



Annual Progress Report 2019

National AIDS Program
Ministry of Health and Sports
Myanmar

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ABBREVIATIONS

ADB JFPR	Asian Development Bank, Japan Fund for Poverty Reduction project
AEM	AIDS Epidemic Model
AGO	Attorney General's Office
AHF	Access to Health Fund
AHRN	Asian Harm Reduction Network
ART	Antiretroviral therapy
ARV	Antiretroviral
CBO	Community-based organization
CBS	Community-based screening of HIV
CCDAC	Central Committee for Drug Abuse Control
CDC	Centers for Disease Control and Prevention
CD ExWG	Communicable Disease Executive Working Group
CFM	Community Feedback Mechanism
CHAI	Clinton Health Access Initiative
CNC	Community Network Consortium
CPI	Community Partners International
CSS	Community systems strengthening
DDTRU	Drug Dependency Treatment and Research Unit
DHIS2	District Health Information Software
DIC	Drop-in centre
DOMS	Department of Medical Services
DOPH	Department of Public Health
HIVST	HIV self-testing
EID	Early infant diagnosis
eMTCT	elimination of mother-to-child transmission
FSW	Female sex worker
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPC	Global HIV Prevention Coalition
HIVST	HIV Self-testing

HMIS	Health Management Information System
HSS	HIV Sentinel Surveillance
HTS	HIV testing services
IBBS	Integrated Biological and Behavioural Surveillance
ICAP	International Center for AIDS Care and Treatment Program (ICAP)
IOM	International Organization for Migration
IPT	Isoniazid preventive therapy
KPSC	Key Population Service Centre
LGBTI	Lesbian, gay, bisexual, transgender and intersex
M&E	Monitoring and Evaluation
MAM	Medical Action Myanmar
MANA	Myanmar Anti-Narcotics Association
MdM	Médecins du Monde
MHSCC	Myanmar Health Sector Coordinating Committee
MMT	Methadone Maintenance Therapy
MMTWN	Myanmar MSM and Transgender Women Network
MOHS	Ministry of Health and Sports
MPG	Myanmar Positive Group
MPI	Master Patient Index
MPWN	Myanmar Positive Women Network
MSF-CH	MSF Switzerland
MSF-H	MSF Holland
MSI	Marie Stopes International
MSM	Men who have sex with men
MSWRR	Ministry of Social Welfare, Relief and Resettlement
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NDPS	Narcotic Drugs and Psychotropic Substances Law
NEQAS	National external quality assurance scheme
NGO	Non-governmental organization
NSF	National strategic framework on Health and Drugs
NSP	National Strategic Plan

NTP	National Tuberculosis Program
pARV	Antiretroviral prophylaxis
PGK	Pyi Gyi Khin
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
PrEP	Pre-exposure prophylaxis
PSE	Population size estimate
PSI	Population Services International
PUI	Première Urgence Internationale
PWID	People who inject drugs
PWUD	People who use drugs
SARA	Substance Abuse Research Association
SHG	Self-Help Group
SOGI	Sexual orientation and gender identity
SOP	Standard Operating Procedure
SRHR	Sexual and reproductive health and rights
STC	Save the Children International
STI	Sexually transmitted infection
SWiM	Sex Workers in Myanmar
TSG	Technical Strategy Group
TB	Tuberculosis
TWG	Technical Working Group
UHF	USAID HIV/AIDS Flagship Project
UN	United Nations
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
USAID	United States Agency for International Development
VL	Viral load
WHO	World Health Organization

FOREWORD

Myanmar is one of the countries of the Asia and Pacific region with a high HIV/AIDS burden. It is also one of the 35 countries that contribute to 90% of all new HIV infections globally and where a 'Fast-Track' national response has been adopted. Myanmar has therefore prioritized "ending AIDS as a public health threat" in the Sustainable Development Goals by 2030 as well as the elimination of mother-to-child transmission (eMTCT) of HIV and syphilis by 2025.



Under the leadership of the Ministry of Health and Sports (MOHS), the National AIDS Program (NAP) and implementing partners, including from government and non-government organizations (NGOs), technical partners, the United Nations (UN), and community-based organizations (CBOs) representing people living with or vulnerable to HIV, have collaboratively developed five year National Strategic Plans (NSP) since 2005. The national HIV response is currently guided by the strategic directions of the third NSP 2016-2020. During this five-year planning cycle, the country has progressed on reaching the 90–90–90 targets by 2020, with reference to HIV testing, antiretroviral therapy (ART) and viral load suppression as well as zero discrimination in health care and other settings.

NSP III also recognizes diverse patterns and trends of the HIV epidemic at sub-national level and calls for tailored approaches for different sub-populations and geographical areas. Highlights of successful work include HIV testing, risk and harm reduction for key populations, prevention of mother-to-child transmission (PMTCT), and continuum of care and treatment. By 2019, 326 out of 330 townships (99%) of the country were covered by PMTCT services and 77% of the estimated people living with HIV in Myanmar were accessing lifesaving anti-retroviral therapy (ART). Sustainability has been reinforced through the private to public sector transition of ART services resulting in 85% of those on ART being under the care of the public sector in 2019. Moreover, the country also increasingly embraces evidence-based innovative approaches in reaching key populations and in delivering HIV-related services.

A coordinated approach has been adopted by the national HIV response, including the involvement of diverse health departments, NGO and CBO actors, all collaborating under the leadership of the NAP to address the HIV epidemic. It is recognized that a multisectoral approach and the engagement community-based front-line workers enhances the achievements of the HIV response. To sustain the current accomplishments while advancing towards the goals of 'ending AIDS as a public health threat', it is important to further the engagement of communities as well as adapt approaches to specific populations and geographical areas. As a result, further decline in HIV infection is achievable.

Through this annual progress report, we would like to acknowledge the contribution of all NAP officials across various positions and levels, and all our partners, including implementing, development, technical and community partners, whose commitments have helped to materialize these achievements.

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This report describes the achievements, challenges and opportunities of the national HIV response during 2019. As the leading organization in the country's HIV response, the NAP expresses its deep gratitude and appreciation to all stakeholders — implementing and development partners, technical and supporting agencies, and civil society and communities involved in the response, and whose contributions have made this report possible.

We thank H.E. Dr Myint Htwe, the Union Minister of the Ministry of Health and Sports and Chairperson of the Myanmar Health Sector Coordinating Committee (MHSCC), Dr Thar Tun Kyaw, Director General (MOHS) and Chair of Communicable Diseases Executive Working Group (CD ExWG), Dr Soe Oo, Director General (DOPH/DOMS), and Dr Thandar Lwin, Deputy Director General (Disease Control), for their guidance and support to the national HIV response.

Our gratitude also goes to all members of the NAP across all levels and geographical areas for their contributions towards the HIV response, and to officials from MOHS, UNAIDS, colleagues from WHO and other UN agencies for their technical support and coordination towards the completion of this report.



Dr.Htun Nyunt Oo

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EXECUTIVE SUMMARY

Under the leadership of MOHS, the NAP working with numerous stakeholders, including donors, technical agencies, implementing partners and CBOs, continues its Fast-Track focus on the continuum of HIV prevention, treatment and care since the early 1990s. This report compiles, analyses and describes the combined efforts and achievements of the national HIV response in 2019 under the framework of the third NSP on HIV and AIDS, 2016–2020 (NSP III), with particular reference to its strategic directions and targets. These efforts and achievements are the result of the partnership between the public sector, international and national NGOs, and the communities.

Reducing new HIV infections

After a peak of HIV incidence around the year 2000, new HIV infections in the country have been slowly declining over the past two decades. Nevertheless, the decrease appears to have plateaued in recent years. During 2019, the HIV prevention program coverage of female sex workers (FSW) and men who have sex with men (MSM) increased, while harm reduction programs for people who inject drugs (PWID), including sterile needle and syringe distribution and methadone maintenance therapy (MMT), also achieved wider coverage. HIV testing services were accessible to a larger proportion of key populations, which is important to reach the first of the '90s' - i.e. the global target of 90% of all people living with HIV knowing their HIV status.

HIV prevention and testing services also increased for other vulnerable populations, such as mobile and migrant populations and people in closed institutional settings. However, more focus is still needed on the so-called bridging populations, such as clients of female sex workers and partners of other key populations, to further reduce sexual transmission of HIV among vulnerable populations. It was equally important to address wider drug use prevention and safer sex issues among young people. Sexually transmitted infection (STI) testing and treatment was also not neglected as well as addressing other co-morbidities and health challenges, such as Hepatitis, Tuberculosis (TB) and drug use.

An important achievement in 2019 was progress made on the steps taken to introduce effective and innovative prevention and testing strategies, such as Pre-exposure Prophylaxis (PrEP), HIV self-testing (HIVST) and implementation of community-based HIV screening (CBS), all which can lead to widening the scope of prevention and continuum of care. National consensus was reached on the initiation of PrEP for key populations and a request was made to submit this to ethical

review and a national protocol for administering PrEP was also developed. PrEP demonstration projects are currently planned for MSM, Transgender and PWID in 2020, with a vision of rolling this out in subsequent years based on the evaluation of results.

Myanmar is well on track towards eMTCT of HIV and syphilis for 2025 with PMTCT services currently available in 99% of townships. During 2019, 88% of estimated pregnant women received HIV testing, leading to 90% of estimated HIV-positive pregnant women knowing their HIV positive status and 85% being placed on PMTCT prophylaxis or treatment. In addition, 52% of estimated pregnant women were provided syphilis testing. The follow-up care to HIV-exposed infants improved significantly, though more efforts should be made in this area in order to meet the PMTCT elimination targets.

As the Fast-Track target is to reduce new HIV infections by 75% by 2020 from its 2010 baseline, the country's current achievement is of 36% reduction in new HIV infections over the last decade calls for more extensive efforts in the area of prevention through adoption of innovative and adapted service-delivery models.

Improving health outcomes for all people living with HIV

Regarding health outcomes for people living with HIV, AIDS-related deaths have been decreasing since the mid-2000 when a nationwide care and treatment program was initiated. The area of care and treatment has made constant progress since early on by the NAP. With widespread scale-up of the program in recent years, by the end of 2019 72% of the country's 330 townships had access to antiretroviral therapy (ART) within an accessible geographical distance. With 77% of the estimated number of people living with HIV on ART, the country is well on course to reach the second of the three '90s'. There have also been considerable gains made in the area of viral load testing, with 72% of people living with HIV on ART tested for viral load during 2019, and 95% of those tested had viral load suppression showing the upgraded quality of care. With this achievement, the country is on the way to reaching the third of the three '90s' targets.

With the aim of ensuring the sustainability of the care and treatment program and becoming less donor-dependent, the policy of ART transition from the NGO sector to the public sector has been performing well and 85% of the country's ART cohort was supported by the public sector at the end of 2019. TB/HIV collaborative activities were also further strengthened as a result of increased collaboration, linkages and co-location of HIV and TB services between NAP and National Tuberculosis Program (NTP): 96% of registered TB patients received HIV screening and 74% of those with TB/HIV coinfection received both TB and HIV treatments. TB screening was

provided to 97% of people under HIV care. However, more work needs to be done to improve the provision of TB preventive therapy among people living with HIV.

To maintain the care and treatment program with 85% of ART cohort under the public sector, government support to additional financial and human resources is essential for the long-term success of the program. Assessing the capacity of the public sector to keep the balance of the workload, integration of current ART service delivery models, task-shifting, and public–private and community partnerships should also be considered.

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

Community engagement in the HIV response advances every year. Representatives of people living with HIV, key populations and ethnic health organizations are represented in the MHSCC and the CD ExWG. They also participate in or interact with the HIV Technical Strategy Group (TSG) and the relevant Technical Working Groups (TWGs).

Community systems strengthening (CSS) includes prevention, care and support by peers, the community feedback mechanism (CFM) on ART services and human right issues, community-led advocacy, improving governance and leadership of networks, promoting meaningful participation in the planning of HIV responses, and promoting community-led service delivery.

Also, during 2019, the HIV Law - which is the law on the rights of people living with and affected by HIV - was approved by the Union Attorney General's Office (AGO). As far as key populations are concerned, the draft law on Sex Work is in the final stage of review at the AGO, with a reduced focus on law enforcement and an increased focus on prevention and right to health care. While the National Strategic Plan on Drug Control Policy was finalized in 2018, the National Strategic Framework (NSF) on the pillars of Health and Drugs was finalized in 2019 and submitted to MOHS in January 2020.

Advocacy to reduce stigma and discrimination among key populations was conducted in collaboration with community networks. Human rights and gender trainings continued to reduce human rights barriers to access to services for key populations, to include human rights aspects in HIV planning and service provision, and to build capacity of community leaders.

The CFM is being implemented since 2017 to report on violation of rights and stigma and discrimination towards people living with HIV and key populations achieving greater township coverage and wider community network engagement during 2019. Legal assistance was provided to key populations through community-led legal projects.

Strengthening strategic information and research to enhance the response

An HIV epidemiological review was conducted in 2019 in support of the evaluation of NSP III as was a review of HIV prevention among key populations. In preparation for NSP IV 2021–2025, township prioritization was revised using the latest available data and information. Also, as part of the development of NSP IV, strategic direction IV was updated with new priority interventions and activities in the strategic information area to strengthen the capacity for HIV monitoring, accountability and financial planning. The entire set of national indicators were reviewed and updated to reflect the commitment areas of NSP IV along with the target setting process.

With the purpose of informing the operationalization of the new NSP IV and apprising the HIV stakeholders in development of the country's funding request to the Global Fund for 2021–2023, an optimization exercise was undertaken using the AIDS Epidemic Model (AEM) to inform the optimal allocation of resources between prevention and treatment programs among key populations to yield the greatest impact.

For a more rapid and tailored HIV response at the subnational level, five township plans and three state/regional operational plans were developed during 2019. Subnational-level data-use trainings were conducted using a more user-friendly District Health Information Software (DHIS2) dashboard, to build the capacity for data analysis and use this to guide service delivery, program management, financing and resource allocation at the subnational level.

As far as digital health information is concerned, online individual case reporting modules were developed using DHIS2 tracker module to track future PrEP patients and HIV-positive pregnant women. By the end of 2019, 43% of all ART centres were utilizing OpenMRS, a case-based recording module for ART patients. However, long-term sustainability in terms of financial and human resources would be critical for this system to be fully operational. The Master Patient Index (MPI) project is now also ready for piloting.

To fill the most pressing knowledge gaps on the HIV epidemic in Myanmar, a research agenda formulation workshop was conducted in 2019 to prioritize research questions and topics. Steps were taken to initiate national and state/regional specific research and studies on innovative areas such as PrEP, HIV self-testing and critical drivers of the epidemic, including the socio-economic determinants of drug use.

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

The new national strategic plan on HIV 2021–2025 (NSP IV) and the Global Fund funding request for 2021–2023 were successfully drafted under the leadership of the MOHS and with the all-round engagement of various organizations participating in the HIV response. Continued government financial commitment to the HIV response and other external funding resources, such as the Access to Health Fund (AHF), USAID HIV/AIDS Flagship Project (UHF) and the United States Centers for Disease Control and Prevention (CDC), were ensured to support the country's dedication to ending the HIV epidemic.

The national HIV response has been coordinated under the MHSCC and, starting from late 2019, the CD ExWG. It is coordinated technically and strategically by the HIV Technical Strategy Group (HIV TSG). This in turn is supported by six thematic Technical Working Groups (TWGs). This arrangement paved the way for the country in preparation and setting the framework to demonstrate innovative initiatives and thereby reinforce Myanmar's commitment in the Global HIV Prevention Coalition (GPC) since joining it in May 2018.

Conclusion and Recommendations

The national HIV response has achieved remarkable results across diverse areas of work, yet there is no room for complacency as the country has committed to achieving the 90–90–90 Fast-Track targets by 2020 and the elimination of mother-to-child transmission of HIV and syphilis by 2025. It is important to maintain the current accomplishments while acknowledging the additional challenges to be addressed.

As stated above, ensuring adequate and continuous government investment as well as sufficient and qualified human resources is essential to maintain the current and long-term success of the country's HIV response. Resource allocation planning at the national and subnational levels is important to understand what the available resources and gaps are with regular expenditure tracking. From previous experiences, subnational operational planning contributes to develop more tailored responses and is, therefore, recommended to continue in planning efforts.

Moreover, a multisectoral approach is most important in terms of efficiency and effectiveness. To cover all aspects of the HIV response, it will be most beneficial to reinforce collaboration with social welfare, municipal, education, police and prison sectors; reproductive health, maternal and child health as well as the hepatitis programs; key population communities, networks and self-help groups, and the private sector. Lastly, to build a favourable environment and enhance greater participation, capacity-building for key populations through 'rights to health' approach will lead to more productive results.

PART I

INTRODUCTION

The purpose of this report is to summarize the achievements, opportunities and challenges in the course of the country's HIV response during 2019. The report is organized in reference to the strategic directions and national indicators described in the third National Strategic Plan on HIV and AIDS, 2016–2020 (NSP III).

Myanmar's HIV response has been led by the National AIDS Program (NAP) and collectively executed by around 15 implementing partners and community networks with support from related technical and United Nations organizations.

HIV epidemic in Myanmar

In Myanmar, HIV has been recognized as one of the prioritized communicable diseases, and the country has been engaged in an HIV response since early 1990 under the leadership of the National AIDS Program, Department of Public Health (DoPH), Ministry of Health and Sports (MOHS). The country has committed to the 10 Fast-Track commitments to end the AIDS Epidemic by 2030 with “Zero new infections, Zero discrimination and Zero AIDS-related deaths.”

The HIV epidemic in Myanmar is classified as a concentrated epidemic, mainly among key populations and their clients and partners. Regarding new HIV infections, these started mainly among people who inject drugs (PWID) in early 1990 and peaked around the year 2000 involving all three key populations (PWID, female sex workers (FSW), and men who have sex with men (MSM)), and have been declining since then with a more gradual decline in recent years. In terms of HIV prevalence, the peak was observed around 2005–2007 followed by a stable decline with the establishment and scale-up of the antiretroviral therapy (ART) program.

Epidemic modelling in 2019¹ estimated that there were about 241,300 people living with HIV, with around 10,000 new HIV infections and 7,700 AIDS deaths in 2019. Among all new HIV infections, one third came from needle sharing. Sex work related infections represented nearly one quarter, husband-to-wife transmission made up another one quarter, and male–male sexual transmission was estimated at 11%. The country's HIV prevalence among adults (15+ years) was estimated at around 0.58%.

¹ AEM-Spectrum March 2020.

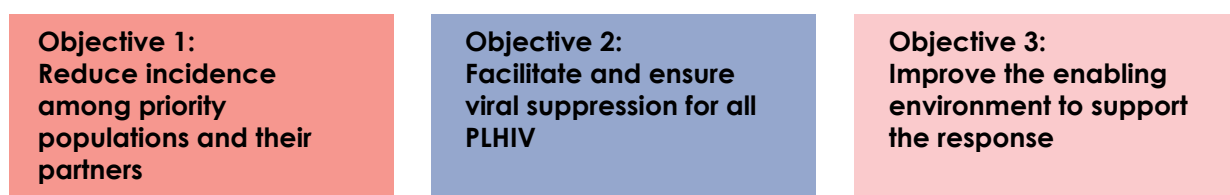
Based on Integrated Biological and Behavioural Surveillance (IBBS) data,² HIV prevalence among FSW was around 8.25% (2019), 8.79% among MSM (2019) and 34.9% among PWID (2017).

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

Since the year 2000, the country's HIV response has been going on under the guidance of sequential five-year national strategic plans on HIV and AIDS. During 2019, under the leadership of the NAP, all implementing partners including communities, networks and technical agencies were working together to respond to HIV following the directions laid out by NSP III.

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 by 2030. This vision will support Myanmar to achieve the Sustainable Development Goals (SDGs) and universal health coverage. The NSP III goal is to reduce HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact.

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.

² IBBS among FSW/MSM (2019), and IBBS among PWID (2017).

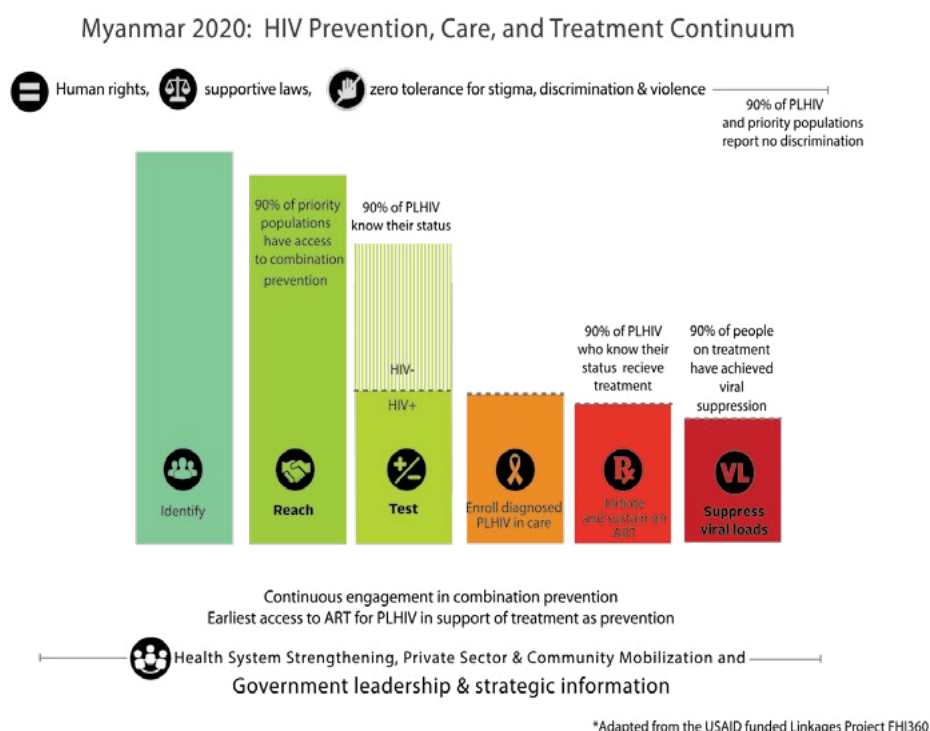
The strategic framework of NSP III includes three main objectives along with five strategic milestones and five strategic directions, under which are the priority intervention areas and activities for a comprehensive and coordinated response to HIV (Figure 1 and Figure 2). This report is structured following the guidance of those five strategic directions.

Figure 2: Strategic directions of NSP III



NSP III aims to cover a broader aspect in the 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

INDICATOR SUMMARY

Indicator	Source	Year	Data
Outcome (FSW, MSM, PWID)			
% of female sex workers reporting condom use at last sex with clients	IBBS	2019	89.9%
% of men who have sex with men reporting condom use at last anal sex	IBBS	2019	56.8%
% of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	IBBS	2017	90.8%
Output/Coverage (FSW, MSM, PWID)			
% of female sex workers reached with HIV prevention program	IBBS	2019	50.4%
% of female sex workers who received an HIV test in the last 12 months and who know the result	IBBS	2019	41.0%

Indicator	Source	Year	Data
No. of female sex workers reached with HIV prevention programs	Program data	2019	77,170 (high figure) 58,196 (low figure) (84%)
No. of female sex workers who received an HIV test and who know the result in the last 12 months	Program data	2019	55,759 (80%)
No. of clients of female sex workers reached with HIV prevention programs	Program data	2019	13,912
No. of regular sexual partners of sex workers reached with HIV prevention programs	Program data	2019	2,000
% of men who have sex with men reached with HIV prevention program	IBBS	2019	28.6%
% of men who have sex with men who received an HIV test in the last 12 months and who know the result	IBBS	2019	31.3%
No. of men who have sex with men reached with HIV prevention programs	Program data	2019	87,224 (high figure) 66,428 (low figure) (49%)
No. of men who have sex with men who received an HIV test and who know the result	Program data	2019	64,870 (47%)
% 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	2019	78,186 (high figure) 55,934 (low figure) (59%)
No. of people who inject drugs received an HIV test and who know the result	Program data	2019	47,900 (50%)
No. of sterile injecting equipment distributed to people who inject drugs in the last 12 months	Program data	2019	35.1 million

Indicator	Source	Year	Data
No. of drug users receiving methadone maintenance therapy at the end of 2018	Program data	2019	19,991 (21%)
% of individuals receiving methadone maintenance therapy for at least 6 months	Program data	2019	69%
Output/Coverage (General)			
No. of regular sexual partners of key populations and serodiscordant couples of PLHIV reached with HIV prevention programs	Program data	2019	8,622
No. of people who received an HIV test in the last 12 months and who know the result (not including pregnant women)	Program data	2019	492,424
No. of people who received STI treatment in the last 12 months	Program data	2019	43,784
No. of condoms distributed for free	Program data	2019	33,159,551
No. of condoms sold through social marketing	Program data	2019	9,361,536
% of PLHIV who have been tested and known their HIV-positive status	Program data/ PLHIV estimate by modelling	2018	80%
Output/Coverage (PMTCT)			
No. of pregnant women attending antenatal care services who received HIV testing	Program data	2019	904,390
No. of pregnant women attending antenatal care services who received HIV test result with post-test counselling	Program data	2019	895,411
No. of HIV-positive pregnant women attending antenatal care services who received HIV testing and know their positive status	Program data	2019	4,477 (90%)
No. of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission	Program data	2019	4,232 (85%)

Indicator	Source	Year	Data
% of HIV exposed infants who initiated ARV prophylaxis	Program data/HIV+ PW estimate by modelling	2019	74%
% of HIV exposed infants stated on cotrimoxazole prophylaxis within 2 months of birth	Program data/HIV+ PW estimate by modelling	2019	40%
% of HIV exposed infants receiving a virological test for HIV within 2 months of birth	Program data/HIV+ PW estimate by modelling	2019	53%
Outcome (ART)			
% of PLHIV on ART who are retained on ART 12 months after initiation	Program data	2019	83%
% of PLHIV on ART who are virally suppressed ($\leq 1,000$ copies/mL)	Program data	2019	68.3%
% of PLHIV on ART who are virally suppressed among those tested for viral load test in the last 12 months	Program data	2019	94.5%
% of PLHIV on ART with viral load suppression ($< 1,000$ copies/mL) at 12 months after treatment initiation	Program data	2019	93%
Output/Coverage (ART)			
% of PLHIV who are receiving ART	Program data/ PLHIV estimate by modelling	2019	77%
No. of adults living with HIV who are receiving ART	Program data	2019	176,697 (77%)

Indicator	Source	Year	Data
No. of children living with HIV who are receiving ART	Program data	2019	7,927 (73%)
No. of PLHIV on ART received viral load measurement during the reporting period	Program data	2019	133,468 (72%)
No. of people living with HIV receiving cotrimoxazole prophylaxis who are not on ART	Program data	2019	2,585
No. of HIV-positive new and relapse TB patients on ART during TB treatment	Program data	2019	7,736
Number and % of people newly enrolled in HIV care who are started on TB preventive therapy (e.g. IPT)	Program data	2019	9,365 (26%)
Output/Coverage (Laboratory)			
No. of HIV testing laboratories participating in national quality assurance scheme	National Health Laboratory NEQAS records	2019	530

STRATEGIC DIRECTION I: REDUCING NEW HIV INFECTIONS

PRIORITY INTERVENTION AREA

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 2019:

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 2019

Outcome targets	Data source	Size estimate	Baseline 2015	Target 2019	Results 2019
% of FSW reporting condom use at last sex with client	IBBS		81.1%	86.4%	89.9%
Output/coverage targets	Data source	Size estimate	Baseline 2015	Target 2019	Results 2019
% of FSW reached with HIV prevention program	IBBS		72.6%	83.0%	50.4%
% of FSW who received an HIV test in the last 12 months and who know the result	IBBS		45.8%	71.5%	41.0%
No. of FSW reached with HIV prevention programs	Program Data	69,300 ³	35,443 ⁴	60,116	58,196 ⁵
No. of FSW who received an HIV test and who know the result in the last 12 months	Program Data	69,300	27,865	48,377	55,759
No. of clients of FSW reached with HIV prevention programs	Program Data	1,115,530 ⁶	14,410	270,575	13,912

Despite past achievements in prevention, important gaps and challenges remain in the prevention area. To cover these gaps, priority population programs have been set up under the guidance of NSP III. The country's intervention strategy has moved to increase utilization of effective combination prevention services, including HIV testing services (HTS), to ensure those that are HIV-negative stay negative and those that are HIV-positive are immediately linked to treatment services as secondary prevention.

Results from the 2019 Integrated Biological and Behavioural Surveillance (IBBS) among female sex workers (FSW) showed that nearly 90% of FSW reported using a condom with their last client. This indicated the success of behaviour change programs among FSW.

³ FSW PSE calculation 2015 including consideration of population growth in 2019

⁴ 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

⁵ Adjusted for (1) duplication among different organizations in one township and (2) duplication between outreach and DIC

⁶ Clients of FSW PSE calculation 2015

Looking at the program data, 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 country, 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 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 (58,196) whereas the higher end figure (77,170) 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. Evidence from the IBBS shows that FSW move among townships for sex-work within a year, leading to another type of duplication in prevention reach data.

