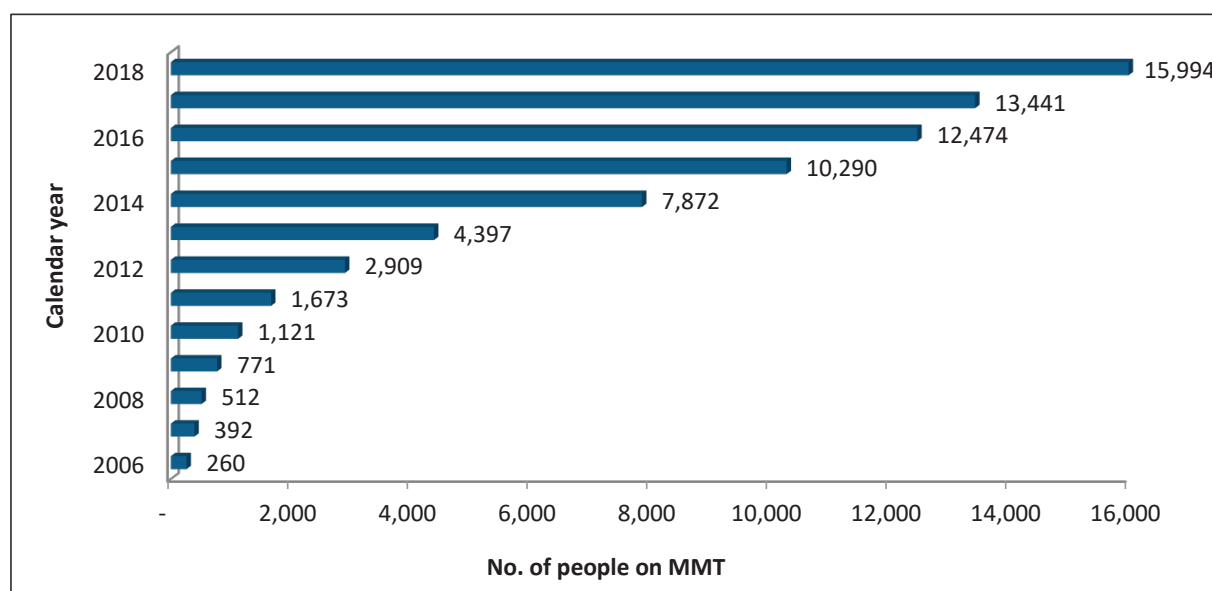
Organization	Kachin	Mandalay	Sagaing	Shan (E)	Shan (N)	Shan (S)	Total
AHRN	Bhamo, Chipwi, Phakant, Shwegu, Waingmaw		Homalin, Indaw, Kale, Katha, Tamu		Lashio, Lukkaing		12,468,021
	10,576,078		1,325,116		566,827		
MAM	Putao						106,430
	106,430						
MDM	Moegaung, Mohnyin, Myitkyina						3,571,714
	3,571,714						
MANA		Aungmyay- tharzan, Mogoke, Pyigyitagon	Hkamti, Kawlin, Monywa, Paungbyin, Pinlebu, Sagaing	Tachileik	Hseni, Hsipaw, Kutkai, Kyaukme, Lashio, Mongyai, Muse, Namhkan, Namtu, Nawngkhio, Tangyan	Taunggyi	12,605,378
		2,632,317	2,111,451	256,310	7,285,300	320,000	
Metta	Mohnyin, Tanai, Waimaw						665,047
	665,047						
SARA	Mansi, Moemauk, Mogaung, Mohnyin, Myitkyina		Banmauk				3,239,154
	2,847,854		391,300				
Total	17,767,123	2,632,317	3,827,867	256,310	7,852,127	320,000	32,655,744

Methadone maintenance therapy

The number of people on methadone maintenance therapy (MMT) has increased continuously since the program started in 2006, with especially large increases in the last five years (Figure 12). The Drug Dependency Treatment and Research Unit (DDTRU) was able to provide MMT to nearly 16,000 PWID by the end of 2018, a four-fold increase on 2013, covering 17% of the PWID population in the country based on the PWID size estimate of 2017.

DDTRU is providing MMT to both PWID and people who use drugs (PWUD) in seven states and regions with the support of other implementing partners working on harm reduction. The number of MMT sites is also increasing every year, with 55 MMT sites by the end of 2018: 18 sites in Kachin, 15 in Shan (N), 15 in Sagaing, 4 in Mandalay, 2 in Yangon and 1 site in Shan (E). Despite the significant expansion of the MMT program, more effort is still needed in order to meet the NSP III target.

Figure 12: People on MMT (2006–2018)



At state and regional level, at the end of 2018, 33% of the PWID population in Kachin were on MMT, 22% in Mandalay, 21% in Yangon, 20% in Sagaing, 10% in Shan (N) and 3% in Shan (E) (Figure 13). The increases were most significant in Kachin and Sagaing, while there were minimal increases in Shan (N) and Yangon. Coverage in Mandalay is similar to last year, whereas coverage decreased in Shan (E). While there are no longer HIV prevention and needle and syringe distribution services for PWID in Yangon, the MMT service remains available. Although there are 15 MMT sites in Shan (N), only 10% of the PWID population were on MMT, which would make an assessment on the situation of MMT sites in Shan (N) worthwhile. There is still only one MMT site providing service for the whole of Shan (E), resulting in very low MMT coverage.

Concerning MMT program outcomes, there has been an increase in the six-month retention rate over recent years (from 67% in 2016 to 70% in 2018), but it remains under the NSP III target of 78% (Figure 14). The six-month retention rate has been rising in Kachin, Shan (N) and Yangon and appears stable in Mandalay and Sagaing. The MMT program in Shan (E) requires special focus: it is the state with the lowest MMT coverage (3%) and the six-month retention rate there has decreased over the last three years, to 51% in 2018. The rate in Shan (N) is also not very promising, considering the large size of the PWID population.

Program data highlight the need to further scale up MMT services and to have a distribution of quality services that is proportional to the severity of the HIV epidemic among PWID.

Figure 13: People who inject drugs covered by MMT services by State/Region (2017–2018)

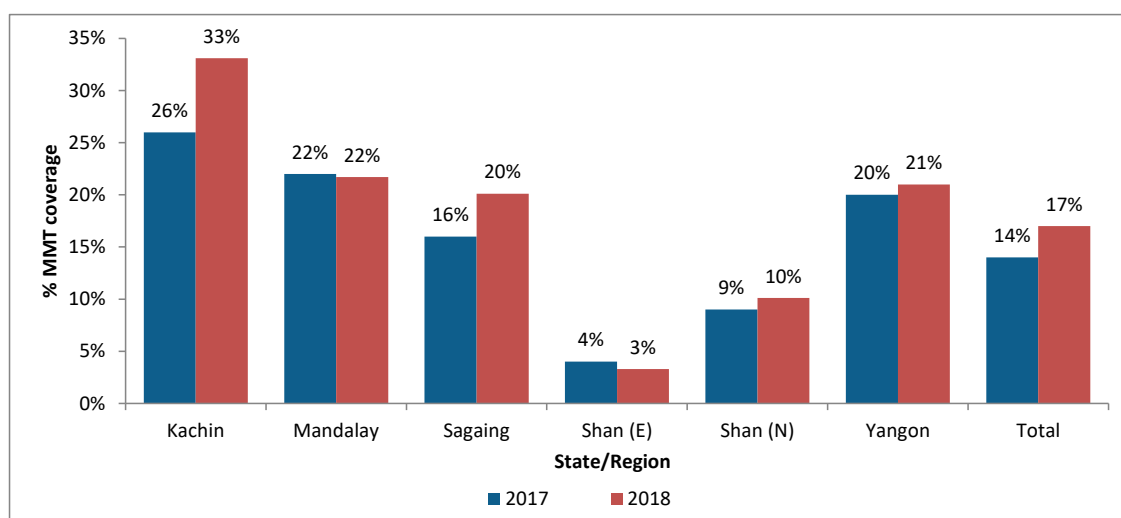
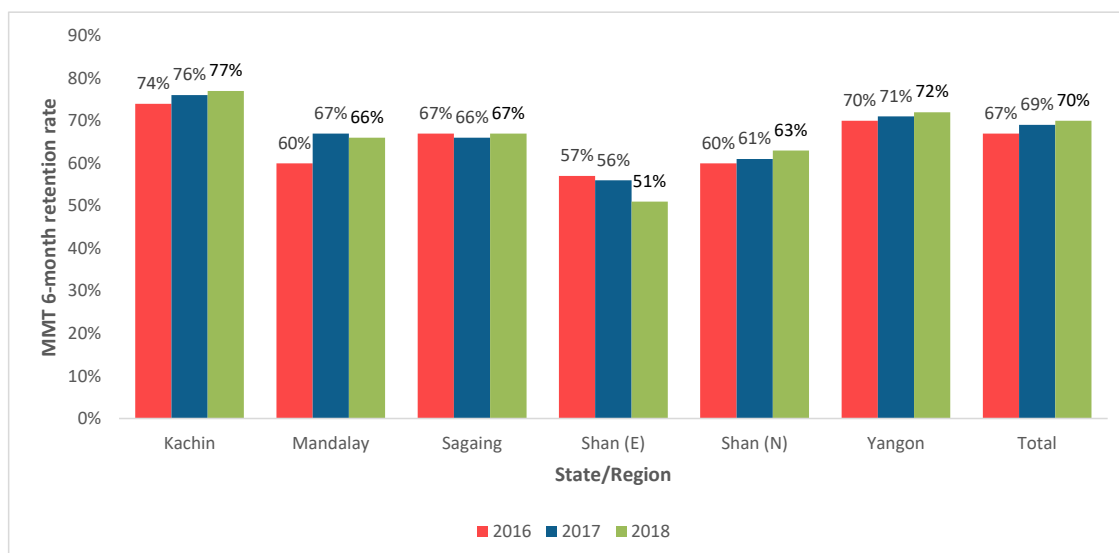


Figure 14: MMT six-month retention rate by State/Region (2016–2018)



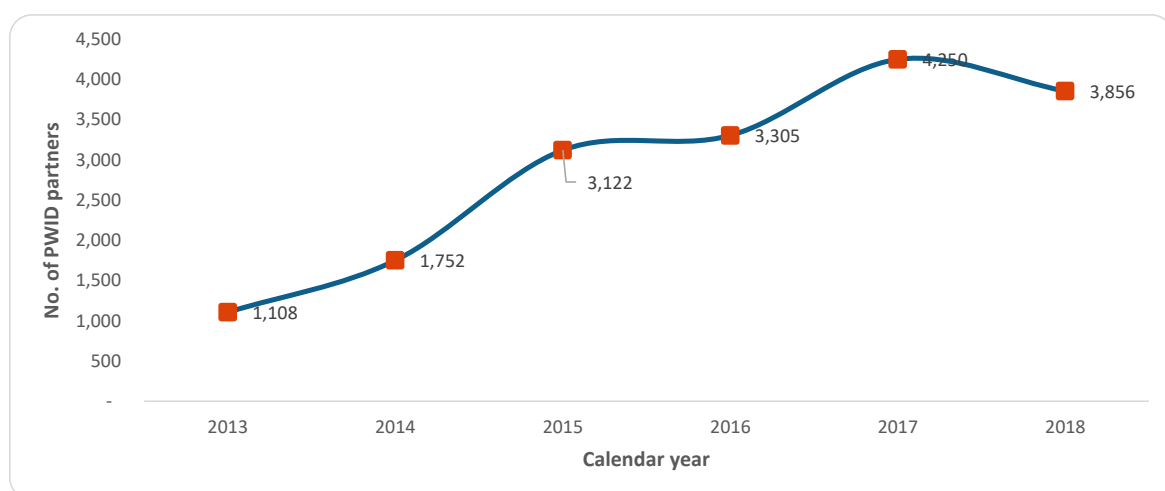
HIV prevalence among PWID is higher than in any other key population. With increased safe injecting practices among PWID, new HIV infections among PWID should be decreasing. To evaluate the success of the harm reduction program, it is important to explore HIV incidence among PWID. Harm reduction services should also be evaluated and tailored in order to mitigate HIV transmission through injecting drug use.

Sexual partners of PWID

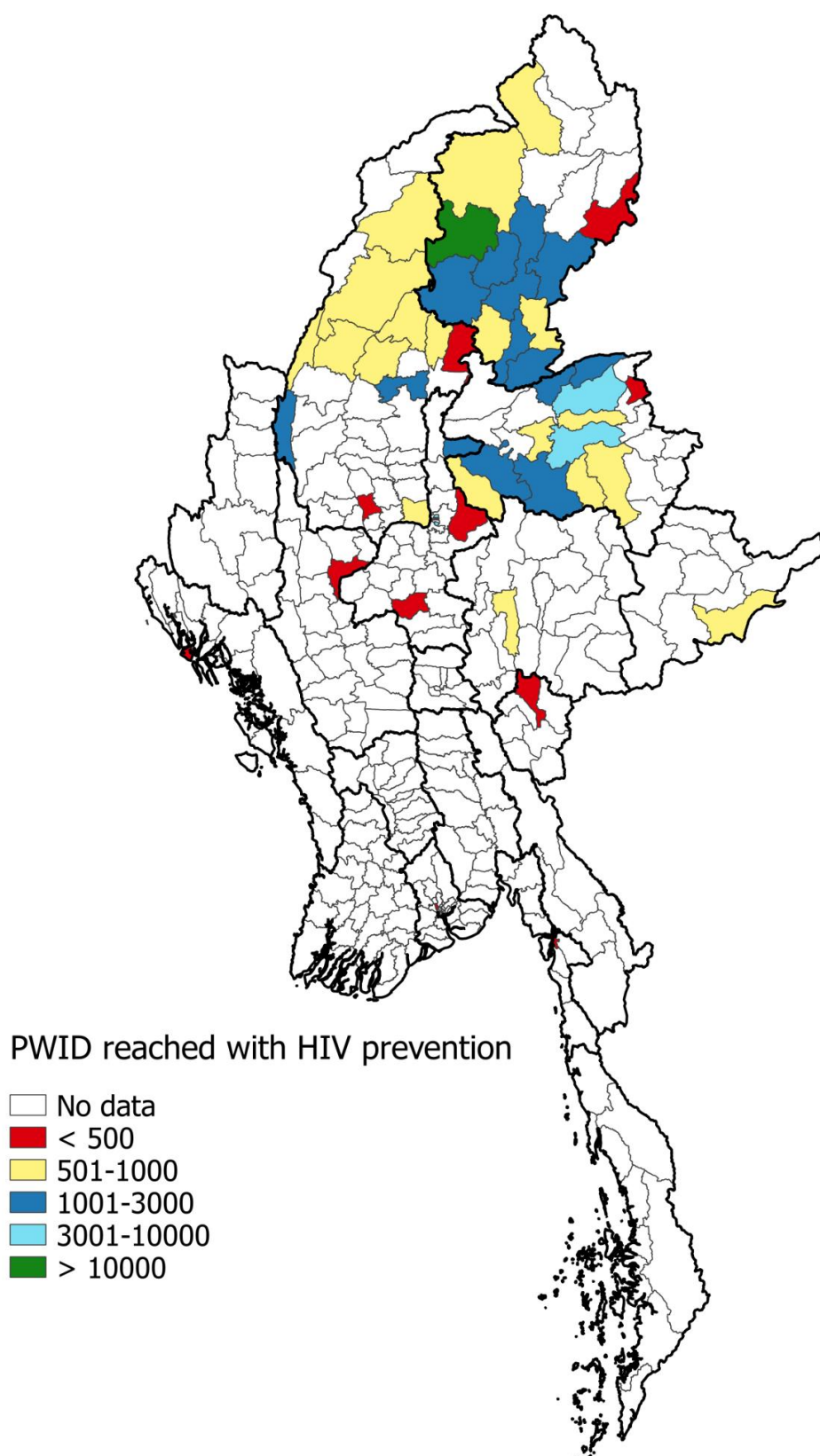
With the substantial expansion of the HIV prevention program for PWID, sexual partners of PWID have also been able to receive HIV prevention services over the past five years, and five organizations report working in this area in 2018. Greater combined efforts are required in order to reduce HIV transmission from PWID to their sexual partners.

Table 15: Sexual partners of people who inject drugs reached by organization (2017–2018)

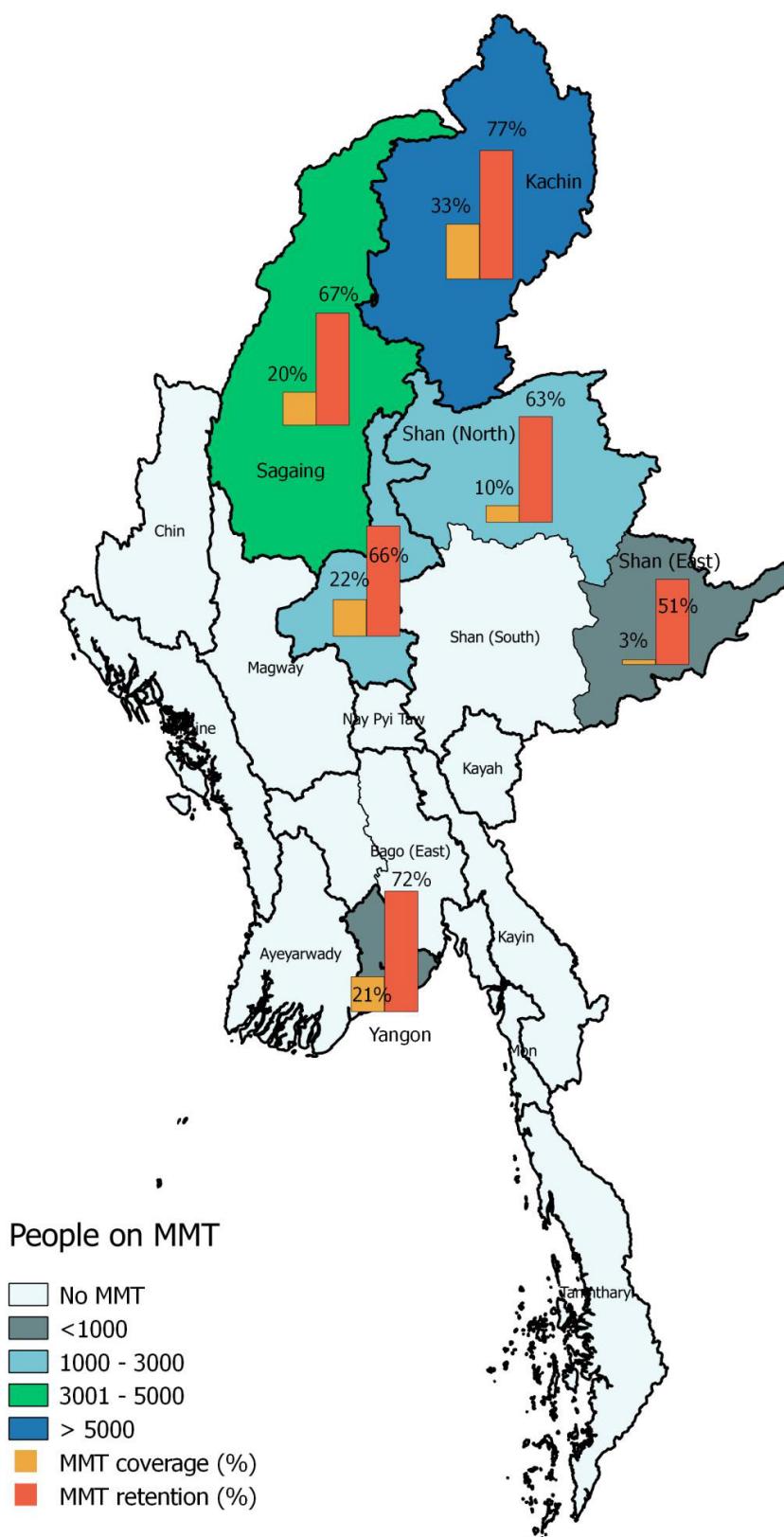
Organization	2017			2018		
	Male	Female	Total	Male	Female	Total
AHRN	-	-	-	192	263	455
Burnet	1	179	180	-	-	-
HPA	-	153	153	-	-	-
MAM	-	-	-	6	327	333
MANA	50	2,607	2,657	11	2,292	2,303
NAP	204	602	806	56	596	652
SARA	-	166	166	17	96	113
SCiM	-	288	288	-	-	-
Total	255	3,995	4,250	282	3,574	3,856

Figure 15: Number of regular partners of PWID reached by prevention program by year (2013–2018)**Table 16: Sexual partners of people who inject drugs reached by State/Region (2017–2018)**

State/ Region	2017			2018		
	Male	Female	Total	Male	Female	Total
Kachin	3	375	378	40	1,022	1,062
Mandalay	92	409	501	20	16	36
Mon	-	-	-	-	1	1
Rakhine	99	60	159	20	16	36
Sagaing	29	833	862	192	752	944
Shan (E)	-	9	9	-	3	3
Shan (N)	30	2,272	2,302	10	1,764	1,774
Shan (S)	1	23	24	-	-	-
Yangon	1	14	15	-	-	-
Total	255	3,995	4,250	282	3,574	3,856

Map 3: Distribution of prevention services for PWID by townships in 2018

Map 4: Distribution of PWID on MMT, MMT coverage and retention by states and regions (2018)



People who use drugs

Availability and accessibility of non-injection drugs has led to an increase in the number of people who use drugs (PWUD), a group that has become more prominent in HIV prevention efforts in recent years. There is no specific program focus solely on PWUD as yet, and the organizations working on harm reduction for PWID are also providing services to PWUD.

Table 17: People who use drugs (PWUD) reached by HIV prevention services through outreach and DIC by organization (2016–2018)

Organization	2016		2017		2018	
	Outreach	DIC	Outreach	DIC	Outreach	DIC
AHRN	9,568	7,494	11,782	8,445	11,116	7,549
Alliance	120	-	-	-	-	-
BI	1,779	1,211	1,476	978	-	-
HPA	24	48	177	681	-	-
MANA	4,671	7,593	5,547	6,080	8,090	11,727
MDM	1,979	1,146	2,743	711	948	243
Metta	14	18	305	428	433	610
MSF-Holland	86	65	-	-	-	-
NAP	3	1	-	-	-	-
SARA	1,091	3,283	1,466	4,783	415	1,526
SCiM	207	136	221	72	-	-
Total	19,542	20,995	23,717	22,178	21,002	21,655

The association of HIV with drug use, the concomitant use of injecting and non-injection drugs and the multiple risk behaviours of FSW and MSM who use drugs have been described in Myanmar and other countries. The 2017 IBBS among PWID highlights that youth switch quickly (within two years) from non-injecting to injecting drug use.²⁸ This situation warrants further study on the impact of drug use on HIV in Myanmar and to prepare policy, guidelines and services to prevent and address this additional risk factor to the health of people in Myanmar, in particular young people.

²⁸ Paper titled “urgent need to address multiple high-risk behaviors and to prevent HIV among young PWID” presented in Myanmar Health Research Congress 2019

Table 18: People who use drugs (PWUD) reached by HIV prevention services through outreach and DIC by State/Region (2016–2018)

State/ Region	2016		2017		2018	
	Outreach	DIC	Outreach	DIC	Outreach	DIC
Kachin	8,672	7,609	12,185	10,281	9,136	7,598
Mandalay	631	1,599	720	1,472	845	1,817
Sagaing	4,287	4,437	4,349	3,821	4,800	3,901
Shan (E)	237	391	318	254	575	481
Shan (N)	3,854	6,120	4,152	5,609	4,742	6,725
Shan (S)	167	415	577	517	904	1,133
Yangon	1,694	424	1,416	224	-	-
Total	19,542	20,995	23,717	22,178	21,002	21,655

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.1 Increase scale of effective combination prevention interventions for priority population: prevention among people in prisons and other closed settings

Output/Coverage Indicator	Data Source	Size Estimate	Baseline 2015	Results 2018
No. of people in prison and other closed settings reached with HIV prevention programs	Program Data	100,000 – 110,000 ²⁹	3,363	10,917

Partners working with people in prison and other closed settings in 2018:

AHRN, NAP

Reports indicate that 10,917 people in prisons and other closed settings were reached with HIV prevention interventions in 2018. The NAP has been the primary institution providing prevention services in prisons, including health education and HIV testing services. Implementing partners working in this area have changed over the years, with AHRN being the main current partner. The number of prisoners reached has grown significantly under NSP III through the cooperation between the Prison Health Department of the Ministry of Home Affairs and the

²⁹ Presentation from Prisons Department in HIV prevention workshop, February 2019, Nay Pyi Taw

NAP. A comprehensive standard operating procedure (SOP) for prison health was developed and launched in 2018. Entry screening for HIV was offered to all new detainees by prison health staff in four prisons: Insein, Mandalay, Myitkyina and Lashio. For other prisons across the country, NAP AIDS/STD teams visited regularly for health education, HIV/STI screening and ART provision. During 2018, HIV prevention services were provided to prison population in 15 of 17 states and regions, which represents significant progress. Prevention services in prison should be reinforced in Yangon and Shan (N).

Table 19: Incarcerated population reached by organization (2017–2018)

Organization	2017			2018		
	Male	Female	Total	Male	Female	Total
AHRN	1,494	122	1,616	2,570	306	2,876
MAM	134	12	146	-	-	-
NAP	3,200	1,081	4,281	6,629	1,412	8,041
Total	4,828	1,215	6,043	9,199	1,718	10,917

Figure 16: Number of incarcerated people reached by HIV prevention program (2013–2018)

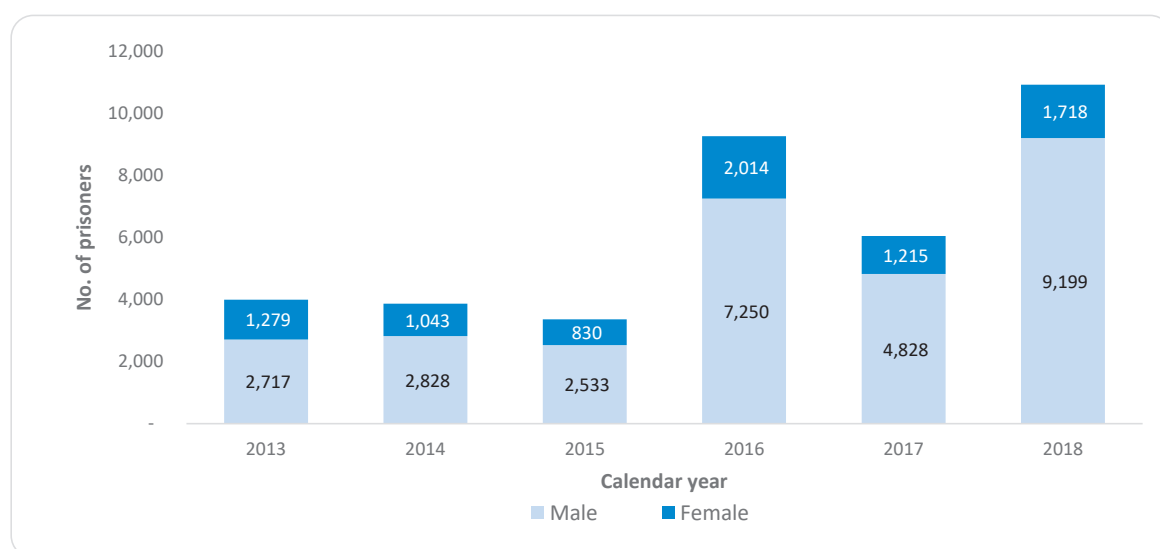


Table 20: Incarcerated population reached by State/Region (2016–2018)

State/ Region	2016			2017			2018		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyarwady	395	128	523	200	-	200	273	77	350
Bago	356	203	559	250	85	335	788	100	888
Chin	-	-	-	-	-	-	-	-	-
Kachin	27	1	28	811	97	908	862	390	1,252
Kayah	440	70	510	-	-	-	762	89	851
Kayin	341	178	519	81	99	180	219	199	418
Magway	233	53	286	-	-	-	280	-	280
Mandalay	,1652	578	2,230	263	34	297	565	203	768
Mon	-	-	-	946	265	1,211	720	172	892
Nay Pyi Taw	192	-	192	109	-	109	-	-	-
Rakhine	251	80	331	15	10	25	35	12	47
Sagaing	776	236	1012	1,498	411	1,909	2,754	114	2,868
Shan (E)	234	28	262	413	35	448	589	237	826
Shan (N)	432	106	538	-	-	-	4	-	4
Shan (S)	1,433	306	1,739	142	179	321	238	14	252
Tanintharyi	487	47	534	100	-	100	1,103	106	1,209
Yangon	1	-	1	-	-	-	7	5	12
Total	7,250	2,014	9,264	4,828	1,215	6,043	9,199	1,718	10,917

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.1 Increase scale of effective combination prevention interventions for priority population: prevention among mobile and migrant population

Output/Coverage Indicator	Data Source	Size Estimate	Baseline 2015	Results 2018
No. of mobile and migrant population reached with HIV prevention programs	Program Data	NA	18,200	34,069

Partners working with mobile and migrant population in 2018:

IOM, Malteser, MSI, NAP

Four organizations were providing HIV prevention services to mobile and migrant population during 2018, NAP became the largest service provider with the support of ADB JFPR (Asian Development Bank, Japan Fund for Poverty Reduction) project. This project worked on mobile and migrant population for NAP through IOM in five border townships. The most obvious increase was observed in Kayin State where ADB project worked in three townships, Hpa-an, Myawaddy, and Kawkaeik. Shan (E) also showed a great process where Tachileik was one of ADB townships (Table 20). During 2018, around 34,000 mobile and migrant people were covered by HIV prevention program.

Traditionally, the highest number of mobile and migrant people reached with HIV prevention was in Mon and Kayin, which are states that border with Thailand. During 2018, significant numbers of mobile and migrant population were also reached in other states and regions, such as Magway, Kayah (border with Thailand), Kachin (border with China) and Shan (E) (border with China and Thailand) (Table 20).

As incarcerated population and mobile and migrant population are among the priority populations in NSP III, it is important to put more emphasis on these populations. As information on these populations is still very limited, it would be advantageous to gather more data to better understand the situation through research projects and plan the necessary interventions.

Table 21: Mobile and migrant population reached with HIV prevention by organization (2017–2018)

Organization	2017			2018		
	Male	Female	Total	Male	Female	Total
IOM	2,519	3,150	5,669	5,470	2,504	7,974
Malteser	-	-	-	106	161	267
MSI	-	-	-	181	253	434
NAP	2,622	1,487	4,109	12,088	13,306	25,394
SCiM	84	102	186	-	-	-
Total	5,225	4,739	9,964	14,773	12,719	34,069

Table 22: Mobile and migrant population reached with HIV prevention by State/Region (2016–2018)

State/ Region	2016			2017			2018		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyarwady	391	20	411	76	-	76	126	69	195
Bago	1,883	1,705	3,588	295	62	357	-	-	-
Chin			-	150	126	276	-	-	-
Kachin	73	3	76	40	269	309	770	809	1,579
Kayah	26	14	40	-	-	-	488	1,164	1,652
Kayin	2,575	3,172	5,747	1,185	1,292	2,477	6,653	8,335	14,988
Magway	114	35	149	-	-	-	946	895	1,841
Mandalay	1,266	200	1,466	1,135	539	1,674	293	138	431
Mon	2,063	3,001	5,064	1,379	1,882	3,261	6,644	2,757	9,401
Nay Pyi Taw	102	48	150	29	5	34	-	-	-
Rakhine	180	257	437	161	10	171	51	62	113
Sagaing	370	181	551	296	271	567	157	110	267
Shan (E)	224	366	590	148	101	249	1,476	1,627	3,101
Shan (N)	467	103	570	85	0	85	99	177	276
Shan (S)	90	62	152	111	11	122	-	-	-
Tanintharyi	108	59	167	-	-	-	127	72	199
Yangon	1,491	1,154	2,645	135	171	306	15	9	24
Total	11,423	10,380	21,803	5,225	4,739	9,964	17,845	16,224	34,069

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.1 Increase scale of effective combination prevention interventions for priority population: other vulnerable populations

Output/Coverage Indicator	Data Source	Size Estimate	Baseline 2015	Results 2018
No. of out-of-school youth (15–24) reached by prevention program	Program Data	NA	17,696	3,002
No. of uniformed personnel reached with HIV prevention programs	Program Data	NA	7,533	2,860
No. of people in workplace reached with HIV prevention program	Program Data	NA	9,883	23,633

Organizations working with out-of-school youth in 2018: NAP

Organizations working with uniformed services personnel in 2018: NAP

Organizations working with people in the workplace in 2018: IOM, NAP

Out-of-school youth

The number of out-of-school young people reached with HIV prevention activities continued to decrease in 2018, and the NAP was the only organization delivering services to this population. As usual, Mandalay was the region with the highest number reached. No out-of-school-youth related prevention services took place in Ayeyarwady, Bago, Chin, Magway, Mon, Sagaing or Shan (N). As young key populations can also be among the out-of-school youth population, it is a population that should not be neglected if resources become available.

Table 23: Out-of-school youth reached with HIV prevention by organization (2017–2018)

Organization	2017			2018		
	Male	Female	Total	Male	Female	Total
IOM	384	559	943	-	-	-
NAP	6,215	3,027	9,242	1,092	1,910	3,002
Total	6,599	3,586	10,185	1,092	1,910	3,002

Table 24: Out-of-school youth reached with HIV prevention by State/Region (2016–2018)

State/ Region	2016			2017			2018		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyarwady	148	63	211	-	-	-	-	-	-
Bago	12	-	12	-	-	-	-	-	-
Chin	-	-	-	235	199	434	-	-	-
Kachin	271	240	511	85	91	176	70	80	150
Kayah	-	-	-	-	-	-	8	214	222
Kayin	53	92	145	177	255	432	1	1	2
Magway	745	1,081	1,826	-	-	-	-	-	-
Mandalay	1,808	1,771	3,579	4,079	1,411	5,490	765	1,234	1,999
Mon	678	1,050	1,728	375	550	925	-	-	-
Rakhine	93	75	168	-	-	-	78	34	112
Sagaing	643	343	986	316	199	515	-	-	-
Shan (E)	610	580	1,190	10	15	25	25	67	92
Shan (N)	12	15	27	350	-	350	-	-	-
Shan (S)	94	416	510	37	293	330	15	140	155
Yangon	76	104	180	935	573	1,508	130	140	270
Total	5,243	5,830	11,073	6,599	3,586	10,185	1,092	1,910	3,002

Uniformed services personnel

In 2018, 2,860 uniformed services personnel were reached with HIV prevention services, and the NAP remains the only organization providing services to this population. Tanintharyi, Yangon, Shan (E) and Ayeyarwady are the four regions/states where the highest numbers were reached in 2018.

Table 25: Uniformed services personnel reached with HIV prevention by organization (2017–2018)

Organization	2017			2018		
	Male	Female	Total	Male	Female	Total
NAP	1,117	774	1,891	2,094	766	2,860
Total	1,117	774	1,891	2,094	766	2,860

Table 26: Out-of-school youth reached with HIV prevention by State/Region (2016–2018)

State/ Region	2016			2017			2018		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyarwady	67	50	117	9	-	9	272	58	330
Bago	148	196	344	16	28	44	65	42	107
Chin	-	-	-	50	177	227	-	-	-
Kachin	-	-	-	-	-	-	5	-	5
Kayah	1	-	1	6	-	6	17	7	24
Kayin	7	2	9	23	149	172	90	148	238
Magway	1,880	997	2,877	276	60	336	4	6	10
Mandalay	15	3	18	7	10	17	14	23	37
Mon	91	49	140	60	33	93	32	-	32
Rakhine	47	34	81	246	82	328	12	4	16
Sagaing	114	34	148	33	1	34	282	53	335
Shan (E)	91	40	131	-	-	-	-	-	-
Shan (N)	-	-	-	223	-	223	-	-	-
Shan (S)	354	-	354	-	-	-	1,049	126	1,175
Yangon	68	86	154	168	234	402	252	299	551
Total	2,883	1,491	4,374	1,117	774	1,891	2,094	766	2,860

People in the workplace

IOM is providing HIV prevention services on a large scale to people in workplaces alongside the mobile and migrant population in Mon and Kayin, which are states that border with Thailand. In 2018, nearly 24,000 people were offered prevention services at their workplaces. There may be some overlap between mobile and migrant population and people in the workplace.

At subnational level, apart from Mon and Kayin states, Yangon was the region providing prevention services at workplace where there were many large factories in industrial zones and harbours employing many workers in one place.

Out-of-school youth, uniformed services personnel and people in the workplace are no longer priority populations to be reached with HIV prevention under NSP III, and consequently fewer organizations provide services to these three populations.