During 2019, 11 organizations, including the NAP, provided prevention services for FSW. Among those organizations, Pyi Gyi Khin (PGK) continued to provide services through key population service centres (KPSC) under the supervision of the NAP. Despite the decrease in the number of implementing partners, the number of FSW that received prevention services shows an increasing trend. The public sector (NAP) has become the largest service provider in recent years, through a collaborative KPSC model supported by PGK, through activities in its total condom promotion (TCP) townships, and through collaboration with local community networks, and continuing service coverage by other main organizations delivering services (e.g., PSI). It was estimated that around 84% of FSW were reached by prevention services during 2019. IBBS results indicated that 50% of FSW were covered by HIV prevention program. This was because the global definition

changed for the calculation of this indicator, which considered prevention coverage only for those who received services in the past three months while the program data included those reached by services during the whole year.

Although 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 significantly. It is estimated that around 80% of FSW were tested for HIV and received test results in 2019. This was a promising increase even compared to last year. With the more widespread HIV testing, the rate of HIV-positive test results among FSW has decreased to 5% (Figure 4). Providing effective combination services and adopting an enhanced outreach approach have contributed to the increase in HIV testing numbers. The testing coverage is expected to be even higher with the implementation of the community-based screening (CBS) model in 2020 for key populations.

Nevertheless, the 2019 IBBS among FSW revealed that only 41% of FSW received an HIV test in the past 12 months and knew the result. It is possible that although the program data show a rise in the number of HIV tests among FSW, these reported figures may include repeated testing of the same FSW, either in the same organization or among different organizations, in the same or different townships. The use of a unique identifier system could help to reduce these discrepancies.

The number of FSW receiving treatment for sexually transmitted infections (STI) has been around 8,000 to 10,000 throughout the span of NSP III. One of the factors might be because we could not collect STI data from the public–private partnership sector disaggregated by key population. As we cannot conclude from the reported data that the actual number of STI cases is decreasing, it is suggested to intensify STI surveillance and case reporting so that the STI program can be strengthened if a gap exists.

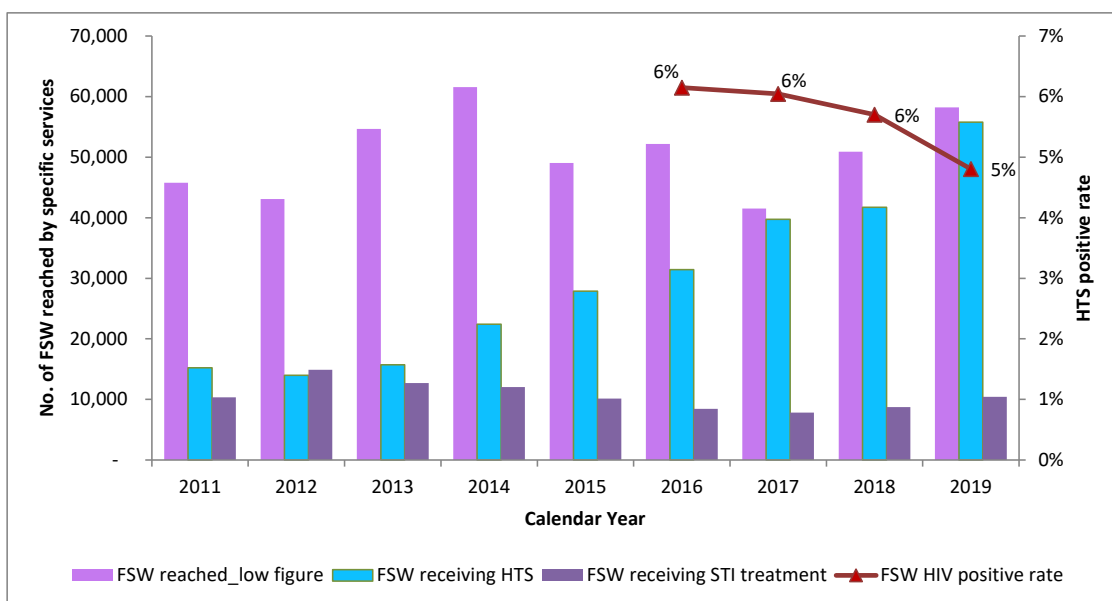
Table 1: Female sex workers reached with prevention services by organization (higher end figures⁷) (2016–2019)

Organization	2016	2017	2018	2019
AHRN	581	729	501	289
Alliance	6,881	2,621	8,734	9,096
Burnet	318	-	-	-

⁷ Sum of total reported figures of FSW prevention reach from all organizations (outreach + DIC).

Organization	2016	2017	2018	2019
Consortium	4,107	3,557	-	-
IOM	1,511	1,835	1,193	1,790
Malteser	357	-	1,405	1,305
MAM	1,299	3,222	5,019	4,791
MANA	629	-	-	-
MdM	5,062	3,801	2,885	1,726
MSF-CH	536	-	-	-
MSF-Holland	1,255	-	-	-
MSI	-	-	2,092	2,452
NAP	17,954	12,354	20,659	30,947
PGK	2,577	5,006	-	-
PSI	37,909	28,263	22,167	24,096
PUI	1,783	1,709	542	678
SCiM	80	4	-	-
Total	82,839	63,101	65,197	77,170

Figure 4: Female sex workers reached with prevention, HTS and STI treatment (2011–2019)



FSW prevention reach and HIV testing at the state and regional level during 2019

At the state and regional level, HIV prevention services for FSW existed in 16 of the 17 states/regions in Myanmar during 2019. Yangon, the largest city in Myanmar, was the region with the highest number of FSW reached, followed by Mandalay, the second largest city. Kachin was third, with a significant increase in FSW reached. Except for Kachin, Rakhine, Sagaing and Shan (N) showing a remarkable rise in prevention reach of FSW, all other states and regions maintained their reach number compared to the previous year. The most significant increase was seen in Rakhine, which has been affected by political conflict and instability. In the absence of other implementing partners, the new community-led prevention service activities under a community network consortium (CNC) in collaboration with the NAP enabled prevention services to be maintained for key populations in that state.

The prevention coverage shown in Table 3 was calculated based on the FSW population size estimates (PSE) from 2015 and considering the population growth rate in 2019. The PSE for FSW and MSM will be updated for 2019 based on IBBS results, after the PSE consultation workshop late in 2020. In terms of coverage, Mon, Kachin, Yangon, Rakhine and Magway were the regions with the highest coverage. Regions showing more than 100% coverage may be due to the large PSE upper and lower figures in those states/regions, mobility of FSW from region to region, or duplication in the reporting of FSW reached. The updated PSE in 2020 would provide more accurate coverage. Most of the states and regions showed between 50% and 85% coverage. Kayin, Shan (N), Ayeyawady, Nay Pyi Taw, and Chin were the states/regions that had less than 50% FSW prevention coverage during 2019, while no FSW were reached in Kayah. The low number and concentration of FSW and difficult transportation might be contributing to the low prevention reach in Chin and Kayah. Prevention coverage in Ayeyawady needs to improve given its large FSW population.

Table 2: Female sex workers reached with prevention services by State/Region (lower end figures⁸) (2016–2019)

State/Region	2016	2017	2018	2019
Ayeyawady	4,425	3,962	3,926	3,184
Bago	4,772	4,275	4,496	3,687
Chin	-	-	-	4

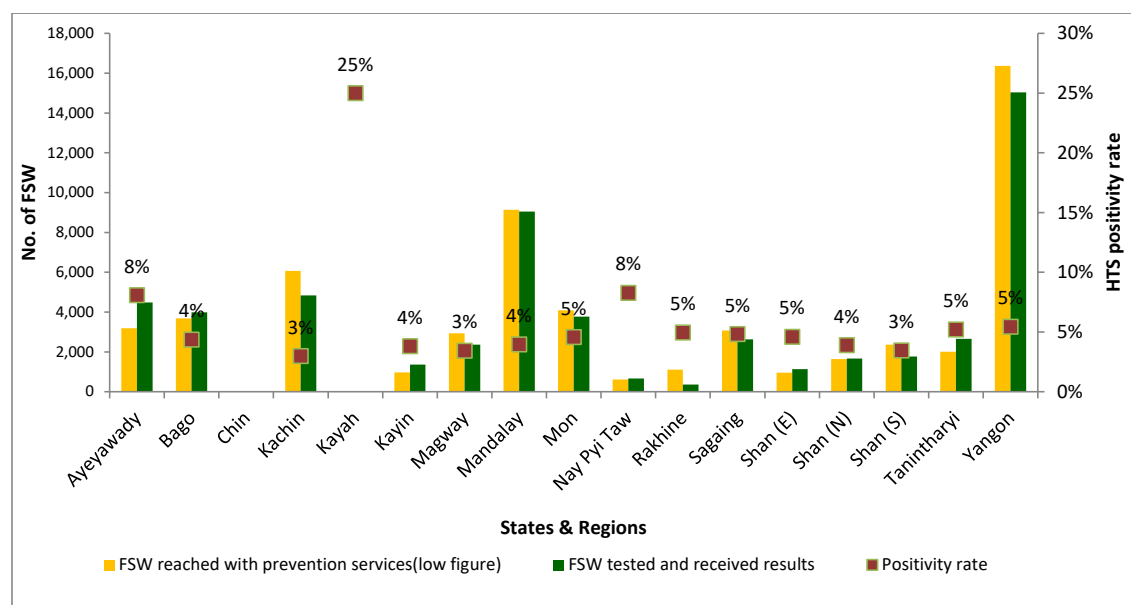
⁸ Highest number of FSW reached in a specific township by one organization among all organizations working in that township (adjusted for duplication of FSW reached among different organizations in one township) and 75% of total reach by outreach and DIC (adjusted for duplication between outreach and DIC)

State/Region	2016	2017	2018	2019
Kachin	2,335	1,255	3,807	6,066
Kayah	40	5	12	-
Kayin	330	589	660	971
Magway	3,664	1,333	2,271	2,937
Mandalay	8,501	7,217	8,710	9,133
Mon	2,866	2,738	2,742	4,086
Nay Pyi Taw	242	74	580	618
Rakhine	1,102	1,068	36	1,114
Sagaing	3,466	3,070	1,965	3,069
Shan (E)	979	446	1,084	950
Shan (N)	895	531	1,287	1,635
Shan (S)	1,383	1,964	2,185	2,365
Tanintharyi	1,665	1,428	2,040	2,006
Yangon	15,501	11,547	15,105	16,371
Total	52,166	41,502	50,906	58,196

Regarding HIV testing, at national level, 96% of FSW reached by prevention services received HIV testing and post-test counselling. Almost all states and regions reported a remarkable increase in HIV testing numbers, while Bago and Tanintharyi maintained their last year's achievement. All the states and regions managed to provide HIV testing to more than 75% of their prevention reach, except Rakhine where coverage was 33% of reach. With this continuous effort on HIV testing, the target of 90% of FSW know their status could be achieved in the near future. Data quality should be recognized as an important issue.

Ayeyawady and Nay Pyi Taw reported the highest HIV-positive rate among those FSW tested for HIV in 2019, at 8%, while the positivity rate in all the other states and regions was between 3% and 5%. Kayah was the outlier as only four FSW were tested there. Although regions such as Kachin and Shan (N) that usually report a high HIV-positive rate among FSW saw a decrease in 2019, Ayeyawady and Nay Pyi Taw have shown a slight increasing trend in HIV-positive rate in recent years.

Figure 5: Female sex workers reached with different prevention services by State/Region in 2019



FSW prevention reach and HIV testing at township level during 2019

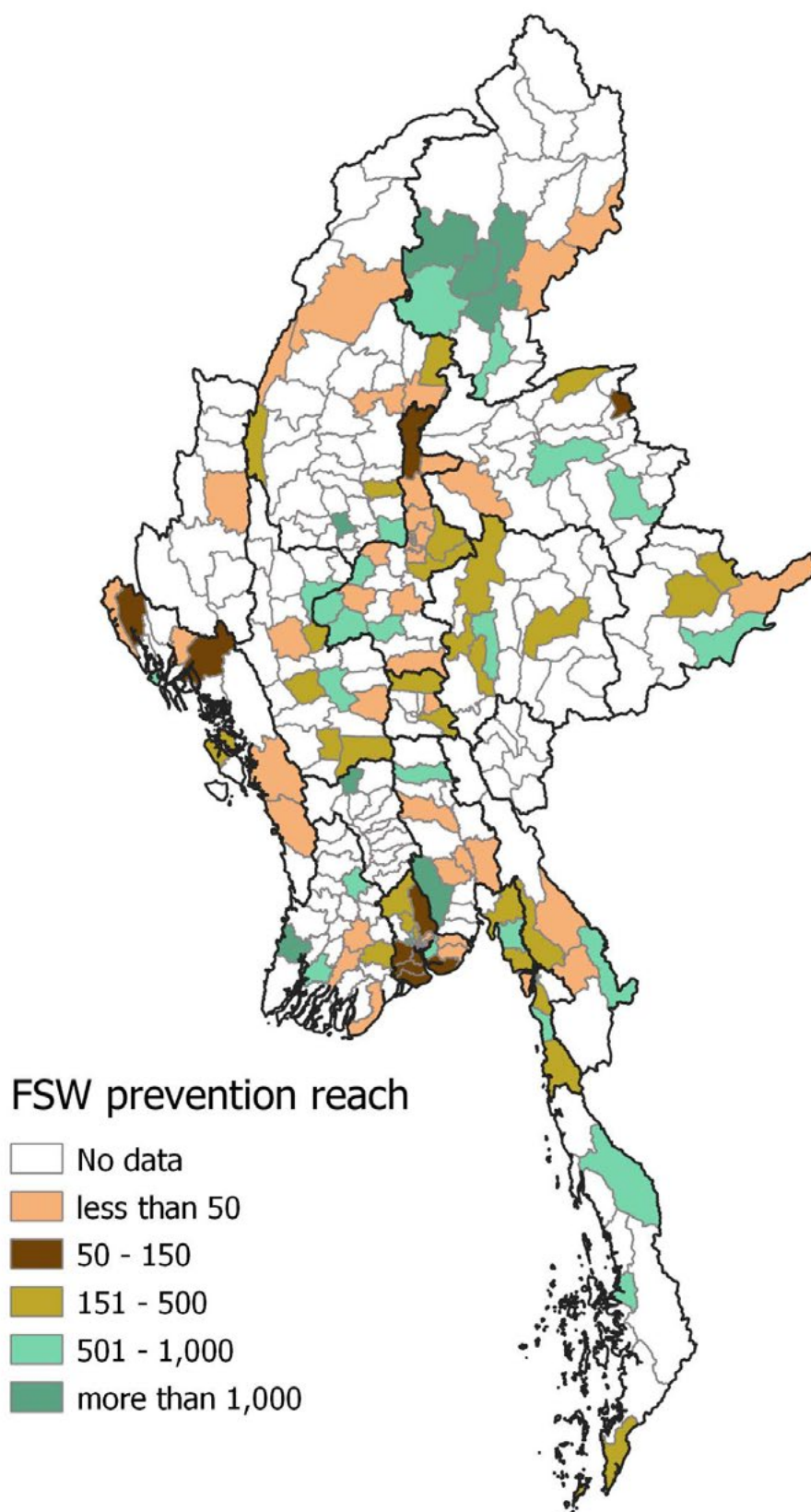
Based on township categorization used in NSP III, townships were categorized and analysed as high, medium and low priority (Table 4), and estimated number of FSW, prevention reach and testing numbers were calculated for each category. In 2019, 93% of townships in the high priority category were covered by prevention services for FSW, compared to 36% coverage in medium priority townships and 6% in low priority townships. The township coverage was increased in all three categories compared to the previous year, indicating that the total number of townships where prevention services were available increased nationwide.

In high priority townships, 100% of FSW received prevention services and 100% of those reached by prevention got tested for HIV and received the test results. Among FSW tested, 5% were HIV-positive. The reasons for greater than 100% coverage might be same as those mentioned in the section on the state and regional level, above. Analysing by township category, it appears that the first of the three 90s targets for FSW was achieved in the high priority townships.

Table 3: Number of FSW reached by HIV prevention and HTS programs (2017–2019)

State/ Region	2017					2018					2019				
	FSW prevention reach			FSW received HTS		FSW prevention reach			FSW received HTS		FSW prevention reach			FSW received HTS	
	High figure ⁹	Low figure ¹⁰	Coverage ¹¹ based on low figures	FSW received HTS	HTS positivity	High figure	Low figure	Coverage based on low figures	FSW received HTS	HTS positivity	High figure	Low figure	Coverage based on low figures	FSW received HTS	HTS positivity
Ayeyawady	5,824	3,962	47%	3,583	6%	5,375	3,926	47%	4,283	7%	5,153	3,184	39%	4,477	8%
Bago	6,238	4,275	98%	4,642	5%	5,504	4,496	103%	4,190	5%	4,661	3,687	84%	3,990	4%
Chin	-	-	0%	12	8%	0	0	0%	3	0%	4	4	5%	-	-
Kachin	1,808	1,255	39%	731	11%	4,732	3,807	118%	2,006	7%	6,638	6,066	169%	4,832	3%
Kayah	5	5	4%	17	0%	12	12	11%	28	18%	-	-	-	4	25%
Kayin	674	589	27%	521	7%	965	660	30%	872	4%	2007	971	44%	1,364	4%
Magway	2,340	1,333	54%	1,470	4%	2,429	2,271	91%	1,576	5%	3,538	2,937	120%	2,359	3%
Mandalay	10,362	7,217	58%	6,136	9%	11,802	8,710	70%	6,278	6%	12,999	9,133	70%	9,047	4%
Mon	6,060	2,738	157%	3,121	6%	5,037	2,742	157%	3,570	4%	6,111	4,086	240%	3,776	5%
Nay Pyi Taw	74	74	5%	4	100%	580	580	38%	429	7%	618	618	37%	664	8%
Rakhine	1,095	1,068	137%	351	3%	36	36	5%	82	5%	1,114	1,114	124%	364	5%
Sagaing	4,550	3,070	53%	1,570	6%	2,644	1,965	34%	1,559	6%	3,893	3,069	50%	2,633	5%
Shan (E)	742	446	31%	417	5%	1,403	1,084	75%	830	3%	1,480	950	63%	1,134	5%
Shan (N)	889	531	14%	535	9%	1,412	1,287	33%	821	9%	2,156	1,635	41%	1,670	4%
Shan (S)	2,666	1,964	53%	1,690	4%	2,185	2,185	59%	1,496	4%	2,365	2,365	59%	1,763	3%
Tanintharyi	2,383	1,428	59%	1,677	4%	2,911	2,040	84%	2,666	7%	3,192	2,006	80%	2,649	5%
Yangon	17,391	11,547	100%	13,271	5%	18,170	15,105	131%	11,031	6%	21,241	16,371	127%	15,033	5%
Total	63,101	41,502	63%	39,748	6%	65,197	50,906	77%	41,720	6%	77,170	58,196	84%	55,759	5%

⁹ Sum of total reported figures of FSW prevention reach from all organizations (outreach + DIC)¹⁰ 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 DIC¹¹ Prevention coverage is calculated based on FSW PSE 2015 and low figure for prevention reach to FSW

Map 1: Distribution of prevention services for FSW by township in 2019

The figures reported this year show that provision of prevention services to the FSW population continues apace, not only in regions where the epidemic is driven by sexual transmission, but also in regions where it is driven by needle sharing. Achieving the first of the three 90s targets for FSW is well on track if all states and regions maintain the current pace of combination prevention. The introduction in 2020 of new intervention concepts and activities such as community-based screening and HIV self-testing will reinforce efforts to achieve the target. However, more efforts are needed on data quality, including adoption of a unique identifier system and case-based reporting.

Map 1 illustrates township level distribution of prevention services for FSW. It showed that nearly every state and region had one or more townships with the highest number of FSW reached except Chin and Kayah states. It can be said that HIV prevention services for FSW is available in most of the townships in the country especially townships in Kachin, central Myanmar, Yangon and boarder townships were fully covered by prevention program.

Table 4: Geographical distribution of FSW prevention service coverage based on township priority 2019

Township priority	Total number of townships according to priority (2015)	Number of townships covered in 2019	Estimated number of FSW (2015)	FSW reached in 2019 (low coverage figures and %)	FSW tested for HIV in 2019 (coverage based on reach)	FSW tested positive for HIV in 2019 (positivity rate)
High	85	79 (93%)	51,161	51,530 (100%)	51,363 (100%)	2,533 (5%)
Medium	151	54 (36%)	13,018	6,421 (49%)	4,364 (68%)	144 (3%)
Low	94	6 (6%)	1,877	244 (13%)	32 (13%)	2 (6%)

Clients and regular partners of FSW

Prevention reach among clients of FSW has been increasing since 2017 but has not yet reached the level of before 2017. There was only one major service provider for this specific group in 2019, which was the NAP.

As in previous years, the NAP was the largest service provider for clients of FSW, followed by MAM, with the others providing service on a much smaller scale. Nevertheless, these organizations managed to provide services in 16 of 17 states and regions, with the highest reach in Yangon. An

increase in prevention reach was observed in every state and region except Nay Pyi Taw, which maintained its previous level. Despite the increasing number, prevention reach among clients of sex workers is still far from achieving its NSP III targets.

This is because, in practice, it is difficult to identify a population as clients of FSW and to differentiate it from the general population. However, with the high reported condom use among sex workers with their last clients (90%), it can be considered that prevention services have also covered this population indirectly.

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 compared to clients. However, in reality, it is even more difficult to identify and reach this population, and the NAP has been the only organization consistently reporting this data for years.

Table 5: Clients and regular partners of female sex workers reached with prevention services by State/Region (2016–2019)

State/Region	Clients of FSW				Regular partners of FSW			
	2016	2017	2018	2019	2016	2017	2018	2019
Ayeyawady	2,021	771	860	1,684	323	144	596	232
Bago	1,654	1,244	358	377	814	35	62	126
Chin	-	-	-	-	-	-	-	-
Kachin	165	244	503	608	-	-	111	28
Kayah	662	-	-	58	-	-	-	-
Kayin	560	8	185	309	11	-	-	7
Magway	1,467	383	362	1,077	587	75	109	-
Mandalay	2,661	1,738	685	1,471	1,199	2,766	204	291
Mon	831	133	501	876	-	756	15	25
Nay Pyi Taw	315	128	273	236	-	53	-	-
Rakhine	57	26	110	414	274	-	18	56
Sagaing	104	181	149	1,138	47	144	-	159
Shan (E)	401	18	919	1,198	-	-	8	6
Shan (N)	-	54	298	306	175	-	10	92
Shan (S)	-	57	194	283	-	-	-	42
Tanintharyi	68	186	438	764	-	-	52	2
Yangon	9,147	2,404	2,268	3,113	350	320	708	934
Total	20,113	7,575	8,103	13,912	3,780	4,293	1,893	2,000

Table 6: Clients and regular partners of FSW reached with prevention services by organization (2016–2019)

Organization	Clients of FSW				Regular partners of FSW			
	2016	2017	2018	2019	2016	2017	2018	2019
AHRN	-	-	2	194	-	-	-	2
Burnet	170	-	-	-	-	-	-	-
Consortium	-	2,717	-	-	-	3,279	-	-
IOM	-	6	55	4	-	-	-	4
Malteser	172	-	841	643	-	-	-	-
MAM	8,050	1,498	1,235	1,156	-	-	-	-
MSI	-	-	92	270	-	-	-	16
NAP	7,765	3,200	5,769	11,420	3,733	970	1,559	1,560
PGK	3,098	1,54	-	-	-	-	-	-
PUI	858	-	109	225	-	-	334	418
SCiM	-	-	-	-	47	44	-	-
Total	20,113	7,575	8,103	13,912	3,780	4,293	1,893	2,000

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

Outcome targets	Data source	Size estimate	Baseline 2015	Target 2019	Results 2019
% of MSM reporting condom use at last anal sex	IBBS		77.1%	87.4%	56.8%
Output/coverage targets	Data source	Size estimate	Baseline 2015	Target 2019	Results 2019
% of MSM reached with HIV prevention program	IBBS		71.0%	86.2%	28.6%
% of MSM who received an HIV test in the last 12 months and who know the result	IBBS		49.6%	81.9%	31.3%
No. of MSM reached with HIV prevention programs	Program Data	136,600 ¹²	60,469	111,696	66,428 ¹³
No. of MSM who received an HIV test and who know the result in the last 12 months	Program Data	136,600	34,528	88,398	64,870

¹² MSM PSE calculation 2015 (reachable MSM only) considering population growth in 2019

¹³ 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

Partners working with men who have sex with men in 2019:

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

The integrated biological and behavioural survey (IBBS) among men who have sex with men (MSM) was conducted in 2019 and provided the essential behavioural and coverage data for this population. IBBS results suggested that condom use among MSM at last anal sex with other man was much reduced (56.8%) compared to the previous survey result four years ago. Moreover, based on survey data, the percentage of MSM who received an HIV test in the last 12 months and who know the result had also decreased. The percentage of MSM reached with HIV prevention program also decreased but this was because of the change in the global definition, which now considers those reached by prevention services in the past 3 months instead of 12 months, and so is not comparable with the baseline data.

In 2019, the same nine organizations as in 2018 continued to provide HIV prevention services for MSM, reaching more than 87,000 MSM in total (Table 7). Considering double counting, with the same reason and calculation method mentioned above for FSW, the final adjusted figure became 66,428 (lower end figure) (Table 8). As there is no evidence of MSM population mobility from the surveys, we did not account for mobility. For consistency, we use the lower end figure in coverage and trend analysis. Despite the noticeable improvement in both prevention and testing figures, the reported numbers were still below the national targets set for the year 2019.

Figure 6 suggests that prevention reach among MSM has been fluctuating during this decade, while the HIV testing figure has been increasing along the way. The numbers reached by prevention and the numbers tested were similar in 2019. At program reporting level, as the prevention reach and testing data do not come from the same cohort, it would be difficult to conclude that nearly all the MSM reached by prevention were also tested for HIV.

At the national level, 49% of the estimated reachable MSM population was covered by HIV prevention program and 47% was covered by HTS during 2019, showing an improvement in both prevention and testing coverage. The percentage of HIV-positive test results shows a gradual decreasing trend since 2017 alongside an increase in testing coverage. It was also noted that the number of MSM receiving STI treatment services has been increasing during the NSP III period.

Even though program data show that HIV testing has been increasing, surveillance data show the opposite. The addition of many new survey sites in 2019 may have contributed to the decrease. Moreover, the type of MSM covered in program data and surveillance data may differ, and the quality of program data also needs to be considered.

Table 7: MSM reached with prevention services by organization (higher end figures)¹⁴ (2016–2019)

Organization	2016	2017	2018	2019
AHRN	-	-	-	1
Alliance	17,462	6,928	13,491	14,681
Burnet	10,374	4,657	-	-
Consortium	4,167	5,005	-	-
IOM	741	901	685	759
Malteser	152	-	203	181
MAM	333	1,544	1,280	1,909
MdM	4,738	3,233	2,848	2,453
MSF-CH	2,035	-	-	-
MSF-Holland	237	-	-	-
MSI	-	-	6,819	8,210
NAP	11,578	6,950	14,870	24,618
PGK	2,414	6,015	-	-
PSI	45,436	31,247	22,940	33,073
PUI	2,229	1,704	1,045	1,339
Total	101,896	68,184	64,181	87,224

MSM prevention reach and HIV testing at the state and regional level during 2019

At the state and regional level, prevention services were provided to MSM in 15 of 17 states and regions during 2019, excepting Chin and Kayah where the number and concentration of key populations are very low (Table 8). The number of MSM reached by prevention services increased in all other states and regions apart from Kayin, Mon, Shan (S) and Tanintharyi, which maintained the same level as the previous year, and Shan (E) which showed a slight decrease . There was a significant increase in Rakhine thanks to the prevention outreach activities through a collaboration between key population community networks and the NAP amid the unstable political situation. As usual, Yangon was the highest in terms of the number of MSM reached

¹⁴ Sum of total reported figures of MSM prevention reach from all organizations (outreach + DIC)

with prevention services, given that it is the biggest city and has the largest MSM population in the country. This was followed by Mandalay, the second largest city in Myanmar, Ayeyawady, Bago, Sagaing and Kachin. Looking at prevention coverage in relation to the reachable MSM population size estimates, Kachin becomes the state with the highest coverage at 84%, a substantial increase, followed by Ayeyarwady and Tanintharyi at 62%. Mon, Yangon, Shan (N), and Mandalay all had prevention coverage 50% and above, while Kayin still had less than 20% coverage.

Figure 6: Men who have sex with men reached with prevention, HTS and STI treatment (2011–2019)

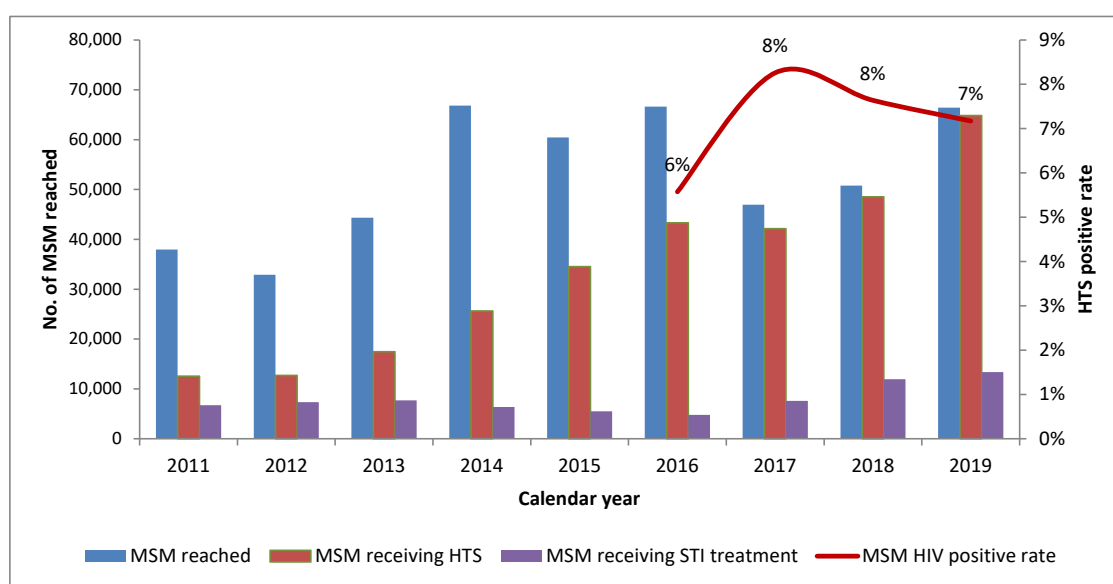


Table 8: MSM reached with prevention services by State/Region (lower end figures)¹⁵ (2016–2019)

State/Region	2016	2017	2018	2019
Ayeyawady	6,173	4,938	4,404	5,509
Bago	5,843	4,443	3,889	4,892
Chin	-	-	-	-
Kachin	1,769	1,376	2,991	4,792
Kayah	-	-	3	-
Kayin	261	252	657	713

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

State/Region	2016	2017	2018	2019
Magway	2,939	1,285	2,749	3,744
Mandalay	14,651	8,417	8,591	12,434
Mon	1,826	2,308	2,694	2,709
Nay Pyi Taw	190	48	424	709
Rakhine	1,203	974	44	1,434
Sagaing	5,595	3,697	3,594	4,839
Shan (E)	878	318	322	321
Shan (N)	1,586	685	810	1,471
Shan (S)	872	2,158	1,461	1,693
Tanintharyi	3,379	2,075	2,509	2,784
Yangon	19,462	13,964	15,674	18,384
Total	66,627	46,938	50,816	66,428

In terms of HIV testing coverage among estimated reachable MSM population, Mon had the highest coverage at 78% followed by Tanintharyi at 75% and Ayeyawady at 72%. Tanintharyi showed high coverage for both prevention and testing programs among MSM. Although Kachin had the highest prevention coverage, its testing coverage was moderate (47%), highlighting a gap between prevention reach and HIV testing in Kachin. On the other hand, Kayin had both low prevention and testing coverage (21%). The lowest testing coverage was in Rakhine, at 15%, although this was an eight-fold increase on last year.

Among those tested for HIV, Yangon region had the highest proportion of HIV-positive test results (12%) followed by Nay Pay Taw (9%) and Shan (E) (8%). Kachin and Mandalay showed a significant decrease in HIV-positive rate related to the sizeable increase in HIV testing coverage among MSM. Magway reported the lowest HIV-positive rate both for FSW and MSM, at 3%. Ayeyawady, Kayin, Mandalay, Shan (N), Kachin, Sagaing, Shan (S), Tanintharyi and Magway regions all had a lower HIV-positive rate than the national average.

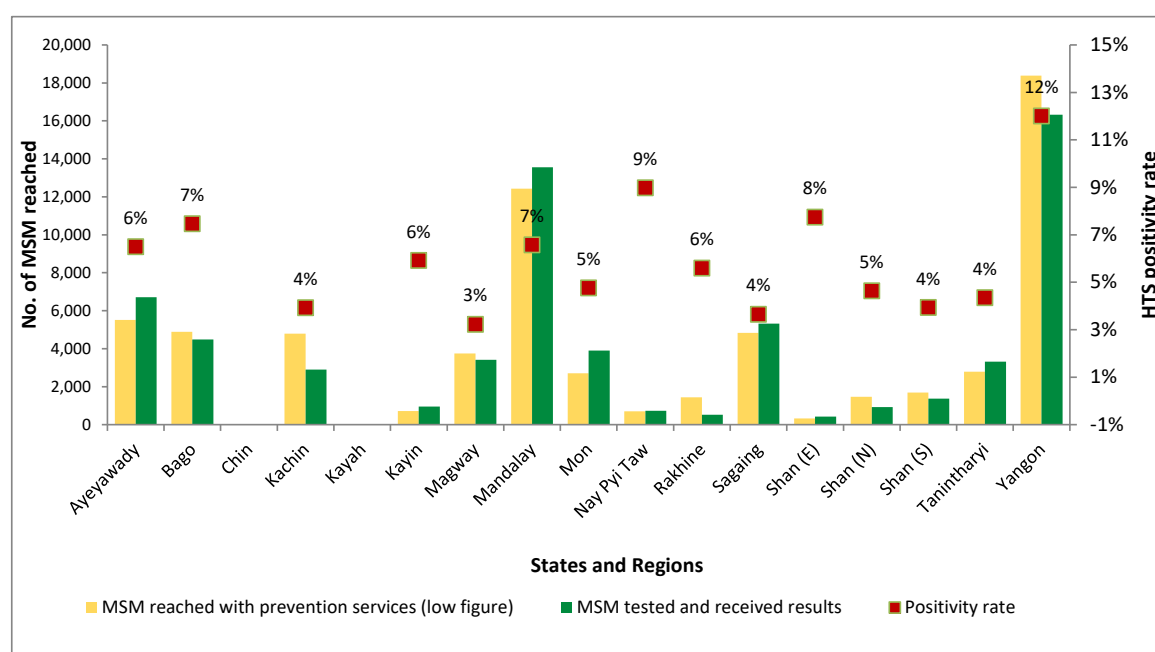
HIV estimates from modelling reveal that Yangon is the region that contributes the largest share of new HIV infections among MSM, as well as the highest proportion of new HIV infections through sexual transmission.¹⁶ Program data support this modelling result, with Yangon region persistently having the highest proportion of HIV-positive test results among MSM and also a high HIV-positive rate for FSW. It is fair to suggest that implementing HIV prevention together

¹⁶ 2016 HIV estimates & projections (National & Sub-national Levels), National AIDS Program, Ministry of Health and Sports, Myanmar

with HTS intensively in Yangon will take us a step closer to our goal of reaching the first of the three 90s among the MSM and FSW populations.

Although last year Kachin was recognized as having a high burden of HIV-positive rates not only among PWID but also among FSW and MSM, with the intensive expansion during 2019 of HIV testing among FSW and MSM, the HIV-positive rate among FSW and MSM decreased significantly. However, 2019 data reveal a relatively high HIV-positive rate for both FSW and MSM populations in Nay Pyi Taw, Ayeyawady and Bago regions.

Figure 7: Men who have sex with men reached with prevention services by State/Region (lower end figures) 2019



MSM prevention reach and HIV testing at township level during 2019

At the township level, the number of townships in the high priority category providing HIV prevention services for MSM increased to 74 townships, or 87% of high priority townships (Table 10). In 2019, 74% of MSM in high priority townships received prevention services, all of whom were tested for HIV, with the proportion of HIV-positive test results at 7%. For medium priority category townships, 44% of townships had prevention services, 18% of their estimated MSM population received services and 54% of were tested for HIV.

Although prevention and testing figures for MSM have been on the rise, more efforts are needed to meet the NSP III targets. The KPSC and community-based approaches for prevention and the

introduction of community-based screening and HIV self-testing models will help to escalate the current achievements. To cover all types of MSM, innovations should be considered, including delivering information and prevention services through social media, in order to achieve the first of the three 90s among the MSM population.

Table 9: Geographical distribution of MSM prevention service coverage based on township priority 2019

Township priority	Total number of townships according to priority (2015)	No. of townships covered in 2019 (number and %)	Estimated number of MSM (reachable) 2015	MSM reached in 2019 (coverage low figures and %)	MSM tested for HIV and received post-test counselling in 2019 (coverage based on reach)	MSM tested HIV-positive in 2019 (positivity rate)
High	85	74 (87%)	79,362	59,008 (74%)	61,054 (103%)	4,463 (7%)
Medium	151	67 (44%)	38,743	6,951 (18%)	3,750 (54%)	182 (5%)
Low	94	11 (12%)	7,654	469 (6%)	66 (14%)	7 (11%)

Female partners of MSM

Female partners of MSM has been a special target group which is hard to reach due to the difficulty in identification in practice. The NAP has been the only organization providing prevention services to female partners of MSM for a long time, and 820 people were reached through services during 2019. Considering the high HIV prevalence among MSM, female partners of MSM are another vulnerable population that should not be neglected—especially in Yangon region where there is both a large MSM population and HIV prevalence among MSM is high.

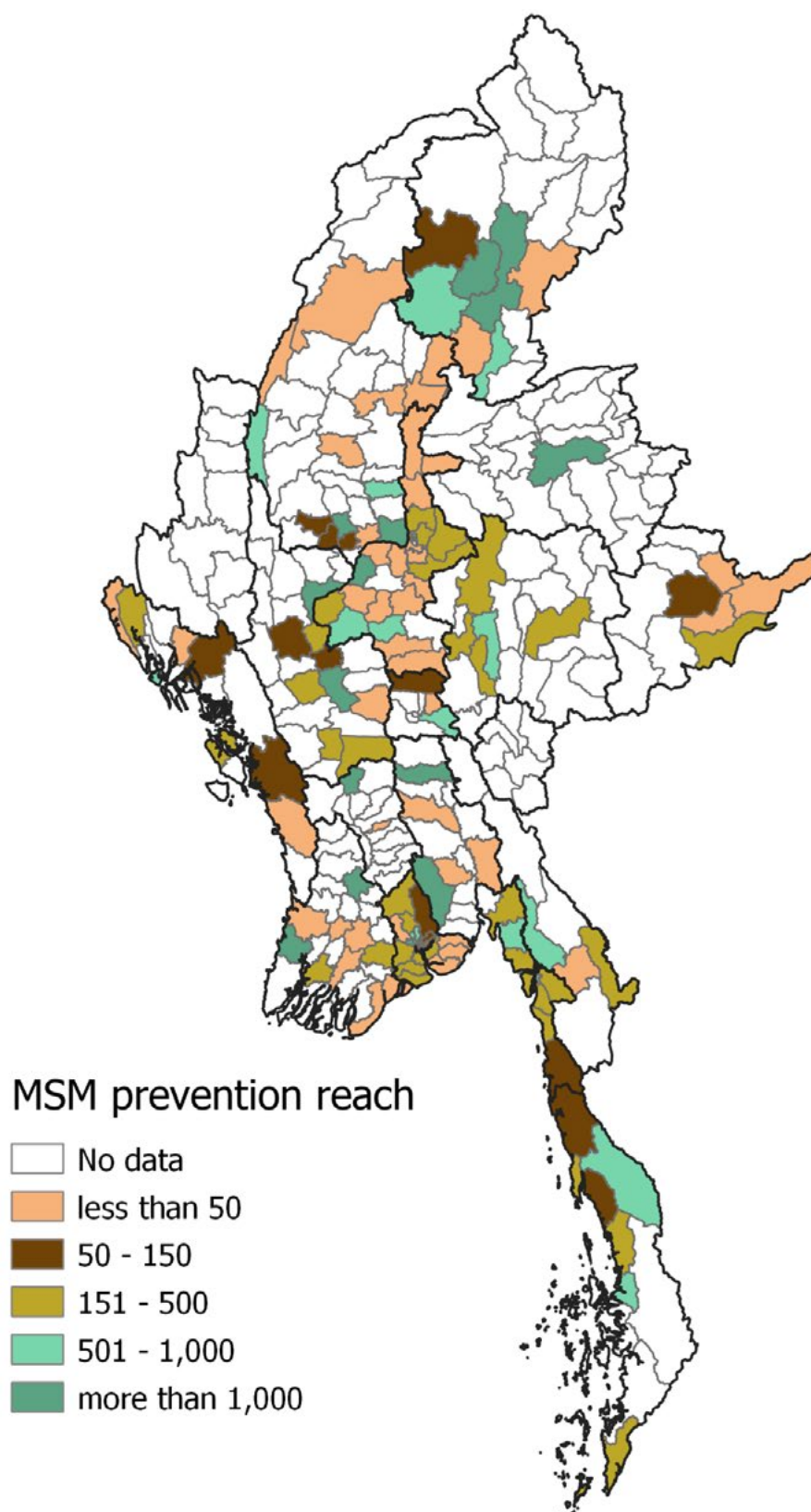
Map 2 illustrates the townships with HIV prevention services for MSM. It can be seen that HIV prevention services for MSM population was available in every state and region except Chin and Kayah states. Every township in Yangon, and most of the townships in Mandalay, Mon and Kachin were accessible to HIV prevention services while moderate number of townships in other states and regions were reachable the services as well.

Table 10: Number of MSM reached by HIV prevention and HTS programs (2017–2019)

State/ Region	2017					2018					2019				
	MSM prevention reach		MSM received HTS		Coverage based on low figures	MSM prevention reach		MSM received HTS		Coverage based on low figures	MSM prevention reach		MSM received HTS		
	High figure ¹⁷	Low figure ¹⁸	Coverage ¹⁹ based on low figures	MSM received HTS		HTS positivity	High figure	Low figure	MSM received HTS		HTS positivity	High figure	Low figure	MSM received HTS	HTS positivity
Ayeyawady	6,912	4,938	57%	4,368	5%	5,559	4,404	51%	4,491	7%	8,010	5,509	62%	6,712	6%
Bago	6,394	4,443	37%	4,979	6%	4,961	3,889	32%	3,692	7%	6,233	4,892	39%	4,489	7%
Chin	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kachin	1,489	1,376	24%	480	12%	3,182	2,991	52%	933	10%	5,169	4,792	84%	2,907	4%
Kayah	-	-	-	11	0%	3	3	1%	-	-	-	-	-	2	100%
Kayin	323	252	6%	242	8%	896	657	16%	912	7%	1,116	713	16%	947	6%
Magway	2,277	1,285	16%	1,246	4%	3,507	2,749	34%	1,720	5%	5,427	3,744	47%	3,409	3%
Mandalay	12,805	8,417	38%	7,781	11%	13,039	8,591	39%	9,493	10%	18,086	12,434	50%	13,562	7%
Mon	4,264	2,308	50%	2,318	7%	3,660	2,694	58%	3,519	6%	4,342	2,709	59%	3,905	5%
Nay Pyi Taw	48	48	2%	3	0%	424	424	19%	581	5%	709	709	27%	735	9%
Rakhine	1,009	974	31%	337	6%	44	44	1%	65	6%	1,434	1,434	39%	518	6%
Sagaing	7,522	3,697	30%	3,651	4%	5,266	3,594	30%	5,080	4%	6,623	4,839	35%	5,323	4%
Shan (E)	454	318	28%	254	2%	432	322	28%	363	6%	454	321	21%	426	8%
Shan (N)	993	685	24%	624	7%	1,006	810	28%	596	6%	2,545	1,471	53%	927	5%
Shan (S)	2,704	2,158	44%	1,710	3%	1,461	1,461	30%	1,125	4%	1,693	1,693	31%	1,372	4%
Tanintharyi	3,247	2,075	51%	2,141	5%	3,716	2,509	62%	3,445	4%	4,061	2,784	62%	3,315	4%
Yangon	17,743	13,964	47%	12,022	12%	17,025	15,674	53%	12,530	11%	21,322	18,384	57%	16,321	12%
Total	68,184	46,938	37%	42,167	8%	64,181	50,816	40%	48,545	8%	87,224	66,428	49%	64,870	7%

¹⁷ Sum of total reported figures of MSM prevention reach from all organizations (outreach + DIC)¹⁸ 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 DIC¹⁹ Calculation based on lower end figure of MSM reach 2017 and reachable MSM PSE 2015

Map 2: Distribution of services for MSM by townships in 2019



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 2019	Results 2019
No. of PWID reached with HIV prevention programs (Outreach and DIC)	Program Data	95,300 ²⁰	37,846	64,634	55,934 ²¹
No. of PWID who received an HIV test in the last 12 months and who know the result	Program Data	95,300	25,385	52,249	47,900
No. of sterile injecting equipment distributed to people who inject drugs in the last 12 months	Program Data	95,300	18.5 m	27.7 m	35.1 m
No. of PWID receiving methadone maintenance	Program Data	95,300	10,290	27,658	19,991
% of individuals receiving methadone maintenance therapy for at least 6 months	Program Data	95,300	65%	82%	69%

Partners working with people who inject drugs in 2019:

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

Due to the funding cut from the Global Fund, fewer organizations are working in the area of harm reduction than in 2018. In 2019, eight organizations were working with the Drug Dependency Treatment and Research Unit (DDTRU) solely on providing methadone maintenance therapy (MMT). Three organizations received additional funding from the USAID HIV/AIDS Flagship Project (UHF) to focus on harm reduction.

Although prevention services for people who inject drugs (PWID) have been increasing in momentum since the start of NSP III, in 2019 there was a drop in prevention reach while

²⁰ PWID PSE calculation 2017 in consideration of population growth in 2019

²¹ 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

maintaining the HIV testing numbers (Figure 8). For PWID, the same calculation method as for FSW and MSM is used to compensate for possible double counting within and among organizations.

Overall, at the national level, during 2019 around 55,000 PWID were provided with HIV prevention services, or 59% of the PWID population size estimate (Table 12). AHRN and MANA, being the main organizations working exclusively on harm reduction services, achieved the greatest share (78%) of all PWID prevention reach. HIV testing and post-test counselling were provided to 86% of those reached by prevention services. This was the narrowest gap to date between prevention reach and testing services. The proportion of HIV-positive results among those tested has been fluctuating between 21% and 27% in recent years, and in 2019 it was 24%. In regard to the achievements in 2019 against NSP III targets, distribution of sterile injecting equipment was the only target that was exceeded, while for all the other indicators achievements fell short of the respective targets.

Large-scale, comprehensive harm reduction programs are established in the four states and regions with high prevalence of injecting drug use: Kachin, Mandalay, Sagaing, and Shan (N). Shan (E) and Shan (S) also have programs on a moderate scale. Other than the methadone program, all the other harm reduction activities are provided by nongovernmental implementing partners. Since 2017, there have been no harm reduction interventions in Yangon same for the methadone program, resulting in a dramatic decrease in comprehensive HIV prevention service provision.

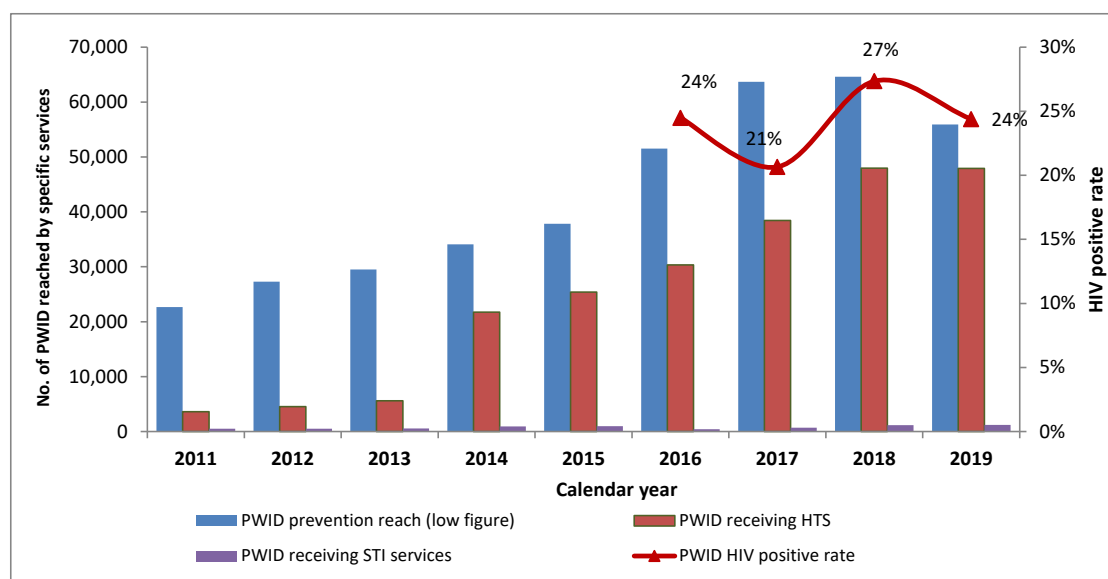
Table 11: People who inject drugs reached with prevention services by organization (higher end figures)²² (2016–2019)

Organization	2016		2017		2018		2019	
	Outreach	DIC	Outreach	DIC	Outreach	DIC	Outreach	DIC
AHRN	14,003	10,210	16,594	12,627	14,604	11,910	13,286	15,580
Alliance	1,326	-	-	-	-	-	-	-
Burnet	1,236	3,998	1,314	3,333	-	-	-	-
HPA	948	761	2,127	1,120	-	-	-	-
MAM	57	57	418	418	762	295	1,156	446
MANA	7,368	16,908	9,582	16,000	12,325	30,049	11,701	20,280
MdM	4,901	3,414	5,414	3,150	6,906	1,158	4,099	699
Metta	54	771	849	1,802	1,463	2,329	227	569
MSF-Holland	895	5,600	-	-	-	-	-	-

²² Sum of total reported figures of PWID prevention reach from all organizations (outreach + DIC)

Organization	2016		2017		2018		2019	
	Outreach	DIC	Outreach	DIC	Outreach	DIC	Outreach	DIC
NAP	682	323	-	-	1,282	-	1,040	-
SARA	7,087	7,010	11,039	11,658	3,060	5,123	5,207	3,896
SCiM	1,138	257	1,209	198	-	-	-	-
Total	39,695	49,309	48,546	50,306	40,402	50,864	36,716	41,470

Figure 8: People who inject drugs reached with prevention, HTS and STI services (2011–2019)



Looking at the state and regional level, the highest number of PWID reached with prevention activities was in Kachin State, being the state with the largest PWID population and having five organizations providing harm reduction services (Figure 9). The more than 100% achievement may be due to inadequate adjustment in the calculation for double counting, and/or a larger change in the estimated PWID population size than expected, and/or the mobile nature of PWID in Kachin, which has been adjusted for. Kachin was followed by Shan (N) and Sagaing in numbers of PWID reached with prevention services. In fact, the combined prevention reach of those three states/regions constituted 89% of the national PWID prevention reach. This is consistent with the HIV modelling result, which showed Kachin and Shan (N) as having an epidemic driven by injecting drug use, and Sagaing as having a mixed epidemic with most new HIV infections among PWID. During 2019, the number of PWID reached with prevention services decreased in both Kachin and Shan (N), leading to a decrease in the national figure. While Sagaing, Shan (E) and Shan (N) maintained the same level of harm reduction activities, there was a significant drop in Mandalay region.

The proportion of PWID reached by prevention services and who had completed HIV testing and post-test counselling was highest in Mandalay, followed by Kachin, Sagaing and Shan (N). The greatest increase in the proportion tested for HIV was in Kachin. On the other hand, Shan (N) reported a decreased HIV testing number compared to last year, which may be a result of improved quality of reporting in 2019. More efforts to increase both prevention and HTS coverage are still needed in Shan (S) and Shan (E).

The highest HIV-positivity rate was seen in Kachin, at 37%. Although this is a decrease from 49% in 2018, it is still alarmingly high, and means more than one in three PWID tested for HIV were HIV-positive. For the other states and regions with harm reduction programming, the HIV-positivity rate was 28% in Sagaing, 23% in Yangon, 9% in Shan (N), 8% in Mandalay, 4% in Shan (E) and 3% in Mandalay. Although 23% of tests in Yangon had an HIV-positive result, it is difficult to interpret the result and compare with other regions, because in Yangon there are no standalone PWID-specific prevention and HTS services (outreach and DICs); instead the tests were provided to those PWID who presented to testing centres and methadone centres by themselves.

Table 12: People who inject drugs reached with prevention services through outreach and DIC by State/Region (lower end figures²³) (2016–2019)

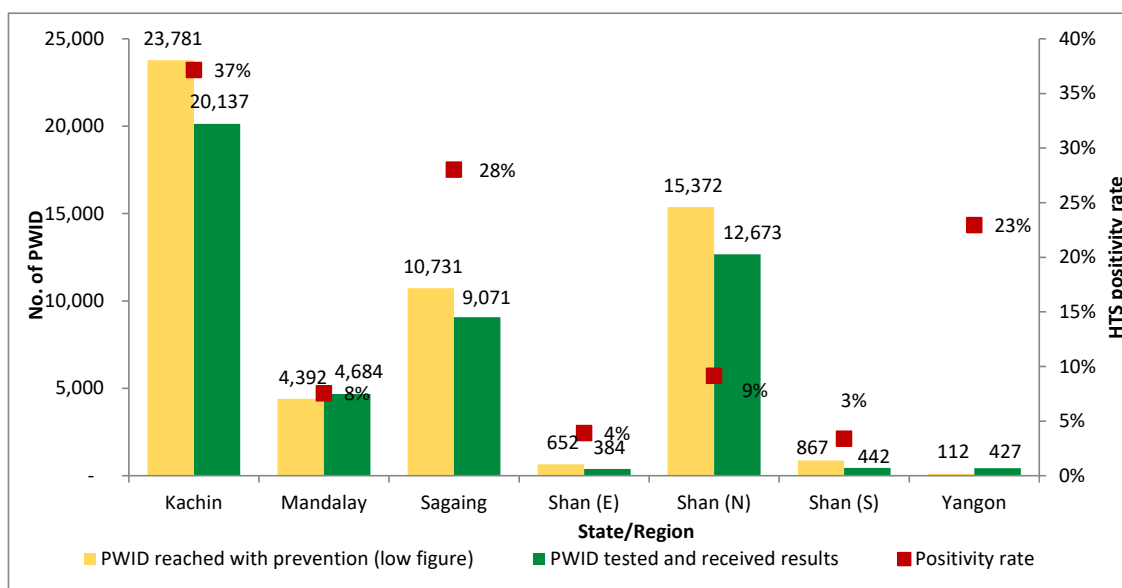
State/Region	2016	2017	2018	2019
Bago	31	-	-	-
Kachin	23,225	32,874	26,885	23,781
Kayah	-	-	1	-
Kayin	-	-	-	21
Magway	-	-	1	1
Mandalay	4,852	4,963	8,743	4,392
Mon	-	-	1	-
Nay Pyi Taw	-	-	-	2
Rakhine	3	-	2	2
Sagaing	7,768	9,321	9,763	10,731
Shan (E)	230	241	756	653
Shan (N)	13,527	14,687	17,466	15,372
Shan (S)	230	367	939	867
Yangon	1,640	1,219	40	112
Total	51,506	63,672	64,597	55,934

²³ 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

National AIDS Program, Myanmar

²⁴ Sum of total reported figures of PWID prevention reach from all organizations (outreach + DIC)

²⁶ 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 2019

Needle and syringe exchange program (NSP)

The needle and syringe program has significantly expanded during the course of NSP III, to reach more than 35 million sterile needles and syringes distributed across six states and regions in 2019—almost doubling since 2015, the baseline year for NSP III targets (Figure 10). This was equivalent to an average of 351 needles and syringes per PWID, which exceeds the global recommendation of 200 syringes per PWID per year²⁷, making Myanmar a high coverage country. The return rate of used needles/syringes was around 74% in 2019 and has been quite stable in recent years.

However, at the state and regional level, as implementing partners have been working in the areas with high PWID concentration such as Kachin and Shan (N), the distribution was not consistent in all areas (Figure 11). In Kachin, an average of 924 needles and syringes were distributed per PWID per year in 2019. Needle/syringe distribution in Kachin has been on the rise since the start of NSP III as most of the implementing partners were working on harm reduction activities in Kachin State. The distribution in Shan (N) has plateaued during recent years, yet the distribution per PWID was still above the recommendation at 381. While in Sagaing Region 252 needles/syringes were distributed per PWID in 2019, distribution in Shan (E), Shan (S) and Mandalay has been reducing. There has been no distribution in Yangon for two consecutive years as there is no implementing partner there.

²⁷ WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 <https://www.who.int/publications/i/item/978924150437>, and Global AIDS monitoring indicator guidelines 2020 – Page 80

In 2019, 12 of 18 townships in Kachin State were covered by the needle/syringe distribution program, as were 13 townships in Shan (N), 12 townships in Sagaing, 7 townships in Mandalay, and 1 township each in Shan (E) and Shan (S).

Six organizations provided more than 35 million clean needles and syringes across six states and regions (Table 14). This program was solely conducted by the NGO sector. AHRN alone covered 46% of all distribution working mainly in Kachin State and MANA covered 31% working mainly in Shan State. As needle/syringe distribution is still disproportionate in some states and regions, more efforts should be made to strengthen the needle and syringe program in Sagaing, Mandalay, Shan (E) and Shan (S). Most importantly, new HIV infections among PWID in Yangon Region should be closely monitored and restarting the prevention program in Yangon should be considered, including HIV testing and needle and syringe distribution.