Table 27: People reached through workplace programs by organization (2017–2018)

Organization	2017			2018		
	Male	Female	Total	Male	Female	Total
IOM	3,021	5,438	8,459	5,032	14,272	19,304
NAP	2,347	3,715	6,062	1,458	2,871	4,329
Total	5,368	9,153	14,521	6,490	17,143	23,633

Table 28: People reached through workplace programs by State/Region (2016–2018)

State/ Region	2016			2017			2018		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyarwady	643	508	1,151	-	-	-	179	121	300
Bago	50	250	300	550	250	800	19	34	53
Kachin	53	99	152	-	58	58	-	-	-
Kayin	138	145	283	1,754	2,769	4,523	2,650	5,590	8,240
Magway	-	-	-	242	48	290	-	-	-
Mandalay	597	542	1,139	792	406	1,198	326	441	767
Mon	2,542	5,126	7,668	1,292	2,702	3,994	2,461	8,713	11,174
Rakhine	40	14	54	-	-	-	3	2	5
Sagaing	-	-	-	155	92	247	-	-	-
Shan (E)	3	12	15	-	-	-	177	261	438
Shan (N)	135	9	144	-	-	-	-	-	-
Shan (S)	104	10	114	-	-	-	55	2	57
Tanintharyi	-	-	-	-	-	-	36	3	39
Yangon	2,249	4,240	6,489	583	2,828	3,411	584	1,976	2,560
Total	6,554	10,955	17,509	5,368	9,153	14,521	6,490	17,143	23,633

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.1 Increase scale of effective combination prevention interventions for priority populations: condom distribution

Condom distribution is an essential component of HIV prevention services. According to the United States Centers for Disease Control and Prevention (CDC), condom distribution programs are a type of structural intervention that involves the distribution of condoms as a mechanism to prevent HIV transmission. Condom distribution programs have been shown to be the most effective in preventing STIs and HIV when implemented as a component of a larger education and prevention strategy.³⁰

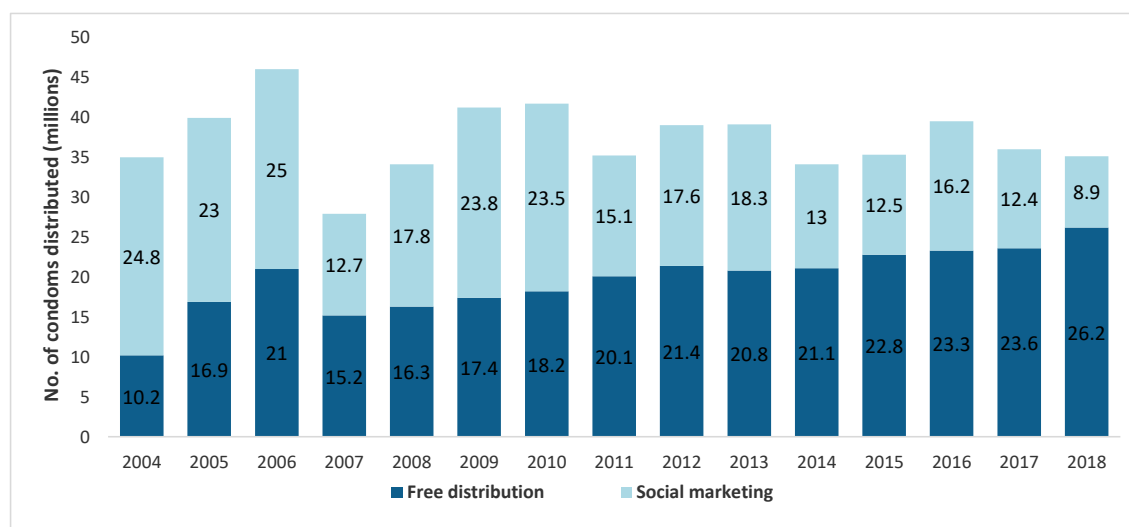
In Myanmar, the NAP initiated free condom distribution in 2001 through the 100% Targeted Condom Programme (TCP) in four pilot sites. Under NSP III, condom distribution is a component of combination prevention interventions together with other behavioural and biomedical interventions. All implementing organizations working on HIV prevention targeted condom distribution to key populations, but condoms were also provided to all townships to enable access by everyone wishing to practise safer sex. Free condom distribution has increased yearly and 26 million condoms were distributed free of charge in 2018 (Figure 18).

Another condom distribution channel approach used in Myanmar is social marketing, in which condom brands are developed, marketed with a promotional campaign, and sold to a target population. In the early years of the condom distribution program, more than half of all condom distribution was through social marketing, compared to only 25% in 2018. PSI is the major provider through social marketing, but in recent years, there are a few other providers engaged in condom social marketing, and more comprehensive information is needed from them to have a complete picture of condom social marketing.

³⁰ <https://www.ruralhealthinfo.org/toolkits/hiv-aids/2/prevent/condom-distribution>

Table 29: Free condom distribution by organization in 2018

Organization	FSW	MSM	Clients	Other pop.	PWID	PLHIV	Total
AHRN	456,525	-	29,496	567,454	295,438	-	1,348,913
Alliance	351,784	325,340	-	-	-	-	677,124
IOM	442,883	104,461	10,492	330,230	-	67,714	955,780
MAM	348,033	99,409	-	33,473	81,531	15,517	577,963
MANA	-	-	-	282,224	1,264,355	49,372	1,595,951
Metta	-	-	-	-	55,465	-	55,465
MDM	329,739	214,964	-	-	491,096	-	1,035,799
MSI	493,057	382,632	1,328	41,034	-	7,903	925,954
NAP	5,527,126	1,719,638	1,495,868	5,770,176	236,107	-	14,748,915
NAP–UNION	-	-	-	-	-	154,827	154,827
PSI	1,899,141	1,537,900	-	-	-	-	3,437,041
PUI	131,179	205,698	-	174,416	-	14,688	525,981
SARA	-	-	-	16,421	143,569	-	159,990
Total	9,979,467	4,590,042	1,537,184	7,215,428	2,567,561	310,021	26,199,703

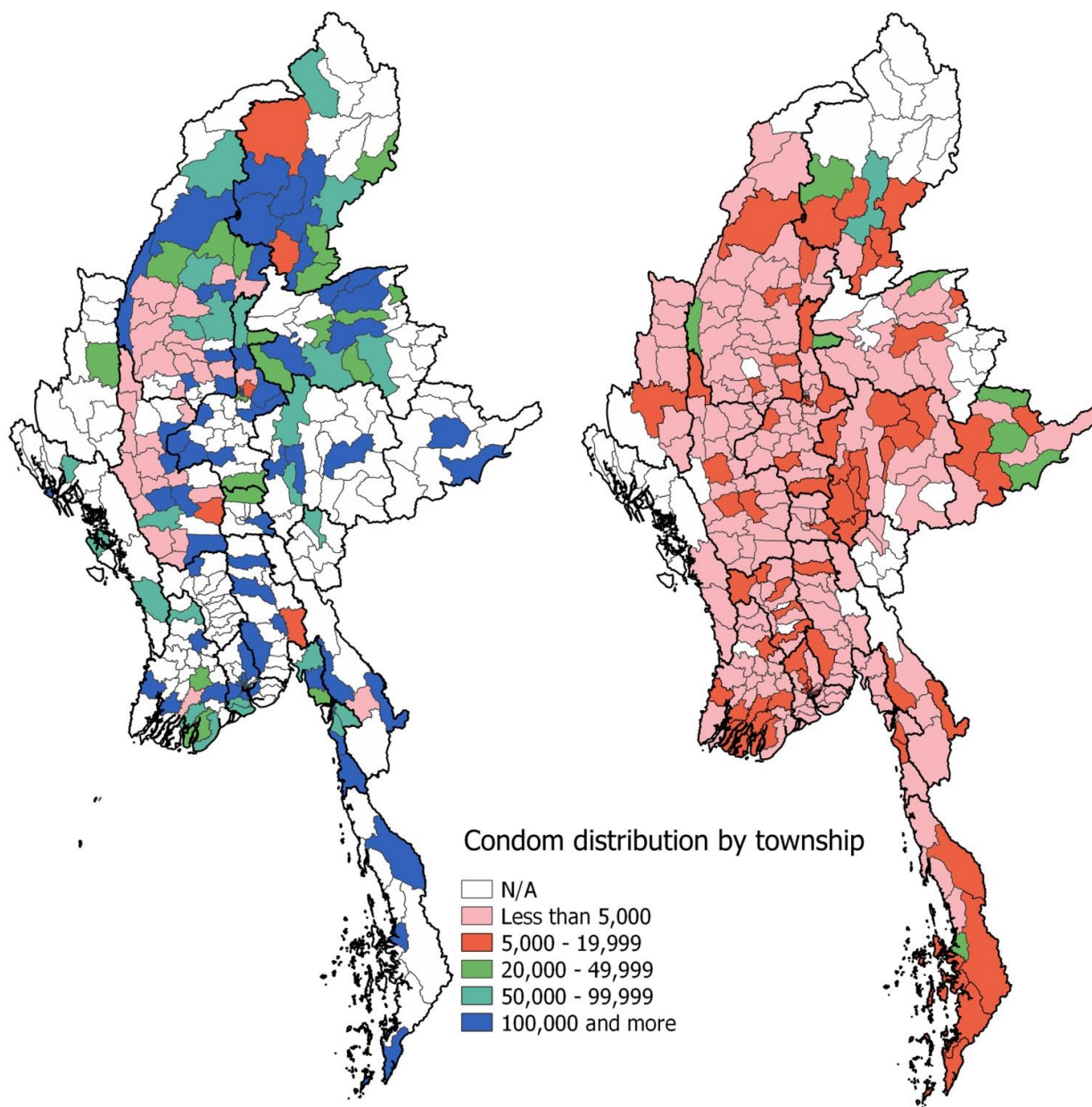
Figure 17: Condom distribution – free distribution and social marketing (2004–2018)

Almost all organizations have been providing free condoms, with the NAP distributing the highest number over the period. The largest share of free condoms went to FSW, followed by MSM and PWID populations.

As in previous years, free condoms have been distributed in all states and regions, with the highest numbers in Yangon, Mandalay and Kachin. At the township level, social marketing can cover a wider area than free distribution but with a lower number of condoms. Condoms were distributed through social marketing in 90% of townships across the country in 2018.

Table 30: Free and social marketing condom distribution by State/Region (2016–2018)

State/ Region	Free condom distribution			Condom social marketing		
	2016	2017	2018	2016	2017	2018
Ayeyarwady	1,317,165	1,687,377	1,911,563	571,912	443,148	92,640
Bago	1,458,139	1,793,020	1,338,027	984,576	538,416	85,676
Chin	-	96,715	25,200	57,048	62,460	22,920
Kachin	2,234,275	2,387,651	3,035,897	850,741	809,516	174,564
Kayah	275,512	59,216	95,930	207,516	141,540	7,164
Kayin	650,957	702,725	970,224	196,912	125,256	25,824
Magway	1,352,403	1,073,444	1,597,929	1,055,496	748,680	59,070
Mandalay	3,759,524	3,895,610	3,569,351	2,006,544	2,113,598	164,285
Mon	1,179,840	1,429,947	1,402,631	468,120	465,340	35,188
Nay Pyi Taw	306,142	-	282,983	258,996	189,032	33,888
Rakhine	343,095	435,781	433,092	145,428	71,340	732
Sagaing	1,389,669	1,866,372	1,945,126	910,464	745,480	137,092
Shan (E)	705,567	523,914	506,225	406,608	332,900	121,464
Shan (N)	2,367,916	1,845,032	1,638,522	1,334,304	1,004,566	81,476
Shan (S)	580,359	773,886	776,835	1,432,272	995,648	110,876
Tanintharyi	602,201	651,667	1,089,359	475,348	338,744	73,020
Yangon	4,733,782	4,426,381	5,580,809	4,853,508	3,241,560	7,651,307
Total	23,256,546	23,648,738	26,199,703	16,215,793	12,367,224	8,877,186

Map 5: Condom distribution in 2018**Free distribution****Social marketing**

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.2 Maximize HIV testing and linkage to ART among priority populations

HIV TESTING SERVICES

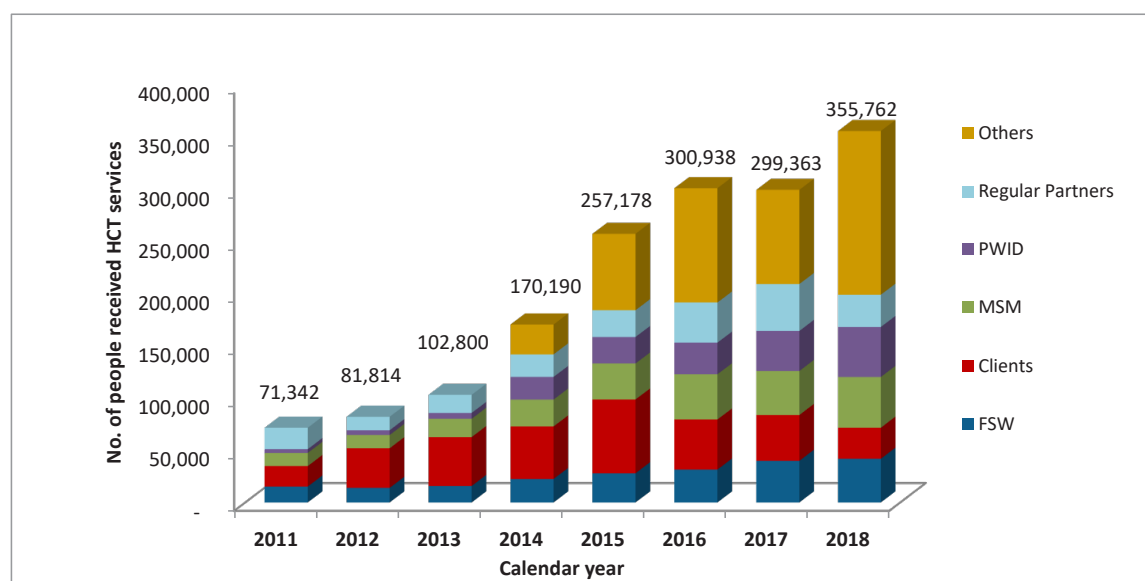
Output/Coverage Indicator	Data Source	Size Estimate	Baseline 2015	Target 2018	Results 2018
No. of people who received an HIV test in the last 12 months and who know their result	Program Data	NA	257,178	432,493	355,762
% of PLHIV who have been tested and know their HIV-positive status ³¹	Program Data	Estimated number of PLHIV	53%	75%	80%

Organizations providing HIV testing service in 2018:

AHRN, Alliance, IOM, MAM, MANA, MDM, Metta, MMT,
MSF-CH, MSF-H, MSI, NAP, PSI, PUI, SARA

With the mandate of NSP III to maximize HIV testing, Myanmar has been gearing up its HIV testing services (HTS) in recent years towards achieving the first of the three 90s—the ambitious targets for ending AIDS. Around 355,000 people were tested for HIV and knew their HIV status during 2018. This figure excludes HIV testing for pregnant women within PMTCT, details of which will be provided in a following section of this report. Despite the rapid growth in HIV testing, improvement is still needed to meet NSP III targets.

³¹ No. of PLHIV on ART at the end of 2016 + No. of PLHIV on cotrimoxazole who are not yet on ART + No. of newly diagnosed PLHIV from HTS program during 2017 - No. of PLHIV death on ART

Figure 18: HIV testing, and post-test counselling received by target populations (2011–2018)**Table 31: HIV testing, and post-test counselling received by target populations and by organization in 2018**

Organization	FSW	Clients	MSM	PWID	Regular partners	Other pop ³²	Total
AHRN	230	59	2	8,128	873	8,110	17,402
Alliance	6,679	3,436	12,434	1	847	192	23,589
IOM	1,279	73	704	-	99	14,558	16,713
MANA	-	-	-	21,133	2,479	8,004	31,616
MDM	919	-	1,328	3,281	886	849	7,263
Metta	-	-	-	1,102	86	-	1,188
MMT	-	-	-	5,024	42	3	5,069
MSF-CH	195	58	8	2	207	1,409	1,879
MSF- H	75	-	26	435	-	4,209	4,745
MSI	1,546	48	4,588	-	-	365	6,547
NAP	16,680	16,603	12,168	6,557	18,018	115,227	185,601
PSI	13,621	9,172	16,426	-	7,223	2,313	48,755
PUI	496	197	861	-	119	725	2,398
SARA	-	-	-	2,292	42	663	2,997
Total	41,720	29,646	48,545	47,955	30,921	156,975	355,762

³² Other population includes institutionalized population, uniformed services personnel, mobile and migrant population, TB patients, blood donors, HIV-exposed children and low-risk population

With the expansion of HTS, it is estimated that by the end of 2018, 80% of people living with HIV have been tested and know their HIV-positive status. This is very promising in moving towards the first of the three 90s. However, in the absence of case-based recording and reporting in HTS, and incomplete HIV case and death reports, the accuracy of these data is rather weak as some assumptions have to be used to estimate these data. This is one reason to recommend, as an urgent need, use of unique identifiers and case-based reporting for the HTS program to be able to collect quality data.

HIV testing among FSW, MSM and PWID increased in 2018 compared to previous years. On the other hand, testing reduced among clients and regular partners. One explanation might be that the exposure risk of the person being tested was not identified and classified only as 'others'.

In 2018, 14% of all HIV tests were for the MSM key population, 13% for PWID and 12% for FSW. The highest proportion of HIV-positive test results was again among PWID at 27.3% positive, followed by regular partners of key populations at 20.7%, and clients of FSW at 14.9%. The proportion of HIV-positive test results was also high among MSM at 7.6% and FSW at 5.7%. The overall proportion of HIV-positive tests for all populations was 10.7% in 2018, representing an increase at a steady rate within the HTS program. A substantial amount of tested people fell into 'other' category which includes unidentified key populations, institutionalized population, uniformed service personnel, TB/HIV patients, mobile and migrant population, people who use drugs (PWUD), and blood donors leading to the positivity rate of 4.9%.

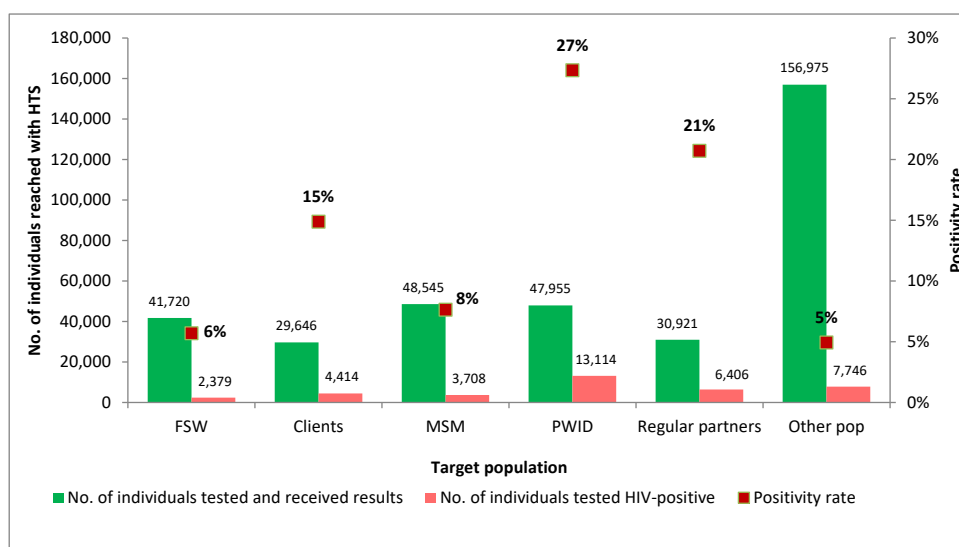
At state and regional level, the highest numbers of people were tested in Yangon, Sagaing and Kachin. Among these, the biggest increase in HIV testing in recent years was in Sagaing, to become the second highest number after Yangon in 2018. The lowest number tested was in Chin, with the second lowest number in Rakhine due to the conflicts there leading to a decrease in all HIV-related services.

Among all states and regions, in 2018 the highest HIV-positivity rate Kachin, at 30.3% or almost one in three HIV tested people testing HIV-positive; this is the highest rate since 2015. The second highest positivity rate was in Rakhine at 15%. The most probable reason for this high positivity is that it was not possible to expand the HTS program in Rakhine to test more people because of the conflict; consequently, testing there may have been on people with HIV symptoms or those most at risk. The HIV-positivity rate was also high, above 10%, in Ayeyarwady, Mandalay and Magway; whereas the lowest positivity was in Kayin at 2.8% and Shan (S) at 3.8%.

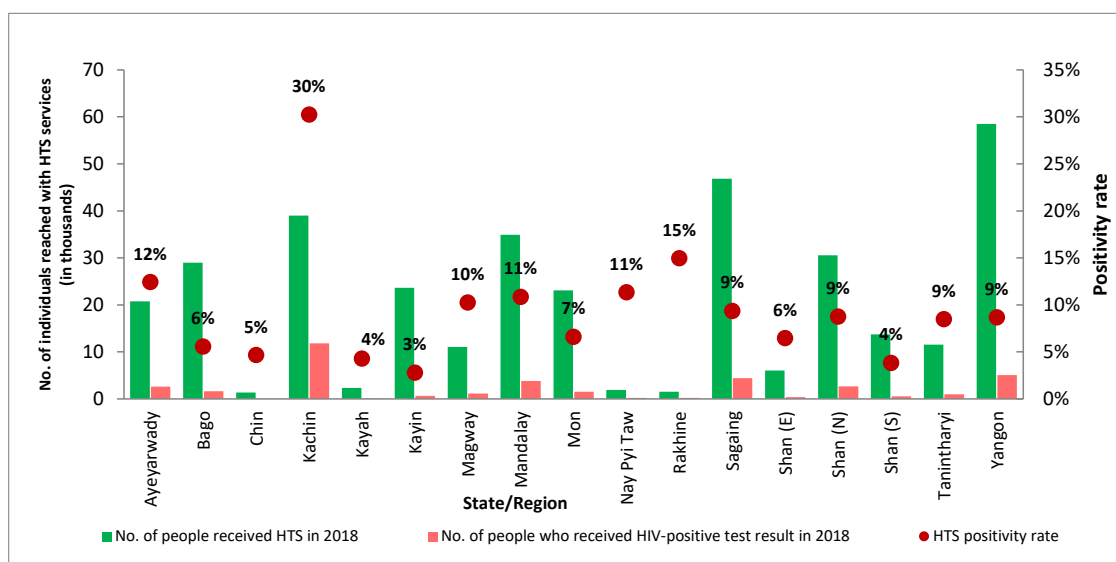
Although the HTS program has been scaling up very well, looking ahead, a more geographically and population tailored HTS program and innovative approaches in HIV testing such as community-based testing, partner notification and index case testing would help achieve the goal of ending AIDS earlier.

Table 32: Number of target population received HIV testing and post-test counselling and tested HIV-positive (2015–2018)

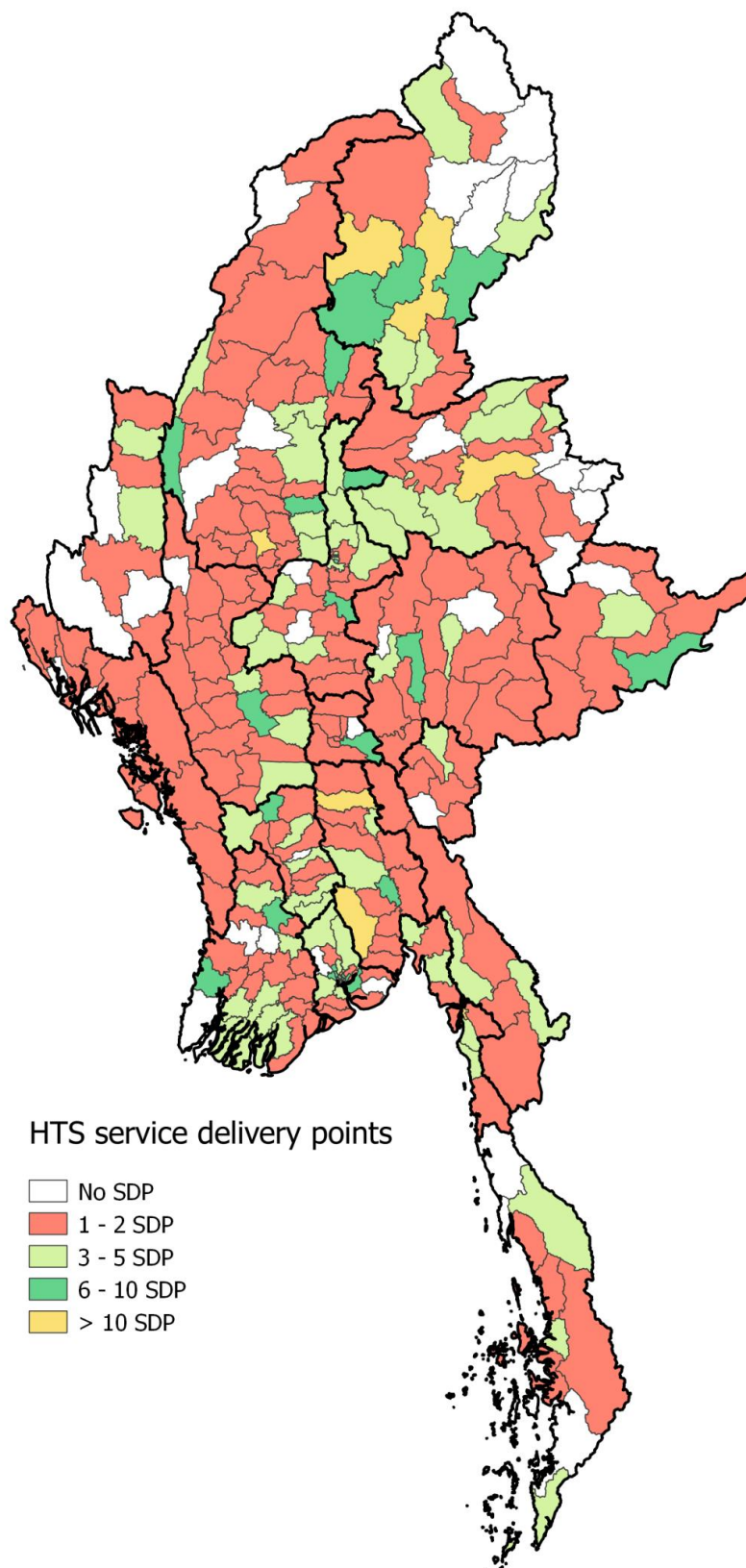
Population group	2015			2016			2017			2018		
	HIV tested and post-test counselling	HIV positive	HIV positivity rate	HIV tested and post-test counselling	HIV positive	HIV positivity rate	HIV tested and post-test counselling	HIV positive	HIV positivity rate	HIV tested and post-test counselling	HIV positive	HIV positivity rate
FSW	27,865	1,604	5.8%	31,540	1,933	6.1%	39,748	2,402	6.0%	41,720	2,379	5.7%
Clients	70,473	5,547	7.9%	47,838	5,812	12.1%	43,724	4,465	10.2%	29,646	4,414	14.9%
MSM	34,528	1,761	5.1%	43,299	2,414	5.6%	42,167	3,483	8.3%	48,545	3,708	7.6%
PWID	25,385	4,782	18.8%	30,901	7,432	24.1%	38,424	7,935	20.7%	47,955	13,114	27.3%
Regular partners of key populations	25,706	3,067	11.9%	38,180	5,876	15.4%	44,988	6,579	14.6%	30,921	6,406	20.7%
Serodiscordant couples				434	207	47.7%	33	7	21.2%			
Other populations ³²	73,221	4,891	6.7%	110,868	5,780	5.2%	90,279	5,254	5.8%	156,975	7,746	4.9%
Total	257,178	21,652	8.4%	303,060	29,454	9.7%	299,363	30,125	10.1%	355,762	37,767	10.6%

Figure 19: Number of target population receiving HTS and tested positive in 2018

³² Other populations include institutionalized population, uniformed services personnel, mobile and migrant population, TB patients, blood donors, HIV-exposed children, and low-risk population

Figure 20: Number of individuals receiving HTS, tested positive and HIV positivity rate by state/region in 2018**Table 33: Number of individuals received HIV testing and post-test counselling by State/Region (2015–2018)**

State/Region	2015			2016			2017			2018		
	HIV tested and post-test counselling	HIV positive	HIV positivity rate	HIV tested and post-test counselling	HIV positive	HIV positivity rate	HIV tested and post-test counselling	HIV positive	HIV positivity rate	HIV tested and post-test counselling	HIV positive	HIV positivity rate
Ayeyarwady	15,532	1,574	10.1%	18,427	1,948	10.6%	22,865	1,993	8.7%	20,765	2,582	12.4%
Bago	13,801	619	4.5%	16,268	1,380	8.5%	16,437	1,398	8.5%	28,987	1,618	5.6%
Chin	7,183	72	1.0%	137	-	-	292	13	4.5%	1328	62	4.7%
Kachin	15,579	4,345	27.9%	19,017	5,705	30.0%	24,878	6,544	26.3%	38,990	11,793	30.3%
Kayah	0	0	-	884	13	1.5%	3,794	97	2.6%	2,346	101	4.3%
Kayin	3,960	231	5.8%	19,454	719	3.7%	7,965	380	4.8%	23,624	662	2.8%
Magway	10,888	810	7.4%	8,488	1,597	18.8%	7,043	512	7.3%	11,056	1,136	10.3%
Mandalay	39,453	1,229	3.1%	38,983	3,947	10.1%	36,011	4,383	12.2%	34,910	3,795	10.9%
Mon	9,675	908	9.4%	11,028	1,010	9.2%	21,618	1,263	5.8%	23,110	1,530	6.6%
Nay Pyi Taw	783	344	43.9%	24,731	430	1.7%	481	44	9.1%	1,911	217	11.4%
Rakhine	932	219	23.5%	1,135	236	20.8%	1,041	103	9.9%	1,496	224	15.0%
Sagaing	13,732	1,302	9.5%	23,095	2,459	10.6%	32,102	3,360	10.5%	46,846	4,392	9.4%
Shan (E)	2,728	235	8.6%	2,645	293	11.1%	2,159	204	9.4%	6,063	393	6.5%
Shan (N)	29,258	2,923	10.0%	26,557	2,970	11.2%	21,780	2,268	10.4%	30,552	2,675	8.8%
Shan (S)	7,516	425	5.7%	7,872	397	5.0%	6,937	358	5.2%	13,717	528	3.8%
Tanintharyi	4,534	726	16.0%	8,410	781	9.3%	10,061	747	7.4%	11,541	981	8.5%
Yangon	81,624	5,690	7.0%	75,929	5,569	7.3%	83,899	6,458	7.7%	58,520	5,078	8.7%
Total	257,178	21,652	8.4%	303,060	29,454	9.7%	299,363	30,125	10.1%	355,762	37,767	10.6%

Map 6: Distribution of HIV testing service-delivery points by townships in 2018

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.3 Maximize efficiency in service delivery and enhance integration opportunities with TB, maternal and newborn child health, sexual and reproductive health, and others including hepatitis

TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS

Research suggests that an untreated STI can increase both a person's risk of becoming infected with HIV and the risk of transmitting HIV to someone else. The HIV response in Myanmar started with STI management in early 1990. However, the STI program has not been in the priority list of HIV responses for some years, and the reported number of people received STI treatment has also been decreasing over the years.

During 2018, 52,615 people were reportedly treated for STI, 25% of whom were regular partners of key populations, 24% were clients of FSW and 23% were MSM. Among all populations receiving STI treatment, the clients of FSW population has been continuously decreasing in recent years (Figure 21). This may be because of difficulty in identifying clients of FSW at service delivery level, or because people seek services at private clinics. This highlights that clients and partners of key populations have to be reached effectively with HIV prevention services including STI services. Conversely, STI treatment provision to the MSM population has increased, perhaps because the program has managed to reach an increasing number of MSM year on year; although, we should also consider the possibility of increased STI occurrence among MSM. Nonetheless, this highlights that based on the STI risk, it is also important to cover clients and regular partners with HIV prevention programs including testing.

At the subnational level, Yangon and Mandalay reported a large number of STI cases treated in 2018, reflecting the sexual transmission driven HIV epidemic in these large urban areas. These two regions also have the largest number of STI service delivery points, including SUN clinics, which are private clinics in a franchising network organized by PSI. However, the total number of STI service delivery points decreased in the country as a whole.

PSI was again the largest STI service provider, delivering more than half (52%) of all reported STI treatment to key populations. Data for this report came from PSI's TOP clinics only, as STI data from PSI's SUN clinics were not available due to lack of population disaggregation and counts of individuals. Most of the implementing partners work with FSW and MSM, whereas clients and regular partners of key populations are mainly covered by PSI and NAP.

Table 34: People receiving STI treatment by organization in 2018

Organization	FSW	Clients	MSM	PWID	Prison-ers	Regular partners	Other pop ³²	Total
AHRN	79	-	-	47	9	11	227	373
Alliance	681	-	888	-	-	-	-	1,569
IOM	297	8	101	-	-	-	23	429
MAM	1,792	140	282	6	-	202	1,320	3,742
MANA	-	-	-	166	-	7	87	260
MDM	815	192	2,054	884	-	11	116	4,072
MSF-Holland	24	-	1	-	-	-	588	613
MSI	941	16	1,198	-	-	-	339	2494
NAP	1,171	3,080	1,190	57	-	4,123	2,037	11,658
PSI	2,915	9,179	6,173	-	-	8,954	-	27,221
PUI	38	7	69	-	-	19	51	184
Total	8,753	12,622	11,956	1,160	9	13,327	4,788	52,615

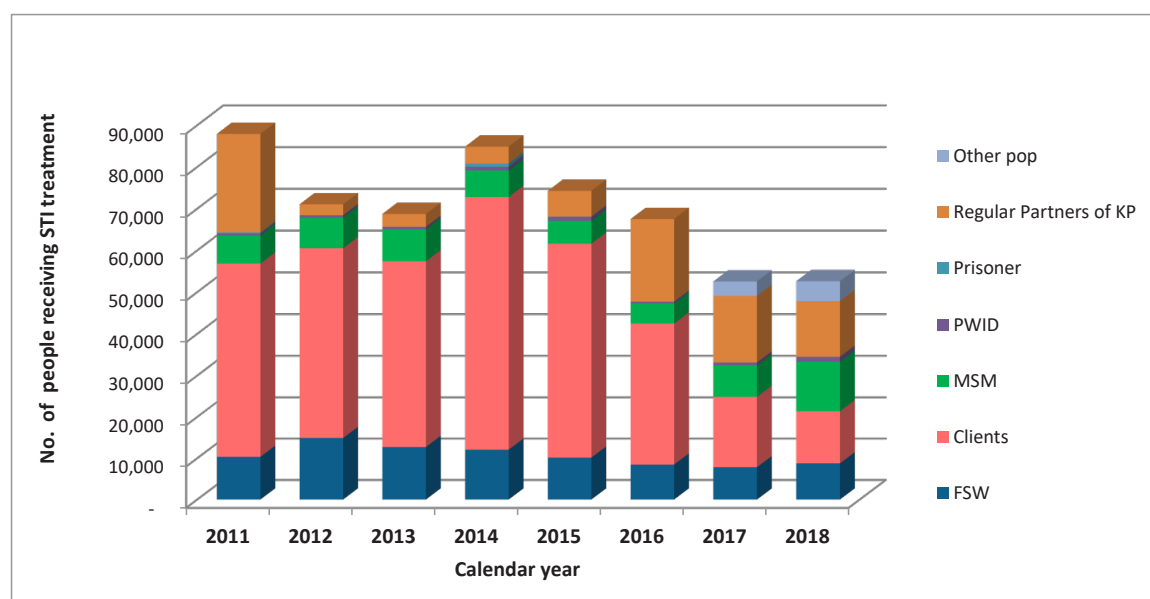
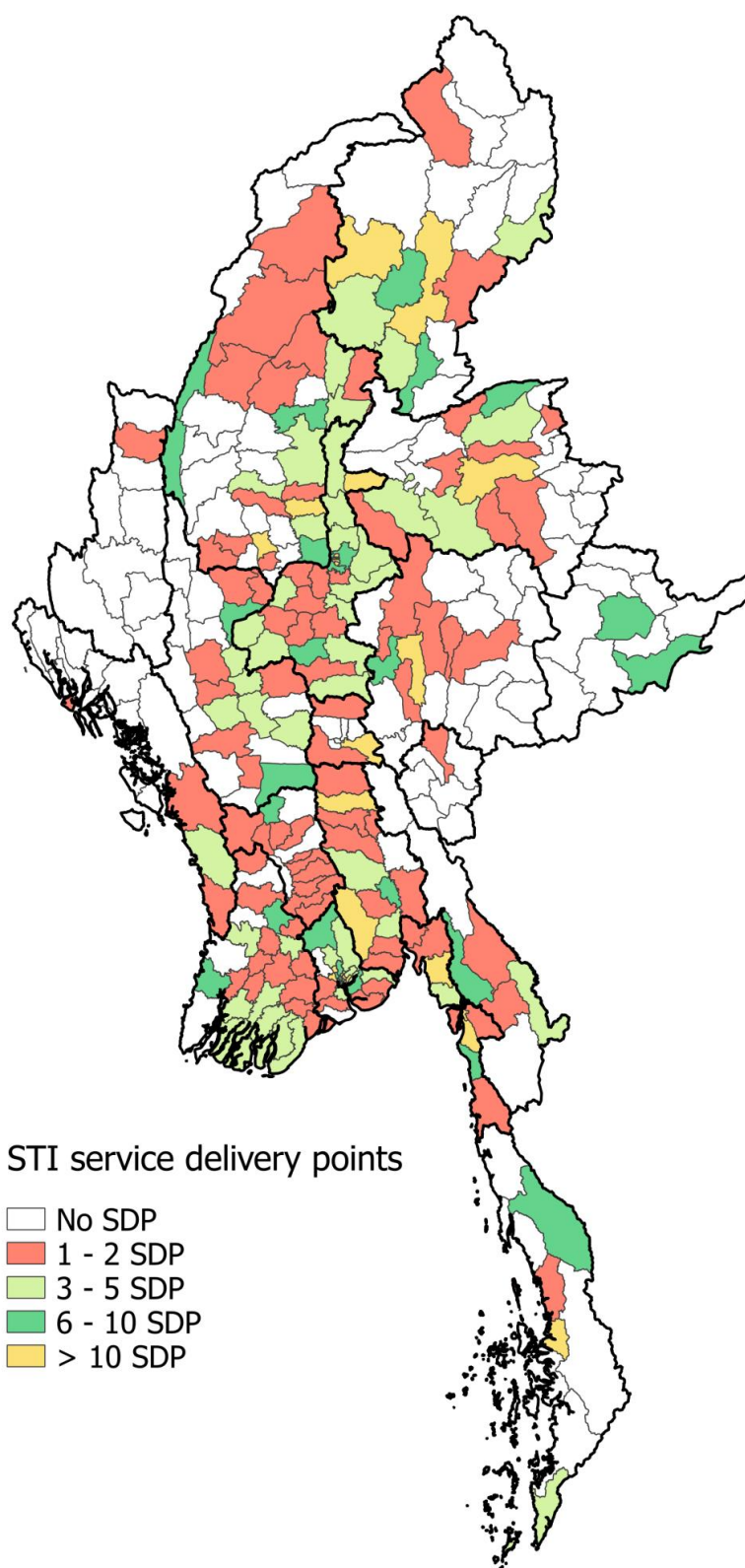
Figure 21: People receiving STI treatment by key population (2011–2018)

Table 35: People receiving STI treatment by State/Region (2016–2018)

State/ Region	2016		2017		2018	
	STI service delivery points	Total num- ber of peo- ple reached with STI treatment	STI service delivery points	Total num- ber of peo- ple reached with STI treatment	STI service delivery points	Total num- ber of peo- ple reached with STI treatment
Ayeyarwady	85	4,027	139	4,162	64	2,773
Bago	109	7,784	191	5,842	94	3,813
Chin	8	59	15	39	2	0
Kachin	58	2,148	120	1,859	59	3,566
Kayah	2	73	3	232	1	114
Kayin	19	767	25	486	13	499
Magway	51	2,025	102	1,579	50	685
Mandalay	184	10,736	344	6,854	162	9,261
Mon	69	4,561	120	4,484	56	3,826
Nay Pyi Taw	21	1,093	33	481	16	334
Rakhine	6	367	9	405	6	525
Sagaing	109	3,047	202	2,804	94	1,819
Shan (E)	16	733	29	709	13	339
Shan (N)	55	2,063	98	1,968	48	2,387
Shan (S)	39	983	67	760	31	366
Tanintharyi	39	1,802	66	461	32	819
Yangon	308	29,352	543	19,417	257	21,489
Total	1,178	71,620	2,106	52,542	998	52,615

Although the number of reported treated STI cases is decreasing, there is no evidence that STI incidence is decreasing. The possible reasons for the decrease in reported cases may be the reduced number of reporting facilities and the unavailability of data from private general practitioners.