Figure 10: Sterile needles and syringes distributed (2003–2019)

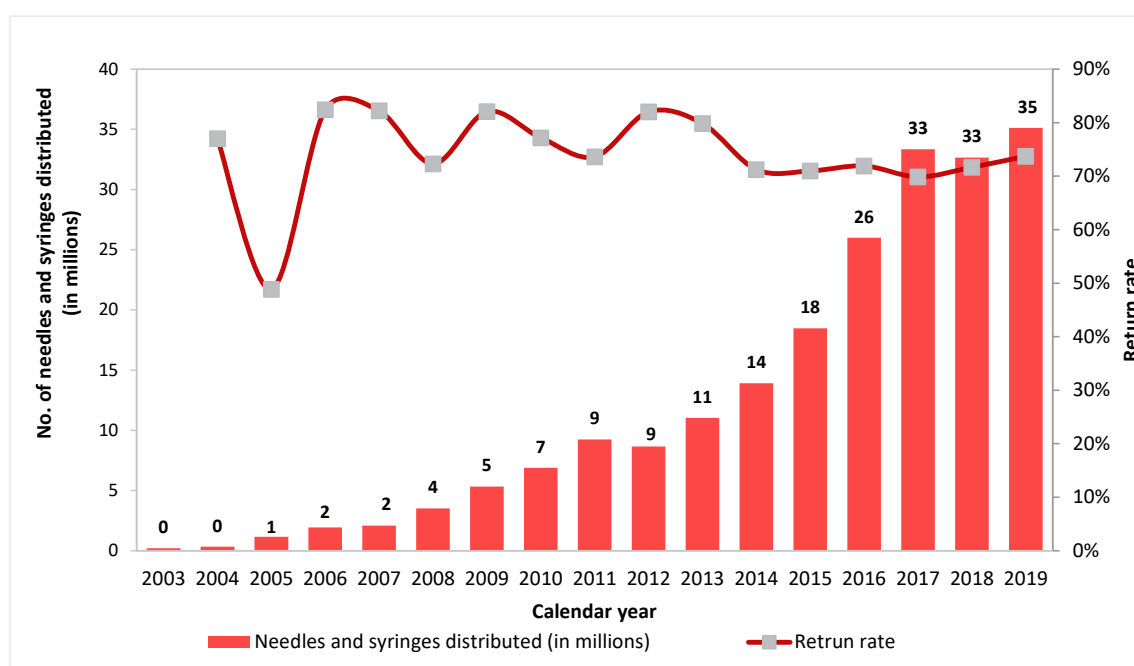
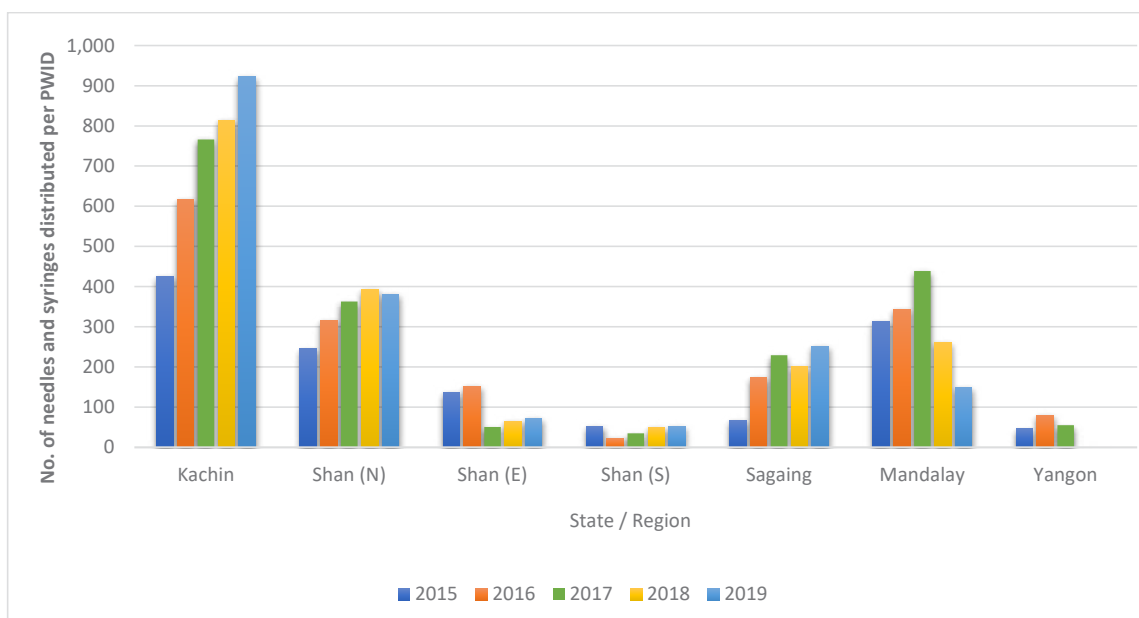


Figure 11: Number of sterile needles and syringes distributed per PWID by State/Region in 2019**Table 14: Sterile needles and syringes distributed by organization and State/Region/Township in 2019**

Organization	Kachin	Mandalay	Sagaing	Shan (E)	Shan (N)	Shan (S)	Total
AHRN	Bhamo, Chipwi, Phakant, Shwegu, Waingmaw		Homalin, Indaw, Kale, Katha, Tamu		Lashio, Lukkaing		16,314,209
	12,654,401		2,136,099		1,320,407		
MAM	Putao						570,151
	570,151						
MdM	Moegaung, Mohnyin, Myitkyina						3,573,337
	3,573,337						

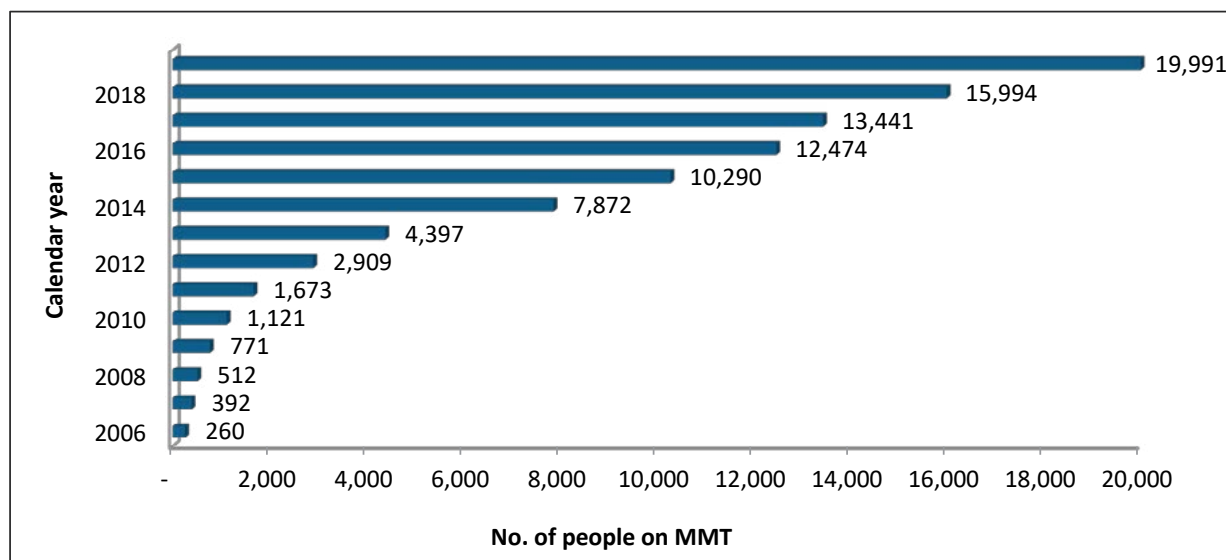
Organization	Kachin	Mandalay	Sagaing	Shan (E)	Shan (N)	Shan (S)	Total
MANA		Aungmyay-tharzan, Mogoke, Pyigyitagon	Hkamti, Kawlin, Monywa, Paungbyin, Pinlebu, Sagaing	Tachileik	Hseni, Hsipaw, Kutkai, Kyaukme, Lashio, Mongmit, Mongyai, Muse, Namhkan, Namtu, Nawngkhio, Tangyan	Taunggyi	10,947,969
		1,544,410	2,293,303	293,370	6,472,486	344,400	
Metta	Mohnyin, Tanai, Waimaw						185,057
	185,057						
SARA	Mansi, Moemauk, Mogaung, Mohnyin, Myitkyina		Banmauk				3,531,557
	2,989,557		542,000				
Total	20,175,805	1,544,410	4,971,402	293,370	7,792,893	344,400	35,122,280

Methadone maintenance therapy (MMT)

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 20,000 PWID by the end of 2019, a nearly two-fold increase on the baseline year 2015, covering 21% of the PWID population in the country.

DDTRU is providing MMT to both PWID and people who use drugs (PWUD) in six 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 71 MMT sites in 47 townships by the end of 2019: 23 sites in Kachin, 21 in Sagaing, 18 in Shan (N), 6 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 (2006–2019)



Looking at the state and regional level, all seven states and regions managed to provide MMT to an increasing number of PWID in recent years apart from Mandalay and Shan (E). By the end of 2019, MMT was being provided to 43% of the estimated PWID population in Kachin, followed by Sagaing 27%, Mandalay and Yangon 22%, Shan (N) 10% and Shan (E) 3%. The most significant expansion in terms of numbers of MMT sites and patients was in Kachin and Sagaing. Minimal increases were observed in Yangon, while Mandalay, Shan (N) and Shan (E) struggled to maintain their MMT cohort of last year (Figure 13). For Yangon, MMT was the only harm reduction service available in the absence of other services. For Shan (N), although there were three more MMT sites in 2019 than in 2018, there was no increase in MMT coverage. There was only one MMT site in the whole of Shan (E) covering only 3% of its estimated PWID population. The MMT program in Shan (S) will be starting during 2020. These results suggest the need for an assessment of the current situation of MMT sites and an exploration of new MMT sites in Shan State as a whole.

Concerning MMT program outcomes, the combined six-month retention rate for all MMT sites was 69% in 2019; this has been steady over recent years (Figure 14) but remains far below the NSP III target. The six-month retention rate dropped to 71% in Kachin, 68% in Yangon and 42% in Shan (E), the worst outcomes during the span of NSP III. On the other hand, there was an increase in the retention rate in Mandalay, and a marginal increase in Sagaing and Shan (N).

All in all, program data highlight the need to focus on MMT retention while expanding the MMT program. In particular, the program in Shan State should be assessed for obstacles and service quality. Given that the results of the behavioural survey among PWID show that MMT is an effective program for reducing injection and subsequent needle sharing, the MMT program should be further scaled up, proportionate to the severity of the HIV epidemic among PWID.

HIV prevalence among PWID is far higher than in any other key population. With increasing coverage of harm reduction services, new HIV infections among PWID are expected to be decreasing. However, modelling results did not confirm this, and it is important to explore the HIV incidence among PWID, particularly in areas recognized as having an HIV epidemic driven by injecting drug use. Evaluation of the effectiveness of harm reduction activities is crucial to providing tailored services at the subnational level in order to mitigate HIV transmission through injecting drug use.

Figure 13: People who inject drugs covered by MMT services by State/Region (2017–2019)

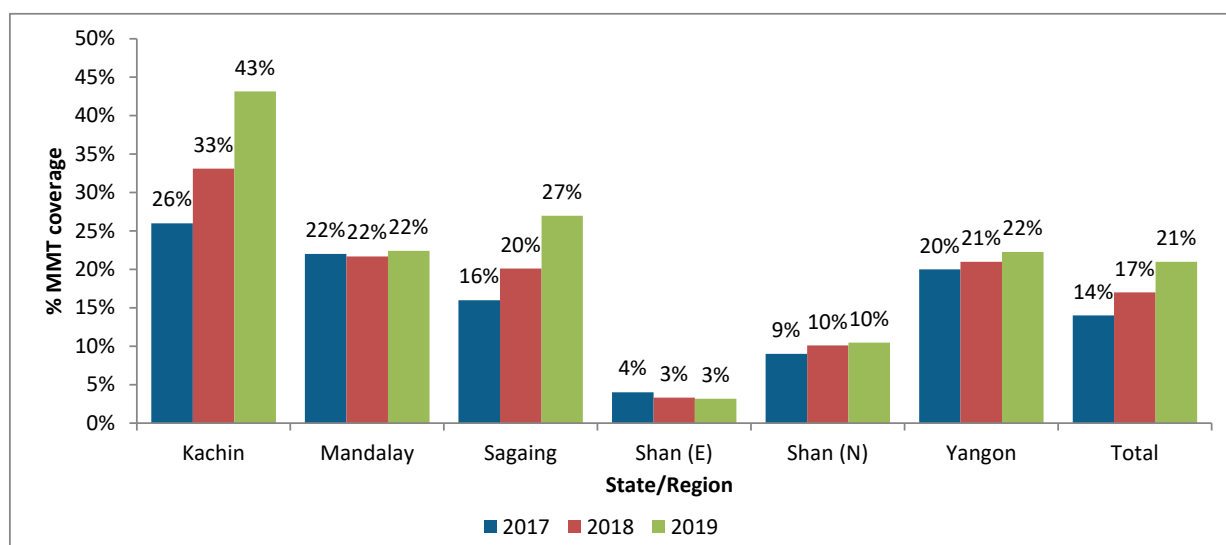
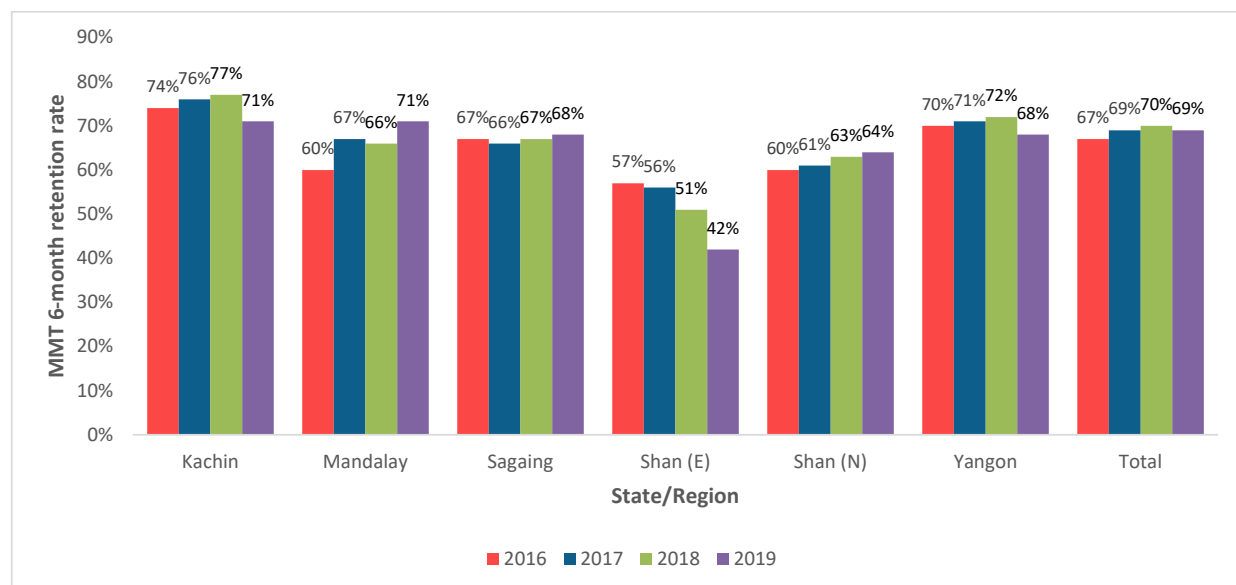


Figure 14: MMT six-month retention rate by State/Region (2016–2019)

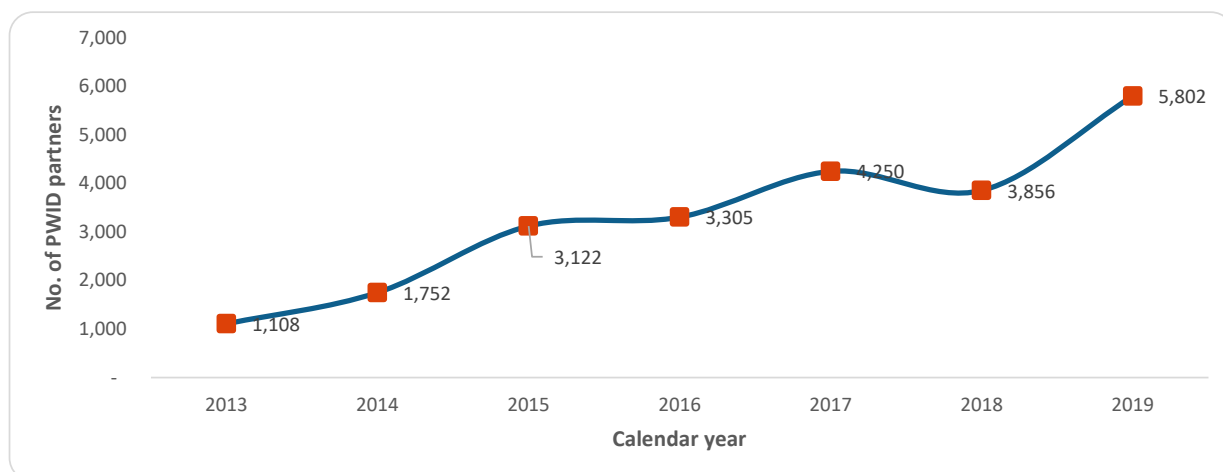
Sexual partners of PWID

Sexual partners of PWID are a group at high risk for HIV. Behaviour surveillance reveals high HIV prevalence among PWID and low condom use with their sexual partners. Although this group has received more attention in recent years, only around 5,800 partners of PWID received HIV prevention services during 2019 (Figure 15). Only four organizations working on harm reduction reported providing services to this group. Although some organizations delivered services to the high number of PWID, their coverage of partners of PWID was relatively low.

Although it is difficult to estimate the population size of partners of PWID, surveillance from 2017 found that around 48% of PWID had partners. Based on that assumption, the current prevention coverage of sexual partners of PWID is still low. All organizations working in harm reduction should consider providing services to this group. Greater combined efforts are needed in order to reduce HIV transmission from PWID to their sexual partners, particularly in areas where the HIV epidemic is driven by injecting drug use: Kachin, Shan (N) and Sagaing.

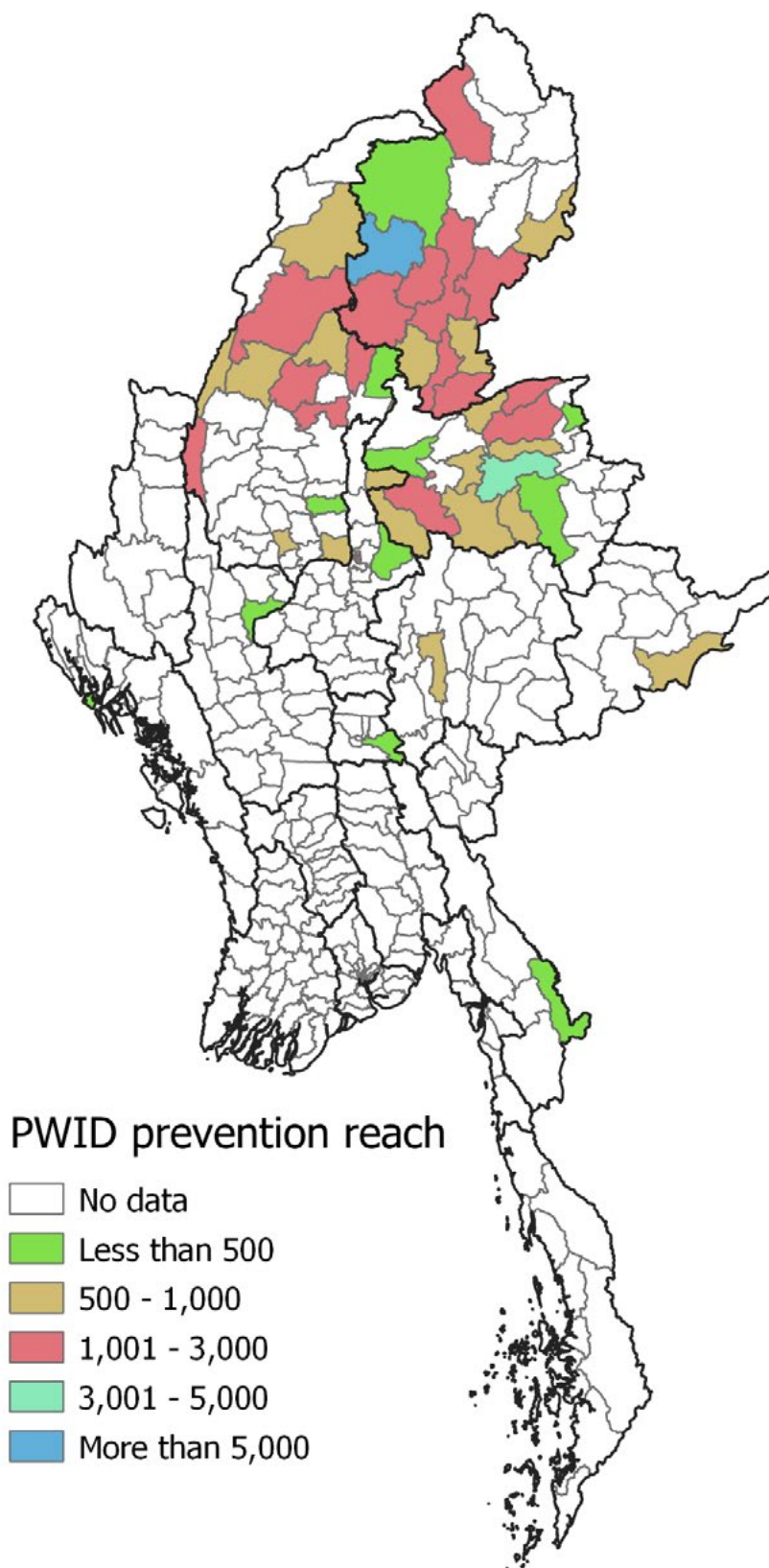
Table 15: Sexual partners of people who inject drugs reached by organization (2017–2019)

Organization	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
AHRN	-	-	-	192	263	455	99	831	930
Burnet	1	179	180	-	-	-	-	-	-
HPA	-	153	153	-	-	-	-	-	-
MAM	-	-	-	6	327	333	-	-	-
MANA	50	2,607	2,657	11	2,292	2,303	83	4,126	4,209
NAP	204	602	806	56	596	652	48	425	473
SARA	-	166	166	17	96	113	-	190	190
SCiM	-	288	288	-	-	-	-	-	-
Total	255	3,995	4,250	282	3,574	3,856	230	5,572	5,802

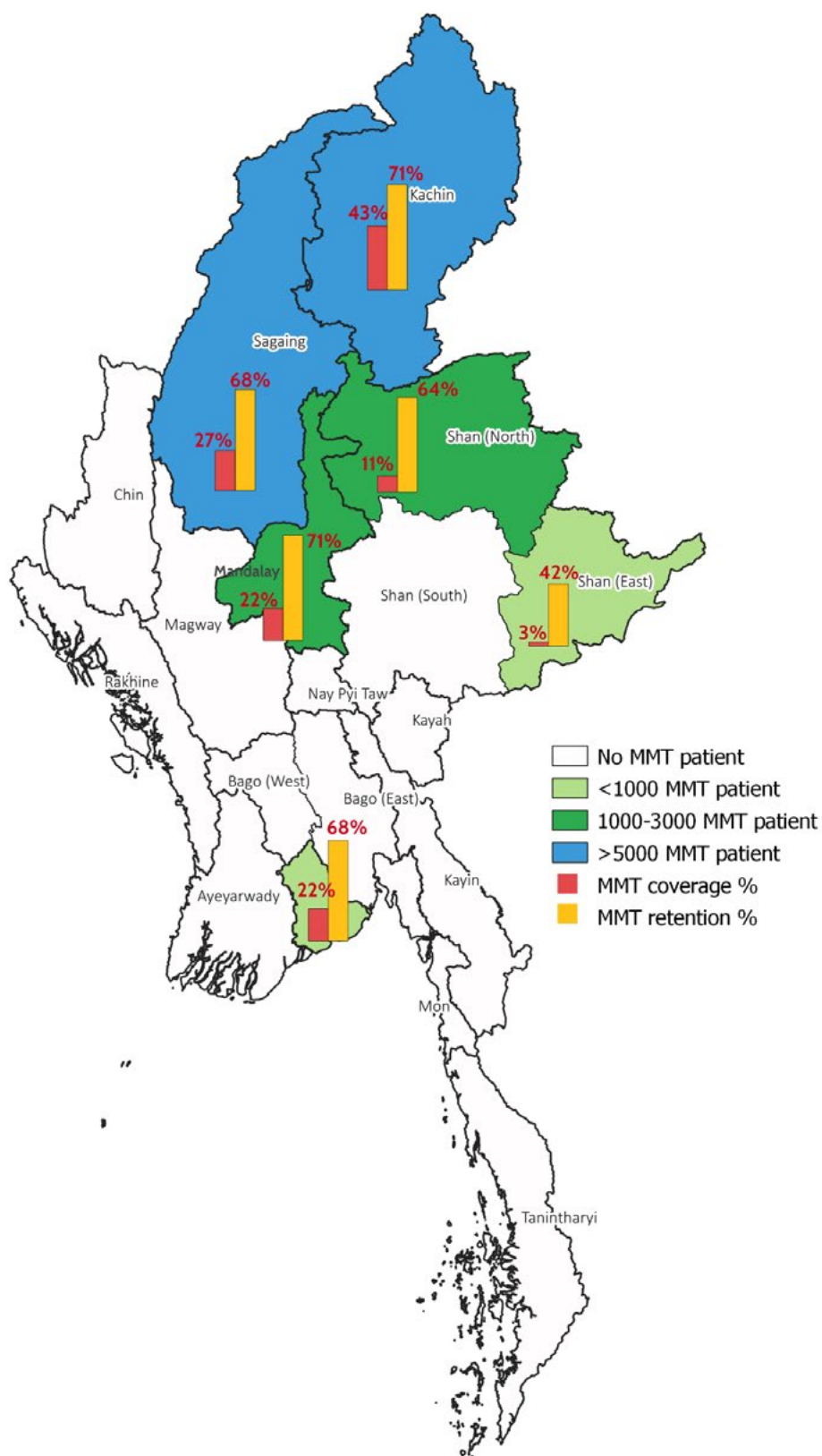
Figure 15: Number of regular partners of PWID reached by prevention program by year (2013–2019)**Table 16: Sexual partners of people who inject drugs reached by State/Region (2017–2019)**

State/ Region	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Kachin	3	375	378	40	1,022	1,062	72	1,097	1,169
Mandalay	92	409	501	20	16	36	19	190	209
Mon	-	-	-	-	1	1	-	-	-
Rakhine	99	60	159	20	16	36	-	-	-
Sagaing	29	833	862	192	752	944	68	1,410	1,478
Shan (E)	-	9	9	-	3	3	29	134	163
Shan (N)	30	2,272	2,302	10	1,764	1,774	35	2,493	2,528
Shan (S)	1	23	24	-	-	-	-	233	233
Yangon	1	14	15	-	-	-	7	15	22
Total	255	3,995	4,250	282	3,574	3,856	230	5,572	5,802

Map 3: Distribution of prevention services for PWID by townships in 2019



Map 4: Distribution of PWID on MMT, MMT coverage and retention by states and regions (2019)



People who use drugs

Easy availability, accessibility and affordability of drugs has led to an increase in the number of people who use drugs (PWUD) across the country, a group that has become more prominent in HIV prevention efforts in recent years. There are no specific services or program that 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 by organization (2016–2019)

Organization	2016		2017		2018		2019	
	Outreach	DIC	Outreach	DIC	Outreach	DIC	Outreach	DIC
AHRN	9,568	7,494	11,782	8,445	11,116	7,549	10,832	10,278
Alliance	120	-	-	-	-	-	-	-
Burnet	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	6,450	7,650
MdM	1,979	1,146	2,743	711	948	243	858	191
Metta	14	18	305	428	433	610	111	170
MSF-Holland	86	65	-	-	-	-	-	-
NAP	3	1	-	-	-	-	-	-
SARA	1,091	3,283	1,466	4,783	415	1,526	796	788
SCiM	207	136	221	72	-	-	-	-
Total	19,542	20,995	23,717	22,178	21,002	21,655	19,047	19,077

The association of HIV with drug use, the concomitant use of injection 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 Like other countries, Myanmar started to consider a wider scope on drug use in association with HIV. A National Strategic Framework (NSF) on Health and Drugs was developed in 2019 to effectively respond to the intertwined challenges associated with the use of illicit substances through a multisectoral approach.

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

Five organizations were providing prevention services to PWUD in 2019, reaching around 38,000 PWUD across seven states and regions. Although prevention services to PWUD include HIV testing, there is no separate HIV testing reporting for PWUD as yet. Prevention services for PWUD are available in the same states and regions where there are services for PWID. However, as there is assumed to be prevalence of PWUD in border areas and cities, prevention service provision should be considered in areas other than those with a high concentration of PWID.

As primordial prevention is best, it is very important to prevent drug use from the start, especially among young people, to reduce the all-round burden of drug use. This can be achieved only through a multisectoral approach and the NSF on Health and Drugs will be the main source of guidance to address the issue. Moreover, studies on the impact of drug use on HIV in Myanmar are needed in order to provide concrete evidence for relevant policy, guidelines and services to prevent and address drug use in relation to HIV.