Given that the syphilis prevalence trend among key populations in HIV sentinel surveillance does not show a noticeable decline, as well as the lack of other STI-related surveys, it is difficult to know the STI situation in the country accurately. Therefore, it would be timely to conduct studies and surveillance on STI and to reinforce the STI services, including diagnosis and treatment, throughout the country.

Map 7: Distribution of STI service delivery points by townships in 2018

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

1.4 Work towards the elimination of mother-to-child transmission of HIV

Output/Coverage Indicator	Data Source	Size Estimate 2017	Baseline 2015	Target 2018	Results 2018
No. of pregnant women attending antenatal care services who received HIV testing	Program Data	1,107,312 ³⁴	793,446	915,327	909,593
No. of pregnant women attending antenatal care services who received HIV test result with post-test counseling	Program Data	1,107,312	748,299	897,268	900,846
No. of HIV-positive pregnant women attending antenatal care services who received HIV testing know their positive status	Program Data	5,402 ³⁵	4,356 (86%)	4,536	4,753 (88%)
No. of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Program Data	5,402	3,923 (77%)	4,351	4,439 82%
% of HIV-exposed infants who initiated ARV prophylaxis	Program Data	5,402	2,169 (43%)	71%	3,071 (57%)
% of HIV-exposed infants started on cotrimoxazole prophylaxis within 2 months of birth	Program Data	5,402	1,470 (29%)	66%	1,649 (30%)
% of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Program Data	5,402	801 (16%)	60%	1,348 (25%)

Organizations providing HIV testing service in 2018:

AHRN, Alliance, IOM, MAM, MANA, MDM, Metta, MMT,

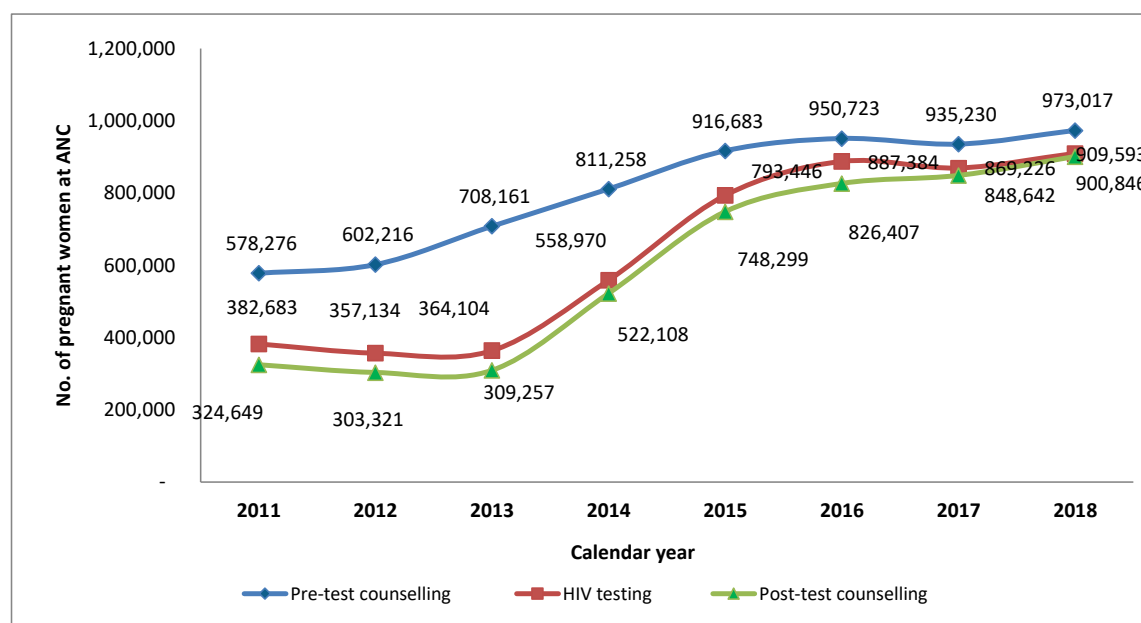
³⁴ HMIS data

³⁵ Spectrum April 2019

The prevention of mother-to-child transmission of HIV (PMTCT) program has made remarkable progress both in quantitative and qualitative terms since 2013. The PMTCT program covered 97% of townships in the country by the end of 2018, and results against PMTCT indicators – such as HIV testing, post-test counselling, positive case finding and providing prophylaxis/treatment to HIV-positive pregnant women – reached or surpassed NSP III targets, representing the highest achievement to date.

During 2018, based on the estimated number of pregnancies, 89% of pregnant women received pre-test counselling for HIV. Of those, 95% got tested and, since HIV testing and post-test counselling have improved noticeably in recent years, HIV test results and post-test counselling were provided to 100% of pregnant women tested for HIV (those pregnant women who already knew their HIV-positive status at entry to antenatal care were also provided counselling). This is a threefold increase since 2013, and as the greatest number to date of pregnant women to complete the whole HTS process, sets a new milestone of success.

Figure 22: Number of pregnant women receiving pre-test counselling and HIV post-test counselling (2011–2018)



Program data showed that HIV prevalence among pregnant women was around 0.52%. Based on modelling estimates, there were around 5,400 HIV-positive pregnant women in Myanmar in 2018. The PMTCT program succeeded in reaching 88% of those estimated HIV-positive pregnant women and provided 77% of them with ARV prophylaxis or lifelong ART to prevent mother-to-child transmission of HIV. This equates to 93% of identified HIV-positive pregnant women received prophylaxis and treatment. The public sector is the main PMTCT service provider

through collaboration with the maternal and child health program. During 2018, HIV testing was integrated into 321 townships and 38 hospitals within the maternal and child health services, covering the whole country.

Figure 23: Pregnant women receiving PMTCT services (2003–2018)

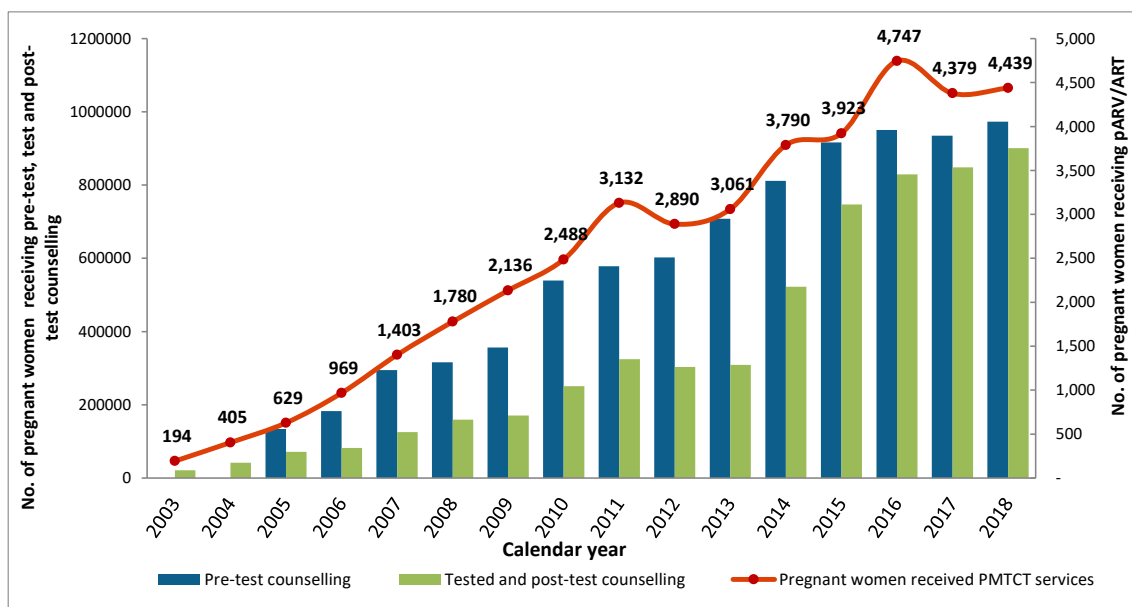


Figure 24: Pregnant women receiving PMTCT services, infants initiated ARV prophylaxis, infants received virological test and tested positive within two months of birth (2016–2018)

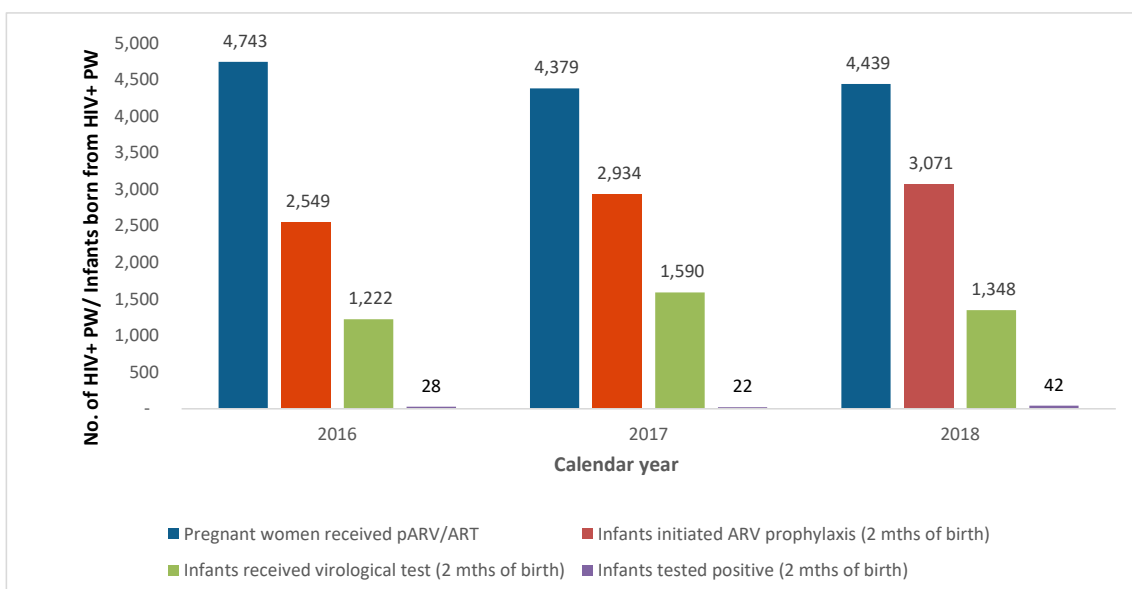
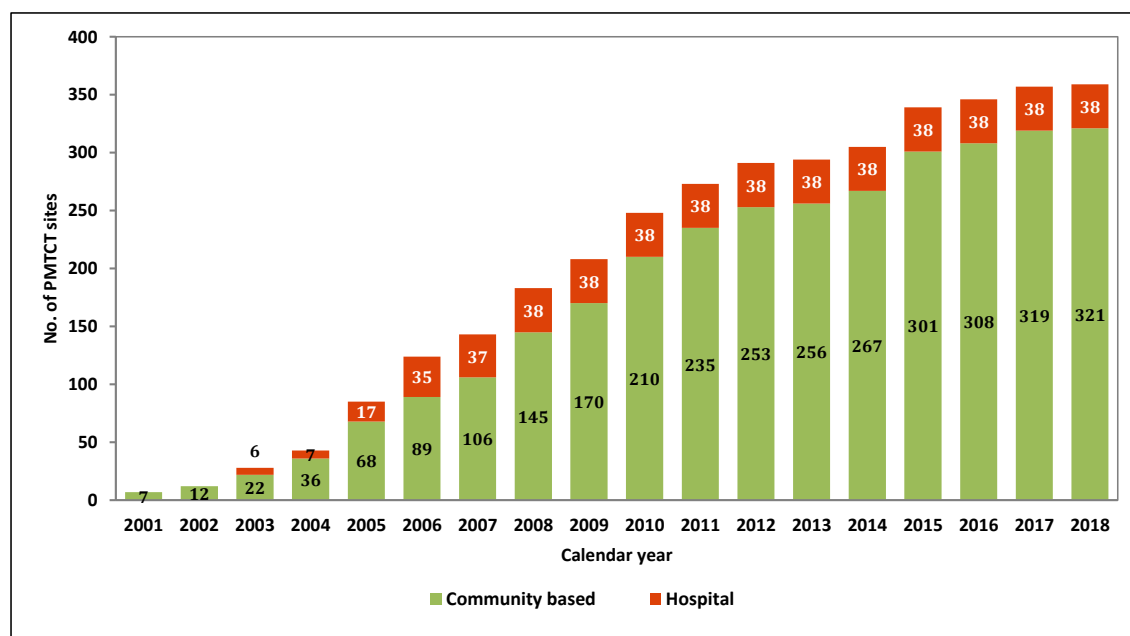


Figure 25: National AIDS Program PMTCT sites (2001–2018)

Among its various component steps, the PMTCT program attained good results in HIV testing, identifying HIV-positive pregnant women, and providing treatment to the identified HIV-positive women. Although the PMTCT program continued to reach more HIV-positive pregnant women, there was still some weakness in providing follow-up services to HIV-exposed babies. At national level, 3,071 HIV-exposed infants were provided ARV prophylaxis, which is 57% of all estimated HIV-positive pregnant women. Cotrimoxazole prophylaxis was provided to 30% of exposed babies and 25% were tested for early infant diagnosis (EID) within two months of their birth. This can indeed be interpreted as an improvement compared to previous years, but a gap still exists between services to HIV-positive mothers and HIV-exposed babies.

By the end of 2018, PMTCT services were available in 321 townships covering 97% of the country. Only five extremely hard-to-reach and sparsely populated townships in Kachin and four townships with political instability in Shan (N) and Shan (E) were yet to be covered.

PMTCT program at state and regional level

States and regions with high population density presented the highest PMTCT reach in terms of number. Improvements in completing the HIV testing process were seen in most states and regions. Yangon experienced a better rate of HIV testing and post-test counselling compared to last year. On the other hand, of all states and regions Mandalay still had the greatest number of drop-out for HIV testing among those who had received pre-test counselling. While the trend in HIV testing in pregnant women remained stable in other states and regions, it increased in Rakhine and Sagaing over the three-year period.

In 2018, among all states and regions, the highest HIV prevalence among pregnant women was in Kachin, at 1.74%. This was followed by Yangon, at 1.34%, but tertiary hospitals in Yangon could be one of the reasons for this high prevalence as HIV-positive pregnant women from other regions would come to Yangon for specialist care. The scenario might be similar for Nay Pyi Taw with the high prevalence there of 0.88%, whereas Shan (E), at 0.81%, is a border area. Another region with higher prevalence than the national average of 0.52% was Shan (N) with 0.58%. Tanintharyi was at the national average, and all other regions were lower than the national average, the lowest being Chin and Rakhine at 0.17%.

Among the regions with higher HIV prevalence among pregnant women, in Kachin the trend has been decreasing since 2016, whereas in Nay Pyi Taw and Shan (E) it is increasing, and in Yangon it has been somewhat steady.

Figure 26: Number of pregnant women receiving pre-test counselling, HIV testing and HIV test results with post-test counselling by State/Region in 2018

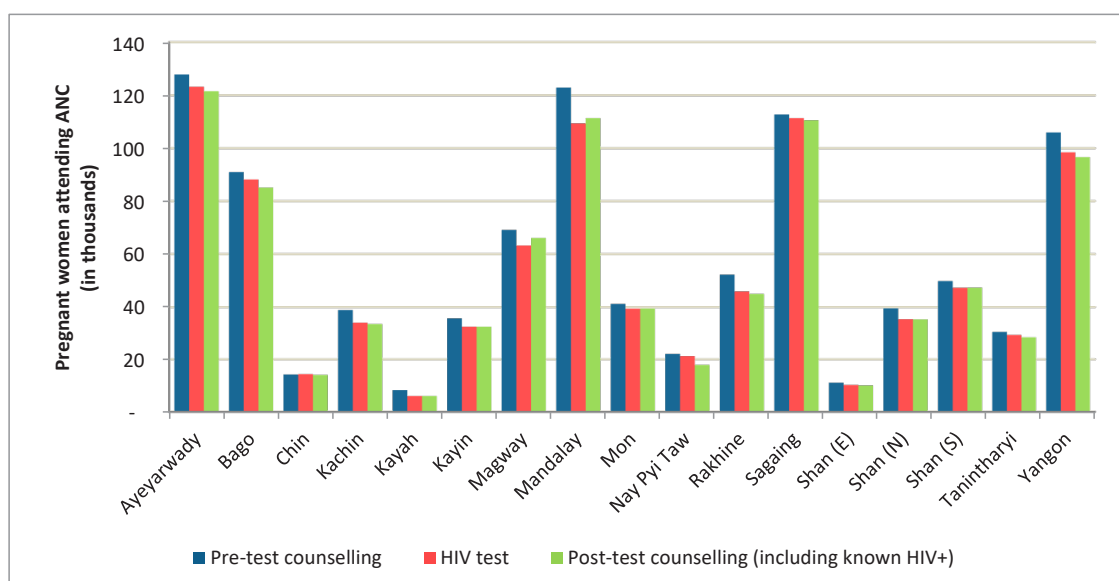


Table 36: Number of pregnant women receiving HIV testing, post-test counselling and those who know their HIV-positive status by State/Region (2016–2018)

State/Region	2016			2017			2018		
	PW received HIV testing	PW received post-test counselling (including known HIV+ cases)	PW know their positive status (new positive + known positive)	PW received HIV testing	PW received post-test counselling (including known HIV+ cases)	PW know their positive status (new positive + known positive)	PW received HIV testing	PW received post-test counselling (including known HIV+ cases)	PW know their positive status (new positive + known positive)
Ayeyarwady	121,724	116,463	358	123,635	121,212	455	123,215	121,484	438
Bago	88,567	78,566	315	86,549	83,471	388	88,185	85,135	297
Chin	5,994	4,755	25	11,578	11,451	35	14,351	14,058	25
Kachin	32,052	31,512	718	33,777	32,743	653	34,011	33,484	593
Kayah	8,818	8,796	13	6,789	6,769	24	6,009	6,011	13
Kayin	30,147	29,766	106	33,246	33,191	121	32,451	32,483	96
Magway	64,839	57,019	126	67,089	66,072	126	63,274	66,138	177
Mandalay	115,162	110,777	484	104,645	103,084	444	109,392	111,360	482
Mon	39,737	39,724	149	37,284	37,278	133	39,364	39,434	162
Nay Pyi Taw	18,446	17,109	90	18,786	18,425	96	21,248	17,893	186
Rakhine	29,241	27,059	80	32,686	31,514	89	45,990	45,024	79
Sagaing	88,301	87,042	335	107,944	107,428	298	111,354	110,561	343
Shan (E)	11,266	11,194	44	9,868	9,425	57	10,247	10,046	83
Shan (N)	36,376	35,608	250	32,570	30,627	214	35,350	35,276	205
Shan (S)	47,949	46,302	112	47,435	46,912	102	47,347	47,400	97
Tanintharyi	31,808	29,414	186	29,682	29,468	168	29,358	28,425	154
Yangon	117,836	98,005	1,589	85,663	79,572	1,502	98,452	96,639	1,323
Total	888,263	829,111	4,980	869,226	848,642	4,905	909,593	900,846	4,753

During 2018, 99% of HIV-positive pregnant women identified during antenatal care in Mandalay, Nay Pyi Taw and Shan (N) received antiretroviral prophylaxis (pARV) or ART. More than 90% of identified HIV-positive pregnant women received treatment in Magway, Mon, Ayeyarwady, Chin, Shan (S), Kachin, Kayin, Sagaing, Rakhine and Bago. The region with the lowest performance in this regard was Shan (E) where only 70% were provided treatment.

In Yangon 1,179 HIV-positive pregnant women were provided pARV/ART in 2018, which was 26.6% of all pregnant women receiving pARV/ART countrywide. As usual, this was followed by Kachin with 12.7% and Mandalay with 10.7%.

In 2018, Mon, Kayin and Shan (S) were the most successful in providing after-delivery care, with 90%, 89% and 87%, respectively, of HIV-exposed babies initiating ARV prophylaxis. This calculation is based on the number of pregnant women that received pARV/ART. Of these three, Mon has been performing well in this aspect since 2016, while Kayin and Shan (S) have improved progressively. In Shan (E) and Nay Pyi Taw, antiretroviral (ARV) prophylaxis was provided to less than 50% of HIV-exposed infants.

Looking at the age disaggregated data, about half of the pregnant women in Shan East, Shan North and about 35% in other States and Regions were tested for HIV between the age of 10 to 24 years old. HIV prevalence was consistently around 1% in all age groups in Kachin State and the second highest is Yangon Region.

Table 37: Number of HIV-positive pregnant women received pARV/ART, HIV-exposed infants received ARV prophylaxis at birth, infants received virological test within two months of birth and tested positive by State/Region (2016–2018)

State/ Region	2016				2017				2018			
	PW re- ceived pARV/ ART	Infants initiat- ed ARV prophy- laxis	Infants re- ceived virolog- ical test within 2 months of birth	Infants tested HIV pos- itive with- in 2 months of birth	PW re- ceived pARV/ ART	Infants initiat- ed ARV prophy- laxis	Infants re- ceived virolog- ical test within 2 months of birth	Infants tested HIV pos- itive with- in 2 months of birth	PW re- ceived pARV/ ART	Infants initiat- ed ARV prophy- laxis	Infants re- ceived virolog- ical test within 2 months of birth	Infants tested HIV pos- itive with- in 2 months of birth
Ayeyarwady	329	156	52	2	376	208	46		421	225	60	3
Bago	247	137	58	2	258	215	99	1	273	174	52	1
Chin	19	9			23	12	7	2	24	14	5	
Kachin	651	383	147	5	627	503	215	2	562	468	186	3
Kayah	8	2	1		14	7	6		10	8	5	
Kayin	92	53	20		94	64	27		91	81	41	
Magway	117	48	19		139	75	40	2	172	112	60	1
Mandalay	478	293	259	2	424	294	276	4	476	358	140	5
Mon	129	116	43		130	122	68	2	157	141	55	1
Nay Pyi Taw	90	66	29	3	100	40	11		184	72	30	
Rakhine	47	23			82	36	16		74	39	27	3
Sagaing	366	158	53	2	280	181	75	2	326	236	69	2
Shan (E)	29	10	13		36	20	22	1	58	24	27	1
Shan (N)	209	158	57	3	198	140	70		202	153	74	2
Shan (S)	119	59	9		80	50	50		93	81	30	1
Tanintharyi	163	57	13		153	99	82		137	88	62	3
Yangon	1,650	821	449	9	1,365	868	480	6	1,179	797	425	16
Total	4,743	2,549	1,222	28	4,379	2,934	1,590	22	4,439	3,071	1,348	42

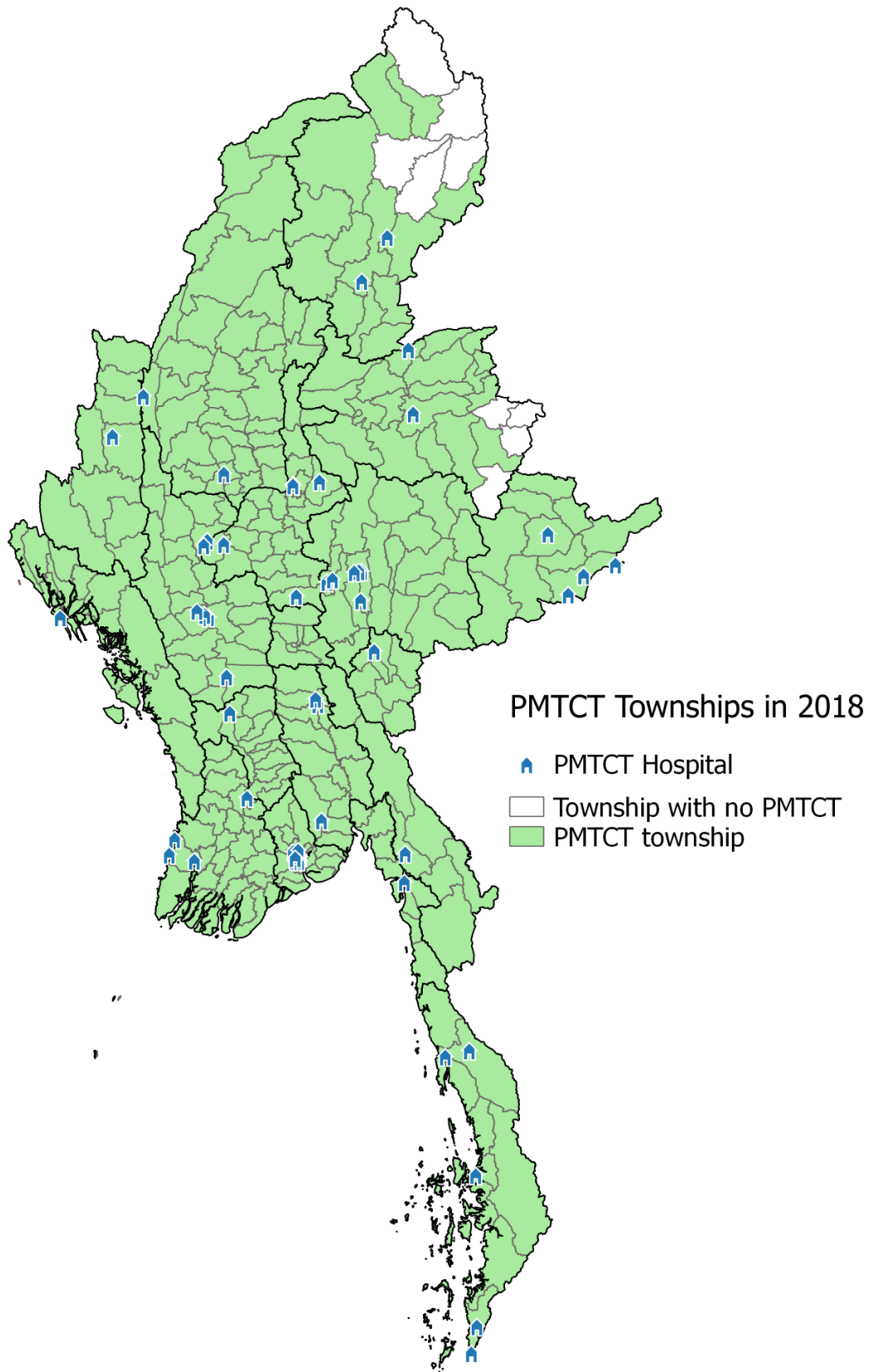
In terms of early infant diagnosis (EID), most of the regions failed to provide EID to a large proportion of HIV-exposed babies while under 2 months of age. Kayah, Shan (E), Kayin and Tanintharyi were able to provide timely EID to 45%–50% of exposed babies last year.

The PMTCT data described here were compiled from data reported by the public and private not-for-profit sectors only. No data are included from the private for-profit sector, consisting of private hospitals and clinics. The latter data are especially important for the major urban areas such as Yangon and Mandalay, in order to have a complete picture of the HIV epidemic there.

Although the PMTCT program is performing well in identifying and tracking HIV-positive pregnant women, the follow-up care for HIV-exposed babies needs to be improved. At state and regional level, Shan (E) performed relatively poorly in all steps of the PMTCT program despite being a state with relatively high HIV prevalence. Mon, Kayin and Shan (S) must maintain their pace of good performance in PMTCT.

The NAP has committed to the elimination of mother-to-child transmission of HIV and syphilis (EMTCT), and dual effort on both HIV and syphilis testing and treatment has become vital. The additional budget from the MOHS to procure rapid test kits for syphilis diagnosis and mobilization of additional international funding will enable realization of the goal of EMTCT.

Map 8: PMTCT program coverage in 2018



STRATEGIC DIRECTION II: IMPROVING HEALTH OUTCOMES FOR ALL PEOPLE LIVING WITH HIV

PRIORITY INTERVENTION AREA

2.1 Maximize immediate enrolment, linkage and retention in ART

2.2 Improve the quality, efficiency and coverage of care and ART

2.3 Integration of TB and HIV services

2.4 Monitor for viral suppression

Output Indicator	Data Source	Size Estimate 2018	Baseline 2015	Target 2018	Results 2018
% people living with HIV and on ART 12 months after initiation	Program Data	-	85%	88%	86%
% of PLHIV on ART who are virally suppressed ($\leq 1,000$ copies/ml)	Program Data		8%	57%	49%
% of PLHIV on ART who are virally suppressed among those tested for viral load in the last 12 months	Program Data	-	87%	89%	92%
% of PLHIV on ART with viral load suppression ($< 1,000$ copies/ml) at 12 months after treatment initiation	Program Data	-	85%	>85%	92%
Output/Coverage Indicator					
% of PLHIV who are receiving antiretroviral therapy	Program Data	237,189 ³⁶	47%	67%	70%
Number of adults living with HIV who are receiving ART	Program Data	227,347 ³⁷	99,404	151,054	159,081
Number of children living with HIV who are receiving ART	Program Data	9,841 ³⁸	7,086	7,722	7,888
Number of PLHIV on ART received viral load measurement during the reporting period	Program Data	166,969	9,700	45,000	89,760 (54%)
Number of HIV-positive new and relapse TB patients on ART during TB treatment	Program Data	17,000 ³⁹	6,534	9,094	7,882 (46.4%)
% of people newly enrolled in HIV care who are started on TB preventive therapy	Program Data	37,277	3,361	34%	5,776 (15%)

³⁶ Spectrum April 2019

³⁷ Spectrum April 2019

³⁸ Spectrum April 2019

³⁹ WHO TB-HIV estimate report, 2017

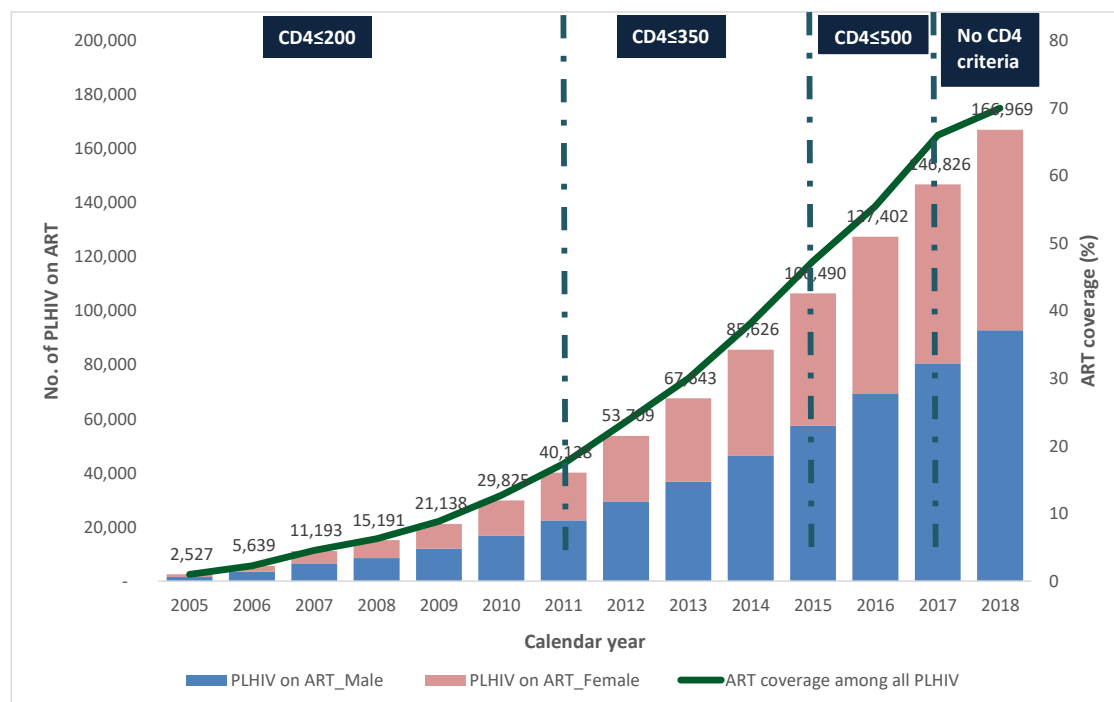
Partners working on care, treatment and support in 2018:

AHRN, Alliance, IOM, Malteser, MAM, MANA, MDM, MSF-CH, MSF-Holland,
MSI, NAP, UNION, PGK, PSI

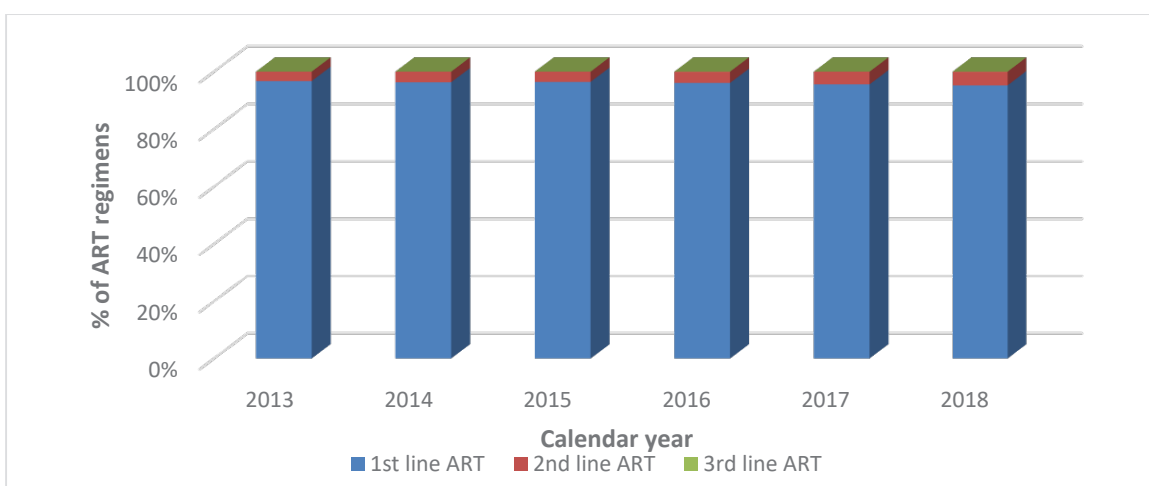
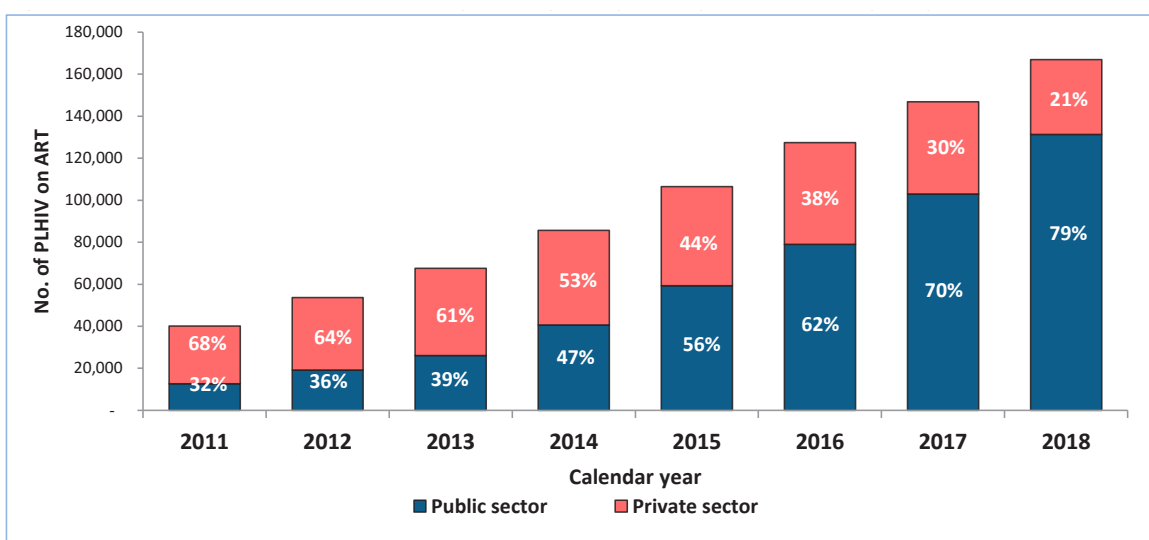
The HIV treatment and care program started in Myanmar in 2005. While there is still no cure for HIV infection, effective treatment is available to let people living with HIV lead a normal life. Provision of antiretroviral therapy (ART) for HIV-positive patients has expanded rapidly in Myanmar over the last five years. Under NSP III, Myanmar has intensified the pace of the HIV response by following the steps on the HIV treatment cascade – from testing to treatment and viral suppression – through decentralization of HIV testing and ART provision.