Table 18: People who use drugs (PWUD) reached by HIV prevention services by State/Region (2016–2019)

State/Region	2016		2017		2018		2019	
	Outreach	DIC	Outreach	DIC	Outreach	DIC	Outreach	DIC
Kachin	8,672	7,609	12,185	10,281	9,136	7,598	8,943	7,502
Mandalay	631	1,599	720	1,472	845	1,817	160	311
Sagaing	4,287	4,437	4,349	3,821	4,800	3,901	3,790	4,349
Shan (E)	237	391	318	254	575	481	724	318
Shan (N)	3,854	6,120	4,152	5,609	4,742	6,725	4,777	5,614
Shan (S)	167	415	577	517	904	1,133	653	983
Yangon	1,694	424	1,416	224	-	-	-	-
Total	19,542	20,995	23,717	22,178	21,002	21,655	19,047	19,077

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 2019
No. of people in prison and other closed settings reached with HIV prevention programs	Program Data	100,000 – 110,000 ²⁹	3,363	15,256

Partners working with people in prison and other closed settings in 2019:

AHRN, NAP

Prevention reach among prisoners has been increasing in recent years, reaching 15,256 prisoners in 2019 (Figure 16). With the launch of standard operating procedures (SOP) for prison health in 2018, an increased number of prisoners has been reached with more comprehensive health-care services, including HIV prevention. However, the prevention services available for this population are health education on HIV and testing for HIV and STI, as other prevention services are not allowed in the prison setting. The NAP has been the primary institution providing these services in prisons in collaboration with the Prison Health Department of the Ministry of Home Affairs, with the support of implementing partners. AHRN is the main partner involved in providing prevention services to prisoners in recent years.

Based on the prison health SOP, prison health staff have started to offer entry screening for HIV to all new detainees in some of the prisons. This practice will be extended to all prisoners across the country in coming years.

HIV prevention services were provided to people in prisons in 15 of 17 states and regions, with a significant increase in Ayeyawady, Kachin, Mandalay and Shan (N). HIV prevention services for people in prison and other closed settings should be reinforced in Yangon, Shan (N) and Bago to ensure the health of prisoners.

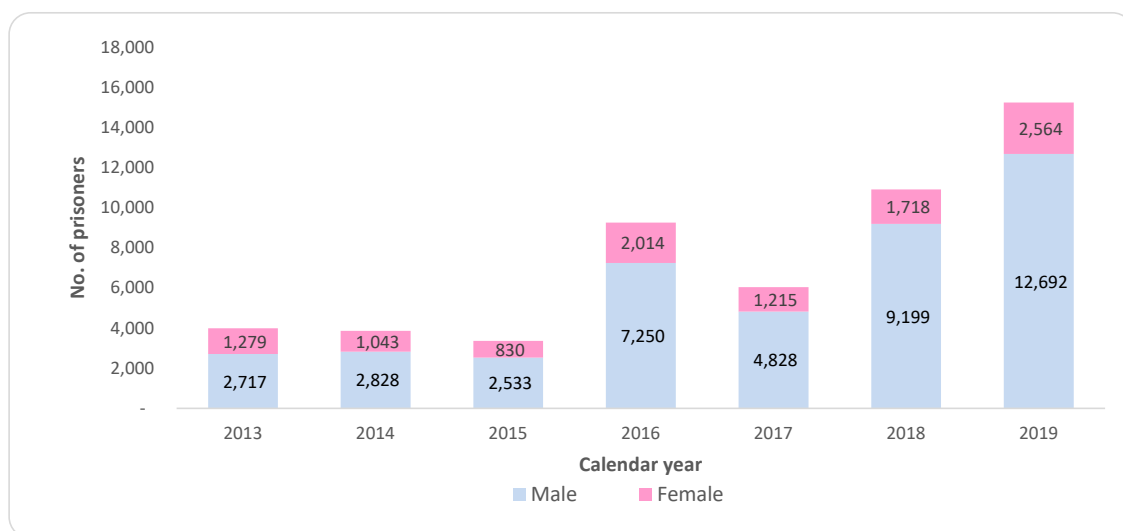
²⁹ Presentation from Prisons Department in HIV prevention workshop, February 2019, Nay Pyi Taw

Table 19: Incarcerated population reached by organization (2017–2019)

Organization	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
AHRN	1,494	122	1,616	2,570	306	2,876	1,636	271	1,907
MAM	134	12	146	-	-	-	-	-	-
NAP	3,200	1,081	4,281	6,629	1,412	8,041	11,056	2,293	13,349
Total	4,828	1,215	6,043	9,199	1,718	10,917	12,692	2,564	15,256

Table 20: Incarcerated population reached by State/Region (2016–2019)

State/Region	2016			2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyawady	395	128	523	200	-	200	273	77	350	1,667	326	1,993
Bago	356	203	559	250	85	335	788	100	888	57	35	92
Chin	-	-	-	-	-	-	-	-	-	-	-	-
Kachin	27	1	28	811	97	908	862	390	1,252	1,798	397	2,195
Kayah	440	70	510	-	-	-	762	89	851	474	130	604
Kayin	341	178	519	81	99	180	219	199	418	284	206	490
Magway	233	53	286	-	-	-	280	-	280	201	71	272
Mandalay	1,652	578	2,230	263	34	297	565	203	768	2,566	513	3,079
Mon	-	-	-	946	265	1,211	720	172	892	569	-	569
Nay Pyi Taw	192	-	192	109	-	109	-	-	-	-	-	-
Rakhine	251	80	331	15	10	25	35	12	47	41	-	41
Sagaing	776	236	1,012	1,498	411	1,909	2,754	114	2,868	2,300	201	2,501
Shan (E)	234	28	262	413	35	448	589	237	826	717	169	886
Shan (N)	432	106	538	-	-	-	4	-	4	581	110	691
Shan (S)	1,433	306	1,739	142	179	321	238	14	252	365	176	541
Tanintharyi	487	47	534	100	-	100	1,103	106	1,209	1,062	72	1,134
Yangon	1	-	1	-	-	-	7	5	12	10	158	168
Total	7,250	2,014	9,264	4,828	1,215	6,043	9,199	1,718	10,917	12,692	2,564	15,256

Figure 16: Number of incarcerated people reached by HIV prevention program (2013–2019)

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 2019
No. of mobile and migrant population reached with HIV prevention programs	Program Data	NA	18,200	49,828

Partners working with mobile and migrant population in 2019:

IOM, Malteser, MSI, NAP

Mobile and migrant population is one of the vulnerable populations emphasized in NSP III. Accordingly, HIV prevention reach covering this population has been enormously expanded in 2019, increasing nearly three times from the 2015 baseline.

Four organizations were providing HIV prevention services to mobile and migrant population during 2019, reaching a total of nearly 50,000 persons (Table 21). The NAP and IOM became the two main organizations through the support of the Asian Development Bank / Japan Fund for Poverty Reduction (ADB JFPR) project, which worked on the welfare of migrant population in five border townships: Hpa-an, Myawaddy and Kawkaareik in Kayin State, Mawlamyine in Mon State and Tachileik in Shan State (East).

As Mon and Kayin have a long border with Thailand and relatively easy access for border-crossing, those are the two key states where there are projects on mobile and migrant population, accounting for 76% of the total prevention reach to this population. They were followed by Shan (E) which has borders with Thailand, Lao PDR and China. Mandalay and Magway in central Myanmar, and Kachin (which borders with China) also reported a large number of migrant population reached with HIV prevention (Table 21).

Based on the figures reported in 2019, Yangon should also make more efforts to reach mobile and migrant population, as there are large numbers of internal migrant workers in its industrial zones. Although prevention efforts have increased for this population, information on HIV-related risk behaviours and population size are still limited. Availability of more comprehensive information on this population would be advantageous to the program.

Table 21: Mobile and migrant population reached with HIV prevention by organization (2017–2019)

Organization	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
IOM	2,519	3,150	5,669	5,470	2,504	7,974	8,744	12,446	21,190
Malteser	-	-	-	106	161	267	149	254	403
MSI	-	-	-	181	253	434	1,473	724	2,197
NAP	2,622	1,487	4,109	12,088	13,306	25,394	14,724	11,314	26,038
SCiM	84	102	186	-	-	-	-	-	-
Total	5,225	4,739	9,964	14,773	12,719	34,069	25,090	24,738	49,828

Table 22: Mobile and migrant population reached with HIV prevention by State/Region (2016–2019)

State/Region	2016			2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyawady	391	20	411	76	-	76	126	69	195	179	248	427
Bago	1,883	1,705	3,588	295	62	357	-	-	-	4	6	10
Chin			-	150	126	276	-	-	-	-	-	-
Kachin	73	3	76	40	269	309	770	809	1,579	326	689	1,015
Kayah	26	14	40	-	-	-	488	1,164	1,652	108	122	230
Kayin	2,575	3,172	5,747	1,185	1,292	2,477	6,653	8,335	14,988	8,233	8,868	17,101
Magway	114	35	149	-	-	-	946	895	1,841	760	530	1,290
Mandalay	1,266	200	1,466	1,135	539	1,674	293	138	431	1,267	686	1,953
Mon	2,063	3,001	5,064	1,379	1,882	3,261	6,644	2,757	9,401	10,391	10,580	20,971
Nay Pyi Taw	102	48	150	29	5	34	-	-	-	67	44	111
Rakhine	180	257	437	161	10	171	51	62	113	74	40	114
Sagaing	370	181	551	296	271	567	157	110	267	417	255	672
Shan (E)	224	366	590	148	101	249	1,476	1,627	3,101	2,505	1,962	4,467
Shan (N)	467	103	570	85	0	85	99	177	276	221	182	403
Shan (S)	90	62	152	111	11	122	-	-	-	96	49	145
Tanintharyi	108	59	167	-	-	-	127	72	199	386	366	752
Yangon	1,491	1,154	2,645	135	171	306	15	9	24	56	111	167
Total	11,423	10,380	21,803	5,225	4,739	9,964	17,845	16,224	34,069	25,090	24,738	49,828

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 2019
No. of out-of-school youth (15–24) reached by prevention program	Program Data	NA	17,696	4,334
No. of uniformed personnel reached with HIV prevention programs	Program Data	NA	7,533	5,837
No. of people in workplace reached with HIV prevention program	Program Data	NA	9,883	30,180

Organizations working with out-of-school youth in 2019: NAP

Organizations working with uniformed services personnel in 2019: NAP

Organizations working with people in the workplace in 2019: IOM, NAP

Out-of-school youth

The number of out-of-school young people reached with HIV prevention activities continued to be relatively low, and the NAP continued to be the only organization delivering services to this population. Mandalay was the region with the highest number reached, followed by Kayin, Kachin and Rakhine (Table 24). No prevention services were reported for out-of-school youth in Ayeyawady, Chin, Mon, Sagaing, Shan (N), Shan (S) or Tanintharyi, while very small numbers were reached in the other regions.

As the saying goes, prevention is better than cure, and reaching young people to prevent their starting to practise HIV risk behaviours is an important form of HIV prevention. As such, this population is the one that should not be neglected if resource availability allows.

Table 23: Out-of-school youth reached with HIV prevention by organization (2017–2019)

Organization	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
IOM	384	559	943	-	-	-	-	-	-
NAP	6,215	3,027	9,242	1,092	1,910	3,002	2,476	1,858	4,334
Total	6,599	3,586	10,185	1,092	1,910	3,002	2,476	1,858	4,334

Table 24: Out-of-school youth reached with HIV prevention by State/Region (2016–2019)

State/Region	2016			2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyawady	148	63	211	-	-	-	-	-	-	-	-	-
Bago	12	-	12	-	-	-	-	-	-	5	3	8
Chin	-	-	-	235	199	434	-	-	-	-	-	-
Kachin	271	240	511	85	91	176	70	80	150	254	375	629
Kayah	-	-	-	-	-	-	8	214	222	39	17	56
Kayin	53	92	145	177	255	432	1	1	2	616	342	958
Magway	745	1,081	1,826	-	-	-	-	-	-	42	20	62
Mandalay	1,808	1,771	3,579	4,079	1,411	5,490	765	1,234	1,999	1,282	942	2,224
Mon	678	1,050	1,728	375	550	925	-	-	-	-	-	-
Nay Pyi Taw										6	1	7
Rakhine	93	75	168	-	-	-	78	34	112	174	96	270
Sagaing	643	343	986	316	199	515	-	-	-	-	-	-
Shan (E)	610	580	1,190	10	15	25	25	67	92	26	43	69
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	32	19	51
Total	5,243	5,830	11,073	6,599	3,586	10,185	1,092	1,910	3,002	2,476	1,858	4,334

Uniformed services personnel

The NAP remains the only organization providing services to uniformed services personnel, and the number receiving prevention services has been increasing in recent years, reaching around 5,800 in 2019. This population was covered by prevention services in all states and regions except Shan (N), Shan (S) and Tanintharyi (Table 26).

Table 25: Uniformed services personnel reached with HIV prevention by organization (2017–2019)

Organization	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
NAP	1,117	774	1,891	2,094	766	2,860	1,404	4,433	5,837
Total	1,117	774	1,891	2,094	766	2,860	1,404	4,433	5,837

Table 26: Uniformed services personnel reached with HIV prevention by State/Region (2016–2019)

State/ Region	2016			2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyawady	67	50	117	9	-	9	272	58	330	425	458	883
Bago	148	196	344	16	28	44	65	42	107	36	38	74
Kachin	-	-	-	50	177	227	-	-	-	-	1	1
Kayah	-	-	-	-	-	-	5	-	5	22	52	74
Kayin	1	-	1	6	-	6	17	7	24	431	136	567
Magway	7	2	9	23	149	172	90	148	238	109	127	236
Mandalay	1,880	997	2,877	276	60	336	4	6	10	-	2	2
Mon	15	3	18	7	10	17	14	23	37	2	-	2
Nay Pyi Taw										13	-	13
Rakhine	91	49	140	60	33	93	32	-	32	30	15	45
Sagaing	47	34	81	246	82	328	12	4	16	79	72	151

State/Region	2016			2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Shan (E)	114	34	148	33	1	34	282	53	335	18	138	156
Shan (N)	91	40	131	-	-	-	-	-	-	-	-	-
Shan (S)	-	-	-	223	-	223	-	-	-	-	-	-
Tanintharyi	354	-	354	-	-	-	1,049	126	1,175	-	-	-
Yangon	68	86	154	168	234	402	252	299	551	239	3,394	3633
Total	2,883	1,491	4,374	1,117	774	1,891	2,094	766	2,860	1,404	4,433	5,837

People in the workplace

IOM has been 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, around 30,000 people were offered prevention services at their workplaces by IOM and NAP. This population has been supported by the ADB JFPR project alongside the mobile and migrant population. Nevertheless, in practice, it is difficult to differentiate 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 in the workplace, as the many large factories in its industrial zones employ many workers.

Under NSP III, out-of-school youth, uniformed services personnel and people in the workplace are no longer priority populations to be reached with HIV prevention, and consequently there is no allocation in the main budget, instead depending on collateral projects.

Table 27: People reached through workplace programs by organization (2017–2019)

Organization	2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
IOM	3,021	5,438	8,459	5,032	14,272	19,304	9,321	15,494	24,815
NAP	2,347	3,715	6,062	1,458	2,871	4,329	2,660	2,705	5,365
Total	5,368	9,153	14,521	6,490	17,143	23,633	11,981	18,199	30,180

Table 28: People reached through workplace programs by State/Region (2016–2019)

State/Region	2016			2017			2018			2019		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Ayeyawady	643	508	1,151	-	-	-	179	121	300	-	-	-
Bago	50	250	300	550	250	800	19	34	53	8	7	15
Kachin	53	99	152	-	58	58	-	-	-	-	-	-
Kayah										16	29	45
Kayin	138	145	283	1,754	2,769	4,523	2,650	5,590	8,240	2,761	5,425	8,186
Magway	-	-	-	242	48	290	-	-	-	529	261	790
Mandalay	597	542	1,139	792	406	1,198	326	441	767	434	559	993
Mon	2,542	5,126	7,668	1,292	2,702	3,994	2,461	8,713	11,174	7,523	10,414	17,937
Rakhine	40	14	54	-	-	-	3	2	5	56	39	95
Sagaing	-	-	-	155	92	247	-	-	-	-	-	-
Shan (E)	3	12	15	-	-	-	177	261	438	14	61	75
Shan (N)	135	9	144	-	-	-	-	-	-	-	-	-
Shan (S)	104	10	114	-	-	-	55	2	57	178	53	231
Tanintharyi	-	-	-	-	-	-	36	3	39	-	-	-
Yangon	2,249	4,240	6,489	583	2,828	3,411	584	1,976	2,560	462	1,351	1,813
Total	6,554	10,955	17,509	5,368	9,153	14,521	6,490	17,143	23,633	11,981	18,199	30,180

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

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

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. During 2019, a total of more than 42 million condoms were distributed through free distribution and social marketing channels (Figure 17). Free condom distribution is conducted by all implementing partners working on the HIV response and mainly targeted to priority populations such as key populations including their clients and partners, PLHIV and other populations. During recent years, the proportion of free condom distribution has been increasing and 78% of condom distribution in 2019 (33 million condoms) was through this channel. The largest part of free distribution went to FSW and their clients (42%), 22% went to MSM, 10% to PWID, only 1% to PLHIV and the rest to those who cannot be identified but want to practise safer sex. The increase in free condom distribution was primarily contributed by the public sector through the targeted condom programme in more than 100 townships.

Table 29: Free condom distribution by organization in 2019

Organization	FSW	Clients	MSM	Other pop.	PWID	PLHIV	Total
AHRN	289,872	21,531	-	868,649	534,131	-	1,714,183
Alliance	1,997,644	-	1,255,676	465,842	-	2,484	3,721,646
IOM	564,877	6,060	127,183	350,198	-	32,896	1,081,214
MAM	157,995	22,753	71,916	50,428	184,376	12,956	500,424
MANA	-	-	-	251,877	1,361,808	-	1,613,685
Metta	-	3,300	-	-	17,016	-	20,316
MdM	369,381	-	242,770	-	677,943	-	1,290,094
MSI	513,301	15,842	492,589	62,815	-	-	1,084,547
NAP	5,715,601	1,644,621	2,302,942	6,536,534	214,213	-	16,413,911
UNION	-	-	-	-	-	248,621	248,621
PSI	2,321,920	47,150	2,504,796	-	-	-	4,873,866
PUI	182,762	-	141,054	83,490	-	-	407,306
SARA	-	-	-	21,172	168,566	-	189,738
Total	12,113,353	1,761,257	7,138,926	8,691,005	3,158,053	296,957	33,159,551

Condom distribution through a social marketing approach is practised only by PSI. In social marketing, condom brands are developed, marketed with a promotional campaign, and sold to a target population. Although social marketing was the main channel of condom distribution in earlier years, free condom distribution has become more prominent in later years, especially during the 2010s as the international funding sources emphasize free distribution. In recent years, a few other providers who are not working in the area of the HIV response have also engaged in condom social marketing, and a fuller picture of condom social marketing would be possible if they provided the necessary information.

Figure 17: Condom distribution – free distribution and social marketing (2004–2019)

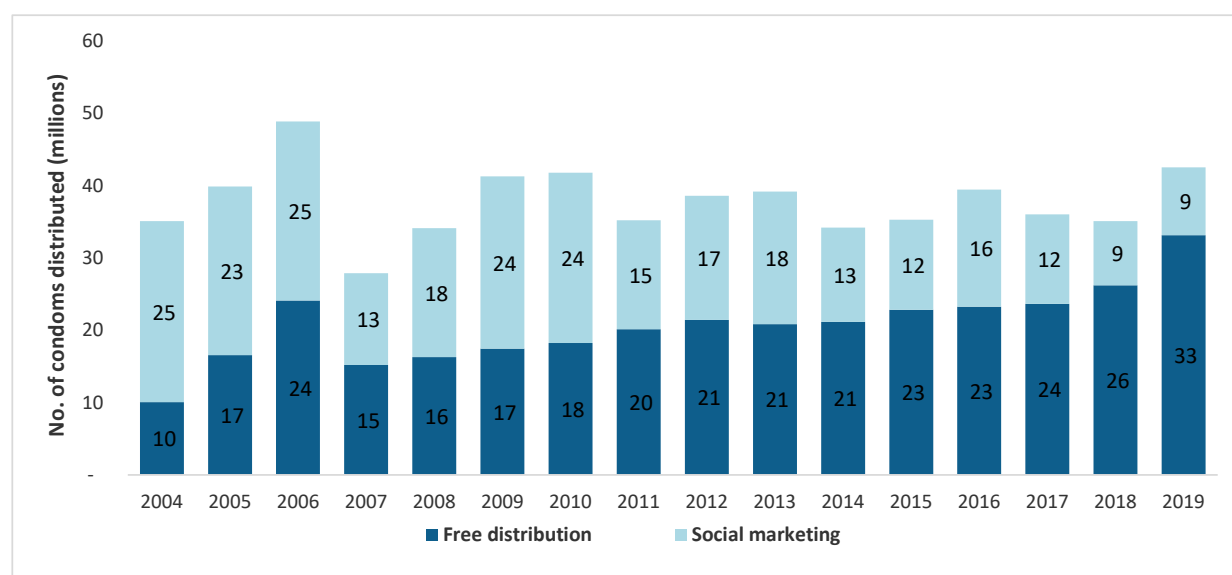
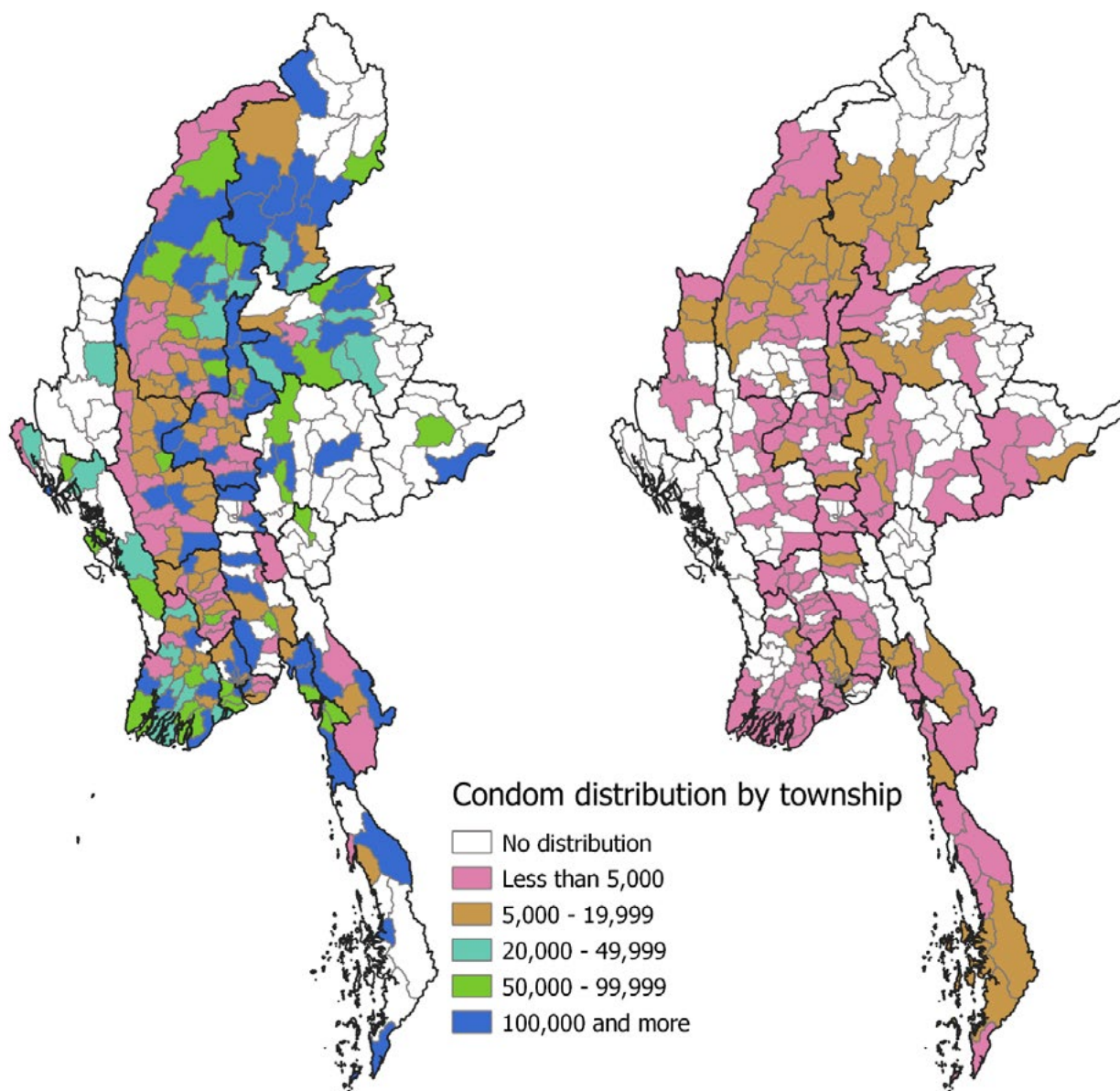


Table 30: Free and social marketing condom distribution by State/Region (2016–2019)

State/ Region	Free condom distribution				Condom social marketing			
	2016	2017	2018	2019	2016	2017	2018	2019
Ayeyawady	1,317,165	1,687,377	1,911,563	2,159,712	571,912	443,148	92,640	37,696
Bago	1,458,139	1,793,020	1,338,027	1,701,199	984,576	538,416	85,676	32,100
Chin	-	96,715	25,200	29,672	57,048	62,460	22,920	20,300
Kachin	2,234,275	2,387,651	3,035,897	3,462,870	850,741	809,516	174,564	70,500
Kayah	275,512	59,216	95,930	56,160	207,516	141,540	7,164	-
Kayin	650,957	702,725	970,224	989,858	196,912	125,256	25,824	16,640

State/ Region	Free condom distribution				Condom social marketing			
	2016	2017	2018	2019	2016	2017	2018	2019
Magway	1,352,403	1,073,444	1,597,929	1,419,639	1,055,496	748,680	59,070	12,079
Mandalay	3,759,524	3,895,610	3,569,351	5,321,774	2,006,544	2,113,598	164,285	86,598
Mon	1,179,840	1,429,947	1,402,631	2,080,863	468,120	465,340	35,188	36,780
Nay Pyi Taw	306,142	-	282,983	367,002	258,996	189,032	33,888	6,000
Rakhine	343,095	435,781	433,092	646,671	145,428	71,340	732	-
Sagaing	1,389,669	1,866,372	1,945,126	2,884,720	910,464	745,480	137,092	151,835
Shan (E)	705,567	523,914	506,225	339,005	406,608	332,900	121,464	19,648
Shan (N)	2,367,916	1,845,032	1,638,522	1,474,355	1,334,304	1,004,566	81,476	46,320
Shan (S)	580,359	773,886	776,835	758,371	1,432,272	995,648	110,876	35,222
Tanintharyi	602,201	651,667	1,089,359	1,379,743	475,348	338,744	73,020	46,900
Yangon	4,733,782	4,426,381	5,580,809	8,087,937	4,853,508	3,241,560	7,651,307	8,742,918
Total	23,256,546	23,648,738	26,199,703	33,159,551	16,215,793	12,367,224	8,877,186	9,361,536

Map 5: Condom distribution in 2019**Free distribution****Social marketing**

At the subnational level, all the states and regions were covered by free condom distribution during 2019, with the highest distribution in Yangon, followed by Mandalay, Kachin and Sagaing. This is because most of the HIV prevention programs are focused in those priority areas. Social marketing covered 15 of 17 states and regions except Kayah and Rakhine. For the first time in condom distribution history, the free distribution covered a wider area at the township level than social marketing. During 2019, free distribution covered 75% of townships while social marketing covered 62% across the country (Map 5).

Although condom distribution has been enhanced over the years, the surveillance revealed that condom use among MSM has not increased proportionately, while condom use among FSW and their clients is growing. This suggests that behaviour change programming needs to be strengthened alongside condom distribution.

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 2019	Results 2019
No. of people who received an HIV test in the last 12 months and who know their result	Program Data	N/A	257,178	490,931	492,836
% of PLHIV who have been tested and know their HIV-positive status ³¹	Program Data	Estimated number of PLHIV	53%	83%	-

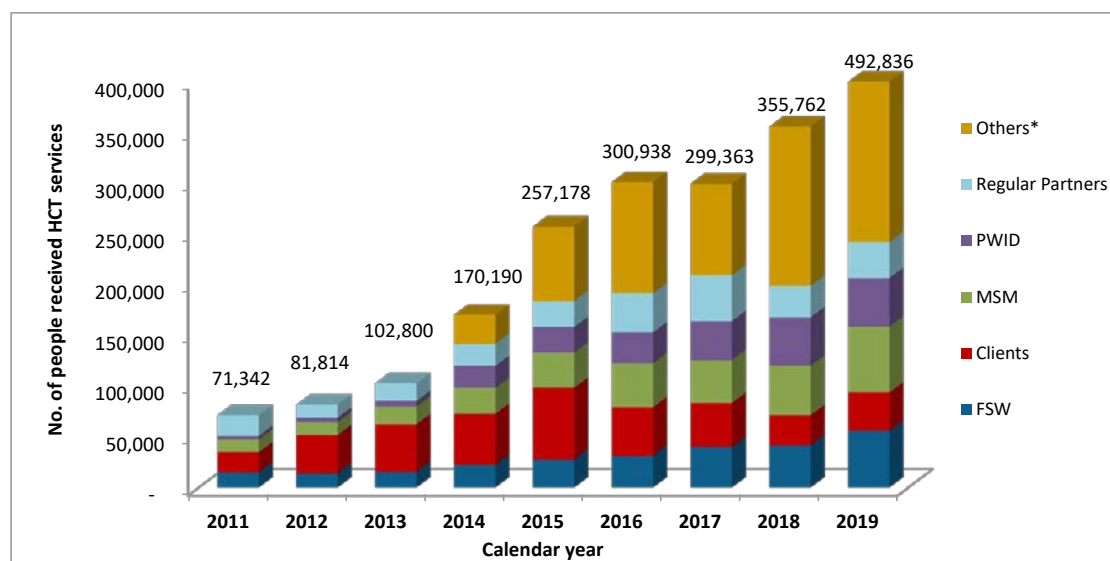
Organizations providing HIV testing service in 2019: AHRN, Alliance, IOM, MAM, MANA, MdM, Metta, MMT, MSF-CH, MSF-H, MSI, NAP, PGK, PSI, PUI, SARA, UNION

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 deaths on ART

For HIV prevention services to have the greatest effect, HIV testing needs to be maximized with strengthened linkages to antiretroviral therapy (ART). With the commitment of NSP III on HIV testing services (HTS), nearly 493,000 people were tested for HIV and knew their status during 2019, meeting the NSP III target for this year. This figure excludes HIV testing among pregnant women under the PMTCT program, details of which are provided in the following section of the report.

The expansion of HTS has allowed progress towards the achievement of the first of the three 90s. By the end of 2018, it was estimated that 80% of people living with HIV knew their HIV-positive status. However, in the absence of a unique identifier code system, case-based recording and reporting in HTS, and incomplete HIV case and death reports, the accuracy of this data is rather weak, and the calculation is based on many assumptions. This problem was highlighted again this year as the previous assumptions made in calculating the first 90 were called into question using 2019 data. Therefore, it was decided not to estimate the first 90 for 2019 but to resume calculating when the calculation method is standardized, and the quality of data ensured with the use of unique identifiers and case-based reports.

Figure 18: HIV testing, and post-test counselling received by target populations (2011–2019)³²



³² Others include institutionalized population, uniform service personnel, migrant workers, new TB patients, blood donors, children under 15 years, and low risk people (those who do not fall into any of above categories)

Table 31: HIV testing, and post-test counselling received by target populations and by organization in 2019

Organization	FSW	Clients	MSM	PWID	Regular partners	Other pop. ³³	Total
AHRN	626	46	2	11,919	1,081	12,620	26,294
Alliance	6,871	10,961	12,341	-	3,655	394	34,222
IOM	1,844	250	824	-	117	21,814	24,849
MAM	743	286	212	606	438	5,160	7,445
MANA	3	-	2	17,951	2,763	6,733	27,452
MdM	1,145	-	1,698	2,673	1,386	963	7,865
Metta	-	-	-	195	-	-	195
MMT	23	-	1	3,897	8	26	3,955
MSF-CH	176	95	15	4	378	2,047	2,715
MSF- H	18	-	15	264	-	2,181	2,478
MSI	2,091	91	6,891	-	35	1,759	10,867
NAP	24,429	22,608	16,835	6,309	21,400	193,224	284,805
PSI	17,191	3,135	24,922	251	3,135	3,285	51,919
PUI	599	449	1,111	2	802	93	3,056
SARA	-	-	-	3,829	140	689	4,658
UNION	-	-	1	-	19	41	61
Total	55,759	37,921	64,870	47,900	35,357	251,029	492,836

In general, the number who received HIV testing and post-test counselling has been increasing significantly over the decade, with the achievement in 2019 being the highest so far. Of all HIV tests, 13% were among the MSM population, 11% among FSW, 10% among PWID, 8% among clients of FSW, and 7% among regular partners of key populations. The testing proportion became higher among “other population,” which includes institutionalized population, uniform services personnel, mobile and migrant population, TB patients, blood donors, children under 15 years and low-risk population. The reason for the increase in the “other” category is that whenever

³³ Other population includes institutionalized population, uniformed services personnel, mobile and migrant population, TB patients, blood donors, HIV-exposed children and low-risk population

the exposure risk of the person being tested failed to be identified, the person was classified as “other.”

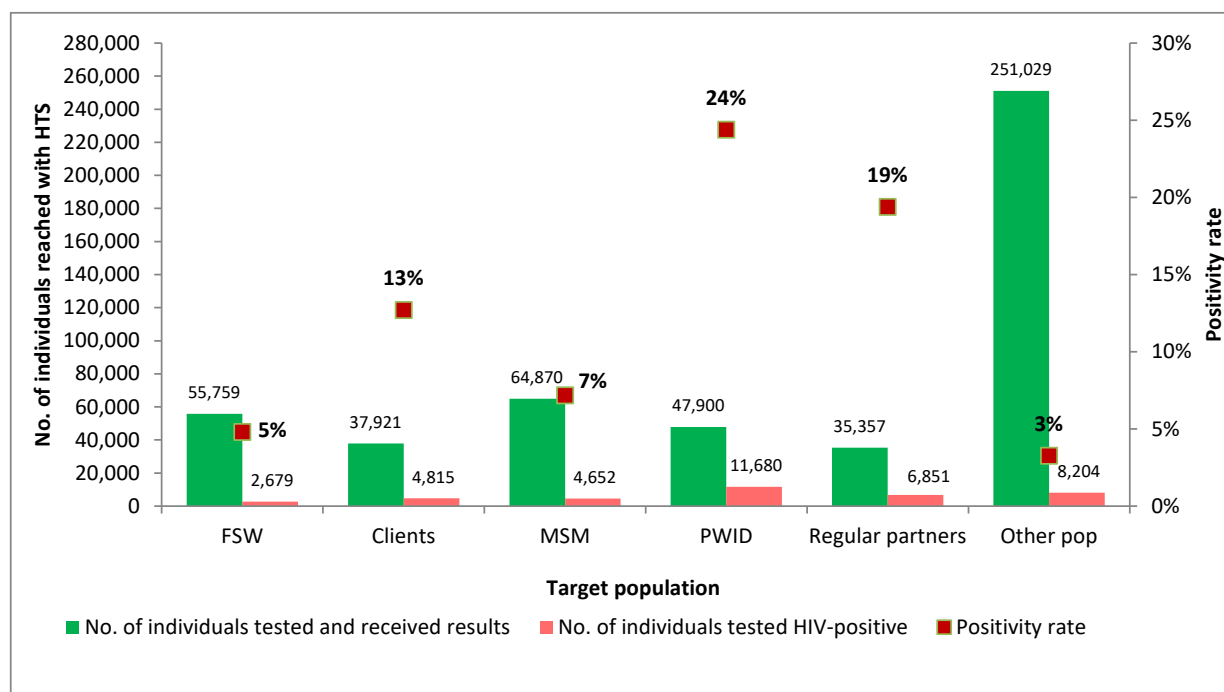
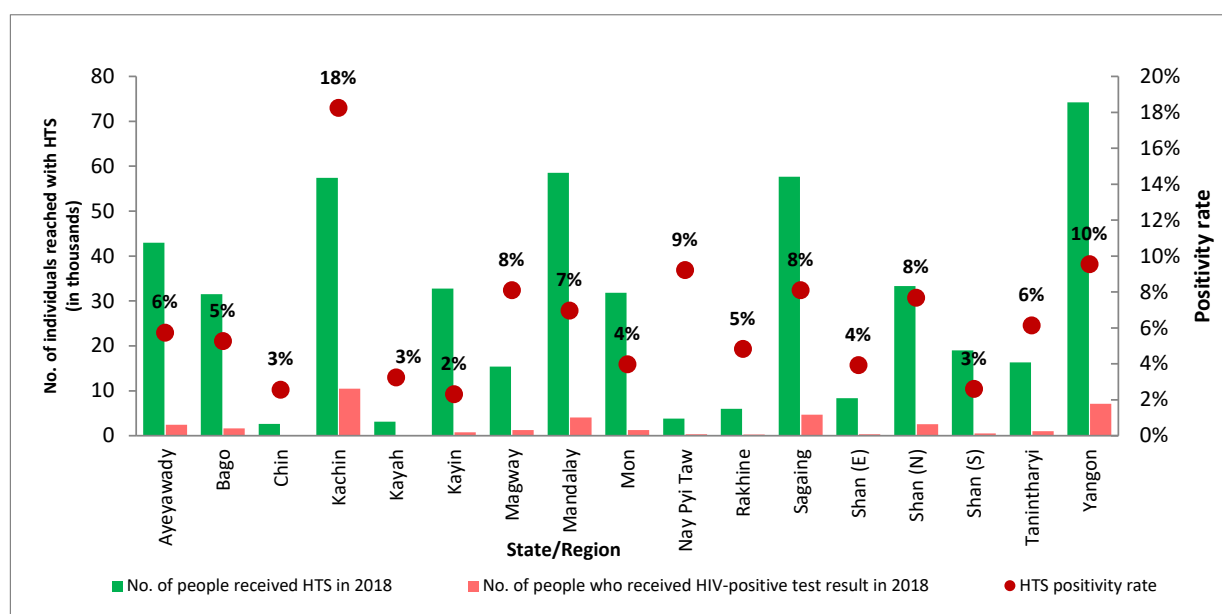
All the organizations involved in the HIV response at the field level were providing HIV testing services to different populations, although the scale and the population emphasized varied. More than 50% of HIV testing was provided by the public sector, the NAP. Apart from the NAP, PSI was the major HTS provider to FSW and MSM, and MANA and AHRN mainly served PWID.

The overall HIV-positive rate among those tested was lower in 2019, which may indicate that HIV testing has become more universal. It decreased to 7.9% in 2019 from 10.6% in 2018, and the decrease was noticed in all populations. The highest proportion of HIV-positive test results was among PWID, as usual, at 24.4%, followed by regular partners of key populations at 19.4%, and clients of FSW at 12.7% (Table 32, Figure 19). Those have been the three populations with highest prevalence from the start. Behind them were MSM at 7.2%, FSW at 4.8% and all other populations at 3.3%. The HIV-positive rate is expected to decrease further in coming years if prevention activities are maintained at the current level and with more widespread HTS in all populations.

Table 32: Number of target population received HIV testing and post-test counselling (2015–2019)

Population group	2015			2016			2017			2018			2019		
	HIV tested and post-test counselling	HIV positive rate	HIV tested and post-test counselling	HIV positive rate	HIV tested and post-test counselling	HIV positive rate	HIV tested and post-test counselling	HIV positive rate	HIV tested and post-test counselling	HIV tested and post-test counselling	HIV positive rate	HIV tested and post-test counselling	HIV positive rate	HIV tested and post-test counselling	HIV positive 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%	55,759	2,679	4.8%
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%	37,921	4,815	12.7%
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%	64,870	4,652	7.2%
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%	47,900	11,680	24.4%
Regular partners of KP	25,706	3,067	11.9%	38,180	5,876	15.4%	44,988	6,579	14.6%	30,921	6,406	20.7%	35,357	6,851	19.4%
Serodiscordant couples				434	207	47.7%	33	7	21.2%						
Other pop. ³⁴	73,221	4,891	6.7%	110,868	5,780	5.2%	90,279	5,254	5.8%	156,975	7,746	4.9%	251,029	8,204	3.3%
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%	492,836	38,881	7.9%

³⁴ Other populations include institutionalized population, unformed services personnel, mobile and migrant population, TB patients, blood donors, HIV-exposed children, and low-risk population

Figure 19: Number of target population receiving HTS and tested positive in 2019**Figure 20: Number of individuals receiving HTS, tested positive and HIV positivity rate by state/region in 2019**

At the state and regional level, the highest numbers of people were tested in Yangon, Mandalay, Sagaing and Kachin, the four priority states and regions (Figure 20). Kayah and Chin had the lowest number tested among all states and regions. In fact, there was an increase in the number tested across all states and regions. The biggest increase was observed in Rakhine, with a four-fold increase on last year thanks to the collaboration between community networks and the NAP and despite the continuing conflicts and instabilities. There was also a two-fold increase in Ayeyawady, whereas the increase in Bago and Shan (N) was minimal.

Table 33 shows the highest HIV-positive rate was in Kachin at 18.2%, much higher than Yangon (9.5%), the second highest region. However, this 18.2% positivity rate represents a promising decrease for Kachin, which has the largest PWID population. While the HIV-positive rate decreased in all other states and regions, it continued to increase in Yangon, where it has been growing since 2015. This is an alarm call to further emphasize HIV prevention programs in Yangon, as surveillance also revealed the highest HIV prevalence among FSW and MSM in Yangon.

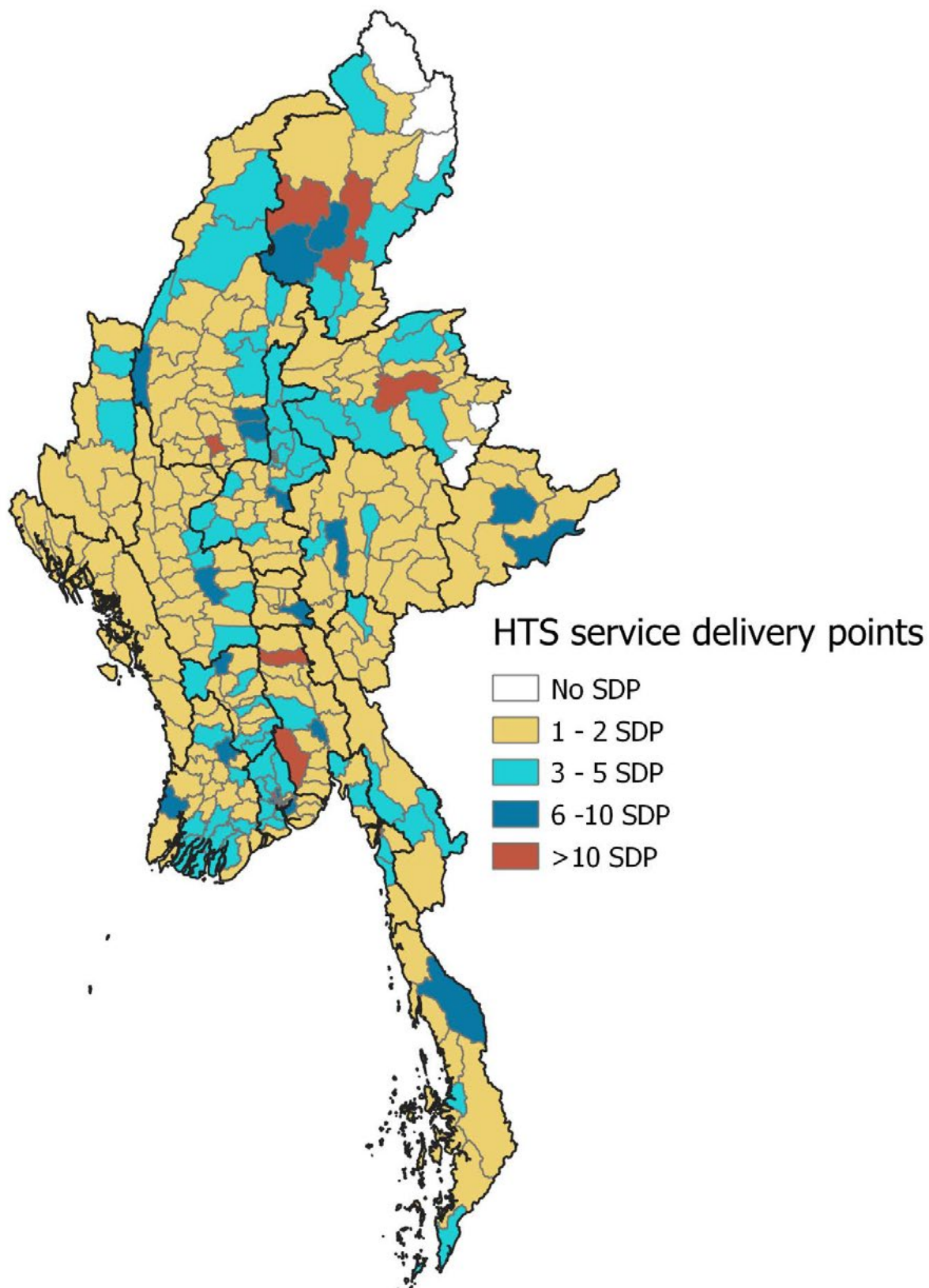
Although the HTS program has been scaling up very well, looking ahead, a more geographically and population tailored HTS program is essential along with a more robust recording and reporting system. In combination with innovative HTS approaches such as community-based screening (CBS), index testing, and HIV self-testing, HTS will become ubiquitous and offer an equal opportunity for HIV testing to everyone.

Table 33: Number of individuals received HIV testing and post-test counselling by State/Region (2015–2019)

State/Region	2015		2016		2017		2018		2019	
	HIV tested and post-test counselling	HIV positivity rate	HIV tested and post-test counselling	HIV positivity rate	HIV tested and post-test counselling	HIV positivity rate	HIV tested and post-test counselling	HIV positivity rate	HIV tested and post-test counselling	HIV positivity rate
Ayeyawady	15,532	10.1%	18,427	10.6%	22,865	8.7%	20,765	12.4%	42,947	6.0%
Bago	13,801	4.5%	16,268	8.5%	16,437	8.5%	28,987	5.6%	31,499	5.3%
Chin	7,183	1.0%	137		292	4.5%	1,328	4.7%	2,621	2.6%
Kachin	15,579	27.9%	19,017	30.0%	24,878	26.3%	38,990	30.3%	57,393	18.2%
Kayah	0		884	1.5%	3,794	2.6%	2,346	4.3%	3,121	3.2%
Kayin	3,960	5.8%	19,454	3.7%	7,965	4.8%	23,624	2.8%	32,772	2.3%
Magway	10,888	7.4%	8,488	18.8%	7,043	7.3%	11,056	10.3%	15,418	8.1%
Mandalay	39,453	3.1%	38,983	10.1%	36,011	12.2%	34,910	10.9%	58,543	7.0%
Mon	9,675	9.4%	11,028	9.2%	21,618	5.8%	23,110	6.6%	31,851	4.0%
Nay Pyi Taw	783	43.9%	24,731	1.7%	481	9.1%	1,911	11.4%	3,788	9.2%
Rakhine	932	23.5%	1,135	20.8%	1,041	9.9%	1,496	15.0%	5,993	4.8%
Sagaing	13,732	9.5%	23,095	10.6%	32,102	10.5%	46,846	9.4%	57,650	8.1%
Shan (E)	2,728	8.6%	2,645	11.1%	2,159	9.4%	6,063	6.5%	8,373	3.9%
Shan (N)	29,258	10.0%	26,557	11.2%	21,780	10.4%	30,552	8.8%	33,291	7.7%
Shan (S)	7,516	5.7%	7,872	5.0%	6,937	5.2%	13,717	3.8%	18,988	2.6%
Tanintharyi	4,534	16.0%	8,410	9.3%	10,061	7.4%	11,541	8.5%	16,346	6.1%
Yangon	81,624	7.0%	75,929	7.3%	83,899	7.7%	58,520	8.7%	74,242	9.5%
Total	257,178	8.4%	303,060	9.7%	299,363	10.1%	355,762	10.6%	492,836	7.9%

All in all, although the HIV prevention program including HIV testing has been expanding very well, there is still room for improvement. Analysis and target setting at subnational level is essential to move forward with the tailored services to each population in different areas and to fill the most needed gaps for the beneficiary populations. On the other hand, data quality assurance along with the use of unique identifier codes will enhance the data quality and analysis, and hence ultimately improve service quality.

Map 6: Distribution of HIV testing service-delivery points by townships in 2019



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

Organizations providing STI treatment in 2019:

AHRN, Alliance, IOM, MAM, MANA, MdM, MSF-H, MSI, NAP, PGK, PSI, PUI, SARA

Sexually transmitted diseases (STD) are infections that spread from person to person through sexual activity, including vaginal, anal or oral sex. HIV is one of the sexually transmitted infections (STI). Researchers suggest that having an STD can make it easier for HIV to enter the body, such as through a sore or break in the skin caused by the STD; also, having HIV and another STD may increase the risk of HIV transmission to others.³⁵

STI management was one of the main components of Myanmar's HIV response in its initial phase in the early 1990s. However, with the decreasing STI prevalence, STI testing and treatment was no longer considered such a priority in the country's current HIV response. Lack of international funding on this component aggravated the situation and most of the implementing organizations provided STI testing and treatment to their clients complementary to HIV testing and treatment.

Table 34: People receiving STI treatment by organization in 2019

Organization	FSW	Clients	MSM	PWID	Prisoners	Regular partners of KP	Other pop.	Total
AHRN	139	2	-	76	4	28	219	468
Alliance	748	53	942	-	-	-	-	1,743
IOM	288	3	87	-	-	-	33	411
MAM	3,066	178	301	19	-	426	1,741	5,731
MANA	-	-	-	131	-	18	62	211
MdM	848	195	1,946	878	-	28	160	4,055

³⁵ AIDInfo. HIV and Sexually Transmitted Diseases (STDs). Available from <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/26/98/hiv-and-sexually-transmitted-diseases--stds->

Organization	FSW	Clients	MSM	PWID	Prisoners	Regular partners	Other pop.	Total
MSF-Holland	20	-	2	-	-	-	381	403
MSI	523	12	636	-	-	-	92	1,263
NAP	1,287	3,262	1,315	85	-	3,312	3,408	12,669
PSI	3,454	2,686	8,064	-	-	2,379	-	16,583
PUI	75	25	82	1	-	57	6	246
SARA	-	-	-	2	-	-	-	2
Total	10,448	6,416	13,375	1,192	4	6,248	6,102	43,785

Figure 21: People receiving STI treatment by key population (2011–2019)

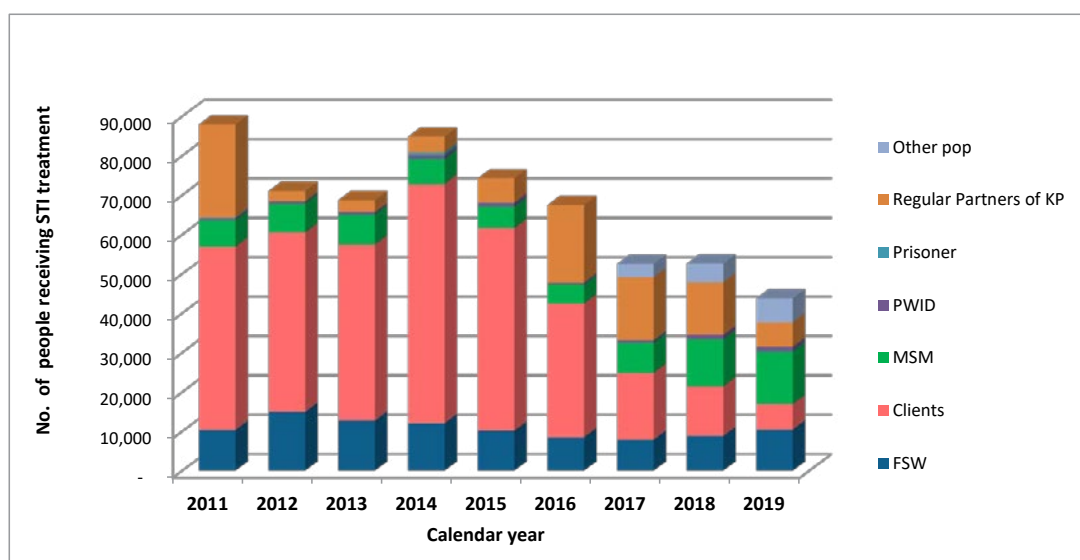


Table 35: People receiving STI treatment by State/Region (2016–2019)

State/ Region	2016		2017		2018		2019	
	STI service delivery points	Total number of people reached with STI treatment	STI service delivery points	Total number of people reached with STI treatment	STI service delivery points	Total number of people reached with STI treatment	STI service delivery points	Total number of people reached with STI treatment
Ayeyawady	85	4,027	139	4,162	64	2,773	59	2,055
Bago	109	7,784	191	5,842	94	3,813	88	2,792
Chin	8	59	15	39	2	-	3	-

State/ Region	2016		2017		2018		2019	
	STI service delivery points	Total number of people reached with STI treatment	STI service delivery points	Total number of people reached with STI treatment	STI service delivery points	Total number of people reached with STI treatment	STI service delivery points	Total number of people reached with STI treatment
Kachin	58	2,148	120	1,859	59	3,566	52	5,539
Kayah	2	73	3	232	1	114	1	26
Kayin	19	767	25	486	13	499	14	571
Magway	51	2,025	102	1,579	50	685	46	742
Mandalay	184	10,736	344	6,854	162	9,261	154	6,602
Mon	69	4,561	120	4,484	56	3,826	51	1,348
Nay Pyi Taw	21	1,093	33	481	16	334	16	741
Rakhine	6	367	9	405	6	525	5	910
Sagaing	109	3,047	202	2,804	94	1,819	86	1,179
Shan (E)	16	733	29	709	13	339	12	239
Shan (N)	55	2,063	98	1,968	48	2,387	43	1,211
Shan (S)	39	983	67	760	31	366	28	249
Tanintharyi	39	1,802	66	461	32	819	30	1,059
Yangon	308	29,352	543	19,417	257	21,489	245	18,522
Total	1,178	71,620	2,106	52,542	998	52,615	933	43,785

The number of people treated for STI has been decreasing for years, and 2019 was the year with the new lowest achievement during this decade (Figure 21). With nearly 44,000 people receiving STI treatment during 2019, this was a more than 50% decrease compared to 2011. PSI was the main organization providing STI-related services through its TOP centres and SUN clinics, followed by the NAP through its HIV/STD team clinics. Combined they provided 67% of all reported STI treatments. For the FSW population, PSI and MAM were the main providers of STI services; PSI and MdM for MSM; MdM for PWID; and NAP and PSI for clients of FSW and regular partners of key populations. In 2019, the proportion of STI treatment for MSM and

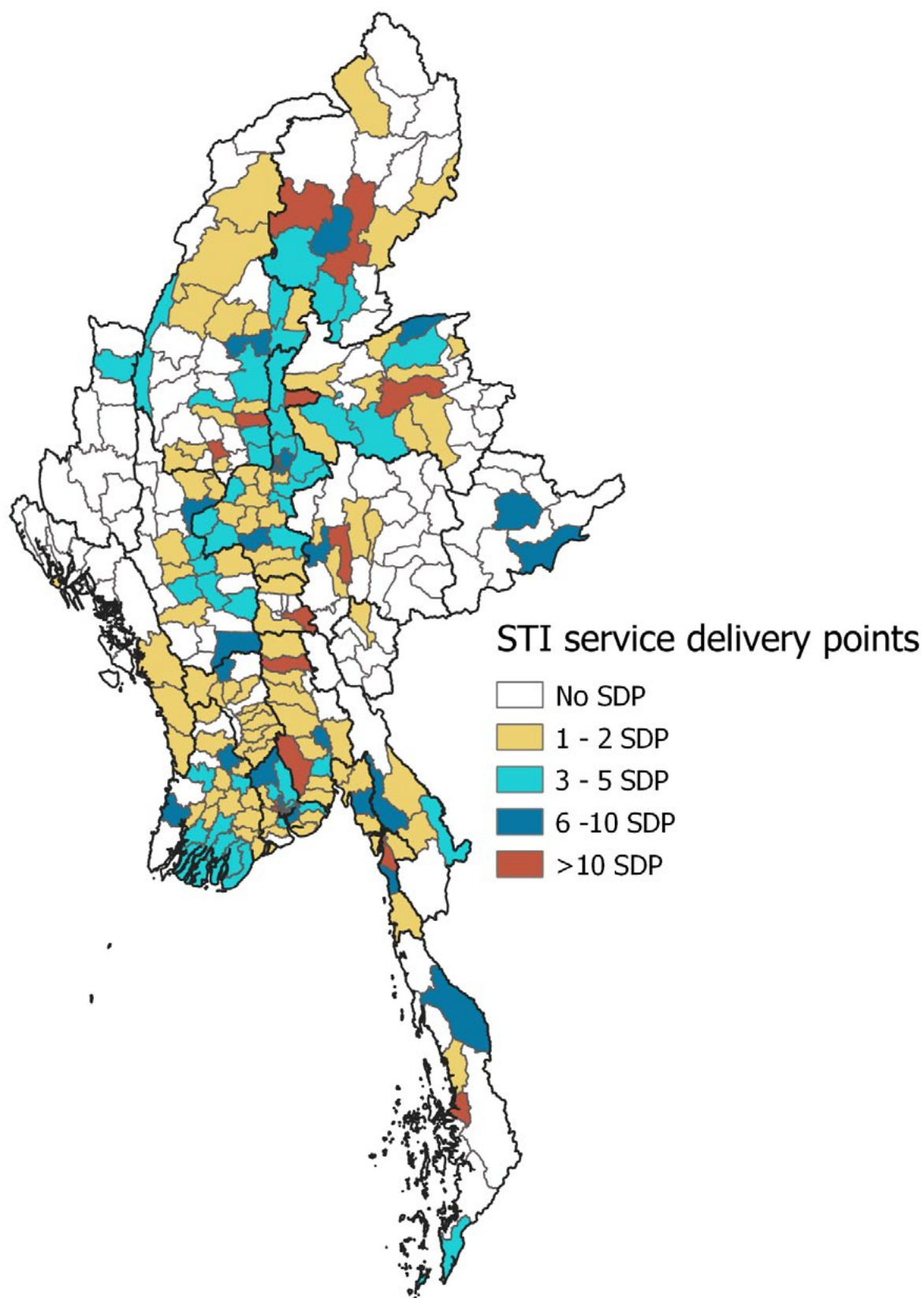
FSW further increased considerably, while that of clients decreased dramatically. Although it is possible that the program reached an increased number of MSM and FSW through the HIV prevention activities, we should not disregard the possibility of increased STI occurrence among those populations.