Myanmar adopted the WHO recommendations to provide ART to all people living with HIV, regardless of CD4 count and WHO clinical staging, in the 2017 national clinical management guidelines. In 2018, ART coverage reached 70% of the estimated number of people living with HIV—coverage doubled in a period of five years (Figure 27). More than 95% of the whole ART cohort are still on first line regimen, a slight decrease from 97% in 2013 (Figure 28).

While the country's treatment and care program started with the substantial ART provision through the NGO sector, after 2011, ART provision was scaled up in the public sector. With the recent policy of ART transition from the NGO sector to the public sector to ensure the sustainability of the program, implementing partners reduced ART initiation at their clinics and started transfer of ART patients to public sector facilities. By the end of 2018, only seven implementing partners were still providing ART for their own patients. During 2018, AFXB, Malteser and PUI successfully completed transfer of ART patients to public sector ART sites. Consortium clinics were handed over to MSI. ART patient transfer from MSF-Holland is ongoing through 2018–2020, in particularly the whole ART cohort of MSF-Holland clinics in Yangon. As such, public sector ART facilities were providing care to transferred patients as well as initiating ART for newly diagnosed patients. Some 79% of the total ART cohort was receiving care at public sector ART facilities at the end of 2018. AHRN, MAM, PSI, Alliance and PGK were supporting the public sector ART program through a satellite clinic model, whereas UNION continued to work through an integrated HIV care (IHC) model. Some other implementing partners also provide back-up including HIV-positive patient referral, adherence counselling, defaulter tracing, psychosocial and nutrition support.

Figure 27: People receiving ART (2005–2018)**Table 38: People receiving ART by organization in 2018**

Organization	Children		Adults		Total
	Male	Female	Male	Female	
Alliance	-	-	1,474	1,158	2,632
IOM	58	50	779	807	1,694
MDM	8	3	2,726	580	3,317
MSF-CH	88	94	1,208	877	2,267
MSF-H	663	574	10,695	9,546	21,478
MSI	28	29	627	570	1,254
NAP	2,221	1,947	52,963	42,878	100,009
NAP-UNION (IHC)	1,099	1,026	15,893	13,323	31,341
PSI	-	-	2,260	717	2,977
Total	4,165	3,723	88,625	70,456	166,969

Figure 28: ART treatment regimens (2013–2018)**Figure 29: Number of adults and children currently receiving ART by sector: public and not-for-profit private sector (2011–2018)**

The relentless effort by the NAP and increased financial provision by the MOHS led to a threefold increase in the number of public ART centres and decentralized sites over a five-year span, to cover 232 townships by the end of 2018. This means that 70% of townships have access to an ART centre or decentralized site within easy distance. Only townships with difficult transportation, sparse population or low HIV burden are yet to be extended ART service. Altogether, at the end of 2018 there were 178 ART centres providing ART initiation and maintenance, and 176 decentralized sites, the main purpose of which is to ensure ART maintenance. Paediatric ART was available in 120 ART sites. The increase in ART sites across the county enables people living with HIV to collect ART within a convenient distance.

Figure 30: Total number of health facilities that offer ART by public and private sector (2011–2018)

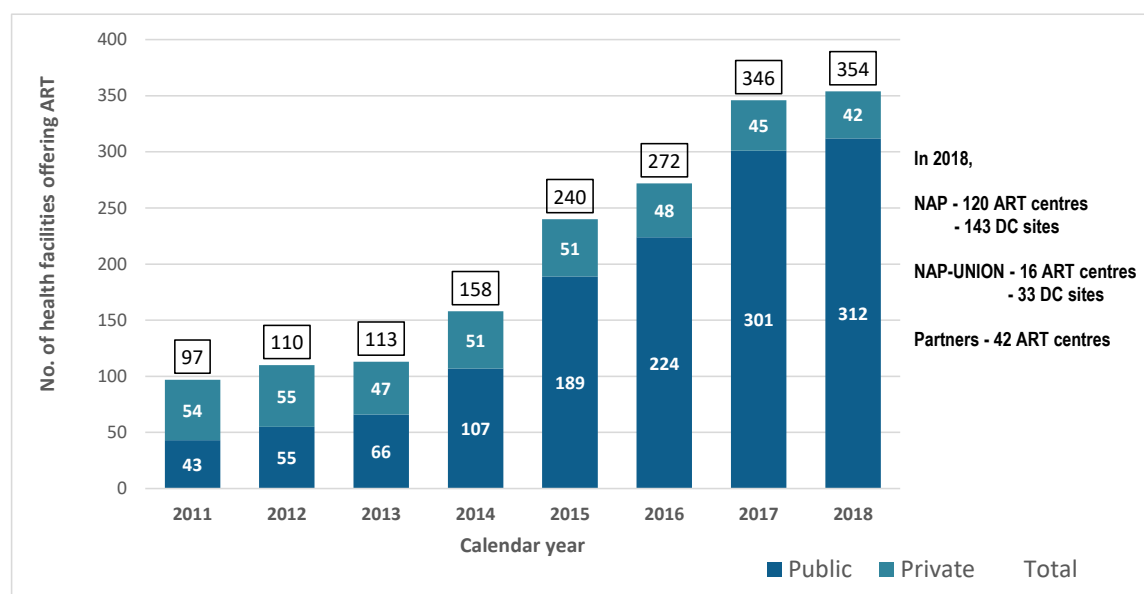
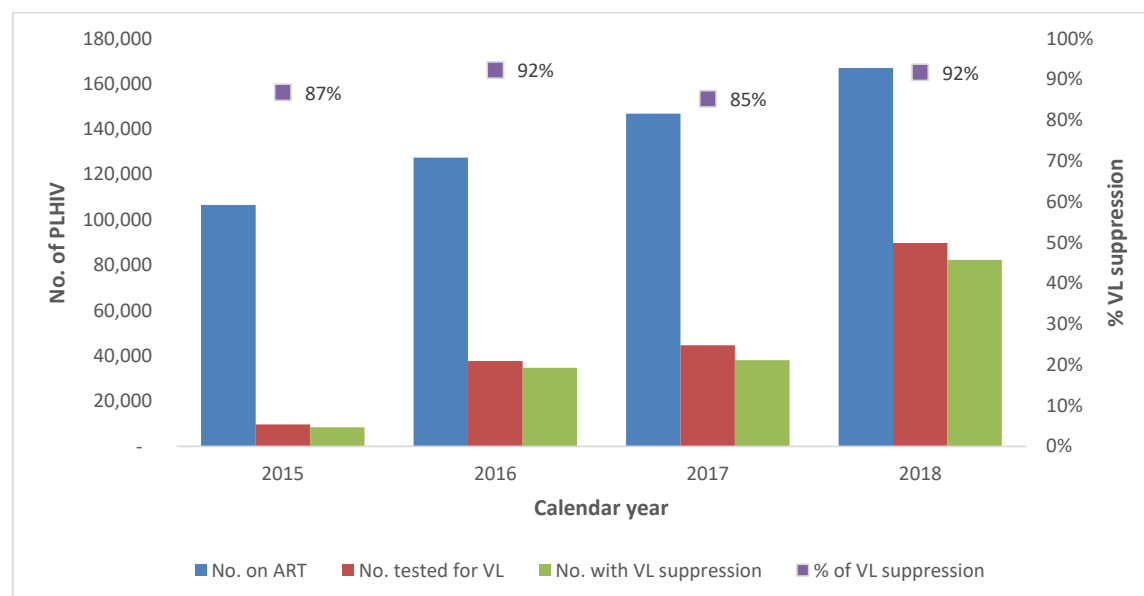


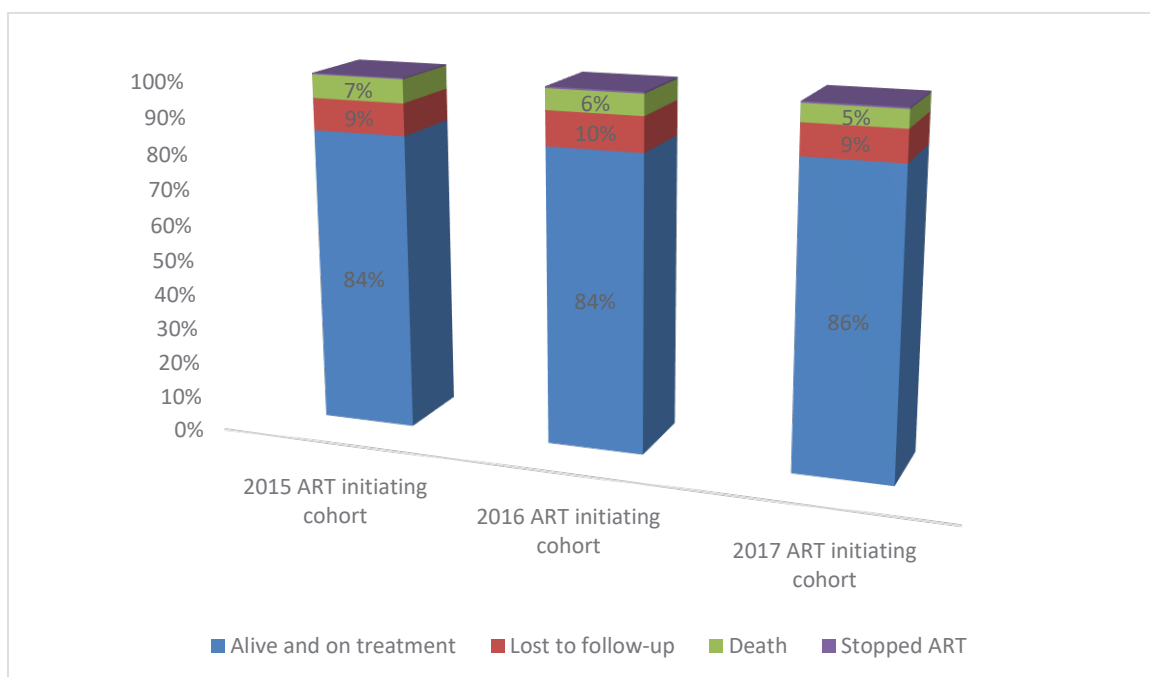
Figure 31: Number of PLHIV on ART, tested for viral load and those with suppressed viral load by year (2016–2018)



During 2016–2017, with the aim of increasing ART availability and accessibility to population in immediate need, selected decentralized ART maintenance sites were authorized to initiate ART for TB/HIV coinfecting patients, pregnant women and PWID. Retention on ART has also been increasing, reflecting the good quality of the program. Retention reached 86% in 2018, although this still falls short of the national target.

The guidelines for clinical management of HIV infection in Myanmar (2017) recommend routine viral load testing and consequently, viral load testing and viral suppression have been increasing yearly. Viral load testing has increased nine-fold since 2015, and over half (54%) of patients on ART received viral load testing during 2018. This is a real success, thanks to the joint efforts of the NAP, implementing partners and supporting agencies. The aim is for 90% of patients on ART having routine viral load testing and with sustainable all-round support—a target which is achievable in the near future. Among those tested for viral load, 92% had achieved viral suppression.

Figure 32: 12-month retention on ART (2015–2017)

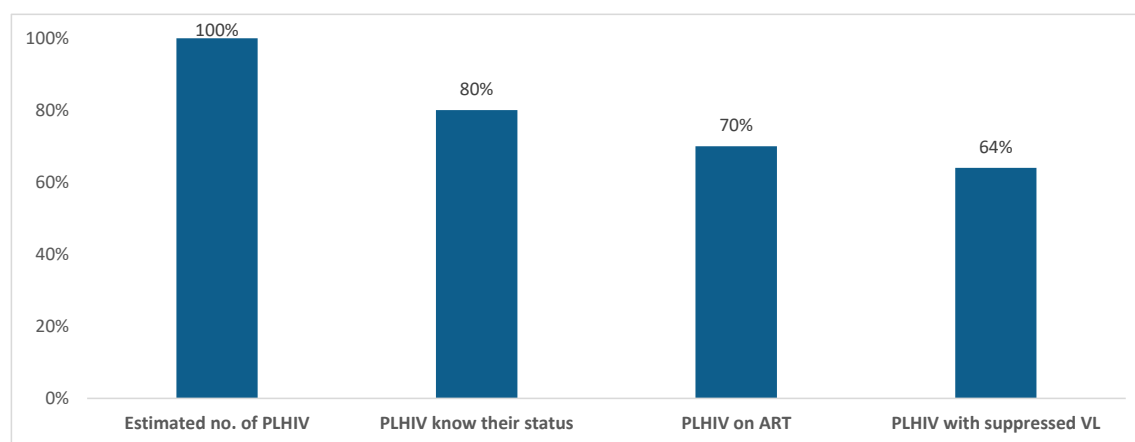


The treatment and care program is on-track to achieve the 90–90–90 target by 2020, which also is the NSP III target. By 2018, it is calculated that 80% of people living with HIV knew their status, 70% were already on ART and 64% had attained viral suppression (Figure 33). However, with an under-functioning case reporting system it is difficult to measure the first 90 and many assumptions are needed to calculate it. For viral load suppression, it is assumed that patients on ART who do not receive viral load testing will also have the same level of viral load suppression as those who are tested, allowing for extrapolation to all patients on ART.

Treatment and care at state/regional level

The success of the decentralized ART model means that ART provision has been extended to all states and regions, relieving the burden on ART centres in the main cities. The largest proportion of people on ART were still in Yangon, Kachin and Mandalay, while the proportion increased in Ayeyarwady, Bago and Magway in 2018. The growth in ART provision is most clearly seen in Sagaing, Ayeyarwady and Bago with more than 20 times increase compared to 2011, when ART was barely provided in those regions (Figure 34, Table 40).

Figure 33: PLHIV treatment and care cascade, cross-sectional 2018⁴⁰ (standard denominator-estimated PLHIV)



⁴⁰ Estimated PLHIV – from Spectrum modelling, April 2019

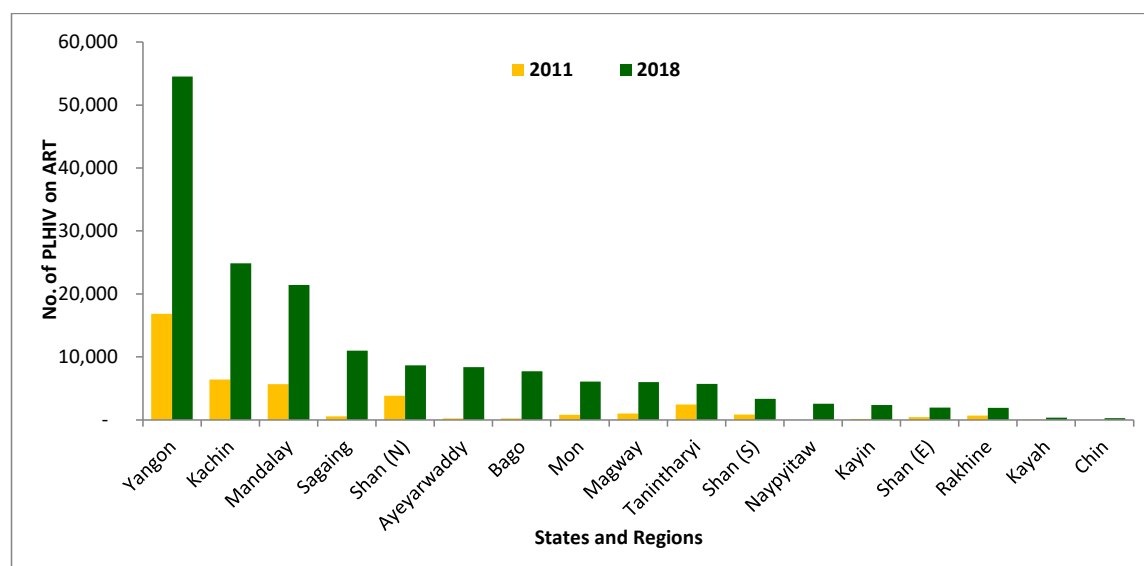
PLHIV know their status – PLHIV on ART end of 2017+PLHIV on cotrimoxazole and not on ART at end of 2017+ newly diagnosed PLHIV from HTS program during 2018 – death on ART during 2018 – one third of lost-to-follow-up on ART during 2018 (assumed death)

PLHIV with viral suppression – assumed that all the PLHIV on ART would have the same viral suppression level as that of PLHIV on ART tested for viral load during 2018 (weighted by people on ART at State/Regional level)

The retention rate of ART patients is one of the crucial indicators for monitoring and evaluating ART program performance. In Bago retention has been high, at 92% for three consecutive years, while retention in Shan (E), Kachin, Rakhine and Sagaing has increased to greater than 85% in 2018, whereas in Ayeyarwady it decreased to 82% (Table 41). Retention improved in Mandalay and Shan (N) in 2018 though it was still under 85%. The results for the other states and regions were overall similar to before.

Table 39: People receiving ART by State/Region in 2018

State/Region	Children		Adult		Total	As % of total
	Male	Female	Male	Female		
Ayeyarwady	193	155	4,353	3,683	8,384	5.0%
Bago	172	134	3,955	3,445	7,706	4.6%
Chin	18	9	105	128	260	0.2%
Kachin	544	521	15,027	8,782	24,874	14.9%
Kayah	18	10	174	154	356	0.2%
Kayin	63	48	1,061	1,161	2,333	1.4%
Magway	191	156	2,957	2,679	5,983	3.6%
Mandalay	606	562	11,326	8,916	21,410	12.8%
Mon	135	125	2,857	2,953	6,070	3.6%
Nay Pyi Taw	70	65	1,285	1,131	2,551	1.5%
Rakhine	38	65	1,007	797	1,907	1.1%
Sagaing	275	214	5,896	4,584	10,969	6.6%
Shan (E)	31	28	846	1,046	1,951	1.2%
Shan (N)	212	169	4,336	3,946	8,663	5.2%
Shan (S)	81	91	1,566	1,599	3,337	2.0%
Tanintharyi	133	140	2,876	2,551	5,700	3.4%
Yangon	1,385	1,231	28,998	22,901	54,515	32.7%
Total	4,165	3,723	88,625	70,456	166,969	100.0%

Figure 34: Number of people receiving ART by State/Region in 2011 and 2018**Table 40: Total people receiving ART by State/Region (2011–2018)**

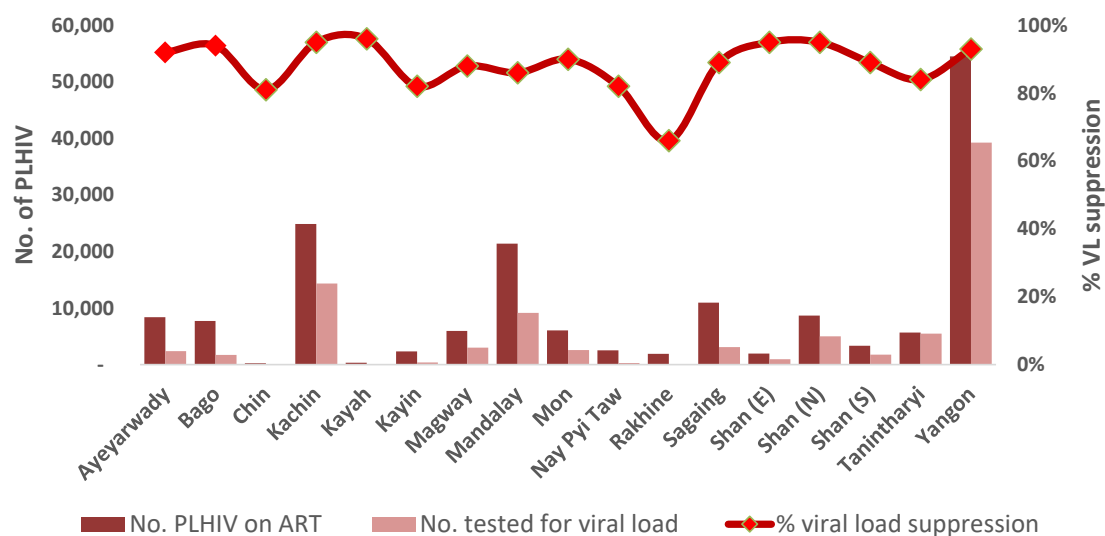
State/Region	2011	2012	2013	2014	2015	2016	2017	2018
Ayeyarwady	240	355	880	1,481	2,860	4,327	6,287	8,384
Bago	221	440	749	1,284	2,243	3,722	5,486	7,706
Chin	-	3	10	44	79	122	167	260
Kachin	6,400	7,935	10,061	12,637	15,221	18,266	21,154	24,874
Kayah	40	51	82	123	161	223	274	356
Kayin	131	194	284	428	717	1,229	1,704	2,333
Magway	1,012	1,448	2,041	2,802	3,589	4,198	4,980	5,983
Mandalay	5,639	8,369	10,200	11,875	14,525	17,277	19,547	21,410
Mon	815	1,382	1,819	2,350	3,115	4,129	4,903	6,070
Nay Pyi Taw	33	75	231	579	1,034	1,562	2,019	2,551
Rakhine	665	702	797	875	1,108	1,392	1,593	1,907
Sagaing	542	1,168	2,252	3,350	4,823	6,297	8,506	10,969
Shan (E)	437	636	695	941	1,266	1,489	1,718	1,951
Shan (N)	3,815	4,715	5,201	5,794	6,603	7,325	7,867	8,663
Shan (S)	832	1,141	1,464	1,811	2,241	2,573	2,984	3,337
Tanintharyi	2,451	2,905	3,350	3,868	4,610	4,870	5,227	5,700
Yangon	16,855	22,190	27,527	35,384	42,295	48,401	52,410	54,515
Total	40,128	53,709	67,643	85,626	106,490	127,402	146,826	166,969

Table 41: Percentage of people living with HIV and on ART 12 months after initiation by State/Region (2016–2018)

State/Region	2016 (2015 ART initiating cohort)	2017 (2016 ART initiating cohort)	2018 (2017 ART initiating cohort)
Ayeyarwady	87%	81%	82%
Bago	95%	92%	92%
Chin	-	88%	-
Kachin	83%	84%	89%
Kayah	79%	77%	78%
Kayin	86%	81%	85%
Magway	77%	89%	85%
Mandalay	80%	84%	84%
Mon	90%	91%	88%
Nay Pyi Taw	91%	63%	82%
Rakhine	83%	83%	88%
Sagaing	86%	83%	86%
Shan (E)	75%	79%	94%
Shan (N)	76%	76%	81%
Shan (S)	85%	83%	84%
Tanintharyi	81%	83%	81%
Yangon	85%	85%	86%
Total	84%	84%	86%

Table 42: Number of people living with HIV and on ART tested for viral load and viral load suppression among those tested for viral load (2017–2018)

State/Region	2017		2018	
	No. tested for VL	% VL suppression among those tested for VL	No. tested for VL	% VL suppression among those tested for VL
Ayeyarwady	328	13%	2,372	92%
Bago	292	57%	1,734	94%
Chin	24	50%	31	81%
Kachin	6,359	90%	14,371	95%
Kayah	-	-	56	96%
Kayin	137	66%	376	82%
Magway	1,539	77%	3,032	88%
Mandalay	7,380	84%	9,158	86%
Mon	693	74%	2,604	90%
Nay Pyi Taw	6	0%	309	82%
Rakhine	245	9%	47	66%
Sagaing	1,527	80%	3,104	89%
Shan (E)	258	100%	974	95%
Shan (N)	3,918	90%	5,027	95%
Shan (S)	904	70%	1,794	89%
Tanintharyi	5,014	83%	5,499	84%
Yangon	15,942	88%	39,272	93%
Total	44,566	85%	89,760	92%

Figure 35: People on ART, tested for viral load, and viral load suppression during 2018 by State/Region

Analysis of viral load testing by state and region revealed that Tanintharyi, Yangon, Kachin, Shan (N), Shan (S) and Magway had succeeded in providing viral load testing to more than half of their ART patients in 2018. Ayeyarwady, Bago, Chin, Kayah, Kayin, Nay Pyi Taw, Rakhine and Sagaing had viral load testing coverage of less than 30%, calling for greater effort to improve coverage. These figures show that states and regions that have viral load platforms locally were able to move to routine viral load monitoring more rapidly than those states and regions without a local viral load facility. Although GeneXpert viral load platforms have been installed in most states and regions, installation was completed only in late 2018 and so an increase in routine viral load testing is expected across the country in the future.

In Kayah, Kachin, Shan (E), Shan (N), Bago, Yangon, Ayeyarwady and Mon more than 90% of patients tested had achieved viral suppression, compared to less than 85% in Chin, Kayin, Nay Pyi Taw and Tanintharyi. Only 2% of patients on ART in Rakhine were tested and 66% had achieved viral suppression; this low percentage could be the result of selective viral load testing.

In conclusion, the care and treatment program is making good progress, although a few areas require attention. The ART transition from NGOs to the public sector requires a detailed transition and maintenance plan. The capacity and readiness of the public sector to accept the increased workload should also be considered. Ensuring financial support and human resources from government is also essential for the sustainability of the program in the long run.

Case reporting is important for measuring the first of the three 90s, while establishing a unique identifier system will improve the quality of program reporting and ensure effortless and effective patient transfer between ART sites.

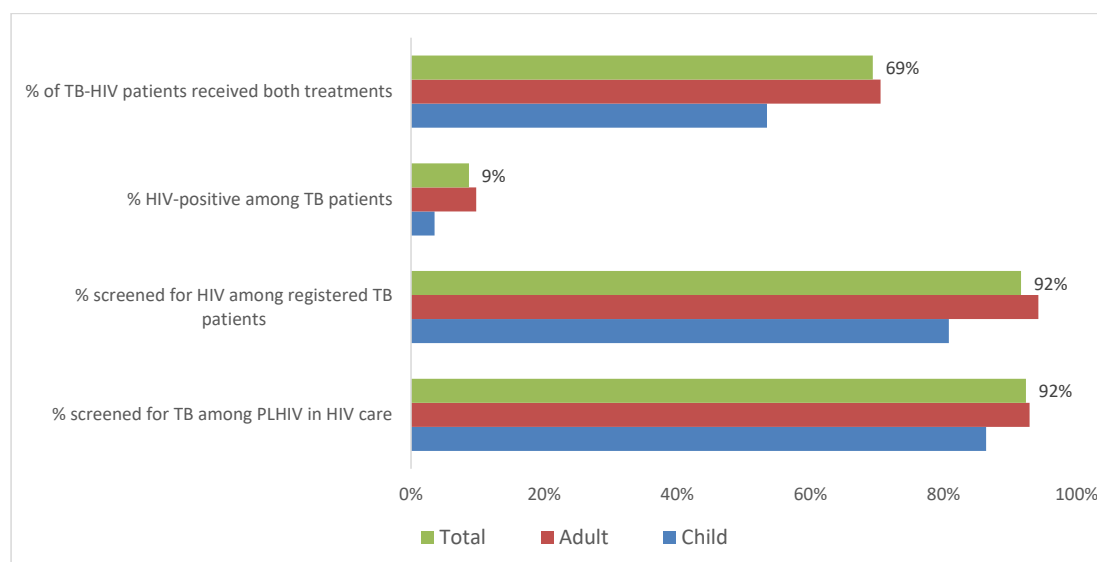
Attention needs to be paid to ART maintenance, as suboptimal levels of retention will have a negative effect on the program and hamper the ability to reach the three 90s targets. The program at subnational level should try to identify and implement tailored interventions that improve ART retention.

Viral load monitoring could be improved by increasing the number of viral load testing facilities, and upgrading current facilities and the blood sample transportation network. These efforts would facilitate achievement of the 90–90–90 targets in the near future.

TB/HIV collaboration

WHO first released an interim policy on collaborative TB/HIV activities in 2004, which was updated in 2012 to reflect evidence-informed reviews. Myanmar has made impressive progress in the response to HIV and TB, being successful in halting and reversing the spread of the diseases in line with the 2015 Millennium Development Goals.⁴¹

⁴¹ www.searo.who.int/myanmar/areas/hivtb_reviewactivities/en/

Figure 36: TB/HIV co-management (2018)

In 2018, the TB/HIV program successfully screened 92% of patients in HIV care for TB. Similarly, 92% of patients registered for TB treatment were tested for HIV, of which 9% were found to be HIV-positive. Of those patients with TB/HIV coinfection, 69% (7,464) were treated for both TB and HIV in the same year. This represents around 39% of all estimated TB/HIV coinfecting patients in Myanmar. Despite the good TB screening and HIV testing results, there is a need to increase the number of TB/HIV coinfecting patients that receive both treatments.

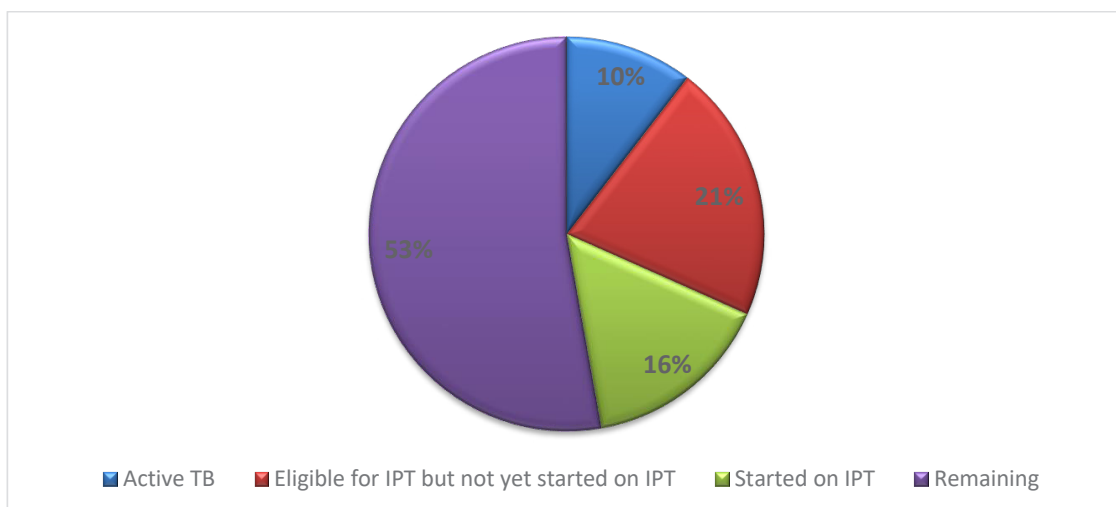
Among the patients newly enrolled into HIV care in 2018, 10% were found to have active TB disease. WHO recommends that people living with HIV who are unlikely to have active TB should receive at least six months of isoniazid preventive therapy (IPT) as part of a comprehensive package of HIV care. After being assessed, 37% of newly enrolled HIV patients were eligible for IPT, while 53% were reported as not suitable to start IPT due to various clinical or social reasons (Figure 37). Among those eligible for IPT, 5,776 patients (42%) started IPT during 2018.

At subnational level, the TB/HIV situation and IPT provision vary significantly by region. Yangon and Kachin had the largest number of new enrolments in the care and treatment program. The highest proportions of active TB disease were in Kayin, Tanintharyi, Yangon and Ayeyarwady at between 15% and 17%. After assessment, the proportion of IPT-eligible patients ranged from 10% to 62% across regions. Shan (N) reported that 62% of its 2018 newly enrolled cohort of HIV-positive patients was qualified to start IPT, followed by Shan (S) (52%) and Shan (E) (51%). In all other states and regions, the eligible percentage was under 50%, with Kayin and Bago each reporting only 10% eligible.

In 2018, Ayeyarwady, Kayah, Shan (S), Tanintharyi and Yangon provided IPT to the highest proportion of newly enrolled HIV patients, at 28%, 26%, 24%, 22% and 22%, respectively.

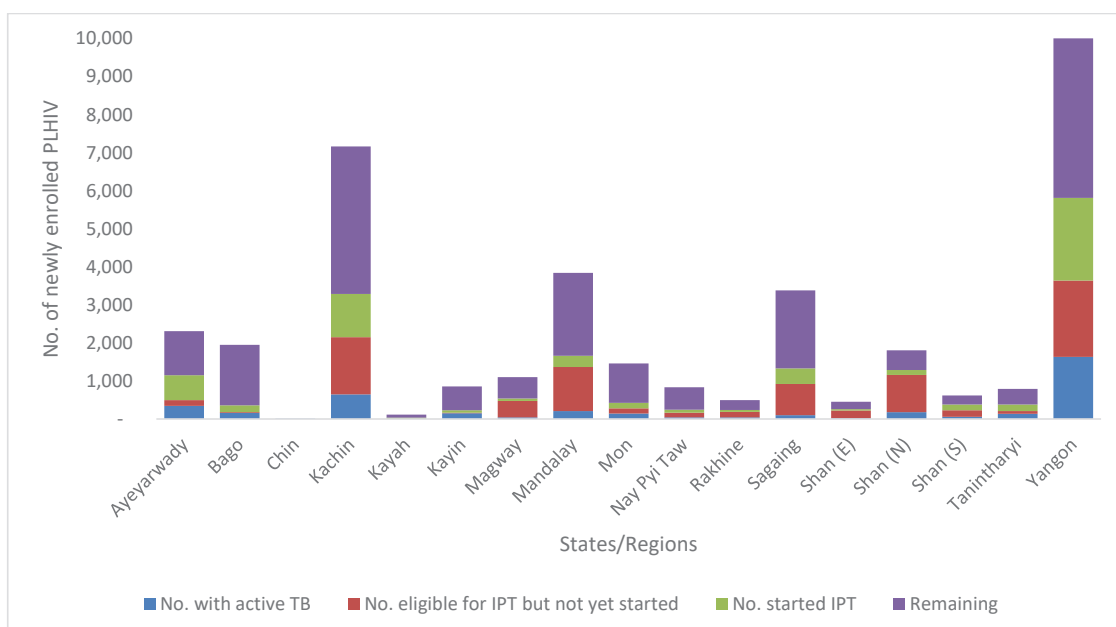
Conversely, less than 10% of newly enrolled HIV patients were started on IPT in Bago (9%), Kayin (8%), Mandalay (8%), Shan (E) (8%), Shan (N) (7%), and Magway (6%).

Figure 37: TB status among newly enrolled patients (2018)

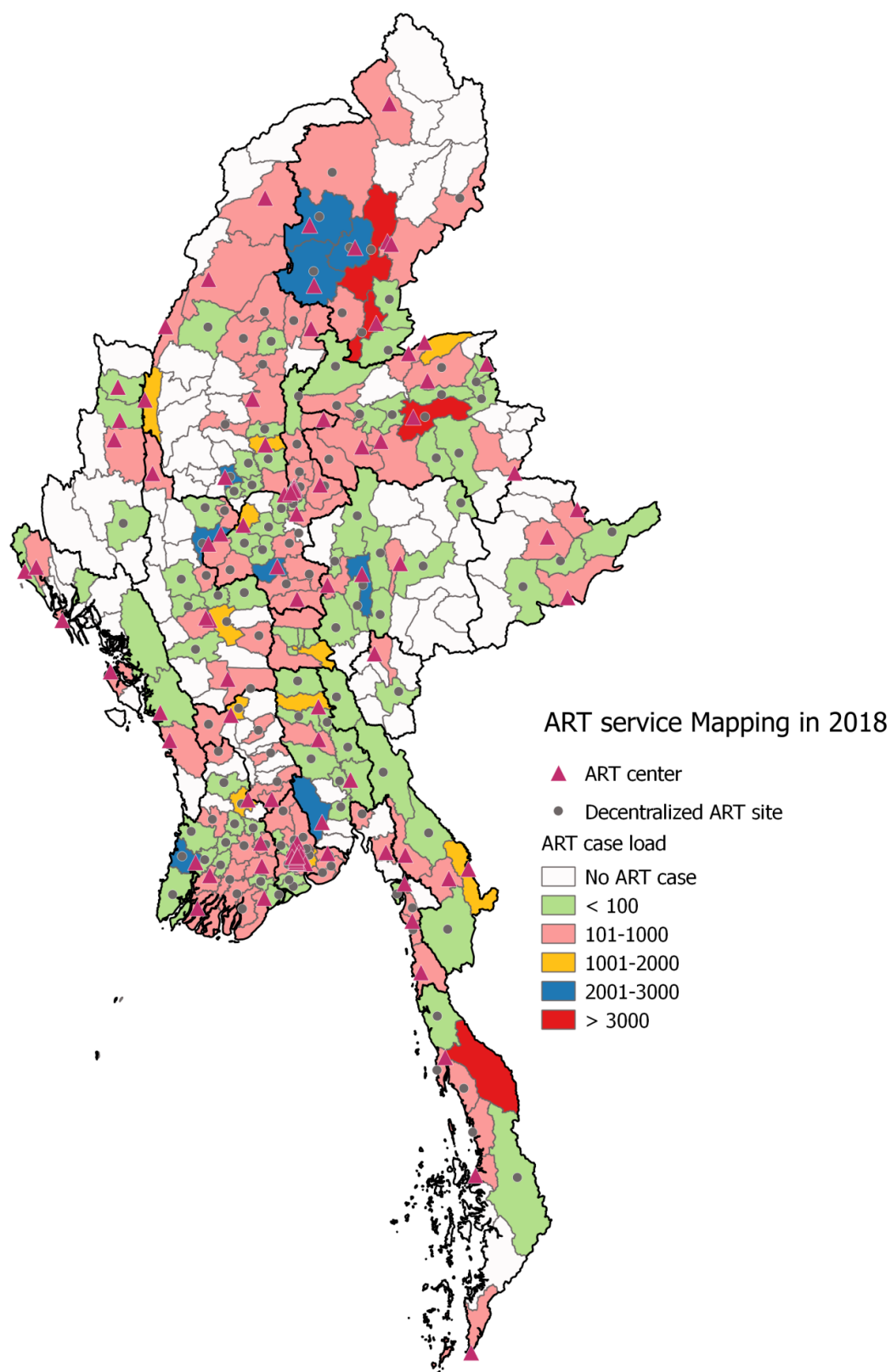


To summarize, the country's TB/HIV diagnosis element can be considered to be performing well, whereas subsequent co-management by providing treatment to both TB and HIV patients should be improved. The causes for low IPT coverage among newly enrolled HIV patients should be explored systematically and any factors that emerge as hampering progress should be addressed.

Figure 38: TB status among newly enrolled PLHIV by State/Region (2018)



Map 9: ART program coverage by township in 2018



STRATEGIC DIRECTION II: IMPROVING HEALTH OUTCOMES FOR ALL PEOPLE LIVING WITH HIV

PRIORITY INTERVENTION AREA

2.5 Enhance positive prevention

Output/Coverage Indicator	Data Source	Size Estimate	Baseline 2015	Results 2018
No. of PLHIV who received community home-based care	Program Data	NA	37,749	46,529
No. of PLHIV associated with self-help groups	Program Data	NA	23,347	9,651

Partners working on community home-based care in 2018:

AHRN, Alliance, IOM, MPG, NAP, PGK

At the very start of the HIV care and treatment program, most patients were critically ill and needed nursing care at home while they were rebuilding their immune system with ART, and community home-based care was launched for this purpose. In recent years, patients have been diagnosed earlier and have initiated ART earlier, and nursing care is no longer a major need. Nonetheless, people living with HIV still need psychological support and other social support. Hence, community home-based care lately has increasingly focused on counselling, nutrition and social support such as covering transportation costs.

Myanmar Positive Group (MPG) is main implementing organization for community-based activities and it has local networks throughout the country. The NAP and some NGOs have collaborated with community networks through their involvement in HIV care and treatment services.

Since the number of people on ART is increasing, supporting all patients to ensure retention in care is critical. Individual patients need to be supported along the cascade to reduce drop-out. Case management can be strengthened through community networks, which also leads to meaningful involvement of communities. Case management also includes support for disclosure, partner notification and index testing of the individual patient's family, as well as being important for improving the health outcomes of individuals living with HIV.

Table 43: PLHIV who received community home-based care by organization in 2018

Organization	Psychological/social support	Food, material or financial support	Medical support
AHRN	939	939	7,960
Alliance	682	-	-
IOM	3,446	3,446	3,446
MPG	17,592	7,369	-
NAP	7,455	799	13,272
Total	30,114	12,553	24,678

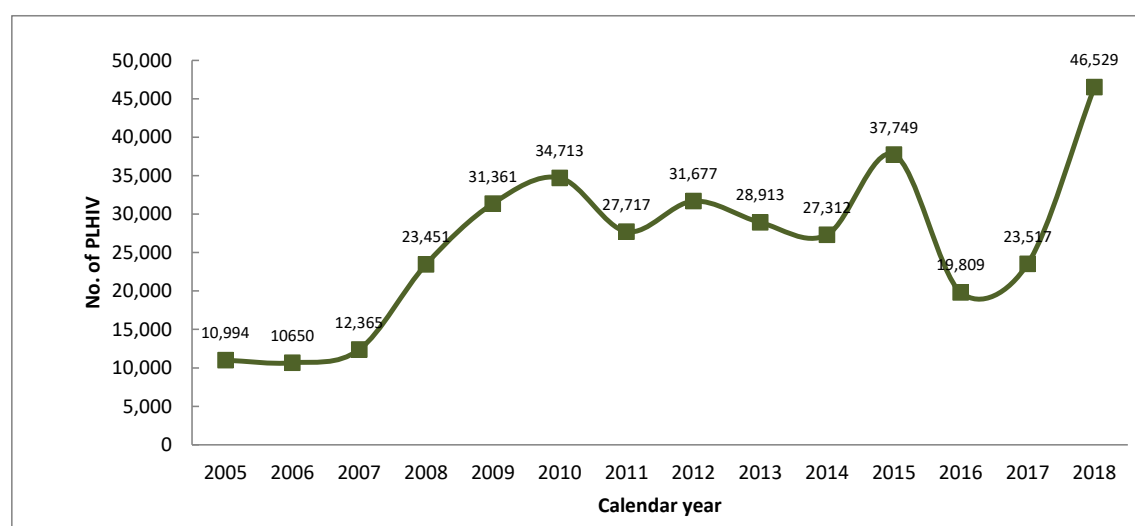
Figure 39: Number of PLHIV received community home-based care (2005–2018)

Table 44: PLHIV who received community home-based care by State/Region (2016–2018)

State/ Region	2016			2017			2018		
	Psycho- logical/ social support	Food, mate- rial or financial support	Medical support	Psycho- logical/ social support	Food, mate- rial or financial support	Medical support	Psycho- logical/ social support	Food, mate- rial or financial support	Medical support
Ayeyarwady	766	212	1,265	1,183	348	601	5,553	606	4,846
Bago	947	266	266	1,172	652	-	2,578	1,462	392
Chin							0	0	0
Kachin	93	20	-	1,935	589	-	3,998	1,757	4,540
Kayah	6	23	52	-	-	-	22	0	6
Kayin	531	356	548	964	889	674	837	708	1,089
Magway	852	30	42	772	451	122	1,141	664	0
Mandalay	3,409	91	218	1,539	782	205	2,117	670	2,980
Mon	4,276	1,704	1,661	3,917	3,428	3,046	3,963	3,268	3,355
Nay Pyi Taw	-	-	-	412	113	-	23	0	494
Rakhine	-	-	-	174	34	-	669	470	557
Sagaing	1,389	4	120	1,399	819	81	2,244	866	4,229
Shan (E)	121	94	103	60	-	62	657	6	555
Shan (N)	1,233	33	22	629	303	-	1,445	604	112
Shan (S)	132	120	94	214	-	218	312	0	1,186
Tanintharyi	421	237	-	1,285	907	168	988	469	337
Yangon	4,162	1,357	388	7,850	1,069	-	3,567	1,003	0
Total	18,338	4,547	4,779	23,505	10,384	5,177	30,114	12,553	24,678

Partners working with self-help groups in 2018:

AHRN, MANA, MPG

Table 45: Number of PLHIV involved with self-help groups by State/Region (2016–2018)

State/Region	2016	2017	2018
Ayeyarwady	3,334	783	131
Bago	230	187	288
Chin	56	21	38
Kachin	2,835	2,785	3,375
Kayah	168	76	77
Kayin	583	99	152
Magway	246	138	122
Mandalay	3,365	1,854	734
Mon	1,710	1,243	735
Nay Pyi Taw	25	25	30
Rakhine	78	78	73
Sagaing	845	736	749
Shan (E)	695	243	481
Shan (N)	1,095	633	837
Shan (S)	743	409	135
Tanintharyi	423	423	467
Yangon	2,486	2,334	1,227
Total	18,917	12,067	9,651

Though there was an increase in number of PLHIV involvement in Self-help groups (SHG) in almost half of the States/Regions (eight out of seventeen States/Regions), a total number of PLHIV involved in SHG was dramatically reduced in the last three years. Based on the information from Myanmar Positive Group (MPG), this reduction is mainly due to the decline in interest and investment in SHG activities by donors and stakeholders as well as the increasing availability, easier accessibility and earlier initiation of ART reduce the need of SHGs.

During 2018, apart from MPG, AHRN and MANA supported SHGs through consultations with drug user Self-help group members supporting their engagement in country program development, and risk reduction activities. MPG continued to promote its networking between individuals and self-help groups working on reduction of stigma and discrimination, advocating peoples' rights to access treatment and quality services. Working through SHGs will support to create the enabling environment and to sustain the programs in the long run.

STRATEGIC DIRECTION III: STRENGTHENING INTEGRATION OF COMMUNITY AND HEALTH SYSTEMS AND PROMOTING A HUMAN RIGHTS BASED APPROACH

PRIORITY INTERVENTION AREA

3.3. Strengthen the community to be engaged in service delivery, including reducing stigma and discrimination and improving legal and policy frameworks

Community based organizations (CBOs) working on the HIV response, people living with HIV and representatives of key population groups are members of the highest decision-making body of the health sector in Myanmar, which is the Myanmar Health Sector Coordinating Committee (MHSCC). They represent two out of three seats from the CBO/faith-based organizations constituency, and two out of four seats from the people living with or affected by diseases constituency. In addition, they participate actively in the HIV Technical Strategy Group (TSG) and relevant technical working groups (TWGs).

Community systems strengthening programs and activities were supported mainly by the Global Fund, USAID (PEPFAR) and 3MDG. Focus areas of supported community systems strengthening programs were: treatment adherence counselling and follow-up by peers; community feedback mechanism of ART services; strengthening community advocacy capacity; improving governance and leadership of networks; strengthening capacity of communities to mobilize resources; and increasing community-based service delivery.

In 2018, the results were as follows:

- Myanmar Positive Group (MPG) was selected as a Global Fund subrecipient and provided counselling services to 11,436 people living with HIV. In addition, the NAP referred 1,043 patients who had missed at least one appointment to the MPG for tracing, of which MPG counsellors were able to trace 668 patients (64% of referred), and 401 patients returned to care at the supported ART sites (60% of traced, 38.5% of referred).
- A national-level World AIDS Day event was held under the leadership of the Yangon Regional Health Department and the Yangon NAP team, in close collaboration the MOHS and the central NAP, Yangon regional government, Yangon municipal department, Police department, United Nations agencies, NGOs, CBOs, pharmaceutical companies, and private companies. Approximately 6,000 participants actively engaged in the event activities, which included: booth exhibits from 49 organizations; free-of-charge on-site HIV

testing and TB screening services; awarding prizes to the winners of essay, painting and quiz competitions, best community booth and community role play; edutainment with well-known celebrities and singers; and a panel discussion. From the free-of-charge on-site HIV testing and TB screening services, 132 individuals (including from key populations) got tested and 2 persons had a positive test result and were referred to Latha NAP; 124 people (62 male, 62 female) took chest X-ray screening and 13 presumptive TB cases (7 male, 6 female) had sputum microscopy examination. Community networks organized a World AIDS Day event in Parliament – Amyotha Hluttaw (House of Nationalities)⁴² – and more than 200 parliamentarians, including the speaker and deputy speaker, visited the event and community networks' booth exhibits.

- A public awareness raising campaign of community events for the International Day Against Homophobia (IDAHO) was conducted by the LGBTI community in Yangon, and LGBTI rights messages were shared with an approximate 800 audience through edutainment, such as talent shows and performances.
- Key population community networks and PLHIV networks were continually supported to promote an enabling environment through the drafting of new laws or reforming existing suppressive laws. For details, please refer to priority intervention area 3.4, below.
- Community (PLHIV and key population) representatives were included in state and regional HIV steering committees, established in high HIV burden states/regions, and representatives from local community networks and community-based organizations actively participated in and contributed to subnational HIV operational planning in Kachin, Shan (N), Yangon and Sagaing.
- During the post-conflict period in northern Rakhine State, three volunteers from the PLHIV self-help group in Sittwe assisted the Sittwe ART team and ART focal persons in Maungdaw and Buthidaung townships by supporting counselling, defaulter tracing and leading the gathering meeting for people living with HIV. With their help, 113 people living with HIV received counselling services, 9 received hospitalization support, 218 received travel allowance for clinic appointments, and importantly, 12 were linked back to care and treatment services and resumed their ART. Four peer gathering-sessions were organized for mutual support.
- Key population and PLHIV community networks were empowered to lead an HIV prevention and linkage to care project in Rakhine State, where only the public sector is providing HIV services, to fill the gap in prevention and linkage to care services for key populations and other vulnerable populations.

⁴² Amyotha Hluttaw (Upper House)

- To strengthen the roll-out of community-based testing and counselling, the HTS committee developed a code of conduct for trained community health workers, a training curriculum on community-based testing services (CBTS), terms of reference for trainers and CBTS personnel, standard operating procedures for referral mechanisms, a supervision checklist for CBTS testers, certification process and M&E tools for CBTS.
- The Interfaith Network on AIDS extended its network in Myitkyina (Kachin State) and Taungoo (Bago Region) in order to reduce stigma and discrimination toward people living with HIV and key affected populations, and to engage local religious leaders in the HIV response.

PRIORITY INTERVENTION AREA

3.4 Improve national and subnational legal and policy environment for protection and promotion of HIV-related services

PROGRESS IN VARIOUS LAWS, BY-LAWS AND POLICIES

Amendment of the 1993 Narcotic Drugs and Psychotropic Substances Law: The 1993 Narcotic Drugs and Psychotropic Substances (NDPS) law was ratified by Hluttaw in February 2018. The amended law has progressive steps shifting from a punitive to a public health approach; however, decriminalizing possession of a small amount of drug was not accepted when the amendment of the law was approved.

1995 Regulations of the Narcotic Drugs and Psychotropic Substances Law: A series of multisectoral/multi-ministerial discussions and workshops were initiated by the Central Committee for Drug Abuse Control (CCDAC) to amend the 1995 Regulations of the NDPS law to reflect the changes in the amended NDPS law and also to provide guidance to different relevant sectors for effective implementation. The amended law was welcomed by United Nations agencies, NGOs, CBOs and networks, as it will allow formulating of public health oriented drug policies and regulations. It is important in the continued legal reform to allow people who use drugs to access essential and lifesaving healthcare services.

To support the formulation of the by-laws for implementing the amendments of the NDPS law, in April 2018, UNAIDS and UNODC organized a consultation workshop whose objectives included:

- (1) reaching a consensus on how to address the amendments and preparing a roadmap for taking the reform process forward;
- (2) providing expert guidance on the formulation of by-laws or rules to support the implementation of non-punitive approaches to drugs, which are rooted in evidence, human rights and public health. These comprise enhanced access to health and social services, including harm reduction, voluntary drug treatment, ART, sexual and reproductive health as well as support to families and communities, and sustainable livelihood services. More than 60 participants from government, international and national NGOs, community networks, United Nations agencies, PLHIV networks and lawyers attended this consultation and exchanged their views regarding the development of by-laws. A set of recommendations was developed and submitted to the Ministry of Home Affairs and other relevant ministries.

National Drug Control Policy: The Ministry of Home Affairs launched the first National Drug Control Policy in Myanmar in February 2018. The policy document includes five thematic areas:

- (1) Supply reduction and alternative development;
- (2) Demand and harm reduction (including harm reduction, treatment, rehabilitation and reintegration, coordination of response mechanism);
- (3) International cooperation;
- (4) Research and analysis (strong evidence based), and;
- (5) Human rights as a cross-cutting issue. The national strategic plan for drug control is being developed by the CCDAC with the support of UNODC and UNAIDS. The NAP and the Drug Dependency Treatment and Research Unit (DDTRU) of the MOHS contributed to the strategic guidance, especially for drug treatment and harm reduction. This national strategic plan will serve as guidance to state/regional and township level CCDAC teams to implement the drug policy.

National Strategic Framework on Health and Drugs: In late 2017, the MOHS endorsed the development of a national strategic framework with a specific focus on harm reduction, with a view to fast-tracking the HIV response among people who use drugs/people who inject drugs. This document aims to provide a comprehensive framework for addressing the various drug-related challenges through a strategic approach that is aligned with existing national policies, plans and strategies as well as relevant international and regional declarations, resolutions and commitments adopted by the Government of Myanmar.

A working group comprising representatives of international and national NGOs, drug user networks, development partners and United Nations agencies (UNODC and WHO) regularly met

in the development process. Key informant interviews and discussions were held with groups of stakeholders, which varied somewhat depending on the thematic area in question in order to ensure relevant areas of expertise.

The national strategic framework includes five strategic directions:

- (1) Primary prevention of drug use;
- (2) Addressing adverse health outcomes of drug use through harm reduction, especially among people who inject drugs;
- (3) Drug dependence treatment;
- (4) Rehabilitation and social integration;
- (5) Laws, policies and enabling environment, as well as research. The scope of the framework does not include supply reduction, drug control or alternative development.

HIV Law: Advocacy targeted at various stakeholders, both at central and state/regional level, resulted in increased awareness about the importance of having a protective law on HIV. The NAP organized two review meetings to thoroughly review the comments from Attorney General's Office. During the first meeting (in October), key population and PLHIV networks, health care staff from NGOs, and United Nations agencies provided additional inputs that were incorporated into consolidated feedback. In the second meeting (in December), discussions revolved around the follow-up process with the Attorney General's Office. A high-level meeting was organized with the Attorney General's Office to engage dialogue with lawyers and to equip them with information on HIV and guide them in the review of the draft law.

Three advocacy meetings were hosted by the Pyithu Hluttaw (House of Representatives)⁴³ Health and Sports Committee, the Amyotha Hluttaw (House of Nationalities)⁴⁴ Women and Children Committees, and the Amyotha Hluttaw Health, Sports and Culture Committee. About 50 parliamentarians attended the meetings, where they were sensitized to rights-based approaches to HIV and had the opportunity to deepen their understanding and knowledge of the HIV law. They were also updated on the HIV situation in Myanmar and provided with relevant information materials, including factsheets and policy briefs.

UNAIDS together with Myanmar Positive Group organized one educational session with members of Parliament in Mandalay Region Hluttaw to deepen understanding on HIV and the draft law.

Three community awareness sessions on the HIV law were organized in Mawlamyine, Mandalay and Yangon. The discussions focused on issues around confidentiality and consent. Concerns were raised regarding the redress mechanisms to address discrimination faced by key populations and people living with HIV in the areas of education, health care and employment, among others.

⁴³ Pyithu Hluttaw (Lower House)

⁴⁴ Amyotha Hluttaw (Upper House)

In September, UNAIDS, Alliance, MPG and Phoenix in cooperation with the NAP launched one information session with broadcast media from Myanmar TV and Myawaddy channels to share updates on the progress of the draft law.

In all, nearly 250 key stakeholders were sensitized on the importance of having a legislation that upholds and protects the rights of people living with HIV.

Law on Sex Work: The review process of the new law on sex work continued in 2018. A meeting was organized by the Public Affairs Committee, Pyithu Hluttaw, with United Nations agencies, civil society organizations and sex worker networks, in which the need for a public health approach to sex work was reiterated, including the provisions on access to health, social and legal services for sex workers. The meeting also enabled participants to reflect on HIV services tailored to the specific needs of sex workers and to discuss the role of the Committee in the review process.

The Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement, held a high-level consultation to share updates on the review process and to respond to the comments received from the Public Affairs Committee. The provisions on health, social and legal services were refined based on the comments received from the Attorney General's Office and agreed by participants.

Intellectual Property Law: Myanmar Positive Group, UNAIDS and Alliance organized a consultation workshop with members of parliament in December 2018. The purpose of the consultation was to inform on the importance of TRIPS⁴⁵ flexibilities. It was critical to engage and inform members of parliament on the importance of their contribution in reviewing the law from a public health perspective. A handbook on the intellectual property law was developed and distributed to members of parliament. Myanmar Positive Group organized a stakeholder meeting to strengthen effective advocacy with policy-makers.

Study tour on best policies and practices in response to drug use and HIV in the Netherlands: Eighteen participants, including high-level officials from different government bodies (Ministry of Home Affairs, MOHS, Prison Health Department, Parliament) as well as representatives from harm reduction partners, attended the study tour to the Netherlands organized by UNAIDS in July 2018. The study tour provided participants with an overview of both government policy and NGO/community-based harm reduction projects in response to drug use and blood-borne diseases in the Netherlands.

⁴⁵ Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS)

Myanmar delegates stressed the need to address HIV and drug use holistically through:

- (1) increasing access to community-based HIV testing;
- (2) promoting integrated testing/health services for PWID (HIV, hepatitis C, STI and TB) and maximizing early HIV, hepatitis C and TB treatment initiation; and
- (3) establishing youth-friendly clinics with sexual and reproductive health services. Scaling-up harm reduction, access to opioid substitution therapy and overdose management services in Kachin and Sagaing were considered top priorities.

CAPACITY BUILDING

Awareness sessions on HIV and sexual and reproductive health and rights (SRHR): UNAIDS organized seven sessions in collaboration with the Department of Social Welfare at the vocational training centres for women in Yangon, Mandalay, Kengtung and Myeik. Nearly 250 participants attended this two-day training, among whom were former victims of trafficking and girls charged with a criminal offence in relation to sex work. Most of the attendees were between 16 and 20 years of age.

Awareness sessions on sexual and reproductive health and rights (SRHR) and gender-based violence: In order to raise awareness among journalists, reporters and the media sector, two sessions on HIV, reproductive rights and gender-based violence reduction were conducted by Alliance.

Training on human rights based and gender-sensitive approaches to HIV and on sexual orientation and gender identity (SOGI) for key populations: One workshop to assess the outcomes of the Human Rights, Gender and SOGI training was organized in Yangon by UNAIDS and the curriculum was amended based on the feedback and recommendations from the attendees. UNAIDS conducted five trainings together with Colors Rainbow, in Pyay, Pakokku, Bhamo, Kawthaung and Loikaw, five priority townships that remained to be covered by this training program. More than 150 participants representing a broad range of stakeholders (from government and nongovernment health sector, key populations networks and CBOs) attended this three-day training. One training of trainers on Human Rights, Gender and SOGI was organized in Mandalay. Twenty participants from nongovernment health sector, key populations networks and CBOs were trained and had the opportunity to practise their skills.

Basic human rights trainings: Eight basic human rights trainings, WANDA trainings and legal capacity building trainings were conducted by Alliance in collaboration with community networks. Thirty-six sensitization sessions were conducted with health care workers to reduce stigma

and discrimination in the health care setting. Findings from the community consultation and sensitization sessions were utilized to sensitize health care workers. One training was supported to the organization Sex Workers in Myanmar (SWiM) to arrange its general election to improve its governance system.

Awareness session on the Intellectual Property Law: Thirty participants attended the awareness raising workshop on the intellectual property law, which was organized by Myanmar Positive Group in July 2018 with the purpose of sharing information on the current development process of the intellectual property law, and educating on what is TRIPS and how it relates to health issues. A similar session was organized with board members and central staff of Myanmar Positive Group and members of Myanmar Legal Aid Network (MLaw). One media campaign was organized in December by MPG to increase reporters' awareness.

Legal literacy trainings: UNAIDS with resource trainers from Legal Clinic Myanmar conducted four trainings in Magway, Myitkyina, Myeik and Taunggyi with the objective to enhance legal awareness among key populations. The trainings reached around 130 participants, of which 75% belonged to the LGBTI community. Some participants were paralegals actively involved in their respective communities. They raised different issues they had to deal with in their daily work, asked the trainers a lot of questions and showed great interest in these trainings.

COMMUNITY FEEDBACK MECHANISM

The community feedback mechanism project is funded by the Global Fund and works with six networks in 20 townships. The feedback mechanism initially started in 2014, and now has widened its scope to capture more human rights aspects in 2018. The trained facilitators from different networks work at the township level to collect human rights related cases using the MyRights app, and the key populations committee at the local level responds in a timely way to the clients who need help. More advanced cases are reviewed and responded to by the central level key populations committee. The resolutions were mainly through advocacy and feedback to those who are related with the cases, and also providing the legal support and emergency support needed to respond to some cases.

In 2018, one basic human rights training was conducted for communities. Moreover, 394 cases of HIV-related human rights violation or stigma and discrimination among key populations were collected and provided the necessary support in response. Among those cases, 232 cases were resolved in 2018 and legal support was provided for two cases: one related to people living with HIV and one related to people who inject drugs. Emergency support such as medical attention and jail support was provided to seven cases.

ACCESS TO LEGAL SERVICES

Alliance is implementing an advocacy process in partnership with seven networks at local, state/region and national levels. In close collaboration with community networks, Alliance provided legal services for nine drug users and six sex workers, while two people who inject drugs were referred to other legal aid programs.

Under the “Partnership to Inspire, Transform and Connect the HIV response (PITCH)” program,⁴⁶ 281 human rights violation cases were recorded. Legal supports were provided for selected cases. Furthermore, 14 trainings were conducted with brothel owners to raise their awareness on HIV services, improve access to HIV services and promote condom use.

With the aim to reduce stigma and discrimination and to promote human rights, a sex worker network was given a grant to provide legal aid services to key populations (FSW, MSM and PWID). Six cases (two sex workers and four people who inject drugs) received legal aid and social support in 2018. In addition, 70 sessions on legal awareness for key populations were conducted in priority townships by the recruited paralegal team. Legal literacy training was provided to 82 persons from key populations in Yangon, Lashio and Kyaukpadaung where key populations are vulnerable to discrimination and rights abuses.

Human Rights and Gender Working Group

One meeting of the Human Rights and Gender Working Group was attended by 20 participants in Yangon in October 2018, with the agenda to advance gender equality and address issues that key populations face in accessing services. The main topics discussed included updates on the progress of the draft laws on HIV and on sex work, and information on the development process of the by-laws of the amended NDPS Law. Feedback on the International AIDS Conference and on the launching of the MyRights app was also shared by participants who attended these two important events.

⁴⁶ The PITCH Program is funded by the strategic team formed by Dutch Foreign Ministry, Frontline AIDS and Aidsfonds. Alliance has been implementing PITCH activities through the support of both Frontline AIDS and Aidsfonds.

STRATEGIC DIRECTION IV: STRENGTHENING STRATEGIC INFORMATION AND RESEARCH TO ENHANCE THE RESPONSE

PRIORITY INTERVENTION AREA

4.1 Generate and use strategic information to guide service delivery, program management, policy and financing

During 2018, the country accomplished some key achievements in the area of strategic information to guide management, policy and financing.

In response to the NSP III recommendation to establish denominators to calculate intervention coverage and forecast budget requirement, population size estimates for PWID were updated in 2018 using improved methods. Based on the estimates from IBBS sites, the national PWID population size was estimated using a determinant-based scoring method for each remaining township and extrapolated to the whole country. The resulting population size estimate is of around 93,000 active PWID in Myanmar. A detailed description of this is presented in the report on IBBS and PSE for PWID 2017–2018, which was released in early 2019.

Subnational planning

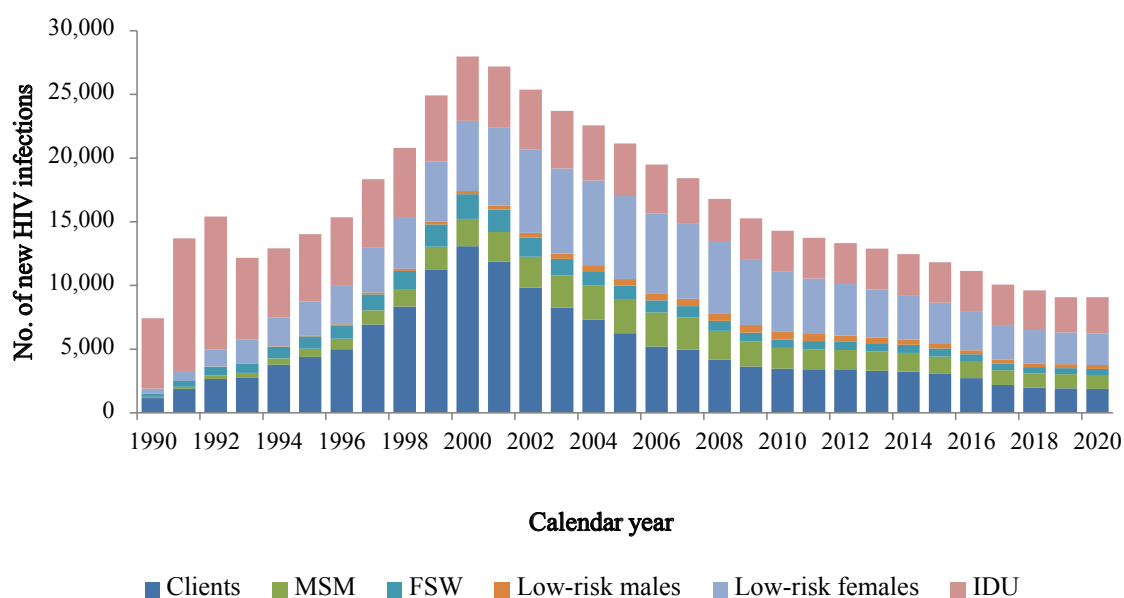
During 2018, the NAP in collaboration with technical partners successfully developed HIV epidemic and response profiles for four of the five priority states and regions. These profiles were the outcome of the desk review and analysis of a variety of data sources, such as: HIV estimates and projections; key population size estimates; HIV surveillance; surveys related to HIV, hepatitis, STI, reproductive health and youth; programmatic mapping data; and routine program data. The subnational profiles were fundamental for the development of costed subnational HIV operational plans for Kachin, Shan (N), Yangon and Sagaing, which are microplanning at subnational level to enhance the quality and effectiveness of local HIV continuum services. Planning for Mandalay is scheduled in late 2019.

The whole subnational planning process includes: a desk review and preparation of epidemic and response files; a stakeholder advocacy and engagement meeting; an HIV situational analysis workshop where the action plan for the HIV operational plan are discussed and agreed; and a prioritization and activity planning workshop where key interventions and activities are prioritized, targets set and costings calculated. Participants for each workshop were from HIV-related government departments and ministries, funding and technical support agencies, local implementing partners, key population networks and communities. Voices from different sectors reached consensus during those workshops.

Estimates and projections

Like every year, the country's HIV estimates working group produced national level HIV estimates and projections, which were submitted for the global AIDS monitoring report 2018. This year, as there were six subnational estimates using the Asian Epidemic Model (Yangon, Mandalay, Kachin, Shan (N), Sagaing, and remaining regions), all those six baseline Asian Epidemic Model estimates were updated using the latest version (AEM v415). The national HIV estimate was created by combining all those subnational estimates, and Spectrum v7.55 was used to produce additional estimates on HIV-positive children and pregnant women. These estimates were fed into the subnational operational plans mentioned above.

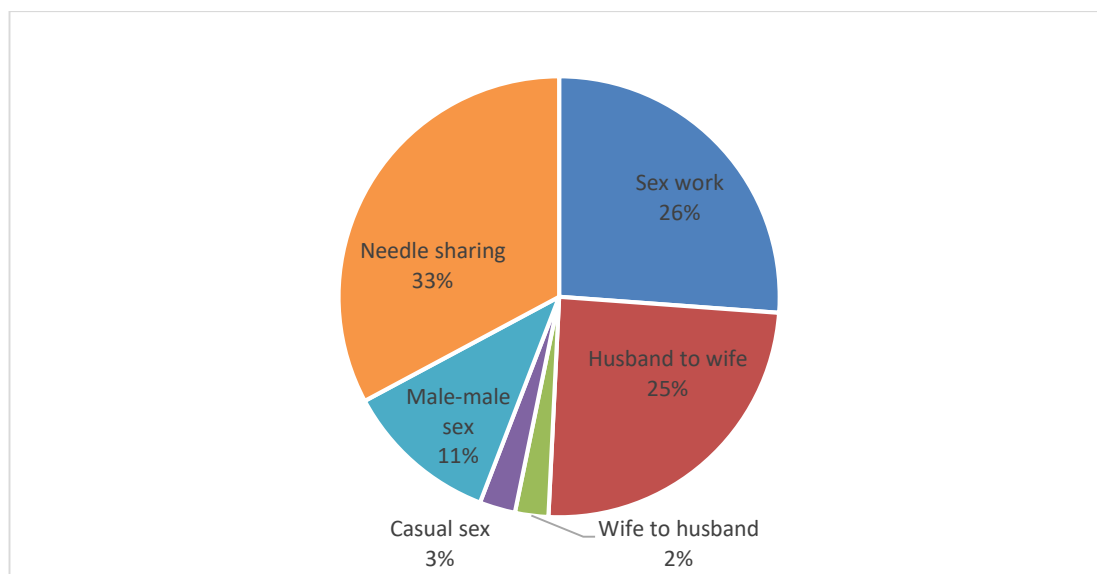
Figure 40: Annual new HIV infections estimate in adults 15+ years (1990–2020)



The HIV estimate results revealed that, since its peak in early 2000, the epidemic declined slowly until around 2010 and since then at a gentler pace. The total number of new infections in 2018 was estimated at around 10,000 and the prevalence at 0.57% among adults (15 years or more). At the national level, the epidemic was depicted as a mixed epidemic. Around 70% of new infections occurred in FSW and their clients, MSM and PWID. Low-risk females here refers to intimate partners of key population and former key population members such as ex-clients and ex-PWID. Myanmar has a long-standing epidemic and a part of formerly high-risk men have become low-risk men, but the chance of transmitting HIV to their intimate partners remains. The mode of transmission chart also showed that there is 25% intimate partner transmission from male to female (key population or former key population members) which is described as 'husband to wife' transmission in Figure 41.

As described in previous reports, the epidemic differs from region to region: the epidemic driven by injecting drug use seen in Kachin and Shan (N); the epidemic dominated by sexual transmission in Yangon, Mandalay and remaining regions; and the epidemic in Sagaing with a large contribution from injecting drug use and a smaller part from sexual transmission.

Figure 41: Proportion of new HIV infections by mode of transmission 2018



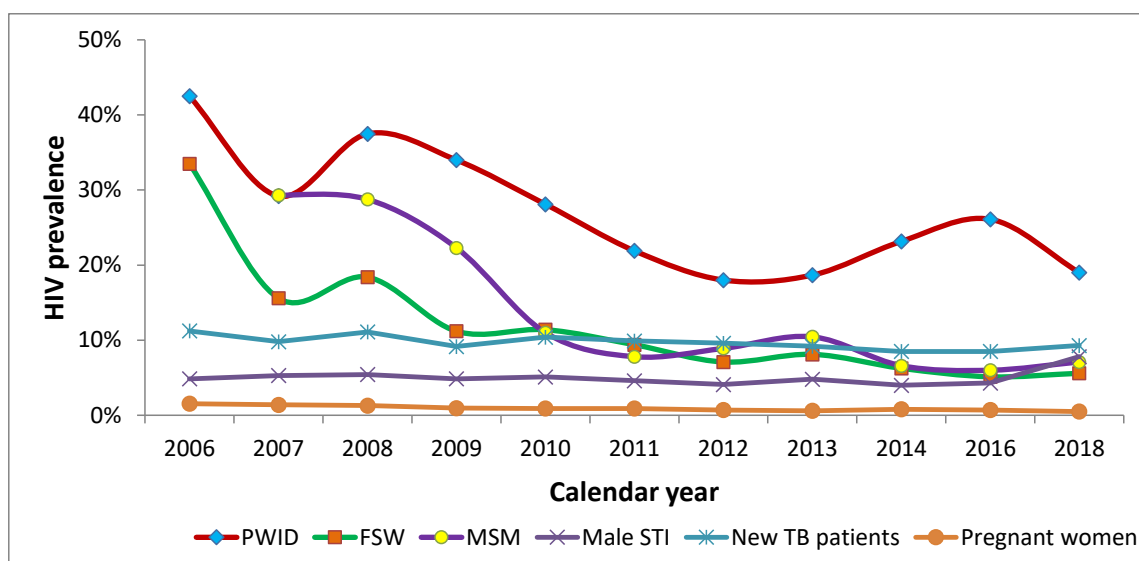
Surveillance

The NAP continued to conduct HIV sentinel surveillance (HSS) during 2018. In this round, HIV prevalence was measured in the usual 35 townships among six sentinel groups. Due to implementation constraints, the new military recruits and blood donors sentinel groups were not included in this round.