At the subnational level, Yangon and Mandalay reported a large number of STI cases treated in 2019, 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.

While other states and regions experienced a decrease or a constant number of STI cases treated, Kachin reported a 50% increase on last year. On the other hand, it is possible that the number of STI cases treated is decreasing because of reduced funding support for the STI component.

Although the number of reported treated STI cases is decreasing, there is no evidence that STI incidence is decreasing. The syphilis prevalence trend among key populations in HIV sentinel surveillance does not show a noticeable decline. Given the lack of STI-related surveys, it is difficult to fully understand the STI situation in the country. Further, as we still cannot manage to get STI data from private clinics, it is not possible to depict the complete STI situation as it is assumed that a large proportion of STIs are managed in private clinics and hospitals. 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.

Moreover, the PMTCT program is moving towards elimination of mother-to-child HIV and syphilis transmission by 2025. Therefore, it is recommended to conduct studies and surveillance on various STIs and at the same time to reinforce the STI programs with available funding.

Map 7: Distribution of STI service delivery points by townships in 2019

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 2019	Baseline 2015	Target 2019	Results 2019
No. of pregnant women attending antenatal care services who received HIV testing	Program Data	1,014,066 ³⁶	793,446 (72%)	955,954	904,390 (89%)
No. of pregnant women attending antenatal care services who received HIV test result with post-test counselling	Program Data	1,014,066	748,299 (68%)	946,924	895,411 (88%)
No. of HIV-positive pregnant women attending antenatal care services who received HIV testing know their positive status	Program Data	4,956 ³⁷	4,356 (86%)	4,579	4,477 (90%)
No. of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Program Data	4,956	3,923 (77%)	4,486	4,232 (85%)
% of HIV-exposed infants who initiated ARV prophylaxis	Program Data	4,956	2,169 (43%)	81%	3,644 (74%)
% of HIV-exposed infants started on cotrimoxazole prophylaxis within 2 months of birth	Program Data	4,956	1,470 (29%)	78%	1,991 (40%)
% of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Program Data	4,956	801 (16%)	75%	2,609 (53%)

Partners working on PMTCT in 2019:

NAP, UNION, MSF-Holland, community-based organizations

³⁶ Pregnant women estimate from townships (HMIS)

³⁷ Spectrum March 2020

The prevention of mother-to-child transmission of HIV (PMTCT) program offers a range of services for women of reproductive age living with or at risk of HIV to maintain their health and stop their infants from acquiring HIV. In theory, PMTCT services should be offered before conception, and throughout pregnancy, labour and breastfeeding. In Myanmar, as a component of the national HIV response, PMTCT services are offered during pregnancy, labour and the breastfeeding period in collaboration with the maternal and reproductive health division.

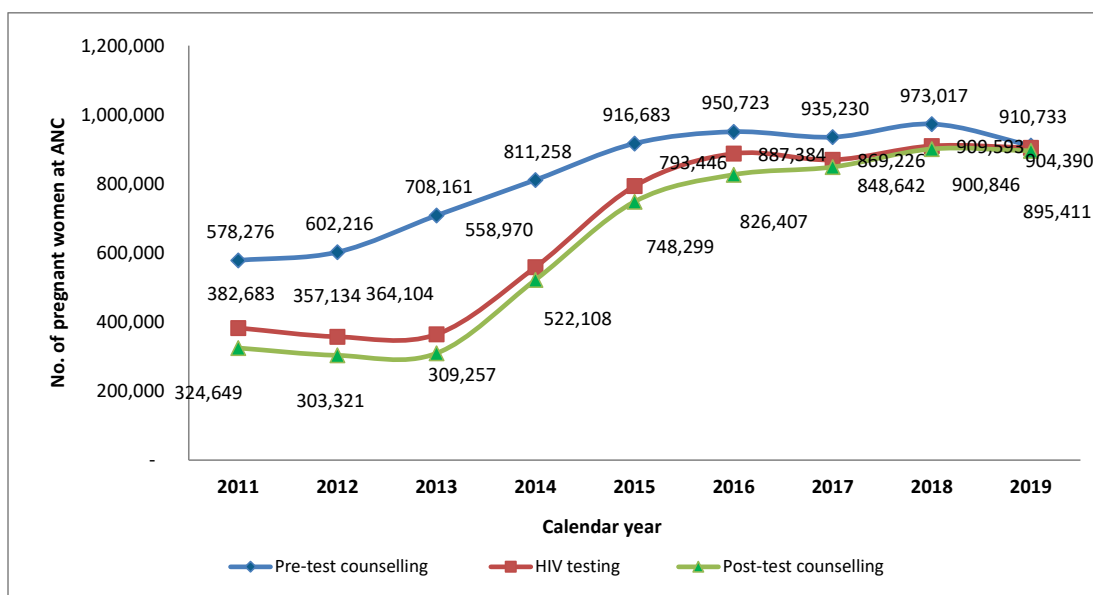
With the commitment to eliminate mother-to-child transmission (eMTCT) of HIV and syphilis by 2025, the country's PMTCT program has been progressing both in quantitative and qualitative terms since 2013. The PMTCT program covered 99% of townships by the end of 2019, leaving out only the three most remote and sparsely inhabited townships in Kachin and one township in Shan (E). Achievements for all mothers-related PMTCT indicators in NSP III surpassed their 2019 targets, and achievements against all the indicators related to exposed infants are improving towards meeting their respective targets.

During 2019, based on the estimated number of pregnancies, 90% of pregnant women received pre-test counselling for HIV, 89% got tested and 88% received post-test counselling. This reflects the tremendous progress in increasing the uptake of HIV testing and post-test counselling among those who received pre-test counselling. In turn, this indicates an increase in the quality of the program to enable women to complete the whole HIV testing and counselling process and setting a new high achievement to date. However, as mentioned in the section on HIV testing, we need to consider data quality. Without unique identifier codes it is very difficult to estimate the overlap between the community testing by midwives and hospital-based testing data.

The HIV-positive rate was around 0.5% taking into account women who already knew their HIV-positive status presenting with a new pregnancy. This HIV prevalence rate among pregnant women has been constant in recent years.

HIV modelling estimated that there were around 5,000 HIV-positive pregnant women during 2019. The reported data implied that 90% of those HIV-positive pregnant women were identified through the PMTCT program, and 95% of those identified HIV-positive women received prophylaxis or treatment to prevent mother-to-child transmission. It can safely be stated that up to this stage of the PMTCT chain, the country is well on track to achieve its eMTCT goal.

Figure 22: Number of pregnant women receiving pre-test counselling and HIV post-test counselling (2011–2019)



The public sector is the main provider of PMTCT services through collaboration with the maternal and child health program. Union has been supporting the NAP in implementing the PMTCT program. Moreover, the NAP has been collaborating with some community-based organizations and ethnic group organizations to provide PMTCT services in hard-to-reach areas. Other organizations such as MSF-Holland provided ANC services only to their existing cohort of HIV-positive patients and also in collaboration with the NAP. The public sector was providing PMTCT services in 326 of 330 townships (99% coverage) and at 38 PMTCT hospitals across the country by the end of 2019 (Figure 25). This high PMTCT coverage is the major first step in the path to eMTCT.

Significant progress was made in 2019 in regard to HIV-exposed infants. Of all the estimated HIV-positive pregnant women, 74% of HIV-exposed infants received ARV prophylaxis; and within two months of birth 40% had received cotrimoxazole prophylaxis and 53% had received a virological test. This is the highest achievement in ARV and cotrimoxazole prophylaxis to date and the first time that the early infant diagnosis (EID) rate has exceeded 50%, indicating real progress towards the eMTCT targets. However, there is still much room for improvement in this area of follow-up care for HIV-exposed children, in particular regarding EID.

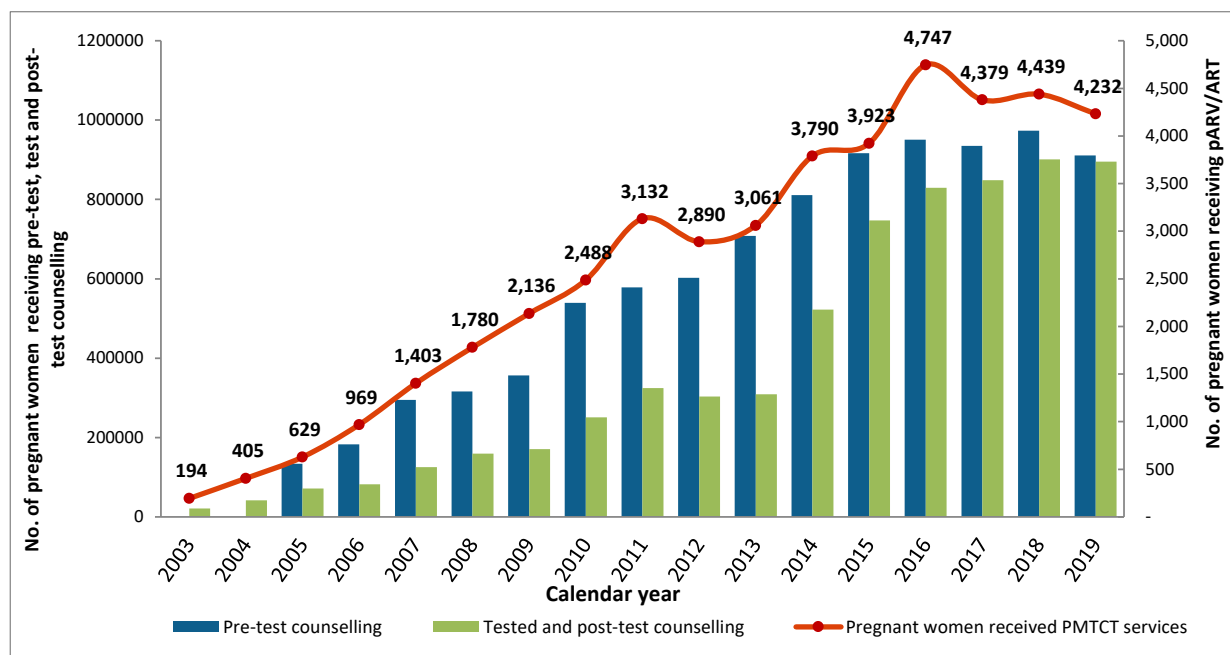
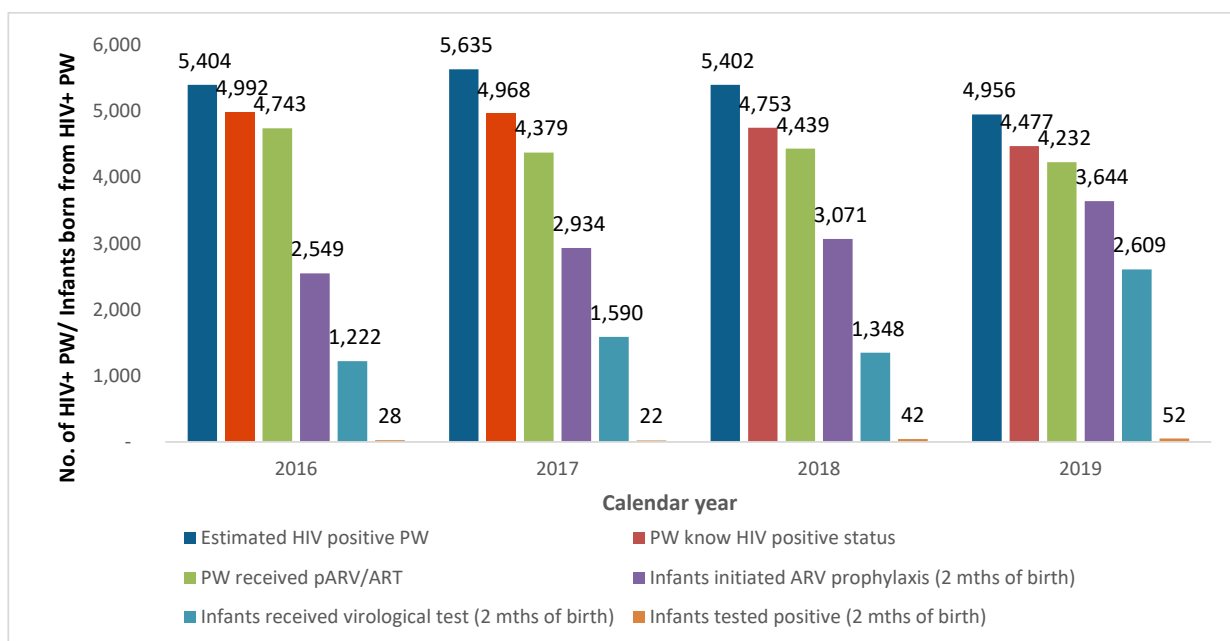
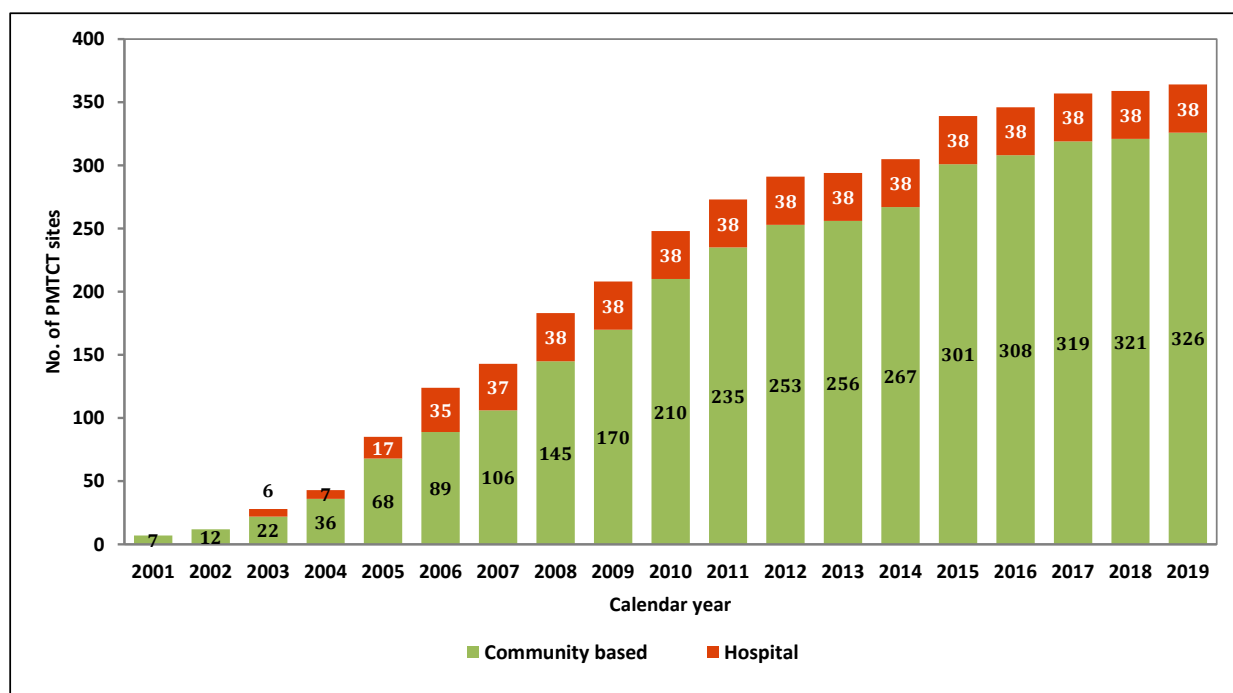
Figure 23: Pregnant women receiving PMTCT services (2003–2019)**Figure 24: Pregnant women receiving PMTCT services, infants initiated ARV prophylaxis, infants received virological test and tested positive within two months of birth (2016–2019)**

Figure 25: National AIDS Program PMTCT sites (2001–2019)

PMTCT program at the state and regional level

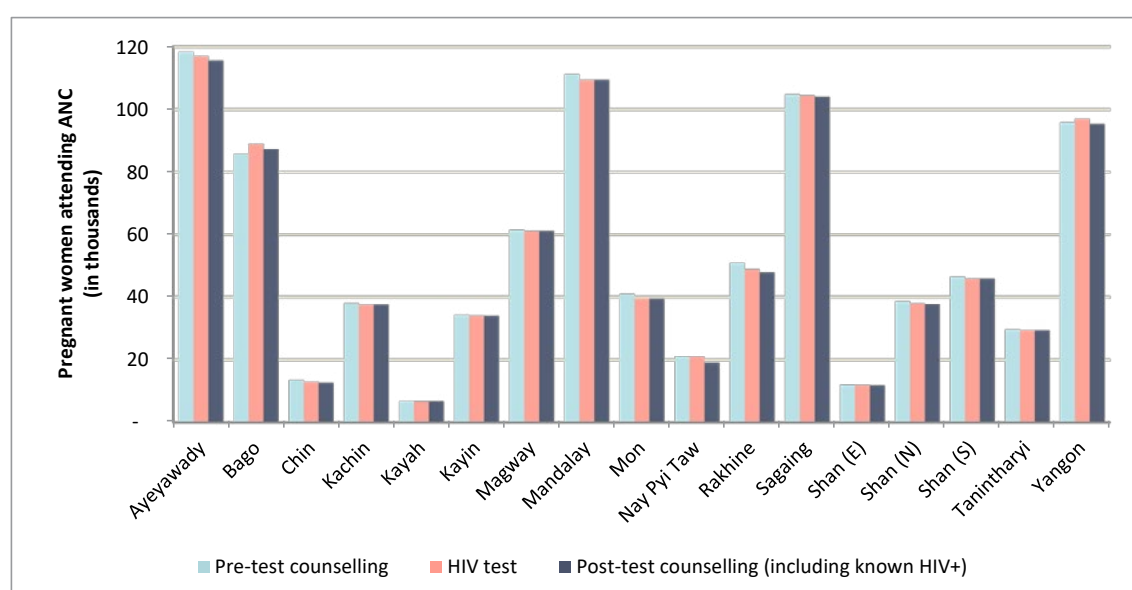
At the state and regional level there was greater completion of the HIV testing components compared to previous years. Only Mandalay, Rakhine and Mon reported some dropouts in HIV testing from those who received HIV pre-test counselling. Some states and regions reported more HIV testing than pre-test counselling, which may be because of group pre-test counselling or data quality issues. Ayeyawady region reported the highest number of HIV testing in pregnant women, followed by Mandalay, Sagaing, Yangon and Bago, which are all regions with high population density.

The HIV-positive rate among pregnant women is one of the indirect indicators used to estimate the HIV prevalence in the general population. With the high PMTCT program and testing coverage nationwide, this becomes more representative. In general, the HIV-positive rate among pregnant women has been decreasing over recent years.

At subnational level, Kachin still had the highest HIV-positive rate among pregnant women at 1.8%, reflecting the more widespread HIV epidemic in Kachin State. The second highest was Yangon at 1.2%, which was also concerning; yet, we should bear in mind that some of the HIV-positive pregnant women from nearby regions come for care in tertiary hospitals in Yangon, increasing the HIV-positive number in Yangon region. The same also applies in Nay Pyi Taw, the capital of the country, where the HIV-positive rate among pregnant women was higher, at 0.83%.

Shan (N) was also higher than the national average at 0.61%. All the other states and regions reported prevalence lower than the national average of 0.5%. Among the five prioritized states and regions, Sagaing had the lowest HIV-positive rate among pregnant woman (0.36%). We can deduce that the HIV epidemic in Sagaing is not yet at the extent of Kachin or Yangon, but is alarming that the HIV-positive rate there is on an increasing trend and it is important to identify and respond to any epidemic pockets in the region.

Figure 26: Number of pregnant women receiving pre-test counselling, HIV testing and HIV test results with post-test counselling by State/Region in 2019



At the national level, 95% of confirmed HIV-positive pregnant women received ART or ARV prophylaxis (pARV). Most of the states and regions had more than 90% of their identified HIV-positive pregnant women on ART or pARV except Yangon (88%) and Chin (79%). However, for Yangon, we should consider the existence of private clinics and hospitals providing ART. The greatest improvement was in Shan (E), from 70% last year to 91% in 2019. As usual, the highest number of pregnant women provided pARV/ART (24% of national total) was in Yangon, followed by Kachin and Mandalay.

In terms of after-delivery care, 95% of HIV-exposed babies in Kayin and Bago were provided with the necessary ARV prophylaxis. This calculation is based on the number of pregnant women who received pARV/ART, as the estimated number of HIV-positive pregnant women is not available for each state and region. This is not comparable with the national level indicator,

whose denominator is the estimated number of HIV-positive pregnant women; yet it provides an estimation of the achievement in after-delivery care at the state and regional level.

In Magway, Mon, Yangon and Shan (N) more than 90% of HIV-exposed babies received ARV prophylaxis, while in other states and regions achievement was more than 70%. In Shan (E), pARV/ART was provided to 61% of HIV-exposed infants. Though this is an improvement for Shan (E) compared to last year, it shows that greater effort is needed in Shan (E) to follow up HIV-positive pregnant women and their exposed babies in order to complete the whole PMTCT process for effective prevention of HIV transmission.

The percentage of infants that received EID within two months of birth was lower than the percentage that received pARV/ART. Tanintharyi, Mon and Shan (E) were the best performing states, with 90%, 88% and 84%, respectively. It is surprising that in Shan (E) the percentage of ARV prophylaxis was lower than the EID rate among exposed infants, and the factors behind this should be explored, including issues of data quality.

Among those infants that received EID testing within two months of birth, 2% of infants tested HIV-positive. This was much higher in Shan (N), at 5.7%, followed by Sagaing at 5.2%. Tanintharyi, Kachin, Bago, Nay Pyi Taw and Rakhine all had an HIV-positive rate above 2%, whereas Chin, Kayah and Shan (E) reported no HIV-positive cases from EID testing.

Table 36: Number of pregnant women receiving HIV testing, post-test counselling and those who know their HIV-positive status by State/Region (2017–2019)

State/Region	2017			2018			2019		
	PW re- ceived HIV testing	PW received post-test coun- selling (including known HIV+ cases)	PW know their posi- tive status (new positive + known positive)	PW re- ceived HIV testing	PW received post-test coun- selling (including known HIV+ cases)	PW know their posi- tive status (new positive + known positive)	PW re- ceived HIV testing	PW received post-test coun- selling (including known HIV+ cases)	PW know their posi- tive status (new positive + known positive)
Ayeyawady	123,635	121,212	455	123,215	121,484	438	117,044	115,572	373
Bago	86,549	83,471	388	88,185	85,135	297	89,034	87,446	244
Chin	11,578	11,451	35	14,351	14,058	25	12,922	12,688	29
Kachin	33,777	32,743	653	34,011	33,484	593	37,549	37,537	672
Kayah	6,789	6,769	24	6,009	6,011	13	6,743	6,743	26
Kayin	33,246	33,191	121	32,451	32,483	96	34,088	34,005	107
Magway	67,089	66,072	126	63,274	66,138	177	61,125	61,125	152
Mandalay	104,645	103,084	444	109,392	111,360	482	109,430	109,429	486
Mon	37,284	37,278	133	39,364	39,434	162	39,608	39,608	149
Nay Pyi Taw	18,786	18,425	96	21,248	17,893	186	20,903	19,015	158
Rakhine	32,686	31,514	89	45,990	45,024	79	48,972	47,846	87
Sagaing	107,944	107,428	298	111,354	110,561	343	104,558	104,173	374
Shan (E)	9,868	9,425	57	10,247	10,046	83	11,854	11,711	54
Shan (N)	32,570	30,627	214	35,350	35,276	205	38,099	37,697	229
Shan (S)	47,435	46,912	102	47,347	47,400	97	45,951	45,951	62
Tanintharyi	29,682	29,468	168	29,358	28,425	154	29,415	29,416	126
Yangon	85,663	79,572	1,502	98,452	96,639	1,323	97,095	95,449	1,149
Total	869,226	848,642	4,905	909,593	900,846	4,753	904,390	895,411	4,477

Regarding EID, there was an improvement in performance in most of the states and regions compared to previous years. In Tanintharyi, EID was provided to 90% of exposed infants under 2 months of age, while this was over 80% in Mon, Kayin and Shan (E), and over 50% in Shan (S), Mandalay, Magway, Yangon, Kayah, Sagaing, Shan (N), Nay Pyi Taw, Bago and Rakhine. The lowest performance was in Chin, Ayeyawady and Kachin, at between 45% and 48%. It is noted that Shan (E) provided more EID (84%) than ARV prophylaxis (61%) to exposed infants, whereas in Kachin, Shan (N) and Bago it was the reverse. The reasons behind this should be explored, as both ARV prophylaxis and EID are essential components for the infant in the prevention of mother-to-child transmission of HIV.

Another important component in the PMTCT process is male partner involvement. Partner testing (spouse testing) can identify whether male partners are HIV-positive and may be putting women at risk, and provides an opportunity to promote condom use. Greater involvement of male partners can also increase retention in PMTCT services and adherence to treatment. Some studies suggest that men from couples who had previously experienced HIV testing and counselling were more likely to be involved in PMTCT.³⁸

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 (2017–2019)

State/Region	2017				2018				2019			
	PW received pARV/ ART	Infants initiated ARV prophy- laxis	Infants received virolog- ical test within 2 months of birth	Infants tested HIV positive within 2 months of birth	PW received pARV/ ART	Infants initiated ARV prophy- laxis	Infants received virolog- ical test within 2 months of birth	Infants tested HIV positive within 2 months of birth	PW received pARV/ ART	Infants initiated ARV prophy- laxis	Infants received virolog- ical test within 2 months of birth	Infants tested HIV positive within 2 months of birth
Ayeyawady	376	208	46	0	421	225	60	3	370	294	170	2
Bago	258	215	99	1	273	174	52	1	222	212	115	3
Chin	23	12	7	2	24	14	5	0	23	16	11	0
Kachin	627	503	215	2	562	468	186	3	655	574	292	8
Kayah	14	7	6	0	10	8	5	0	24	19	16	0

³⁸ <https://www.avert.org/professionals/hiv-programming/prevention/prevention-mother-child>

State/Region	2017				2018				2019			
	PW received pARV/ ART	Infants initiated ARV prophy- laxis	Infants received virolog- ical test within 2 months of birth	Infants tested HIV positive within 2 months of birth	PW received pARV/ ART	Infants initiated ARV prophy- laxis	Infants received virolog- ical test within 2 months of birth	Infants tested HIV positive within 2 months of birth	PW received pARV/ ART	Infants initiated ARV prophy- laxis	Infants received virolog- ical test within 2 months of birth	Infants tested HIV positive within 2 months of birth
Kayin	94	64	27	0	91	81	41	0	102	97	87	1
Magway	139	75	40	2	172	112	60	1	150	139	102	2
Mandalay	424	294	276	4	476	358	140	5	483	382	332	1
Mon	130	122	68	2	157	141	55	1	147	136	129	2
Nay Pyi Taw	100	40	11	0	184	72	30	0	151	108	81	2
Rakhine	82	36	16	0	74	39	27	3	83	68	42	1
Sagaing	280	181	75	2	326	236	69	2	357	288	232	12
Shan (E)	36	20	22	1	58	24	27	1	49	30	41	0
Shan (N)	198	140	70	0	202	153	74	2	224	207	122	7
Shan (S)	80	50	50	0	93	81	30	1	64	50	48	1
Tanintharyi	153	99	82	0	137	88	62	3	120	96	108	3
Yangon	1,365	868	480	6	1,179	797	425	16	1,008	928	681	7
Total	4,379	2,934	1,590	22	4,439	3,071	1,348	42	4,232	3,644	2,609	52

In Myanmar, spouse testing has been increasing in recent years. Nearly 230,000 spouses of pregnant women were tested for HIV in 2019, which means that for one in four pregnant women who received an HIV test, their spouse was also tested. The HIV-positive rate among spouses was 0.5% in 2019; this has been decreasing from 0.8% in 2017 along with the wider coverage of spouse testing during these years.

The highest proportion of spouse testing was in Magway, where the spouses of 55% of pregnant women tested for HIV also were tested. This was followed by Chin, Kayah and Shan (S) at 42%. It is interesting that these low HIV prevalence states had high success rate for spouse testing. Among the priority states and regions, Yangon and Shan (N) had 15% and Kachin had 12% of spouses tested. On the lower end, Rakhine only managed to test 1% of spouses and Tanintharyi 2%.