The number of sentinel sites for key populations further increased in the 2018 HSS, expanding to 32 sites for FSW and 31 sites for MSM. For the other populations covered, the number of sites was the same as in the previous round: PWID in 11 sites, new TB patients and male STI patients in 34 sites and pregnant women in all 35 sites. Resulting HIV prevalence varies widely among sentinel groups (Table 44).

Table 46: HIV prevalence in sentinel populations (2018)

Sentinel groups	# Senti-nel site	HIV prevalence (%)					# HIV tested	# HIV positive
		Prevalence	95% CI	Minimum	Median	Maximum		
Male STI patients	34	7.8	5.7 - 10.8	0.0	6.5	38.0	3,352	260
FSW	32	5.6	3.8 – 6.5	0.0	4.8	15.1	3,609	201
MSM	31	7.1	4.5 – 13.1	0.0	4.9	30	3,021	214
PWID	11	19.0	7.1 – 31.5	0.0	15.0	66.9	1,686	321
Pregnant women	35	0.5	0.3 – 0.6	0.0	0.3	1.8	13,948	63
New TB patients	34	9.3	6.6 – 12.7	0.0	7.5	38.0	4,772	446

Figure 42: Trends of HIV prevalence among HSS sentinel groups (HSS 2006–2018)

Generally, there has been a downward trend in HIV prevalence in all key populations since 2006, but in recent years the trend has plateaued for FSW and MSM and there has been a slight upward trend among PWID. One hypothesis for this decreasing trend in HSS is that those who already know their status as HIV-positive are less likely to participate in HSS, reducing the HIV prevalence in facility-based surveillance to below the realistic HIV prevalence. In this regard, HSS data is more beneficial for monitoring trends of HIV prevalence at sentinel sites. The prevalence trend seems to be constant among new TB patients and pregnant women while there is an upward trend among male STI patients in 2018.

PRIORITY INTERVENTION AREA

4.2 Improve monitoring and reporting to provide quality data and effectively track NSP III and improve performance at all levels

During 2018, all sectors and organizations continued efforts to improve the monitoring and reporting system to support quality data. Indicators and reporting formats were further adapted to satisfy the requirements of global reporting, donor reports and program needs. Routine reports were generated and submitted in a timely manner, such as the global AIDS monitoring report 2018, together with national commitment and policy instrument reports, national HIV estimate reports, and donor reports. Those data were analysed and disseminated in a large workshop for discussion and to reach consensus.

Convergence workshop

A convergence workshop on the development of blueprint architecture for the Myanmar Health Information System was held on November 2018, organized by the MOHS with the support of United Nations agencies (UNAIDS, UNICEF, UNOPS and WHO) and Asia eHealth Information Network (AeHIN). This workshop enabled key stakeholders to identify synergies, align overlapping initiatives, and highlight opportunities to accelerate implementation of sustainable digital health solutions with a detailed activity plan in which the NAP was an active key contributor.

Digital health information

The concept of a unified digital health information system was promoted along the OpenHIE framework in Myanmar, which has been moving along the Strategic Action Plan for Health Information System (2017–2021). Health information system issues, plans and technical reviews were discussed through the Health Information System Technical Working Group (HIS TWG) – which is under Health System Strengthening Technical Strategy Group (HSS TSG) – ensuring that progress and agreements were achieved in 2018.

District Health Information Software (DHIS2)

As described in previous reports, the NAP has been using District Health Information Software (DHIS2) as a national reporting platform as part of the public health information system. In 2018, HIV reporting was working well through DHIS2, and capacity building for DHIS2 users continued through two batches of refresher trainings. DHIS2 end user experiences and data analysis were discussed during the refresher training. UNAIDS continued to provide technical support in collaboration with WHO, and HISP Vietnam.

Metadata reconfiguration was started in order to remove metadata duplicates and for efficient use of metadata. It allows effective and efficient integration of the system with other data systems.

Master patient index

A unique identification system known as the master patient index (MPI) was started in 2017. The vision of MPI is to formulate a national health identifier for an individual that functions across every point of health care. It can also connect to existing digital health data systems by using standardized messaging (HL7) as health information exchange. Unique identifiers can promote continuity and quality of care, remove duplicate clients and ensure data quality. A functionality assessment workshop on MPI/Client Registry use was held in December 2018. It brought together key health system stakeholders who were managing client identification and demographic data using a variety of methods including paper forms, treatment books, smartphone- and computer-based software applications across various health care settings in Myanmar. Although the MPI concept covers all health care settings, data security, confidentiality and privacy are more critical in collection of individual demographic data for HIV prevention, HIV testing, care and treatment. Phase II of the MPI project was initiated in 2018 based on the recommendation from 2017. MPI server setup and some of the preparatory steps to connect with OpenMRS for piloting were accomplished in 2018 as the result of collaboration between the NAP, UNAIDS, WHO, UNICEF, UNOPS and MPI technical consultants.

OpenMRS

OpenMRS was introduced to public sector ART centres at five selected pilot sites in 2016 in order to improve patient management and data linkages across the continuum of care. With continuous efforts to improve the functionality and make it more user friendly, the software was upgraded and re-customized and version 4.1 was released at the end of 2018. For scale-up, a series of trainings were conducted, reaching 95 trained ART sites with software installation and hardware distribution (laptops and tablets) during the period. A new legacy data entry tool (OpenMRS Lite) was developed to streamline and accelerate the legacy data entry process. Previously, Microsoft Excel was used for entering legacy data. Newly trained sites were introduced to using this tool for data entry to reduce the burden of the legacy data importation process and to speed up the rate of legacy data entry. Some 30% of ART centres are already using OpenMRS.

Functional Status of OpenMRS	2016	2017	2018	2019 (August)
No. of sites using	5 (3%)	12 (7%)	28 (16%)	57 (33%)
No. of sites planned to use (trained and prepared)	-	35 (20%)	67 (38%)	38 (22%)
Total no. of ART centers	157	174	178	175

A Facebook page was created as a communication channel to support trained ART sites; through it, problems can be reported and solved in a timely manner, and it can be used to share knowledge and updates about OpenMRS. A separate team communication channel using Microsoft Team was also set up for OpenMRS core team members.

In the future, the clinical and lab module will be updated and integrated with the HIV viral load requisition form. The lab order data from OpenMRS will be encoded into encrypted QR format and imported into the laboratory information management system using a QR code reader as a first step of linkage between the two systems.

Other future plans in this area include: individual data collection along the continuum of care; ensuring HIV data security, privacy and confidentiality; promotion of data use at subnational level through the DHIS2 data dashboard; data quality tools; and ultimate integration of DHIS2 across the health system.

PRIORITY INTERVENTION AREA

4.3 Strengthen coordination and human resources for strategic information

Strengthening of human resources for strategic information is still in process. The recommendations and plans from the 2016 MESS (Monitoring and Evaluation System Strengthening) workshop need to be implemented in order to ensure the human resource needs for strategic information. These plans include: to conduct resource mapping for HIV M&E and strategic information and identify financial gaps; to conduct a strategic information human resources needs assessment to feed into the national human resources plan; to develop an advocacy and resource mobilization plan; and to identify partnerships to support M&E.

PRIORITY INTERVENTION AREA

4.4 Conduct research and apply findings for programmatic improvement and policy changes

Preparations started to update the national research agenda in the context of NSP III. A desk review of existing HIV-related research work began in late 2018 with technical assistance from the University of California San Francisco and the Department of Medical Research.

As Myanmar is increasing investments for HIV among other priorities of health sector, it is critical to ensure the flow of resources spent in the HIV response from their origin to the beneficiary populations. The National AIDS Spending Assessment for the HIV response (NASA 2016–2017) was conducted in 2018 for the fourth time in Myanmar. Its results provide decision-makers with the

strategic information that helps the country to mobilize resources, have stronger accountability and more efficient and effective program implementation. It complemented ongoing resource mobilization strategies to advocate for continued resources for HIV. The results will also advise the drafting of NSP IV and the Global Fund concept note.

As guided by the Myanmar HIV Drug Resistance Operational Plan (2015–2019), a survey on acquired HIV drug resistance among adults was carried out. Collection of data and blood samples was completed in 2018 at 26 ART clinics, including both public and NGO ART sites. The survey will be finalized in 2019 following the genotyping and data analysis.

Infographics and factsheets with updated information on HIV estimates and data on global indicators were created – in Myanmar and English languages – and disseminated to inform both HIV stakeholders and the wider public.

Three papers were developed by NAP, UNAIDS and ICAP based on the 2017 IBBS among PWID, the programmatic mapping exercises of 2016–2017, and sub-national planning processes in 2018, which were presented at the Myanmar Health Research congress in early 2019. The first paper was on the urgent need to address multiple high-risk behaviours and to prevent HIV among young PWID. The second was on programmatic mapping of key populations to strengthen service delivery models: process and good practice to inform the HIV prevention program at subnational level in Myanmar. The third one was about developing subnational HIV planning for better response to HIV epidemic in the context of universal health coverage: Focus on Kachin state. The first paper was also selected for poster presentation at the 2018 International AIDS Society Conference on HIV Science. There was another paper concerning subnational level HIV estimates named as the game changer for ending AIDS: HIV estimations and projections at sub-national level using the AIDS Epidemic Model in Myanmar developed by NAP, UNAIDS and East West Center which was selected for poster presentation at the same congress.

STRATEGIC DIRECTION V: PROMOTING ACCOUNTABLE LEADERSHIP FOR THE DELIVERY OF RESULTS AND FINANCING OF A SUSTAINABLE RESPONSE

Under the leadership of the NAP and the MOHS, with the support of technical partners and key stakeholders, the operational plan of NSP III was drafted, and based on it, subnational HIV operational plans have been developed in four states and regions.

The Government of Myanmar continued its commitment to provide an additional US\$ 15 million per year for the span of the NSP III (\$14 million for ART commodities and \$1 million for methadone).

In terms of mobilizing external funding resources, in addition to Global Fund commitments for 2017–2020, a US\$ 2 million-worth joint proposal by three national programs — NAP, DDTRU and the hepatitis control program (NHCP) — to the Access to Health Fund was developed to mobilize resources for subnational HIV operational plans for Kachin, Shan (N) and Sagaing. The Access to Health Fund (formerly the 3MDG Fund) also committed approximately \$12 million for service delivery to address drug use and health consequences in these three states and regions for two years (2019 and 2020). USAID HIV/AIDS Flagship (UHF) invested \$10 million for two years (2018–2019) to accelerate control of the HIV epidemic in Myanmar to meet 90–90–90 targets by 2020.

At national level, the HIV response has been coordinated by the multi-stakeholder Myanmar Health Sector Coordinating Committee (MHSCC) and coordinated technically and strategically by the HIV Technical Strategy Group (TSG). The HIV TSG has been supported technically by respective thematic technical working groups (TWGs). To improve efficiency, eight TWGs were restructured into six TWGs: the prevention TWG focusing on sexual transmission among FSW, MSM, migrants, youth and other vulnerable population; harm reduction TWG focusing on transmission through injecting drug use; care and treatment TWG; strategic information TWG; PMTCT TWG; and human rights and gender TWG.

The NAP maintained cross-border coordination with its counterpart in Thailand through regular coordination meetings and cross visits to health facilities.

PART II

SERVICE PROVISION AT STATE AND REGION LEVEL

MYANMAR	119
AYEYARWADY REGION	120
BAGO REGION	121
CHIN STATE	122
KACHIN STATE	123
KAYAH STATE	124
KAYIN STATE	125
MAGWAY REGION	126
MANDALAY REGION	127
MON STATE	128
NAY PYI TAW UNION TERRITORY	129
RAKHINE STATE	130
SAGAING REGION	131
SHAN STATE (EAST)	132
SHAN STATE (NORTH)	133
SHAN STATE (SOUTH)	134
TANINTHARYI REGION	135
YANGON REGION	136

Sources:

Population – Population and Housing Census of Myanmar, 2014, Thematic Report on Population Projections for the Union of Myanmar, States/Regions, Rural and Urban areas, 2014-2050

Key Population estimates – Population Size Estimates among FSW/MSM (2015) and PWID (2017)

Program achievement data – Data from annual progress report 2018 (NAP and implementing partners)

Remark:

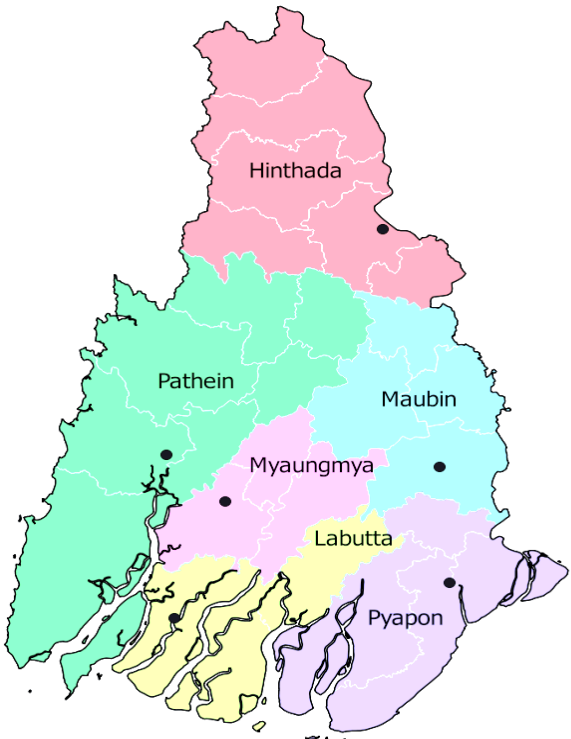
All the figures used for key populations reached by prevention programs at state/regional level are Low end figures in an attempt to minimize the possible double counting among organizations working in the same area.

MYANMAR		
Area	675,905 sq Km	
Population	53,862,731	
No of townships	330	
No of AIDS/STD teams in R/S	17	
No of AIDS/STD teams in district	74, Function (45)	
No of HIV sentinel sites (2018)	ANC (35), Male STD (35), PWID (11), SW (32), MSM (31), and TB (34)	
Key pop size estimate	FSW- 66,000 (2015) MSM – 126,000 (2015) PWID – 93,000 (2017)	
Technical and development partners 2018	WHO, UNAIDS, UNOPS, UNICEF, UNFPA, UNODC, USAID, USCDC, ICAP, CPI, CHAI, STC	
Organizations working in state/region, 2018	AFXB, AHRN, Alliance, Malteser, MAM, MANA, MDM, Metta, MPG, MSF-CH, MSF- Holland, MSI, NAP, NAP-UNION, PGK, PSI, PUI, SARA	

Coverage

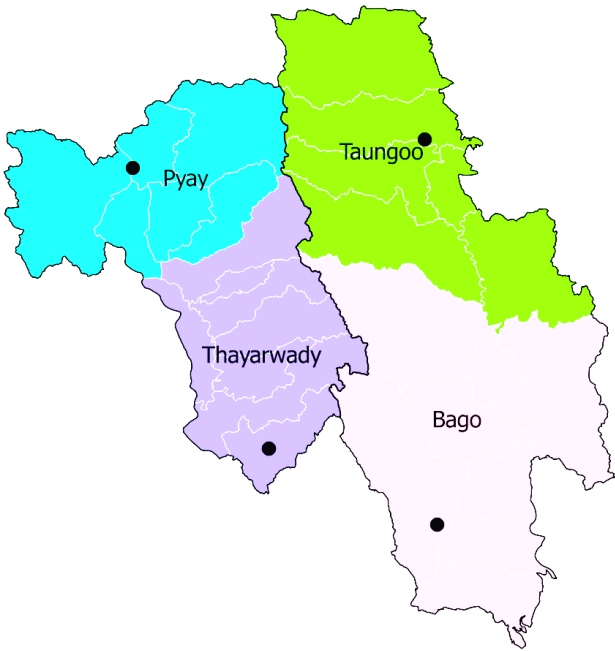
Strategic Direction		Indicator	Achieved	Improvement/ regress from 2017 achievement
1	Sex workers/ clients of SW	Sex workers	50,906 ⁴⁷	23% ↑
		Clients of SW reached with HIV prevention program	8,103	7% ↑
		Sex workers tested for HIV and know the result	41,720	5% ↑
2	Men who have sex with men	MSM reached with HIV prevention program	50,816	8% ↑
		MSM tested for HIV and know the result	48,545	15% ↑
3	People who inject drugs	PWID reached with HIV prevention program	64,597	1% ↑
		PWID tested for HIV and know the result	47,955	25% ↑
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	10,917	81% ↑
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	34,069	242% ↑
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	4,439	1% ↑
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	166,969	14% ↑
		% PLHIV on ART retained on ART 12 months after initiation	86%	2% ↑
		New and relapse TB patients on ART during TB treatment	7,464	17% ↑

⁴⁷ Number of FSW reached by prevention adjusted for (1) duplications of FSW reached among different organizations in one township (2) adjusted for duplication between Outreach and DIC

AYEYARWADY REGION		
Area	35,041 sq Km	
Population	6,272,934	
No of townships	26	
No of AIDS/STD teams in district	6	
No of HIV sentinel sites (2018)	ANC (4), Male STD (4), FSW (4), MSM (4), TB (4)	
Key Pop size estimate	FSW – 8,400 (2015) MSM – 8,600 (2015) PWID – 1,850 (2017)	
Organizations working in state/region	AFXB, MPG, MSI, NAP, PGK, PSI	

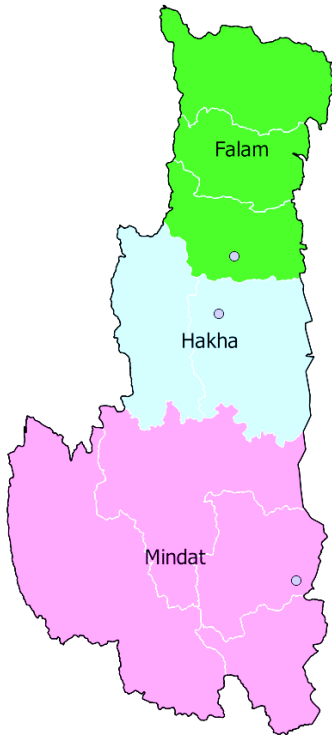
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	3,926	8%
		Clients of SW reached with HIV prevention program	860	11%
		Sex workers tested for HIV and know the result	4,283	10%
2	Men who have sex with men	MSM reached with HIV prevention program	4,404	9%
		MSM tested for HIV and know the result	4,491	9%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	-	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	350	3%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	195	1%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	421	9%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	8,384	5%
		% PLHIV on ART retained on ART 12 months after initiation	82%	

BAGO REGION		
Area	39,412 sq Km	
Population	4,929,394	
No of townships	28	
No of AIDS/STD teams in district	4	
No of HIV sentinel sites (2018)	ANC (3), Male STD (3), TB (3), FSW (3), MSM (3)	
Key Pop size estimate	FSW – 4,400 (2015) MSM – 12,000 (2015) PWID – 1,450 (2017)	
Organizations working in state/region	MPG, MSI, NAP, PSI	

Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	4,496	9%
		Clients of SW reached with HIV prevention program	358	4%
		Sex workers tested for HIV and know the result	4,190	10%
2	Men who have sex with men	MSM reached with HIV prevention program	3,889	10%
		MSM tested for HIV and know the result	3,692	8%
3	People who inject drugs	PWID reached with HIV prevention program	-	8%
		PWID tested for HIV and know the result	-	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	888	0%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-	8%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	273	0%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	7,706	6%
		% PLHIV on ART retained on ART 12 months after initiation	92%	5%

CHIN STATE		
Area	36,028 sq Km	
Population	513,969	
No of townships	9	
No of AIDS/STD teams in district	3	
No of HIV sentinel sites (2018)	ANC (1), Male STD (1)	
Key Pop size estimate	FSW – 80 (2015) MSM – 300 (2015) PWID – 500 (2017)	
Organizations working in state/region	MPG, NAP, PSI	

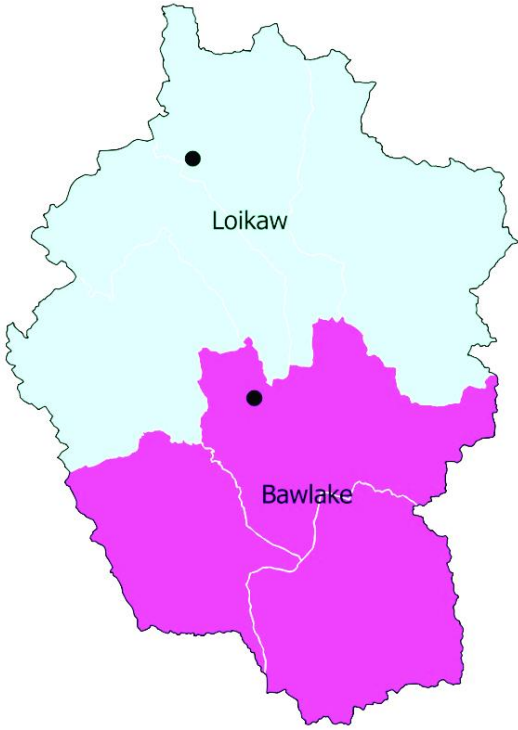
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	-	0%
		Clients of SW reached with HIV prevention program	-	0%
		Sex workers tested for HIV and know the result	3	0%
2	Men who have sex with men	MSM reached with HIV prevention program	-	0%
		MSM tested for HIV and know the result	-	0%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	14	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-	0%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-	0%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	24	1%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	260	0.16%
		% PLHIV on ART retained on ART 12 months after initiation	-	

KACHIN STATE		
Area	89,071 sq Km	
Population	1,864,045	
No of townships	18	
No of AIDS/STD teams in district	4	
No of HIV sentinel sites (2018)	ANC (2), PWID (2), Male STD (2), TB (2), FSW (2), MSM (2)	
Key Pop size estimate	FSW – 3,250 (2015) MSM – 5,750 (2015) PWID – 21,800 (2017)	
Organizations working in state/region	AHRN, MAM, MDM, Met-ta, MPG, MSF-Holland, NAP, PSI, SARA	

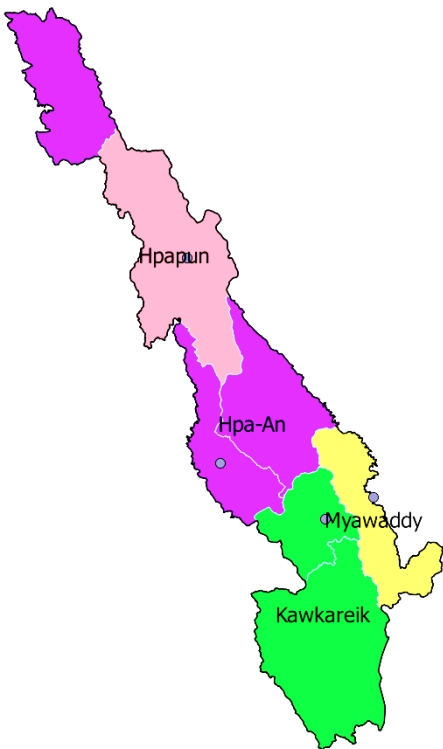
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	3,807	7%
		Clients of SW reached with HIV prevention program	503	6%
		Sex workers tested for HIV and know the result	2,006	5%
2	Men who have sex with men	MSM reached with HIV prevention program	2,991	6%
		MSM tested for HIV and know the result	933	2%
3	People who inject drugs	PWID reached with HIV prevention program	26,885	42%
		PWID tested for HIV and know the result	18,386	38%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1,252	11%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1,579	12%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	562	13%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	24,874	15%
		% PLHIV on ART retained on ART 12 months after initiation	89%	

KAYAH STATE		
Area	11,734 sq Km	
Population	316,858	
No of townships	7	
No of AIDS/STD teams in district	2	
No of HIV sentinel sites (2018)	ANC (1), Male STD (1), TB (1)	
Key Pop size estimate	FSW – 100 (2015) MSM – 350 (2015) PWID – 90 (2017)	
Organizations working in state/region	MPG, NAP	

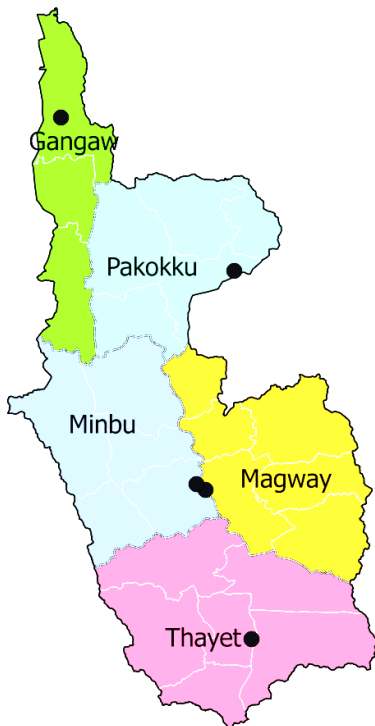
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	12	0%
		Clients of SW reached with HIV prevention program	-	0%
		Sex workers tested for HIV and know the result	28	0.1%
2	Men who have sex with men	MSM reached with HIV prevention program	3	0%
		MSM tested for HIV and know the result	-	0%
3	People who inject drugs	PWID reached with HIV prevention program	1	0%
		PWID tested for HIV and know the result	1	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	851	8%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1,652	12%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	10	0.2%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	356	0.2%
		% PLHIV on ART retained on ART 12 months after initiation	78%	

KAYIN STATE		
Area	30,390 sq Km	
Population	1,601,504	
No of townships	7	
No of AIDS/STD teams in district	4	
No of HIV sentinel sites (2018)	ANC (2), Male STD (2), TB (2), FSW (2), MSM (2)	
Key Pop size estimate	FSW – 2,200 (2015) MSM – 4,200 (2015) PWID – 450 (2017)	
Organizations working in state/region	IOM, MPG, NAP, PGK, PSI	

Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	660	1%
		Clients of SW reached with HIV prevention program	185	2%
		Sex workers tested for HIV and know the result	872	2%
2	Men who have sex with men	MSM reached with HIV prevention program	657	1%
		MSM tested for HIV and know the result	912	2%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	4	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	418	4%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	14,988	18%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	91	2%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,333	1.4%
		% PLHIV on ART retained on ART 12 months after initiation	85%	

MAGWAY REGION		
Area	44,832 sq Km	
Population	3,938,791	
No of townships	25	
No of AIDS/STD teams in district	5	
No of HIV sentinel sites (2018)	ANC (2), FSW (2), Male STD (2), MSM (2), TB (2)	
Key Pop size estimate	FSW – 2,500 (2015) MSM – 8,050 (2015) PWID – 2,100 (2017)	
Organizations working in state/region	MPG, MSI, NAP, NAP-UNION, PGK, PSI	

Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	2,271	4%
		Clients of SW reached with HIV prevention program	362	4%
		Sex workers tested for HIV and know the result	1,576	4%
2	Men who have sex with men	MSM reached with HIV prevention program	2,749	5%
		MSM tested for HIV and know the result	1,720	4%
3	People who inject drugs	PWID reached with HIV prevention program	1	0%
		PWID tested for HIV and know the result	11	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	280	3%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1,841	14%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	172	4%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	5,983	4%
		% PLHIV on ART retained on ART 12 months after initiation	85%	

MANDALAY REGION		
Area	37,955 sq Km	
Population	6,448,146	
No of townships	28	
No of AIDS/STD teams in district	7	
No of HIV sentinel sites (2018)	ANC (5), Male STD (5), PWID (2), FSW (5), MSM (4), TB (5)	
Key Pop size estimate	FSW – 12,400 (2015) MSM – 21,900 (2015) PWID – 10,000 (2017)	
Organizations working in state/region	Alliance, MANA, MPG, MSI, NAP, NAP-UNION, PSI	

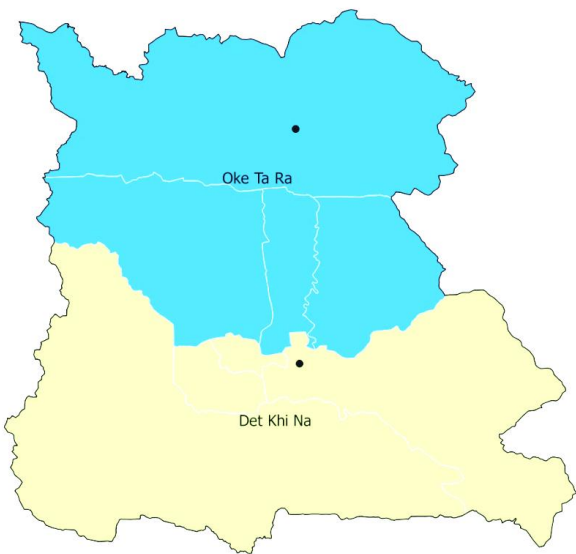
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	8,710	17%
		Clients of SW reached with HIV prevention program	685	8%
		Sex workers tested for HIV and know the result	6,278	15%
2	Men who have sex with men	MSM reached with HIV prevention program	8,591	17%
		MSM tested for HIV and know the result	9,493	20%
3	People who inject drugs	PWID reached with HIV prevention program	8,743	14%
		PWID tested for HIV and know the result	3,815	8%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	768	7%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	431	3%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	476	11%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	21,410	13%
		% PLHIV on ART retained on ART 12 months after initiation	84%	

MON STATE		
Area	12,299 sq Km	
Population	2,000,418	
No of townships	10	
No of AIDS/STD teams in district	2	
No of HIV sentinel sites (2018)	ANC (1), Male STD (1), MSM (1), TB (1), FSW (1)	
Key Pop size estimate	FSW – 1,750 (2015) MSM – 4,650 (2015) PWID – 550 (2017)	
Organizations working in state/region	AFXB, Alliance, IOM, MAM, MPG, MSI, NAP, PGK, PSI	

Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	2,742	5%
		Clients of SW reached with HIV prevention program	501	6%
		Sex workers tested for HIV and know the result	3,570	9%
2	Men who have sex with men	MSM reached with HIV prevention program	2,694	5%
		MSM tested for HIV and know the result	3,519	7%
3	People who inject drugs	PWID reached with HIV prevention program	1	0%
		PWID tested for HIV and know the result	3	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	892	8%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	9,401	25%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	157	4%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	6,070	4%
		% PLHIV on ART retained on ART 12 months after initiation	88%	

NAY PYI TAW UNION TERRITORY		
Area	7054 sq Km	
Population	1,258,804	
No of townships	8	
No of AIDS/STD teams in district	2	
No of HIV sentinel sites (2018)	ANC (1), Male STD (1), TB (1), FSW (1), MSM (1)	
Key Pop size estimate	FSW – 1,500 (2015) MSM – 2,200 (2015) PWID – 350 (2017)	
Organizations working in state/region	MPG, NAP, PSI	

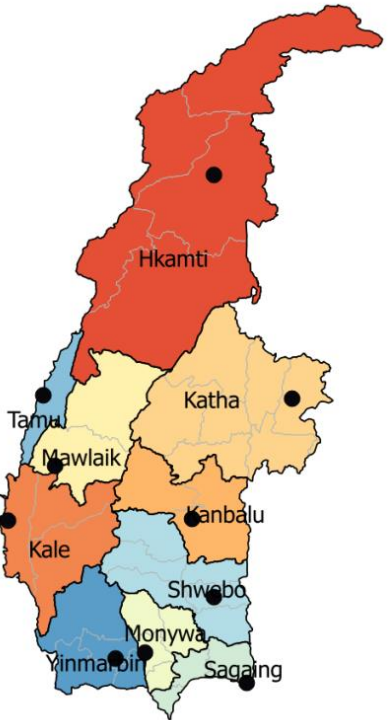
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	580	1%
		Clients of SW reached with HIV prevention program	273	3%
		Sex workers tested for HIV and know the result	429	1%
2	Men who have sex with men	MSM reached with HIV prevention program	424	1%
		MSM tested for HIV and know the result	581	1%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	-	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-	0%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-	0%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	184	4%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,551	1.5%
		% PLHIV on ART retained on ART 12 months after initiation	82%	

RAKHINE STATE		
Area	36,787 sq Km	
Population	3,316,797	
No of townships	17	
No of AIDS/STD teams in district	5	
No of HIV sentinel sites (2018)	ANC (1), FSW (1), Male STD (1), MSM (1), TB (1)	
Key Pop size estimate	FSW – 800 (2015) MSM – 3,200 (2015) PWID – 1,400 (2017)	
Organizations working in state/region	MPG, NAP	

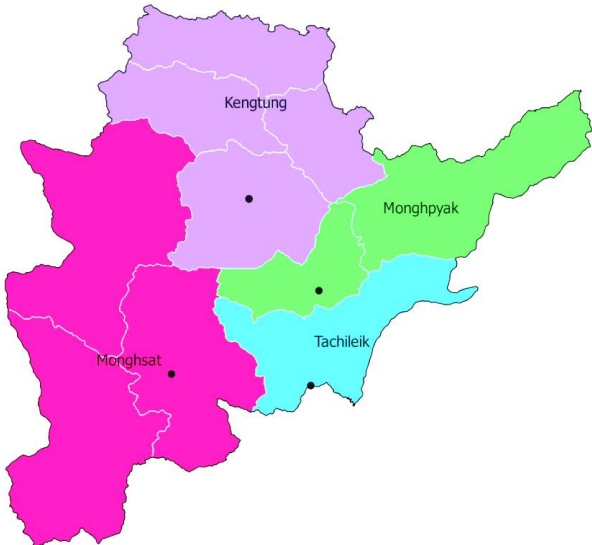
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	36	0.1%
		Clients of SW reached with HIV prevention program	110	1%
		Sex workers tested for HIV and know the result	82	0.2%
2	Men who have sex with men	MSM reached with HIV prevention program	44	0.1%
		MSM tested for HIV and know the result	65	0.1%
3	People who inject drugs	PWID reached with HIV prevention program	2	0%
		PWID tested for HIV and know the result	1	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	47	0.4%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	113	1%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	74	2%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,907	1%
		% PLHIV on ART retained on ART 12 months after initiation	88%	

SAGAING REGION		
Area	93,727 sq Km	
Population	5,530,771	
No of townships	37	
No of AIDS/STD teams in district	10	
No of HIV sentinel sites (2018)	ANC (3), Male STD (3), MSM (3), TB (3), FSW (3), PWID (2)	
Key Pop size estimate	FSW – 5,800 (2015) MSM – 12,150 (2015) PWID – 19,000 (2017)	
Organizations working in state/ region	AHRN, Alliance, MANA, MPG, MSI, NAP, NAP- UNION, PGK, PSI, SARA	

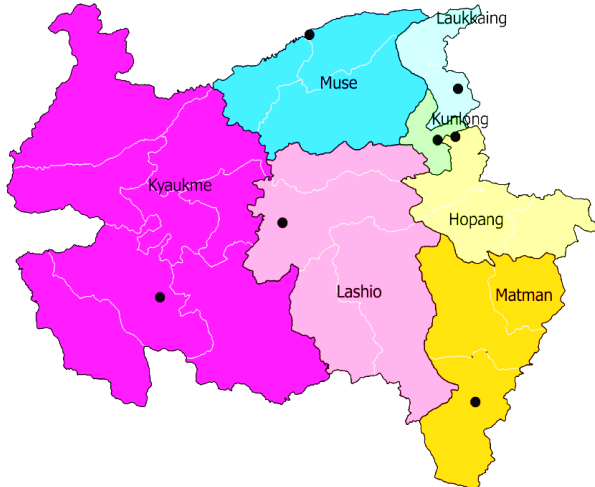
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	1,965	4%
		Clients of SW reached with HIV prevention program	149	2%
		Sex workers tested for HIV and know the result	1,559	4%
2	Men who have sex with men	MSM reached with HIV prevention program	3,594	7%
		MSM tested for HIV and know the result	5,080	10%
3	People who inject drugs	PWID reached with HIV prevention program	9,763	15%
		PWID tested for HIV and know the result	8,756	18%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	2,868	26%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	267	2%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	326	7%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	10,969	6.6%
		% PLHIV on ART retained on ART 12 months after initiation	86%	

SHAN STATE (EAST)		
Area	41,489 sq Km	
Population	969,071	
No of townships	9	
No of AIDS/STD teams in district	3 (Kyaing Tong, Tachileik, Monghsat)	
No of HIV sentinel sites (2018)	ANC (2), Male STD (2), PWID (1), MSM (2), TB (2), FSW (2)	
Key Pop size estimate	FSW – 1,450 (2015) MSM – 1,150 (2015) PWID – 4,000 (2017)	
Organizations working in state/region	Malteser, MANA, MPG, NAP, PSI	

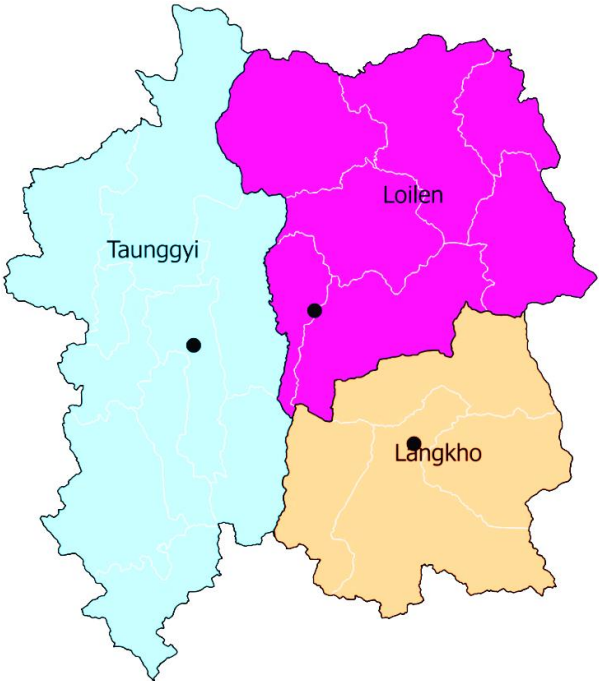
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	1,084	2%
		Clients of SW reached with HIV prevention program	919	11%
		Sex workers tested for HIV and know the result	830	2%
2	Men who have sex with men	MSM reached with HIV prevention program	322	1%
		MSM tested for HIV and know the result	363	1%
3	People who inject drugs	PWID reached with HIV prevention program	756	1%
		PWID tested for HIV and know the result	473	1%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	826	8%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	3,103	8%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	58	1%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,951	1%
		% PLHIV on ART retained on ART 12 months after initiation	94%	

SHAN STATE (NORTH)		
Area	58,255 sq Km	
Population	2,719,141	
No of townships	22	
No of AIDS/STD teams in district	7	
No of HIV sentinel sites (2018)	ANC (2), Male STD (2), PWID (2), MSM (1), FSW (1), TB (2)	
Key Pop size estimate	FSW – 3,900 (2015) MSM – 2,850 (2015) PWID – 19,900 (2017)	
Organizations working in state/region	AHRN, Malteser, MANA, MPG, MSF-Holland, NAP, NAP-UNION, PSI	

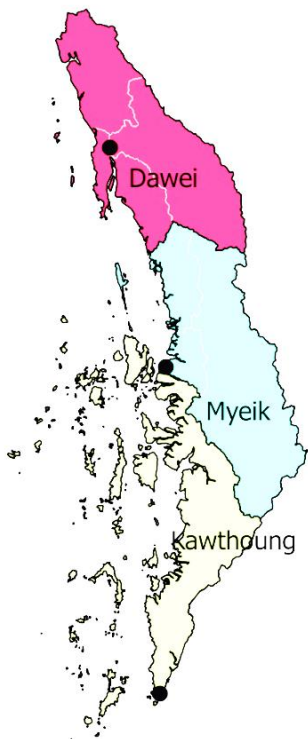
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	1,287	3%
		Clients of SW reached with HIV prevention program	298	4%
		Sex workers tested for HIV and know the result	821	2%
2	Men who have sex with men	MSM reached with HIV prevention program	810	2%
		MSM tested for HIV and know the result	596	1%
3	People who inject drugs	PWID reached with HIV prevention program	17,466	27%
		PWID tested for HIV and know the result	15,501	32%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	4	0%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	276	2%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	202	5%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	8,663	5%
		% PLHIV on ART retained on ART 12 months after initiation	81%	

SHAN STATE (SOUTH)		
Area	55,242 sq Km	
Population	2,595,848	
No of townships	21	
No of AIDS/STD teams in district	3	
No of HIV sentinel sites (2018)	ANC (1), Male STD (1), PWID (1), MSM (1), FSW (1), TB (1)	
Key Pop size estimate	FSW – 3,700 (2015) MSM – 4,900 (2015) PWID – 6,400 (2017)	
Organizations working in state/region	MANA, MPG, NAP, NAP-UNION, PGK, PSI	

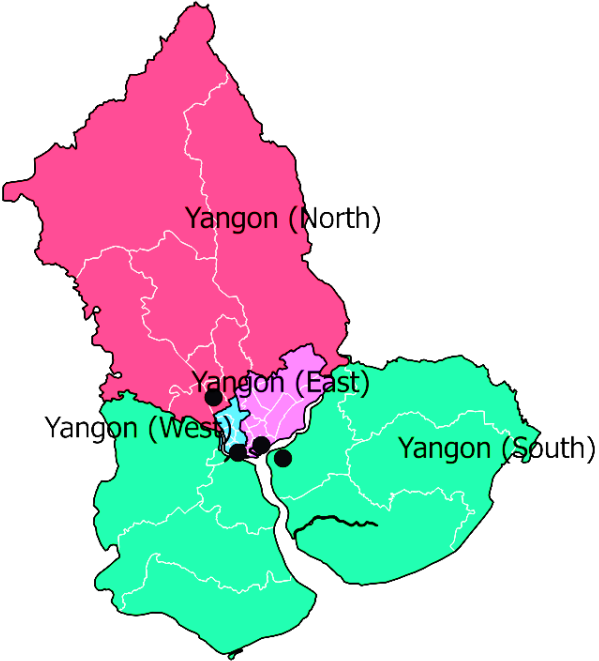
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	2,185	4%
		Clients of SW reached with HIV prevention program	194	2%
		Sex workers tested for HIV and know the result	1,496	4%
2	Men who have sex with men	MSM reached with HIV prevention program	1,461	3%
		MSM tested for HIV and know the result	1,125	2%
3	People who inject drugs	PWID reached with HIV prevention program	939	1%
		PWID tested for HIV and know the result	487	1%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	252	2%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-	0%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	93	2%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,337	2%
		% PLHIV on ART retained on ART 12 months after initiation	84%	

TANINTHARYI REGION		
Area	43,356 sq Km	
Population	1,472,684	
No of townships	10	
No of AIDS/STD teams in district	3	
No of HIV sentinel sites (2018)	ANC (3), Male STD (2), TB (3), MSM (3), FSW (3)	
Key Pop size estimate	FSW – 2,400 (2015) MSM – 4,100 (2015) PWID – 400 (2017)	
Organizations working in state/region	Alliance, MPG, MSF-CH, NAP, PGK, PSI	

Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	2,040	4%
		Clients of SW reached with HIV prevention program	438	5%
		Sex workers tested for HIV and know the result	2,666	6%
2	Men who have sex with men	MSM reached with HIV prevention program	2,509	5%
		MSM tested for HIV and know the result	3,445	7%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	19	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1209	11%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	199	1%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	137	3%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	5,700	3.4%
		% PLHIV on ART retained on ART 12 months after initiation	81%	

YANGON REGION		
Area	10,279 sq Km	
Population	8,113,556	
No of townships	45	
No of AIDS/STD teams in district	4	
No of HIV sentinel sites (2018)	ANC (1), Male STD (1), PWID (1), FSW (1), MSM (1), TB (1)	
Key Pop size estimate	FSW – 11,600 (2015) MSM – 29,500 (2015) PWID – 2,850 (2017)	
Organizations working in state/region	AFXB, Alliance, MAM, MDM, MPG, MSF-Holland, NAP, NAP-UNION, PSI, PUI	

Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	15,105	30%
		Clients of SW reached with HIV prevention program	2,268	28%
		Sex workers tested for HIV and know the result	11,031	26%
2	Men who have sex with men	MSM reached with HIV prevention program	15,674	31%
		MSM tested for HIV and know the result	12,530	26%
3	People who inject drugs	PWID reached with HIV prevention program	40	0.1%
		PWID tested for HIV and know the result	484	1%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	12	0%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	24	0%
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	1,179	27%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	54,515	33%
		% PLHIV on ART retained on ART 12 months after initiation	85%	

PART III

SERVICE PROVISION IN HIGHEST PRIORITY TOWNSHIPS

PATHEIN TOWNSHIP	139
HINTHADA TOWNSHIP	140
BAGO TOWNSHIP	141
PYAY TOWNSHIP	142
TAUNGOO TOWNSHIP	143
HPAKANT TOWNSHIP	144
MOHNYIN TOWNSHIP	145
MYITKYINA TOWNSHIP	146
MYAWADDY TOWNSHIP	147
MAGWAY TOWNSHIP	148
AMARAPURA TOWNSHIP	149
AUNGMYAYTHAZAN TOWNSHIP	150
CHANAYETHAZAN TOWNSHIP	151
CHANMYATHAZI TOWNSHIP	152
MAHAAUNGMYAY TOWNSHIP	153
MEIKTILA TOWNSHIP	154
PATHEINGYI TOWNSHIP	155
PYIGYITAGON TOWNSHIP	156
PYINOOLOWIN TOWNSHIP	157
MAWLAMYINE TOWNSHIP	158
STITTWE TOWNSHIP	159
MONYWA TOWNSHIP	160
SAGAING TOWNSHIP	161
KALE TOWNSHIP	162
LASHIO TOWNSHIP	163
MUSE TOWNSHIP	164
TAUNGGYI TOWNSHIP	165
TACHILEIK TOWNSHIP	166

MYEIK TOWNSHIP	167
DAGON MYOTHIT (NORTH) TOWNSHIP	168
DAGON MYOTHIT (SOUTH) TOWNSHIP	169
HLAING TOWNSHIP	170
HLAINGTHARYA TOWNSHIP	171
INSEIN TOWNSHIP	172
KYAUKTADA TOWNSHIP	173
KYEEMYINDAING TOWNSHIP	174
LATHA TOWNSHIP	175
MAYANGONE TOWNSHIP	176
MINGALARDON TOWNSHIP	177
MINGALAR TAUNG NYUNT TOWNSHIP	178
NORTH OKKALAPA TOWNSHIP	179
SHWEPYITHAR TOWNSHIP	180
SOUTH OKKALAPA TOWNSHIP	181
TAMWE TOWNSHIP	182
THAKETA TOWNSHIP	183
THINGANGYUN TOWNSHIP	184

Sources:

Popultaion data: All township level population data are taken from 2014 census data (update on 21 April 2018) (<http://www.dop.gov.mm/en/data-and-maps-category/2014-census-data>)

Township area data: All townships area data are taken from the General Administration Department (GAD), Ministry of Home Affairs (2017 data), (<https://bit.ly/2CxEd dz>)

Remark:

All the figures used for key populations reached by prevention programs at state/regional and township level are Low end figures in an attempt to minimize the possible double counting among organizations working in the same area.

AYARWADDY REGION

PATHEIN TOWNSHIP		
Area	1670.23 sq Km	
State/Region	Ayayawaddy Region	
Population 2014	287,071	
No of HIV sentinel population covered	5	
Organizations working in township	MPG,MSI, NAP, PGK, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 11% ▪ MSM – 7% (Source: IBBS FSW/MSM 2015) ▪ FSW – 7.4% ▪ MSM – 5.0% ▪ Male STI patients – 11% ▪ New TB patients – 9.9% ▪ Pregnant women – 0.0% (Source: HSS 2018)	

Coverage

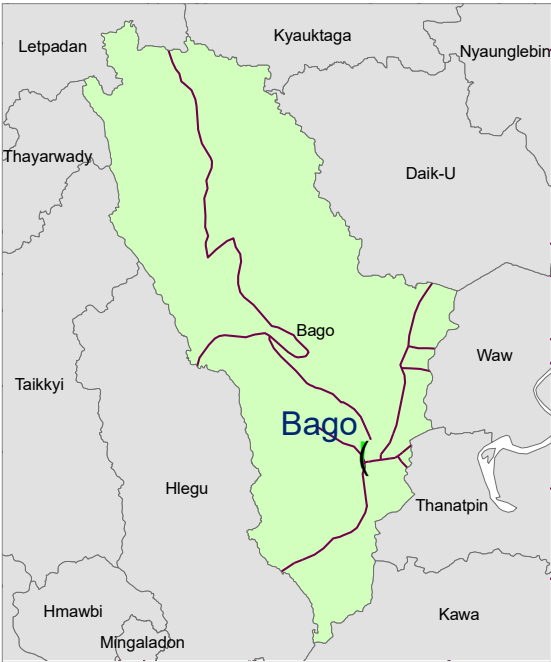
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,784
		Clients of SW reached with HIV prevention program	261
		Sex workers tested for HIV and know the result	2,384
2	Men who have sex with men	MSM reached with HIV prevention program	1,556
		MSM tested for HIV and know the result	2,097
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	170
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	195
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	30
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,167
		% PLHIV on ART retained on ART 12 months after initiation	70%

HINTHADA TOWNSHIP		
Area	980.82 sq Km	
State/Region	Ayawaddy Region	
Population 2014	338,435	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, NAP, PGK, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 7.5% ▪ MSM – 4.0% ▪ New TB patients – 9.9% ▪ Pregnant women – 0.0%	
(Source: HSS 2018)		

Coverage

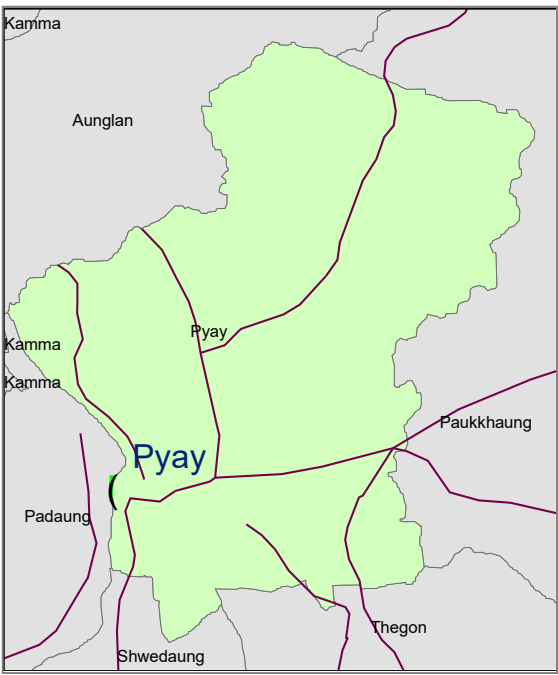
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	925
		Clients of SW reached with HIV prevention program	59
		Sex workers tested for HIV and know the result	1,081
2	Men who have sex with men	MSM reached with HIV prevention program	1,606
		MSM tested for HIV and know the result	1,778
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	61
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,666
		% PLHIV on ART retained on ART 12 months after initiation	92%

BAGO REGION

BAGO TOWNSHIP		
Area	2,905.09 sq Km	
State/Region	Bago Region	
Population	491,434	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, MSI, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 1.7% ▪ MSM – 2.2% ▪ Male STI Patients – 12.0% ▪ New TB patients – 0.0% ▪ Pregnant women – 0.3%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,781
		Clients of SW reached with HIV prevention program	94
		Sex workers tested for HIV and know the result	1,592
2	Men who have sex with men	MSM reached with HIV prevention program	1,560
		MSM tested for HIV and know the result	1,558
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	806
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	69
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,676
		% PLHIV on ART retained on ART 12 months after initiation	96%

PYAY TOWNSHIP		
Area	788.42 sq Km	
State/Region	Bago Region	
Population	251,643	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 11% ▪ MSM – 6% (Source: IBBS FSW/MSM 2015) ▪ FSW – 4.2% ▪ MSM – 3.0% ▪ Male STI patients – 7.8% ▪ New TB patients – 1.5% ▪ Pregnant women – 0.5% (Source: HSS 2018)	

Coverage

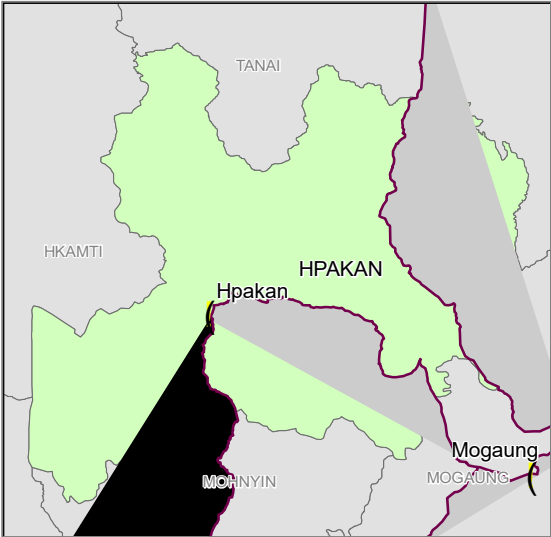
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,772
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	1,832
2	Men who have sex with men	MSM reached with HIV prevention program	1,544
		MSM tested for HIV and know the result	1,311
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	82
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	26
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,890
		% PLHIV on ART retained on ART 12 months after initiation	90%

TAUNGGOO TOWNSHIP		
Area	1,717.56 sq Km	
State/Region	Bago Region	
Population	262,056	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 1.7% ▪ MSM – 3.0% ▪ Male STI patients – 9.0% ▪ New TB patients – 0.7% ▪ Pregnant women – 0.0%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	890
		Clients of SW reached with HIV prevention program	264
		Sex workers tested for HIV and know the result	626
2	Men who have sex with men	MSM reached with HIV prevention program	776
		MSM tested for HIV and know the result	746
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	38
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,157
		% PLHIV on ART retained on ART 12 months after initiation	90%

KACHIN STATE

HPAKANT TOWNSHIP		
Area	6,057.65 sq Km	
State/Region	Kachin State	
Population	312,278	
No of HIV sentinel population covered	-	
Organizations working in township	AHRN, DDTRU, MAM, MPG, MSF-Holland, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ PWID – 50.2%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	2,019
		Clients of SW reached with HIV prevention program	34
		Sex workers tested for HIV and know the result	1,317
2	Men who have sex with men	MSM reached with HIV prevention program	71
		MSM tested for HIV and know the result	26
3	People who inject drugs	PWID reached with HIV prevention program	10,031
		PWID tested for HIV and know the result	4,110
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	74
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,714
		% PLHIV on ART retained on ART 12 months after initiation	86%

MOHNYIN TOWNSHIP		
Area	6678.31 sq Km	
State/Region	Kachin State	
Population	160,598	
No of HIV sentinel population covered	-	
Organizations working in township	DDTRU, MDM, Metta, MPG, PSI, SARA	
HIV Surveillance	HIV prevalence among ▪ PWID – 45.4%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	-
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	652
		MSM tested for HIV and know the result	52
3	People who inject drugs	PWID reached with HIV prevention program	2,446
		PWID tested for HIV and know the result	3,502
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	42
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,608
		% PLHIV on ART retained on ART 12 months after initiation	93%

MYITKYINA TOWNSHIP		
Area	6,501.00 sq Km	
State/Region	Kachin State	
Population	306,949	
No of HIV sentinel population covered	6	
Organizations working in township	DDTRU, MDM, MPG, MSF-Holland, NAP, PSI, SARA	
HIV Surveillance	HIV prevalence among ▪ PWID – 39.2% ▪ FSW – 14.2% ▪ MSM – 15.0% ▪ PWID – 45.0% ▪ Male STI patients – 14.2% ▪ New TB patients – 38.0% ▪ Pregnant women – 0.0% (Source: IBBS PWID 2015) (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,062
		Clients of SW reached with HIV prevention program	54
		Sex workers tested for HIV and know the result	540
2	Men who have sex with men	MSM reached with HIV prevention program	1,053
		MSM tested for HIV and know the result	619
3	People who inject drugs	PWID reached with HIV prevention program	2,963
		PWID tested for HIV and know the result	5,032
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	984
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	217
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	11,797
		% PLHIV on ART retained on ART 12 months after initiation	89%

KAYIN STATE

MYAWADDY TOWNSHIP		
Area	3,136.10 sq Km	
State/Region	Kayin State	
Population	195,624	
No of HIV sentinel population covered	5	
Organizations working in township	IOM, MPG, NAP	
HIV Surveillance	HIV prevalence among ▪ FSW – 5.8% ▪ MSM – 8.1% ▪ Male STI patients – 10.0% ▪ New TB patients – 18.7% ▪ Pregnant women – 0.8% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	399
		Clients of SW reached with HIV prevention program	13
		Sex workers tested for HIV and know the result	461
2	Men who have sex with men	MSM reached with HIV prevention program	158
		MSM tested for HIV and know the result	186
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	5,781
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	42
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,238
		% PLHIV on ART retained on ART 12 months after initiation	88%

MAGWAY REGION

MAGWAY TOWNSHIP		
Area	1766.94 sq Km	
State/Region	Magway Region	
Population	289, 247	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, MSI, NAP, PGK	
HIV Surveillance	HIV prevalence among ▪ FSW – 2.5% ▪ MSM – 3.0% ▪ Male STI patients – 5.7% ▪ New TB patients – 5.7% ▪ Pregnant women – 0.5%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	830
		Clients of SW reached with HIV prevention program	1
		Sex workers tested for HIV and know the result	692
2	Men who have sex with men	MSM reached with HIV prevention program	1,343
		MSM tested for HIV and know the result	909
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	280
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1,841
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	37
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,781
		% PLHIV on ART retained on ART 12 months after initiation	81%

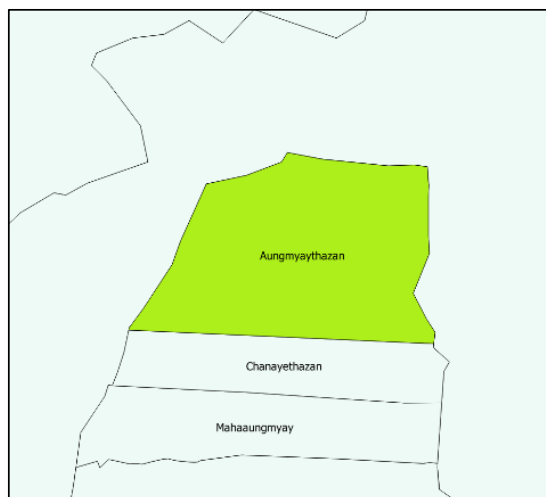
MANDALAY REGION

AMARAPURA TOWNSHIP		
Area	530.94 sq Km	
State/Region	Mandalay Region	
Population	237, 618	
No of HIV sentinel population covered	6	
Organizations working in township	MPG, PSI, UNION	
HIV Surveillance	HIV prevalence among ▪ FSW – 14% ▪ MSM – 22% (Source: IBBS FSW/MSM 2015) ▪ PWID – 7.6% (Source: IBBS PWID 2017) ▪ FSW – 10.7% ▪ MSM – 9.9% ▪ PWID – 3.1% ▪ Male STI patients – 3.2% ▪ New TB patients – 13.2% ▪ Pregnant women – 1.2% (Source: HSS 2018)	

Coverage

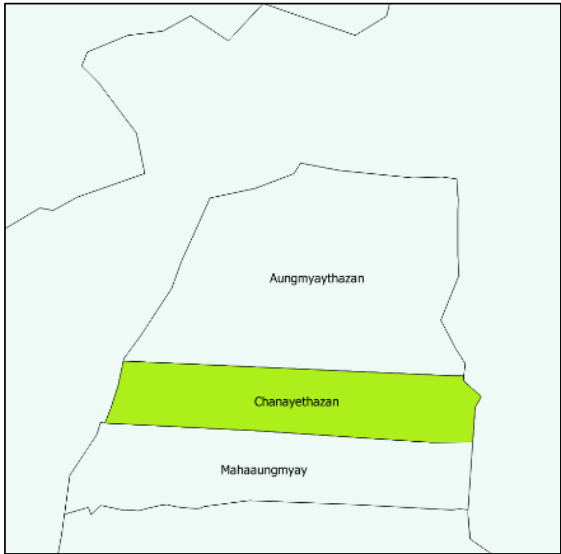
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	-
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	-
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	8
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	693
		% PLHIV on ART retained on ART 12 months after initiation	87%

AUNGMYAYTHAZAN TOWNSHIP	
Area	28.57 sq Km
State/Region	Mandalay Region
Population	265,779
No of HIV sentinel population covered	6
Organizations working in township	Alliance, MANA, MSI, MPG, NAP, UNION
HIV Surveillance	HIV prevalence among ▪ FSW – 14% ▪ MSM – 22% (Source: IBBS FSW/MSM 2015) ▪ PWID – 7.6% (Source: IBBS PWID 2017) ▪ FSW – 10.7% ▪ MSM – 9.9% ▪ PWID – 3.1% ▪ Male STI patients – 3.2% ▪ New TB patients – 13.2% ▪ Pregnant women – 1.2% (Source: HSS 2018)



Coverage

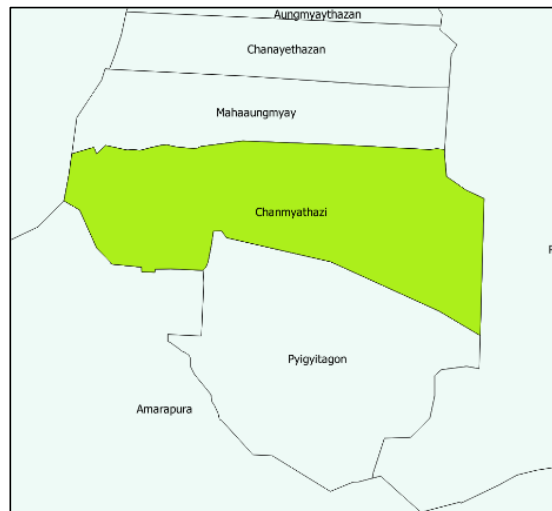
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,762
		Clients of SW reached with HIV prevention program	51
		Sex workers tested for HIV and know the result	1,567
2	Men who have sex with men	MSM reached with HIV prevention program	1,592
		MSM tested for HIV and know the result	2,551
3	People who inject drugs	PWID reached with HIV prevention program	3,590
		PWID tested for HIV and know the result	1,530
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	128
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	3
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,868
		% PLHIV on ART retained on ART 12 months after initiation	99%

CHANAYETHAZAN TOWNSHIP		
Area	13.05 sq Km	
State/Region	Mandalay Region	
Population	197,175	
No of HIV sentinel population covered	6	
Organizations working in township	Alliance, PSI, MPG, NAP, UNION	
HIV Surveillance	HIV prevalence among ▪ FSW – 14% ▪ MSM – 22% (Source: IBBS FSW/MSM 2015) ▪ PWID – 7.6% (Source: IBBS PWID 2017) ▪ FSW – 10.7% ▪ MSM – 9.9% ▪ PWID – 3.1% ▪ Male STI patients – 3.2% ▪ New TB patients – 13.2% ▪ Pregnant women – 1.2% (Source: HSS 2018)	

Coverage

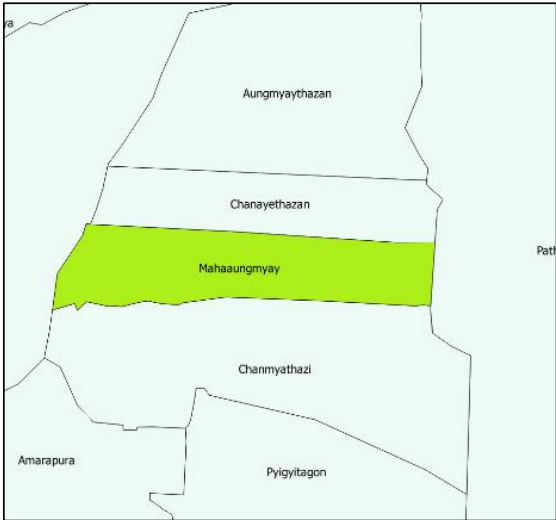
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	3,387
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	2,385
2	Men who have sex with men	MSM reached with HIV prevention program	3,004
		MSM tested for HIV and know the result	4,894
3	People who inject drugs	PWID reached with HIV prevention program	86
		PWID tested for HIV and know the result	68
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	23
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	221
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	5,564
		% PLHIV on ART retained on ART 12 months after initiation	83%

CHANMYATHAZI TOWNSHIP	
Area	25.82 sq Km
State/Region	Mandalay Region
Population	283,781
No of HIV sentinel population covered	6
Organizations working in township	DDTRU, MSI, NAP, MPG, UNION
HIV Surveillance	HIV prevalence among ▪ FSW – 14% ▪ MSM – 22% (Source: IBBS FSW/MSM 2015) ▪ PWID – 7.6% (Source: IBBS PWID 2017) ▪ FSW – 10.7% ▪ MSM – 9.9% ▪ PWID – 3.1% ▪ Male STI patients – 3.2% ▪ New TB patients – 13.2% ▪ Pregnant women – 1.2% (Source: HSS 2018)



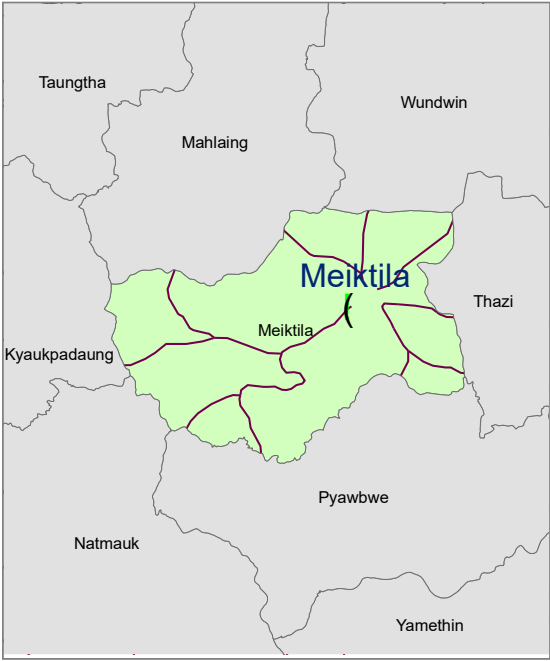
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	469
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	1,823
		MSM tested for HIV and know the result	-
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	23
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,580
		% PLHIV on ART retained on ART 12 months after initiation	85%

MAHAAUNGMYAY TOWNSHIP		
Area	14.81	
State/Region	Mandalay Region	
Population	241,113	
No of HIV sentinel population covered	6	
Organizations working in township	MPG, NAP, PSI, UNION	
HIV Surveillance	HIV prevalence among ▪ FSW – 14% ▪ MSM – 22% (Source: IBBS FSW/MSM 2015) ▪ PWID – 7.6% (Source: IBBS PWID 2017) ▪ FSW – 10.7% ▪ MSM – 9.9% ▪ PWID – 3.1% ▪ Male STI patients – 3.2% ▪ New TB patients – 13.2% ▪ Pregnant women – 1.2% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	11
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	-
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	-
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,595
		% PLHIV on ART retained on ART 12 months after initiation	100%

MEIKTILA TOWNSHIP		
Area	1,231.18 sq Km	
State/Region	Mandalay Region	
Population	309,663	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, NAP, PSI, UNION	
HIV Surveillance	HIV prevalence among ▪ FSW – 5.9% ▪ MSM – 10.8% ▪ Male STI patients – 12.0% ▪ New TB patients – 4.6% ▪ Pregnant women – 1.0%	
(Source: HSS 2018)		

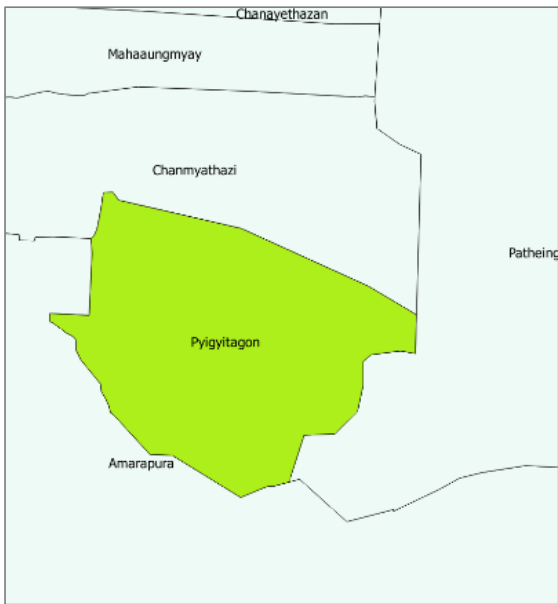
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	976
		Clients of SW reached with HIV prevention program	297
		Sex workers tested for HIV and know the result	1,040
2	Men who have sex with men	MSM reached with HIV prevention program	786
		MSM tested for HIV and know the result	934
3	People who inject drugs	PWID reached with HIV prevention program	2
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	3
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	32
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,119
		% PLHIV on ART retained on ART 12 months after initiation	80%

PATHEINGYI TOWNSHIP		
Area	593 sq Km	
State/Region	Mandalay Region	
Population	263,725	
No of HIV sentinel population covered	6	
Organizations working in township	DDTRU, MPG, UNION	
HIV Surveillance	HIV prevalence among ▪ FSW – 14% ▪ MSM – 22% (Source: IBBS FSW/MSM 2015) ▪ PWID – 7.6% (Source: IBBS PWID 2017) ▪ FSW – 10.7% ▪ MSM – 9.9% ▪ PWID – 3.1% ▪ Male STI patients – 3.2% ▪ New TB patients – 13.2% ▪ Pregnant women – 1.2% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	-
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	-
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	97
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	1
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	436
		% PLHIV on ART retained on ART 12 months after initiation	93%

PYIGYITAGON TOWNSHIP		
Area	28.5 sq Km	
State/Region	Mandalay Region	
Population	237,698	
No of HIV sentinel population covered	6	
Organizations working in township	MANA, MPG, NAP, PSI, UNION	
HIV Surveillance	HIV prevalence among ▪ FSW – 14% ▪ MSM – 22% (Source: IBBS FSW/MSM 2015) ▪ PWID – 7.6% (Source: IBBS PWID 2017) ▪ FSW – 10.7% ▪ MSM – 9.9% ▪ PWID – 3.1% ▪ Male STI patients – 3.2% ▪ New TB patients – 13.2% ▪ Pregnant women – 1.2% (Source: HSS 2018)	

Coverage

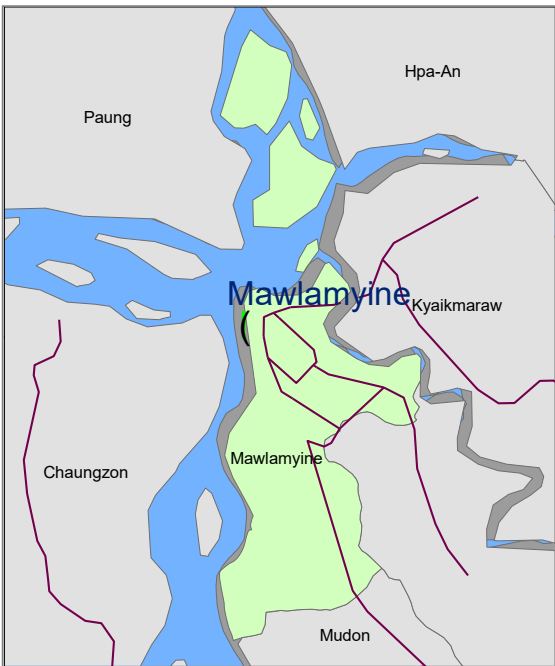
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	306
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	-
3	People who inject drugs	PWID reached with HIV prevention program	3,846
		PWID tested for HIV and know the result	1,583
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	2
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,341
		% PLHIV on ART retained on ART 12 months after initiation	94%

PYINOOLOWIN TOWNSHIP		
Area	66.38 sq Km	
State/Region	Mandalay Region	
Population	255,508	
No of HIV sentinel population covered	5	
Organizations working in township	DDTRU, MPG, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 6.9% ▪ MSM – 24.4% ▪ Male STI patients – 27.9%** ▪ New TB patients – 25.0% ▪ Pregnant women – 0.3% (Source: HSS 2018) **Sample size <50	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	141
		Clients of SW reached with HIV prevention program	188
		Sex workers tested for HIV and know the result	60
2	Men who have sex with men	MSM reached with HIV prevention program	30
		MSM tested for HIV and know the result	21
3	People who inject drugs	PWID reached with HIV prevention program	14
		PWID tested for HIV and know the result	84
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	92
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	64
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	33
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	860
		% PLHIV on ART retained on ART 12 months after initiation	74%

MON STATE

MAWLAMYINE TOWNSHIP		
Area	146.10 sq Km	
State/Region	Mon State	
Population	289,388	
No of HIV sentinel population covered	5	
Organizations working in township	Alliance, IOM, MPG, MSI, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 7.5% ▪ MSM – 19.4% ▪ Male STI patients – 38.0% ▪ New TB patients – 7.9% ▪ Pregnant women – 0.3%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,773
		Clients of SW reached with HIV prevention program	442
		Sex workers tested for HIV and know the result	2,472
2	Men who have sex with men	MSM reached with HIV prevention program	1,898
		MSM tested for HIV and know the result	2,695
3	People who inject drugs	PWID reached with HIV prevention program	1
		PWID tested for HIV and know the result	3
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	892
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	3,988
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	53
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,980
		% PLHIV on ART retained on ART 12 months after initiation	92%

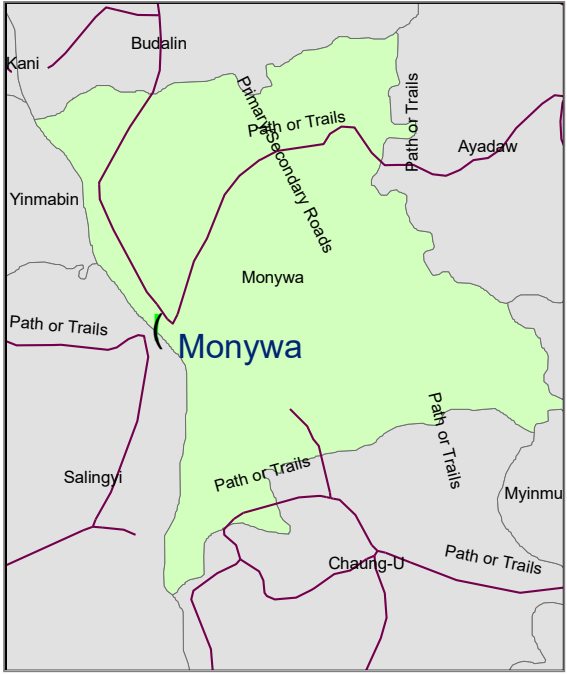
RAKHINE STATE

STITTWE TOWNSHIP		
Area	231.59 sq Km	
State/Region	Rakhine State	
Population	147,899	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, NAP	
HIV Surveillance	HIV prevalence among ▪ FSW – 2.0% ▪ MSM – 30%** ▪ Male STI patients – 8.0% ▪ New TB patients – 0.0% ▪ Pregnant women – 1.5% (Source: HSS 2018) **Sample size<50	

Coverage

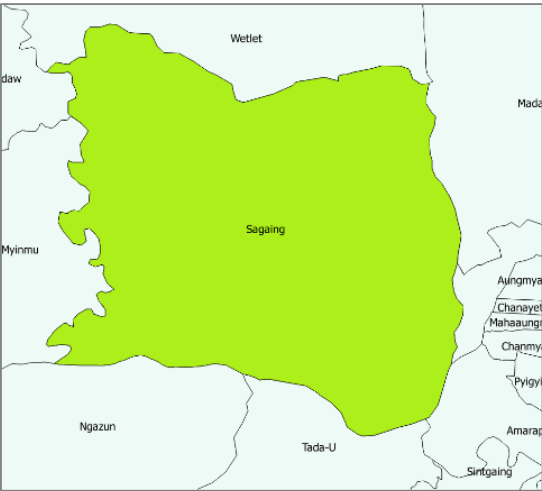
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	29
		Clients of SW reached with HIV prevention program	110
		Sex workers tested for HIV and know the result	58
2	Men who have sex with men	MSM reached with HIV prevention program	34
		MSM tested for HIV and know the result	40
3	People who inject drugs	PWID reached with HIV prevention program	2
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	47
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	113
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	8
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	942
		% PLHIV on ART retained on ART 12 months after initiation	90%

SAGAING REGION

MONYWA TOWNSHIP		
Area	688.94 sq Km	
State/Region	Sagaing Region	
Population	372,095	
No of HIV sentinel population covered	6	
Organizations working in township	Alliance, DDTRU, MANA, MPG, MSI, NAP, PSI, UNION	
HIV Surveillance	HIV prevalence among ▪ FSW – 5% ▪ MSM – 6% (Source: IBBS FSW/MSM 2015) ▪ FSW – 6.6% ▪ MSM – 2.0% ▪ PWID – 5.6% ▪ Male STI patients – 11.9% ▪ New TB patients – 7.2% ▪ Pregnant women – 0.3% (Source: HSS 2018)	

Coverage

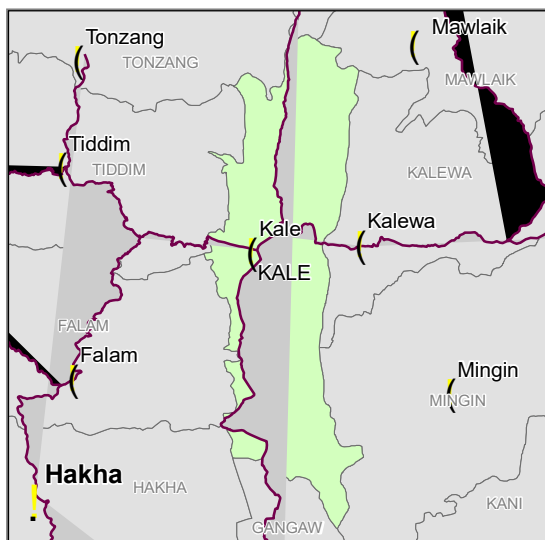
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	678
		Clients of SW reached with HIV prevention program	35
		Sex workers tested for HIV and know the result	594
2	Men who have sex with men	MSM reached with HIV prevention program	1,557
		MSM tested for HIV and know the result	3,206
3	People who inject drugs	PWID reached with HIV prevention program	488
		PWID tested for HIV and know the result	341
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	60
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	51
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,811
		% PLHIV on ART retained on ART 12 months after initiation	82%

SAGAING TOWNSHIP		
Area	1256.56 sq Km	
State/Region	Sagaing Region	
Population	307,194	
No of HIV sentinel population covered	-	
Organizations working in township	Alliance, DDTRU, MANA, NAP, PSI, UNION	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	400
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	391
2	Men who have sex with men	MSM reached with HIV prevention program	1,000
		MSM tested for HIV and know the result	970
3	People who inject drugs	PWID reached with HIV prevention program	658
		PWID tested for HIV and know the result	1,174
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	16
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	992
		% PLHIV on ART retained on ART 12 months after initiation	86%

KALE TOWNSHIP	
Area	2337.75 sq Km
State/Region	Sagaing Region
Population	348,573
No of HIV sentinel population covered	-
Organizations working in township	AHRN, DDTRU, MPG, NAP, PGK
HIV Surveillance	HIV prevalence among ▪ PWID - 14.2% (Source: IBBS PWID 2017) ▪ FSW – 15.1% ▪ MSM – 3.4% ▪ PWID – 11.3% ▪ Male STI patients – 9.5%** ▪ New TB patients – 2.7% ▪ Pregnant women – 0.0% (Source: HSS 2018)



Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	274
		Clients of SW reached with HIV prevention program	55
		Sex workers tested for HIV and know the result	154
2	Men who have sex with men	MSM reached with HIV prevention program	496
		MSM tested for HIV and know the result	407
3	People who inject drugs	PWID reached with HIV prevention program	1,805
		PWID tested for HIV and know the result	715
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1,814
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	35
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	53
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,617
		% PLHIV on ART retained on ART 12 months after initiation	84%

Shan State (North)

LASHIO TOWNSHIP		
Area	4,230.25 sq Km	
State/Region	Shan State (North)	
Population	323,405	
No of HIV sentinel population covered	6	
Organizations working in township	AHRN, DDTRU, MANA, MPG, MSF-Holland, NAP, PSI, UNION	
HIV Surveillance	HIV prevalence among ▪ PWID - 34.2% (Source: IBBS PWID 2017) ▪ FSW – 1.7% ▪ MSM – 3.0% ▪ PWID – 15.0% ▪ Male STI patients – 7.0% ▪ New TB patients – 13.3% ▪ Pregnant women – 0.0% (Source: HSS 2018)	

Coverage

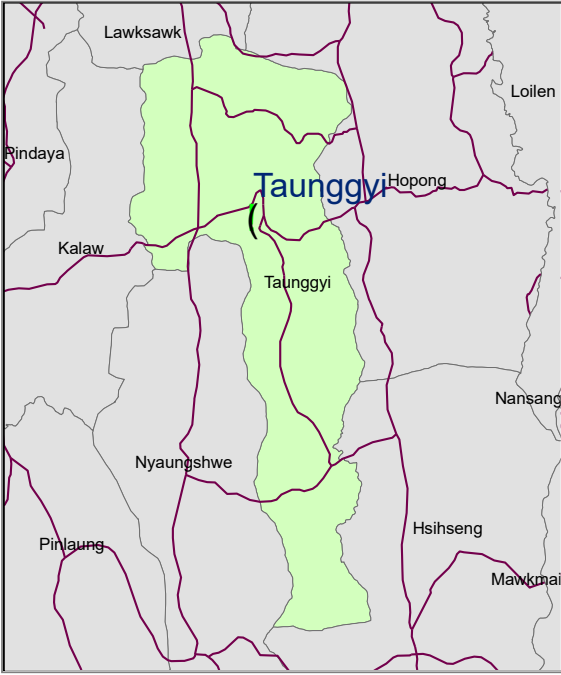
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	550
		Clients of SW reached with HIV prevention program	58
		Sex workers tested for HIV and know the result	508
2	Men who have sex with men	MSM reached with HIV prevention program	806
		MSM tested for HIV and know the result	567
3	People who inject drugs	PWID reached with HIV prevention program	3,065
		PWID tested for HIV and know the result	2,049
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	12
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	51
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	4,684
		% PLHIV on ART retained on ART 12 months after initiation	75%

MUSE TOWNSHIP		
Area	1,503.67 sq Km	
State/Region	Shan State (North)	
Population	117,507	
No of HIV sentinel population covered	4	
Organizations working in township	DDTRU, MANA, MPG, MSF-Holland, NAP	
HIV Surveillance	HIV prevalence among ▪ PWID - 36.2% (Source: IBBS PWID 2017) ▪ PWID – 25.2% ▪ Male STI patients – 9.5% ▪ New TB patients – 19.6% ▪ Pregnant women – 0.8% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	20
		Clients of SW reached with HIV prevention program	4
		Sex workers tested for HIV and know the result	41
2	Men who have sex with men	MSM reached with HIV prevention program	4
		MSM tested for HIV and know the result	28
3	People who inject drugs	PWID reached with HIV prevention program	2,210
		PWID tested for HIV and know the result	2,785
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	4
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	68
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	44
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,965
		% PLHIV on ART retained on ART 12 months after initiation	79%

SHAN STATE (SOUTH)

TAUNGGYI TOWNSHIP		
Area	1,936.87 sq Km	
State/Region	Shan State (South)	
Population	381,639	
No of HIV sentinel population covered	6	
Organizations working in township	MANA, NAP, PGK, UNION	
HIV Surveillance	HIV prevalence among - FSW – 5.0% - MSM – 6.0% - PWID – 0.0% - Male STI patients – 0.0% - New TB patients – 8.7% - Pregnant women – 0.0%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	986
		Clients of SW reached with HIV prevention program	194
		Sex workers tested for HIV and know the result	482
2	Men who have sex with men	MSM reached with HIV prevention program	624
		MSM tested for HIV and know the result	415
3	People who inject drugs	PWID reached with HIV prevention program	939
		PWID tested for HIV and know the result	483
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	252
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	54
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,392
		% PLHIV on ART retained on ART 12 months after initiation	85%

SHAN STATE (EAST)

TACHILEIK TOWNSHIP		
Area	3,587.40 sq Km	
State/Region	Shan State (East)	
Population	148,021	
No of HIV sentinel population covered	6	
Organizations working in township	DDTRU, Malteser, MANA, MPG, NAP	
HIV Surveillance	HIV prevalence among ▪ FSW – 5.3% ▪ MSM – 1.1% ▪ PWID – 0.6% ▪ Male STI patients – 3.2% ▪ New TB patients – 11.5% ▪ Pregnant women – 1.0%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	626
		Clients of SW reached with HIV prevention program	301
		Sex workers tested for HIV and know the result	537
2	Men who have sex with men	MSM reached with HIV prevention program	229
		MSM tested for HIV and know the result	302
3	People who inject drugs	PWID reached with HIV prevention program	756
		PWID tested for HIV and know the result	473
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	382
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	3,013
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	18
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	992
		% PLHIV on ART retained on ART 12 months after initiation	91%

TANINTHARYI REGION

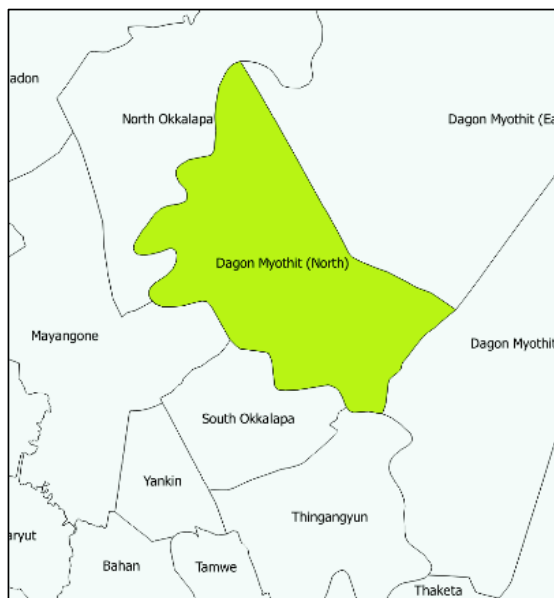
MYEIK TOWNSHIP		
Area	1,417.89 sq Km	
State/Region	Tanintharyi Region	
Population	284,489	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, NAP, PSI, PGK	
HIV Surveillance	HIV prevalence among ▪ FSW – 1.6% ▪ MSM – 0.0% ▪ PWID – 0.0% ▪ Male STI patients – 0.0% ▪ New TB patients – 4.0% ▪ Pregnant women – 0.0% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	932
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	1,458
2	Men who have sex with men	MSM reached with HIV prevention program	802
		MSM tested for HIV and know the result	1,468
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	16
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	34
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	821
		% PLHIV on ART retained on ART 12 months after initiation	74%

YANGON REGION

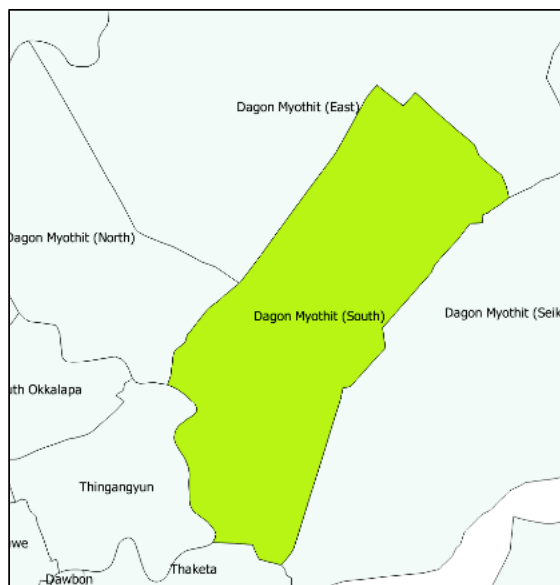
DAGON MYOTHIT (NORTH) TOWNSHIP	
Area	26.29 sq Km
State/Region	Yangon Region
Population	203,948
No of HIV sentinel population covered	for all township cover in YCDC area
Organizations working in township	Alliance, MPG, NAP, UNION
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	236
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	12
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	1
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	1
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	16
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	955
		% PLHIV on ART retained on ART 12 months after initiation	100%

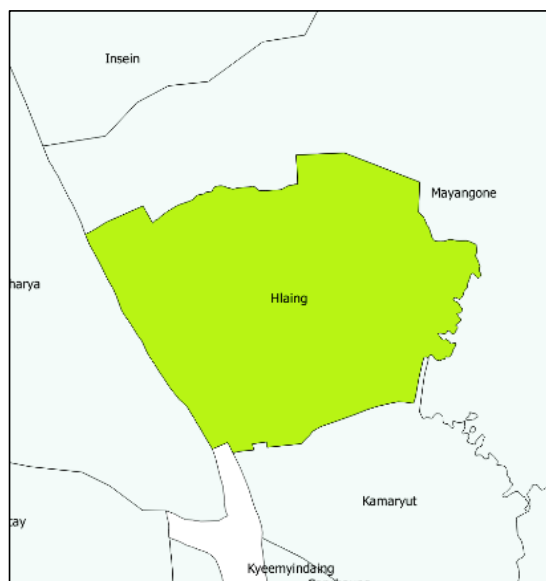
DAGON MYOTHIT (SOUTH) TOWNSHIP	
Area	79.10 sq Km
State/Region	Yangon Region
Population	371,646
Organizations working in township	Alliance, MAM, MPG, NAP, PSI
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	184
		Clients of SW reached with HIV prevention program	24
		Sex workers tested for HIV and know the result	234
2	Men who have sex with men	MSM reached with HIV prevention program	8
		MSM tested for HIV and know the result	163
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	5
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	45
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,293
		% PLHIV on ART retained on ART 12 months after initiation	97%

HLAING TOWNSHIP	
Area	13.70 sq Km
State/Region	Yangon Region
Population	160,307
Organizations working in township	MDM, MPG, NAP
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	2,849
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	969
2	Men who have sex with men	MSM reached with HIV prevention program	2,696
		MSM tested for HIV and know the result	1,343
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	2
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	-
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,373
		% PLHIV on ART retained on ART 12 months after initiation	92%

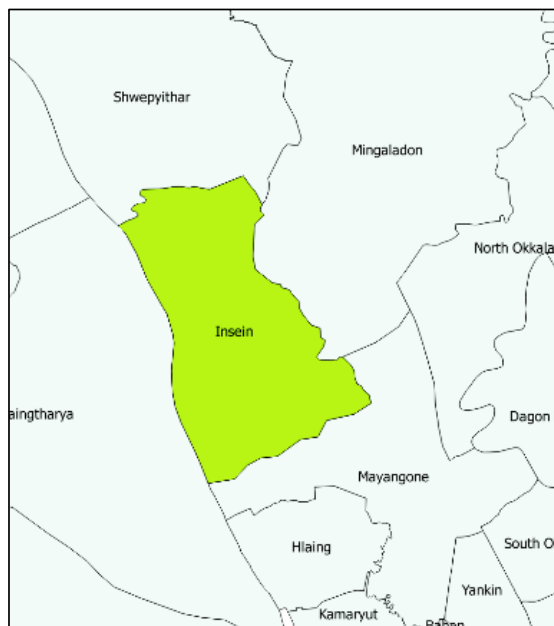
HLAINGTHARYA TOWNSHIP	
Area	58.64 sq Km
State/Region	Yangon Region
Population	687,867
Organizations working in township	Alliance, MAM, MPG
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



Coverage

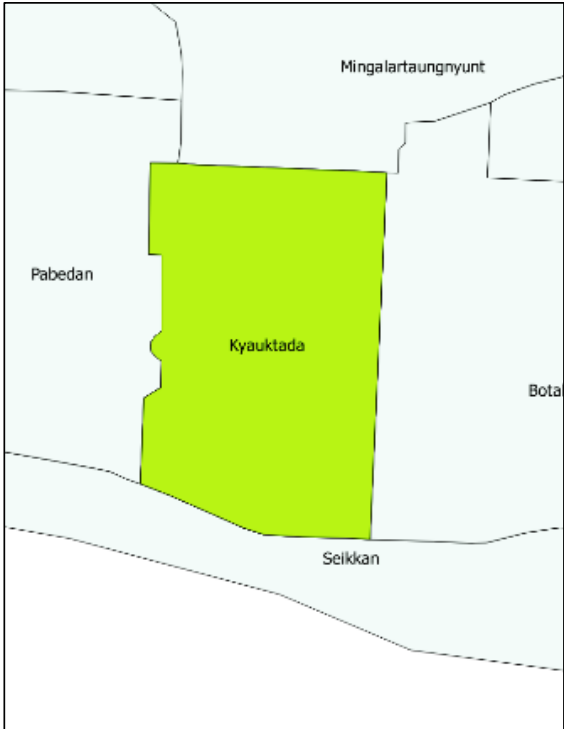
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	2,104
		Clients of SW reached with HIV prevention program	569
		Sex workers tested for HIV and know the result	1,674
2	Men who have sex with men	MSM reached with HIV prevention program	2,597
		MSM tested for HIV and know the result	2,065
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	3
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	133
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,873
		% PLHIV on ART retained on ART 12 months after initiation	100%

INSEIN TOWNSHIP	
Area	35.02 sq Km
State/Region	Yangon Region
Population	305,283
Organizations working in township	AFXB, Alliance, MPG, MSF Holland, NAP, MPG
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



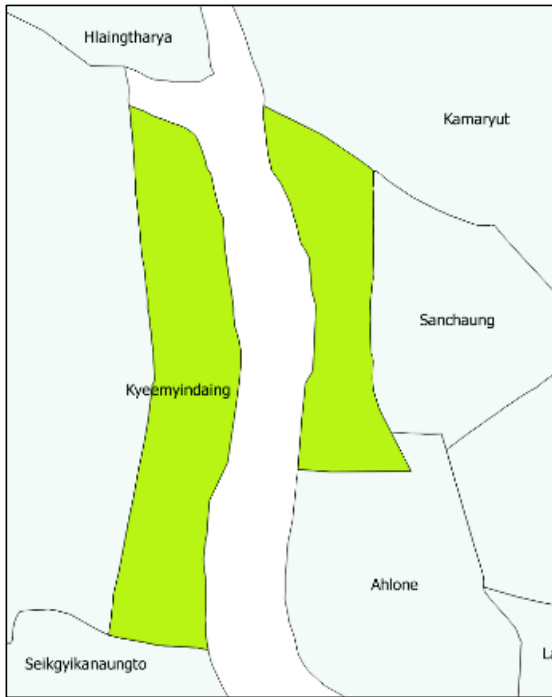
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,945
		Clients of SW reached with HIV prevention program	202
		Sex workers tested for HIV and know the result	1,978
2	Men who have sex with men	MSM reached with HIV prevention program	23
		MSM tested for HIV and know the result	29
3	People who inject drugs	PWID reached with HIV prevention program	6
		PWID tested for HIV and know the result	7
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	106
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	9,558
		% PLHIV on ART retained on ART 12 months after initiation	85%

KYAUKTADA TOWNSHIP		
Area	0.725 sq Km	
State/Region	Yangon Region	
Population	29,853	
Organizations working in township	MPG, NAP	
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)	

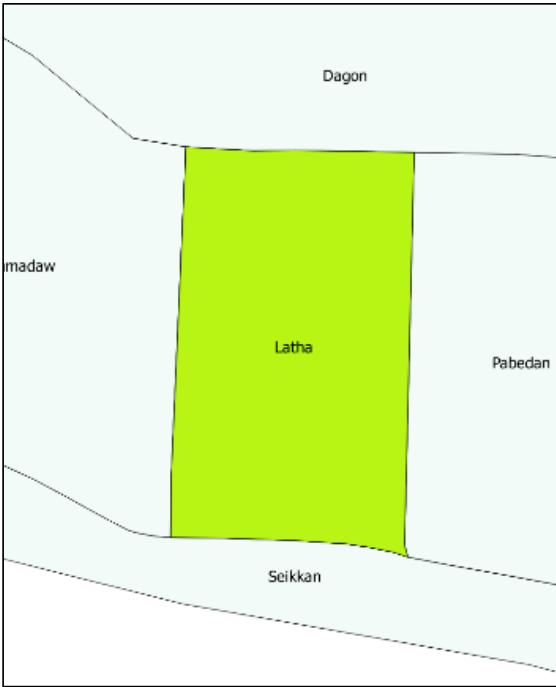
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	15
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	4
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	-
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	-
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	71
		% PLHIV on ART retained on ART 12 months after initiation	-

KYEEMYINDAING TOWNSHIP		
Area	12.45 sq Km	
State/Region	Yangon Region	
Population	111,514	
Organizations working in township	MPG, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)	

Coverage

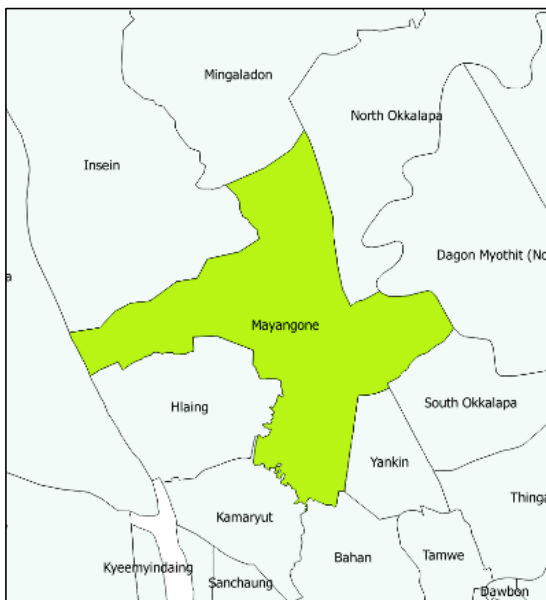
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	223
		Clients of SW reached with HIV prevention program	98
		Sex workers tested for HIV and know the result	723
2	Men who have sex with men	MSM reached with HIV prevention program	4
		MSM tested for HIV and know the result	90
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	18
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	20
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	72
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,688
		% PLHIV on ART retained on ART 12 months after initiation	82%

LATHA TOWNSHIP		
Area	0.813 sq Km	
State/Region	Yangon Region	
Population	25,057	
Organizations working in township	MPG, NAP	
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	106
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	477
2	Men who have sex with men	MSM reached with HIV prevention program	48
		MSM tested for HIV and know the result	178
3	People who inject drugs	PWID reached with HIV prevention program	23
		PWID tested for HIV and know the result	27
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	-
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,116
		% PLHIV on ART retained on ART 12 months after initiation	83%

MAYANGONE TOWNSHIP	
Area	25.34 sq Km
State/Region	Yangon Region
Population	198,113
Organizations working in township	Alliance, MPG, NAP, PSI
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



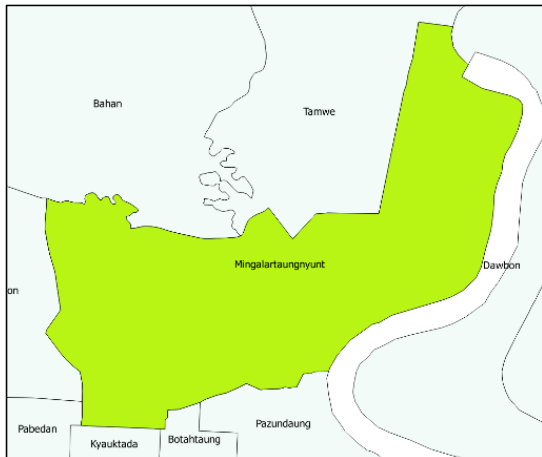
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	108
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	2,206
		MSM tested for HIV and know the result	2,312
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	6
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	400
		% PLHIV on ART retained on ART 12 months after initiation	100%

MINGALARDON TOWNSHIP		
Area	21.11 sq Km	
State/Region	Yangon Region	
Population	331,586	
Organizations working in township	MPG, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)	

Coverage

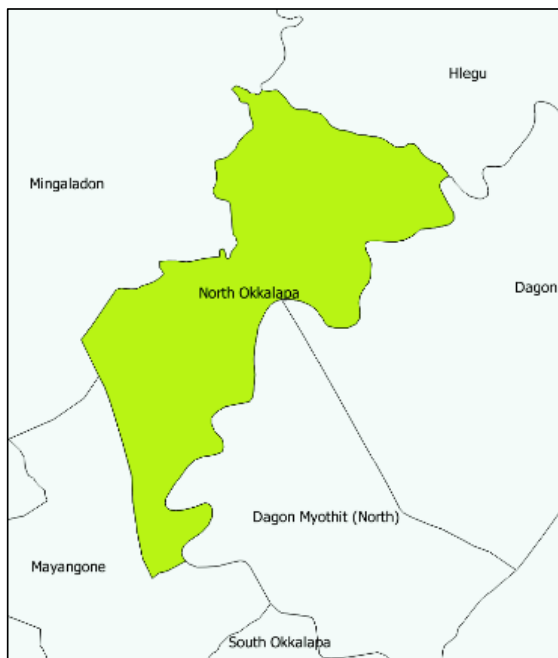
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	135
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	14
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	5
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	15
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	9,757
		% PLHIV on ART retained on ART 12 months after initiation	72%

MINGALAR TAUNG NYUNT TOWNSHIP		
Area	5.05 sq Km	
State/Region	Yangon Region	
Population	132,494	
Organizations working in township	MPG, NAP	
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	9
		Clients of SW reached with HIV prevention program	20
		Sex workers tested for HIV and know the result	41
2	Men who have sex with men	MSM reached with HIV prevention program	12
		MSM tested for HIV and know the result	38
3	People who inject drugs	PWID reached with HIV prevention program	4
		PWID tested for HIV and know the result	19
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	2
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	574
		% PLHIV on ART retained on ART 12 months after initiation	93%

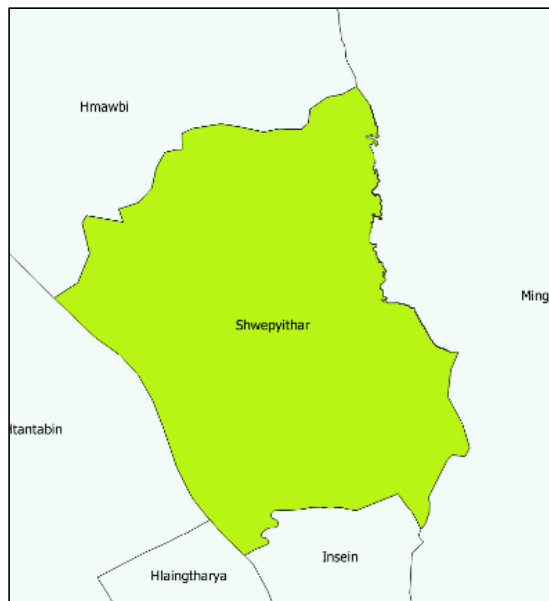
NORTH OKKALAPA TOWNSHIP	
Area	26.73 sq Km
State/Region	Yangon Region
Population	333,293
Organizations working in township	Alliance, PSI, MPG, NAP
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



Coverage

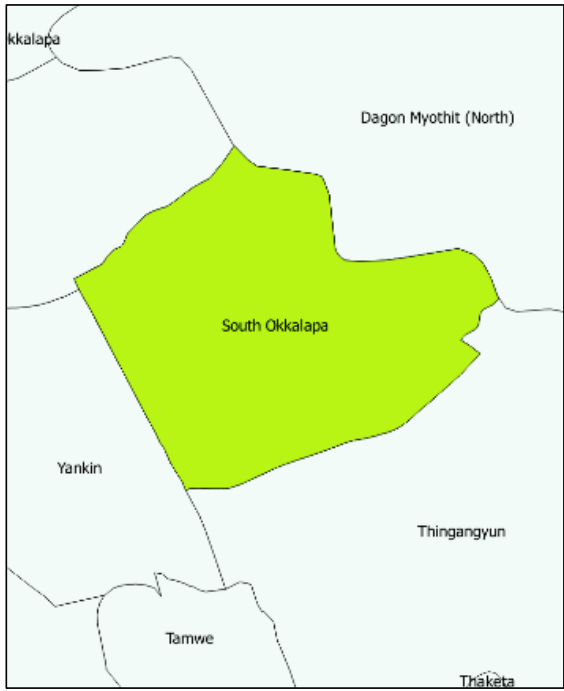
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	198
		Clients of SW reached with HIV prevention program	440
		Sex workers tested for HIV and know the result	559
2	Men who have sex with men	MSM reached with HIV prevention program	72
		MSM tested for HIV and know the result	224
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	12
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	4
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	139
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	4,313
		% PLHIV on ART retained on ART 12 months after initiation	74%

SHWEPYITHAR TOWNSHIP	
Area	23.96 sq Km
State/Region	Yangon Region
Population	343,526
Organizations working in township	Alliance, PSI, MAM, MPG, NAP
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



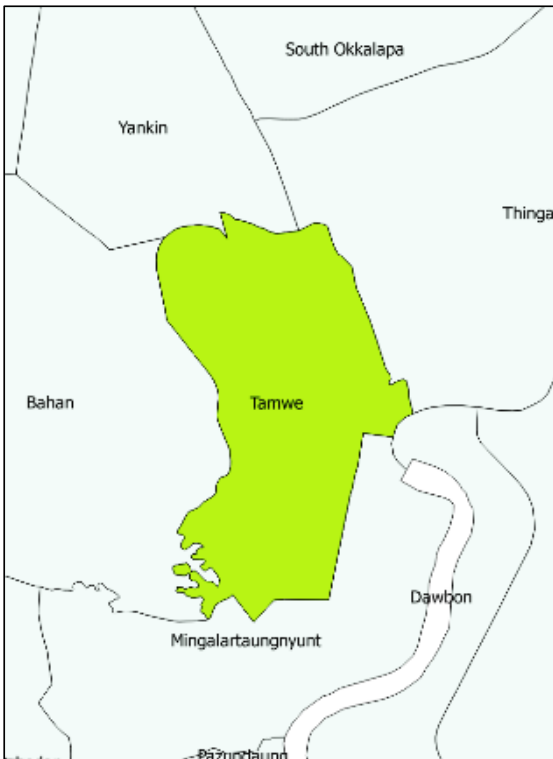
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	402
		Clients of SW reached with HIV prevention program	333
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	182
		MSM tested for HIV and know the result	2
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	32
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,116
		% PLHIV on ART retained on ART 12 months after initiation	100%

SOUTH OKKALAPA TOWNSHIP		
Area	10.18 sq Km	
State/Region	Yangon Region	
Population	161,126	
Organizations working in township	PSI, Alliance, MPG, NAP	
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)	

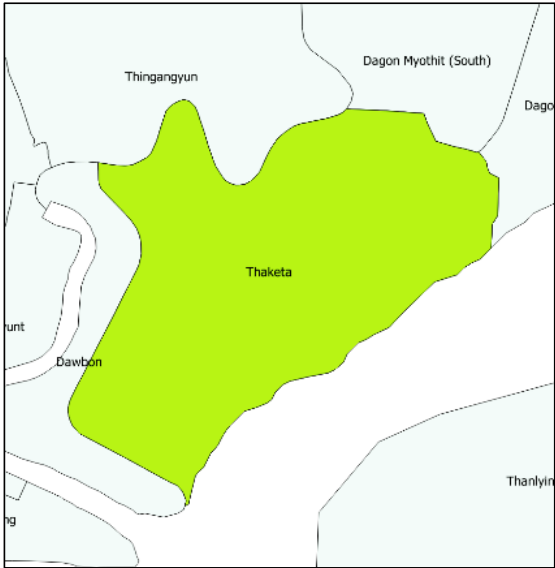
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	130
		Clients of SW reached with HIV prevention program	224
		Sex workers tested for HIV and know the result	128
2	Men who have sex with men	MSM reached with HIV prevention program	11
		MSM tested for HIV and know the result	7
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	64
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	631
		% PLHIV on ART retained on ART 12 months after initiation	92%

TAMWE TOWNSHIP		
Area	4.98 sq Km	
State/Region	Yangon Region	
Population	165,313	
Organizations working in township	Alliance, MPG, NAP, PSI	
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)	

Coverage

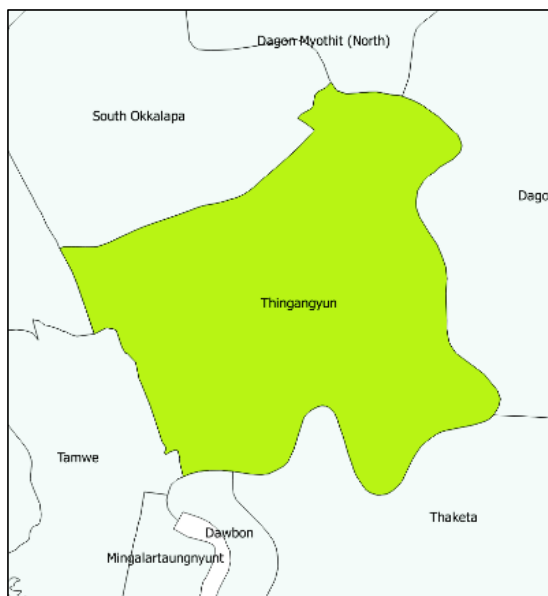
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	5,429
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	3,350
2	Men who have sex with men	MSM reached with HIV prevention program	6,645
		MSM tested for HIV and know the result	5,060
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	-
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,548
		% PLHIV on ART retained on ART 12 months after initiation	69%

THAKETA TOWNSHIP		
Area	12.77 sq Km	
State/Region	Yangon Region	
Population	220,556	
Organizations working in township	Alliance, MPG, MSF-Holland, NAP, PSI, UNION	
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	165
		Clients of SW reached with HIV prevention program	6
		Sex workers tested for HIV and know the result	102
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	7
3	People who inject drugs	PWID reached with HIV prevention program	7
		PWID tested for HIV and know the result	2
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	41
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	7,962
		% PLHIV on ART retained on ART 12 months after initiation	85%

THINGANGYUN TOWNSHIP	
Area	11.40 sq Km
State/Region	Yangon Region
Population	209,486
Organizations working in township	MPG, NAP, PSI
HIV Surveillance	HIV prevalence among ▪ FSW – 25% ▪ MSM – 27% (Source: IBBS FSW/MSM 2015) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 19.7% ▪ PWID – 15.0% ▪ Male STI patients – 13.3% ▪ New TB patients – 3.4% ▪ Pregnant women – 1% (Source: HSS 2018)



Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	-
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	-
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	-
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	-
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	-
6	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	123
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	733
		% PLHIV on ART retained on ART 12 months after initiation	90%