Again, the highest HIV-positive rate among tested spouses was found in Kachin at 2.4%, Yangon at 1.1%, and Shan (N) and Mandalay at 0.6%. The high positive rates revealed for Tanintharyi and Rakhine were disregarded as their testing rate was very low and most probably only high-risk spouses of pregnant women were tested.

Table 38: Number of spouses tested for HIV and number of spouses tested HIV positive (2017–2019)

State/Region	2017		2018		2019	
	Spouses tested for HIV	Spouses tested HIV positive	Spouses tested for HIV	Spouses tested HIV positive	Spouses tested for HIV	Spouses tested HIV positive
Ayeyawady	8,827	89	11,692	26	29,273	108
Bago	14,516	60	16,740	71	21,209	56
Chin	2,039	6	4,466	18	5,457	6
Kachin	3,539	106	4,335	117	4,411	105
Kayah	1,540	1	1,629	5	2,850	4
Kayin	3,062	18	3,548	25	5,526	23
Magway	19,800	55	26,632	82	33,459	79
Mandalay	6,590	81	18,022	92	23,718	145
Mon	3,311	24	8,842	23	12,434	55
Nay Pyi Taw	4,894	18	6,229	37	8,179	36
Rakhine	152	19	159	20	678	22
Sagaing	13,998	128	19,857	104	37,782	161
Shan (E)	3,025	12	3,884	15	4,361	9
Shan (N)	3,167	22	4,101	27	5,712	35
Shan (S)	9,935	16	15,264	21	19,407	16
Tanintharyi	1,473	6	1,150	19	690	31
Yangon	4,981	162	8,730	254	14,412	158
Total	104,849	823	155,280	1,039	229,558	1,049

Syphilis testing and treatment among pregnant women

Congenital syphilis is a significant public health problem worldwide and is the adverse outcome of syphilis infection in pregnancy. In 2007, WHO launched an initiative for the global elimination of congenital syphilis, and progress is being made in increasing access to syphilis testing and treatment for pregnant women.

As the country committed to eliminating mother-to-child transmission of both HIV and syphilis, syphilis testing and treatment among pregnant women has been reinforced in recent years. More than 500,000 pregnant women received syphilis testing in each of the last two years. At national level, 52% of estimated pregnant women were tested for syphilis, 0.5% of those tested women were positive, and 84% of those who tested positive received syphilis treatment.

At the state and regional level, Ayeyawady and Mandalay conducted the most syphilis testing, followed by Yangon and Bago. Among all states and regions, Yangon had the highest syphilis-positive rate at 1.1%. This is in keeping with Yangon's status as the city with the highest rate for sexual transmission of HIV. The second highest rate was Nay Pyi Taw and Tanintharyi at 0.7%, followed by Bago and Mon at 0.6%. In all other states and regions the syphilis-positive rate was lower than the national average of 0.5%.

Although the syphilis treatment rate is improving in all states and regions, there is more work to be done to provide syphilis treatment to all pregnant women who need it. According to current practice in Myanmar, penicillin injections can only be provided by medical doctors. This stringent rule results in limited accessibility to syphilis treatment among pregnant women who test positive. Kachin and Shan (S) had a 100% syphilis treatment rate in 2019, whereas Kayah (22%) was the only state with less than 50% treatment rate.

As the government budget is the only funding source for procurement of syphilis test kits, it is important to mobilize more funding to ensure sufficient and sustained logistic supply.

Table 39: Number of pregnant women tested for syphilis, tested positive and treated for syphilis (2018–2019)

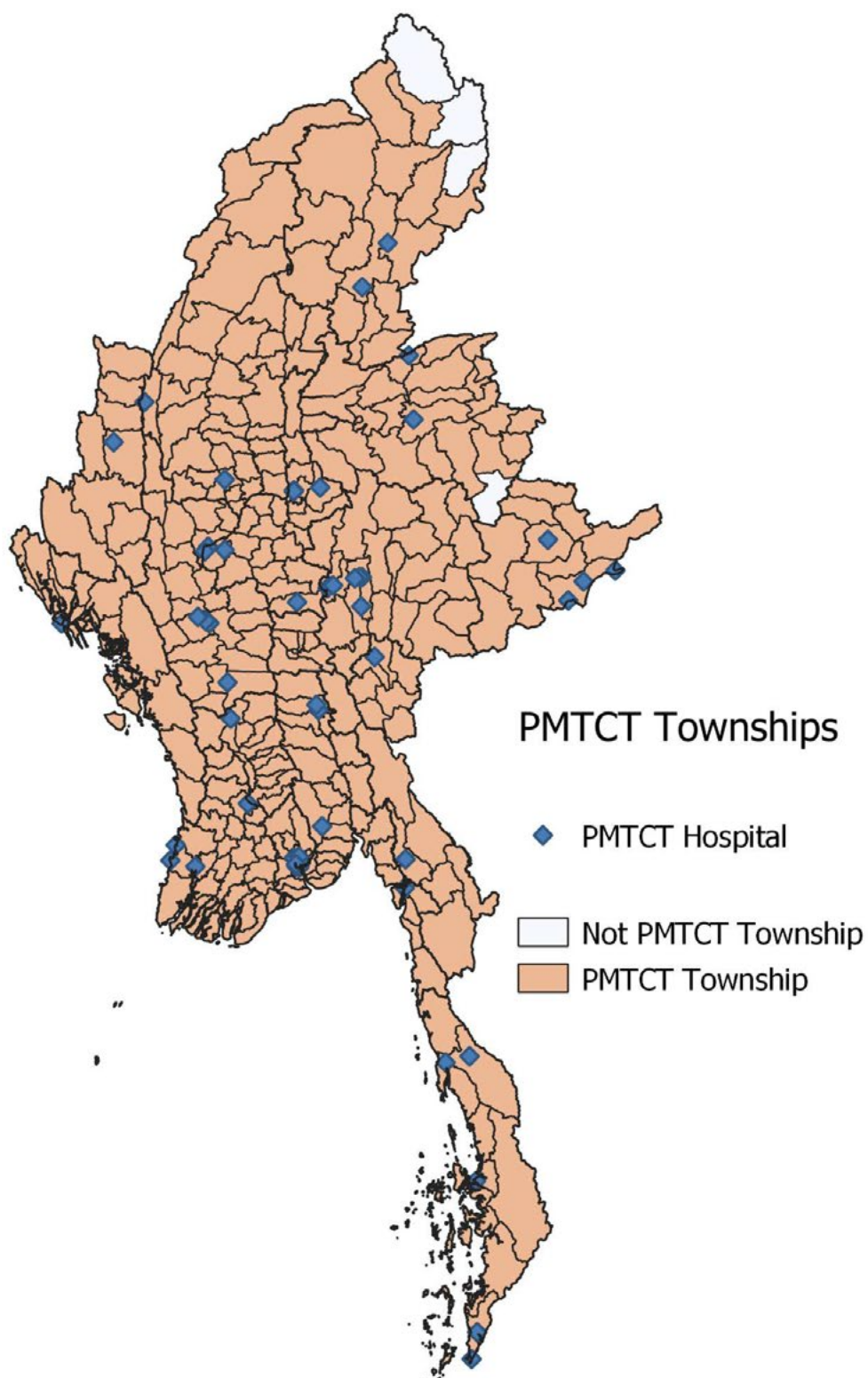
State/ Region	2018			2019		
	PW tested for syphilis	PW syphilis positive	PW treated for syphilis	PW tested for syphilis	PW syphilis- positive	PW treated for syphilis
Ayeyawady	70,892	199	179	67,850	302	265
Bago	46,281	197	182	51,319	305	288
Chin	8,337	4	2	7,661	9	8
Kachin	23,238	55	32	24,151	49	49
Kayah	6,209	3	1	8,317	9	2
Kayin	25,355	75	67	22,786	98	87
Magway	26,964	85	52	27,653	99	98

State/ Region	2018			2019		
	PW tested for syphilis	PW syphilis positive	PW treated for syphilis	PW tested for syphilis	PW syphilis- positive	PW treated for syphilis
Mandalay	56,104	164	157	65,674	290	288
Mon	17,713	86	88	21,500	124	121
Nay Pyi Taw	16,133	85	38	21,286	142	95
Rakhine	39,012	48	39	20,856	86	76
Sagaing	35,194	45	14	39,182	106	82
Shan (E)	9,012	36	4	12,401	15	9
Shan (N)	22,477	31	22	21,420	48	27
Shan (S)	44,418	26	23	28,074	31	31
Tanintharyi	23,383	66	23	20,292	140	104
Yangon	56,432	607	313	56,373	613	450
Total	527,154	1,812	1,236	516,795	2,466	2,080

The PMTCT data described here were compiled from data reported by the public and private not-for-profit sectors only. No data are included here 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. During 2019, the PMTCT program has been collaborating with the private-for-profit sector to collect PMTCT reporting from them.

Although the PMTCT program is performing well in identifying, tracking and providing treatment to HIV-positive pregnant women, more effort is still needed towards retaining women in the PMTCT program after they have given birth, which is also true for the syphilis response.

As the NAP has committed to the elimination of mother-to-child transmission of HIV and syphilis (eMTCT) by 2025, a dual intensive effort on both HIV and syphilis testing and treatment has become vital. The additional budget from the MOHS for syphilis diagnosis and treatment in addition to international funding will enable realization of the goal of eMTCT.

Map 8: PMTCT program coverage in 2019

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

PRIORITY INTERVENTION AREAS

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

Outcome indicators	Data source	Size estimate 2019	Baseline 2015	Target 2019	Results 2019
% people living with HIV and on ART 12 months after initiation	Program Data	-	85%	89%	83%
% of PLHIV on ART who are virally suppressed ($\leq 1,000$ copies/mL)	Program Data		8%	74%	68%
% of PLHIV on ART who are virally suppressed among those tested for viral load in the last 12 months	Program Data	-	87%	89%	95%
% of PLHIV on ART with viral load suppression ($< 1,000$ copies/mL) at 12 months after treatment initiation	Program Data	-	85%	>85%	93%
Output/coverage indicator					
% of PLHIV who are receiving antiretroviral therapy	Program Data	241,300 ³⁹	47%	74%	77%
Number of adults living with HIV who are receiving ART	Program Data	230,500 ⁴⁰	99,404	170,003	176,697
Number of children living with HIV who are receiving ART	Program Data	10,800 ⁴¹	7,086	7,559	7,927
Number of PLHIV on ART received viral load measurement during the reporting period	Program Data	184,624	9,700	90,000	133,468 (72%)

³⁹ Spectrum March 2020

⁴⁰ Spectrum March 2020

⁴¹ Spectrum March 2020

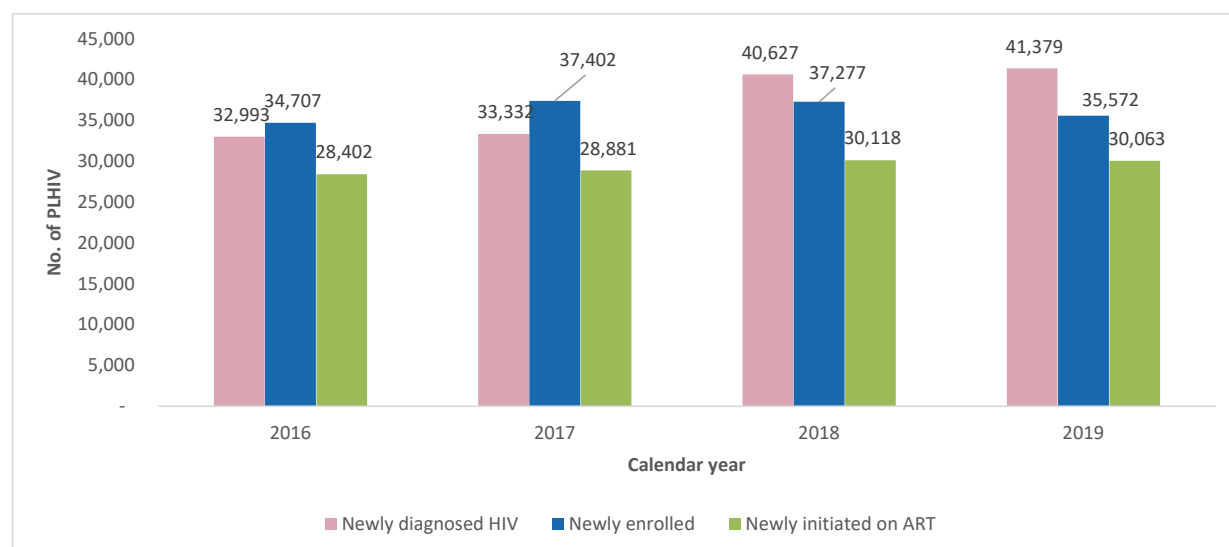
Outcome indicators	Data source	Size estimate 2019	Baseline 2015	Target 2019	Results 2019
Output/coverage indicator					
Number of HIV-positive new and relapse TB patients on ART during TB treatment	Program Data	17,000 ⁴²	6,534	9,947	7,736
% of people newly enrolled in HIV care who are started on TB preventive therapy	Program Data	35,572	3,361	42%	9,365 (26%)

Partners working on care, treatment and support in 2019:

AHRN, Alliance, IOM, Malteser, MAM, MdM, MSF-CH, MSF-Holland, MSI, NAP, UNION, PGK, PSI, PUI

The World Health Organization (WHO) recommends antiretroviral therapy (ART) for all people living with HIV (PLHIV) as early as possible after diagnosis, regardless of WHO staging and CD4 counts. Standard ART consists of a combination of antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease. Moreover, ART also prevents onward transmission of HIV.⁴³ While there is still no cure for HIV infection, effective treatment is available to let people living with HIV lead a normal and productive life.

Figure 27: Number of PLHIV newly diagnosed with HIV, newly enrolled into care and initiated ART



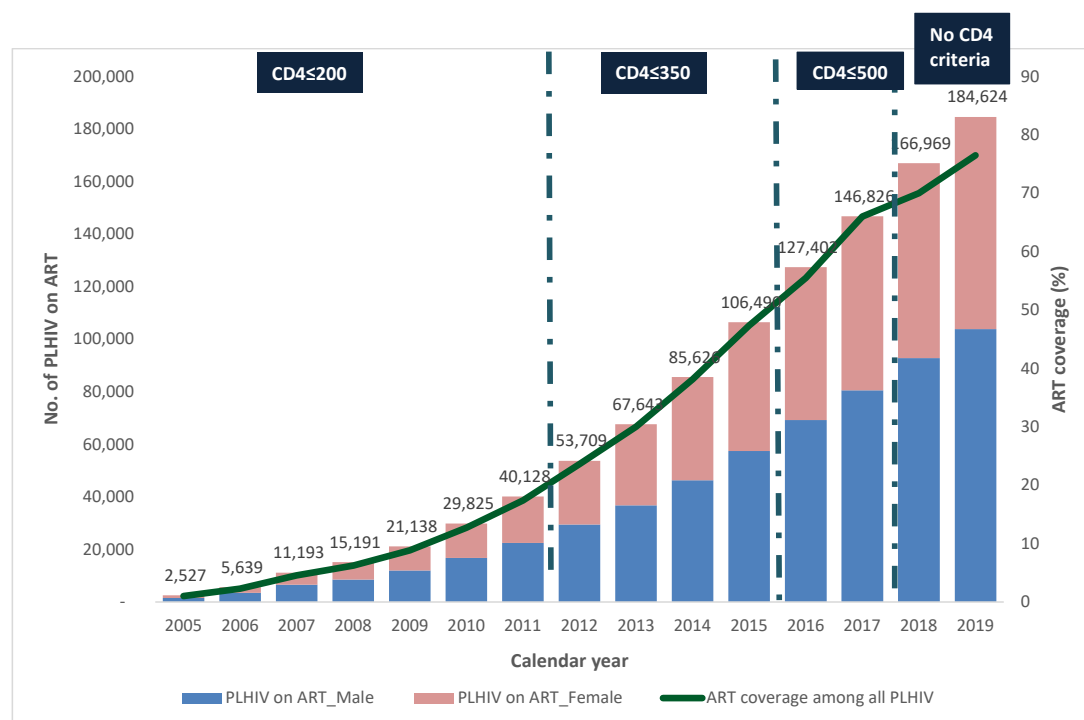
⁴² WHO TB-HIV estimate report, 2017

⁴³ <https://www.who.int/hiv/topics/treatment/en/>

The HIV care and treatment program officially started in Myanmar in 2005. The success of the treatment program heavily relies on the effective linkage between HIV diagnosis and treatment. Figure 27 shows that there were more PLHIV enrolled into care than those tested positive during the same reporting period in the early years. This may be because of the backlog of people who tested HIV-positive in previous years not yet enrolled into care. Around 35,000 PLHIV have been enrolled into the care and treatment program in each year since 2016, and around 28,000 to 30,000 PLHIV started on ART. Data on new HIV diagnoses and data on enrolment in care came from different original sources and different aggregate reports, making it difficult to analyse along the continuum of care. That being so, it would be useful if case-based individual electronic recording together with unique identifiers were in place to be able to follow the progress of PLHIV once they know of their positive status, which would be beneficial both for program management and data quality aspects.

Provision of ART for HIV-positive patients has expanded rapidly in Myanmar over the last five years. Myanmar adopted the WHO recommendations to provide ART to all PLHIV, regardless of CD4 count and clinical staging, in the 2017 national clinical management guidelines. Under the guidance of NSP III, Myanmar has intensified the pace of its HIV response through a continuum of HIV prevention, care and treatment: from reach to viral suppression through innovative and decentralized HIV testing and ART provision. In this way, the country succeeded in covering 77% of its estimated PLHIV population with ART in 2019 compared to 47% ART coverage in 2015. Despite the high ART coverage, the country managed to maintain 95% of its ART cohort on first-line treatment regimen. By the end of 2019, 44% of PLHIV on ART were females.

In early days of the country's ART program, 90% of ART provision was through the NGO sector. ART provision scale-up in the public sector was largely intensified after 2013 through a decentralization of services model. With the increasing number of public ART facilities, the public sector managed to provide treatment to 85% of the country's ART cohort by the end of 2019. This was the result of the policy of ART transition from the NGO sector to the public sector, becoming less donor dependent and ensuring the sustainability of the lifelong ART services. With this policy, ART initiation at NGO clinics was scaled down with existing ART patients gradually transferred to public sector ART facilities. At the end of 2019, MSF-Holland's Yangon clinics (Insein and Thaketa) completed their ART patient transfer to the public sector and MSF-Holland continued the transfer of patients from its other clinics.

Figure 28: People receiving ART (2005–2019)**Table 40: People receiving ART by organization in 2019**

Organization	Children		Adults		Total
	Male	Female	Male	Female	
Alliance	-	-	1,424	1,113	2,537
IOM	46	42	808	826	1,722
MdM	78	-	2,726	584	3,317
MSF-CH	80	77	1,250	919	2,326
MSF-H	436	396	6,326	5,973	13,131
MSI	21	25	632	564	1,242
NAP	2,481	2,206	67,248	52,307	124,242
NAP-UNION (IHC)	1,094	1,016	16,490	13,976	32,576
PSI	-	-	2,786	745	3,531
Total	4,165	3,762	99,690	77,007	184,624

Apart from the public sector, eight organizations were providing ART in 2019. Among those organizations, UNION has been supporting the public sector through an integrated HIV care (IHC) model since 2007. Under the recent introduction of the satellite clinic model, AHRN, MAM, PSI, Alliance and PGK have been collaborating with the NAP to support the public sector ART

cohort. Moreover, some other partners and community networks have been providing patient support services such as referral of HIV-positive patients to receive care, adherence counselling, defaulter tracing, psychosocial and nutrition support. In this way, the treatment burden on the public sector has been shared and somewhat relieved.

Figure 29: ART treatment regimens (2013–2019)

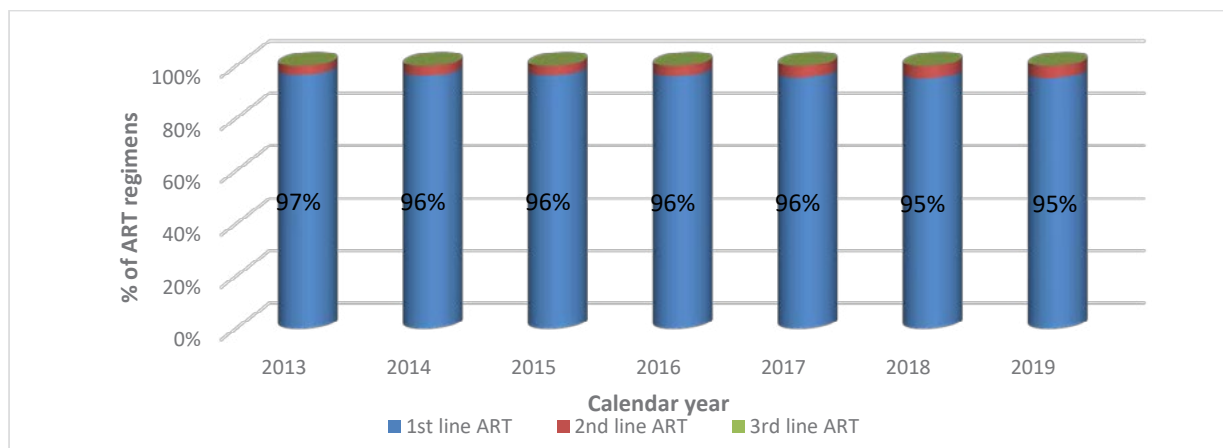
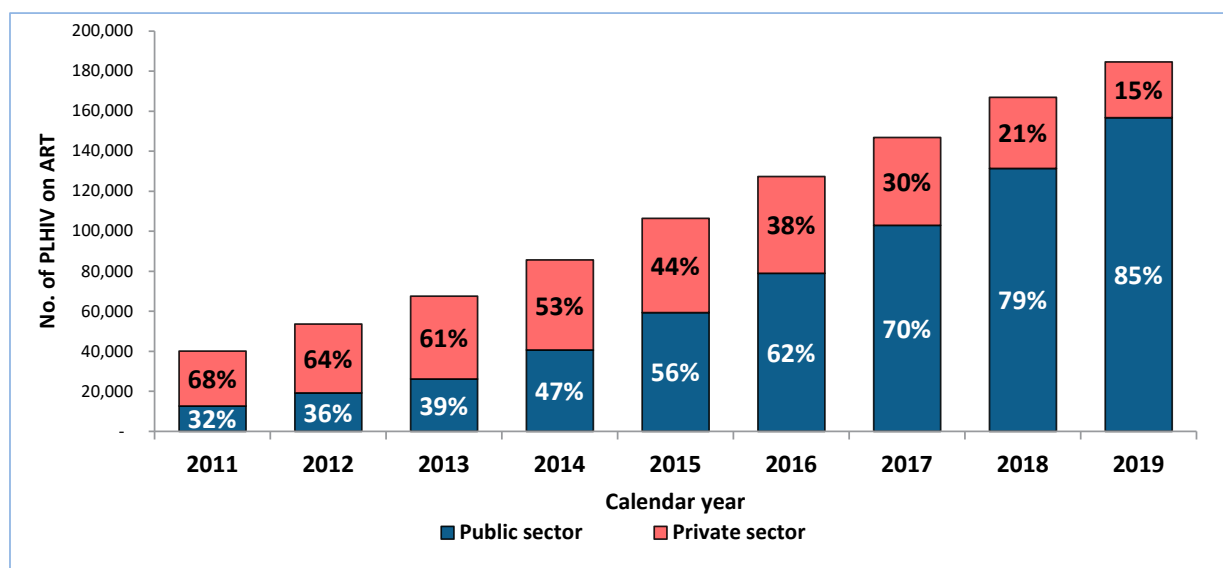


Figure 30: Number of adults and children currently receiving ART by sector: public and not-for-profit private sector (2011–2019)



With increased financial support by the MOHS, the NAP has been expanding the care and treatment program and by the end of 2019, 239 of 330 townships (72%) have ART-providing services. Only the townships with very low population density, difficult transportation or low HIV burden are yet to have ART service sites. Map 9 illustrates the geographical coverage of ART services. Altogether, there were 173 ART centres (136 public ART centres and 37 NGO ART centres) providing ART initiation and maintenance, and 163 ART decentralized sites for ART maintenance as well as ART initiation for some special populations (Figure 31). Paediatric ART was available in 127 ART sites. With the increasing number of ART sites, it becomes much easier for PLHIV to have access to ART services within a convenient distance, resulting in higher ART coverage.

Based on the recommendation in the country's clinical management guidelines for HIV infection, the viral load testing system has shifted from targeted testing to routine viral load testing for all PLHIV on ART, again through a decentralized approach. Viral load testing volume has been increasing noticeably in recent years, thanks to the joint efforts of the NAP, implementing partners and technical and supporting agencies. In 2019, 72% of PLHIV on ART were tested for viral load—a tremendous increase compared to the figure of 9% in 2015. Most promising is that viral load suppression among those tested in 2019 was as high as 95%, reflecting the quality of the whole care and treatment program (Figure 32).

Figure 31: Total number of health facilities that offer ART by public and private sector (2011–2019)

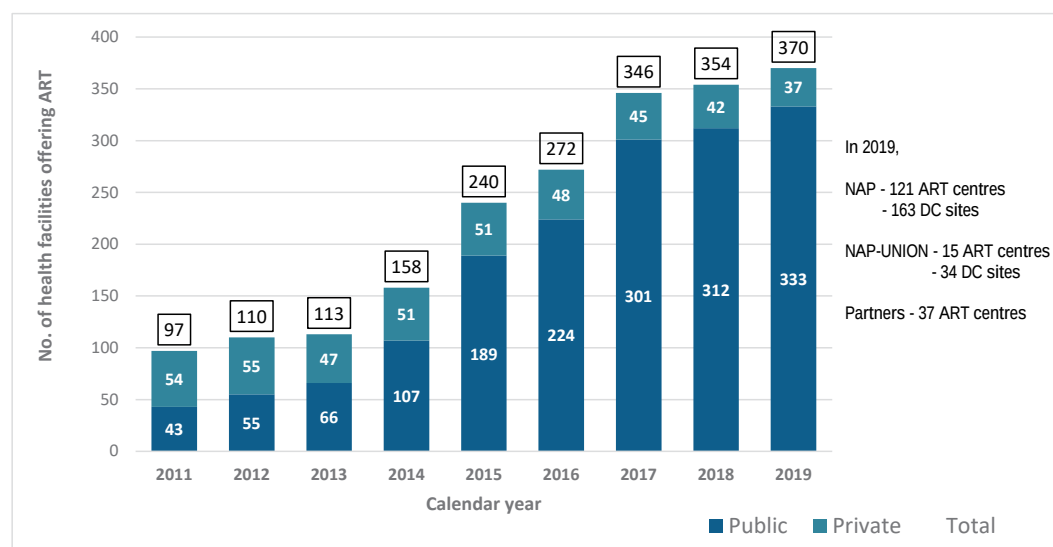
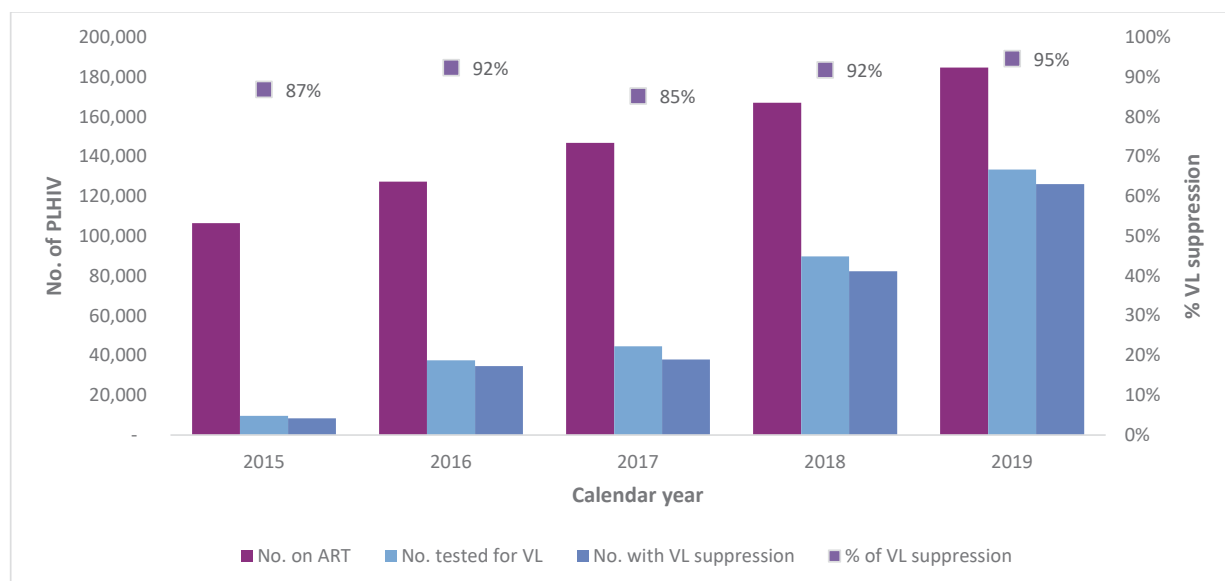
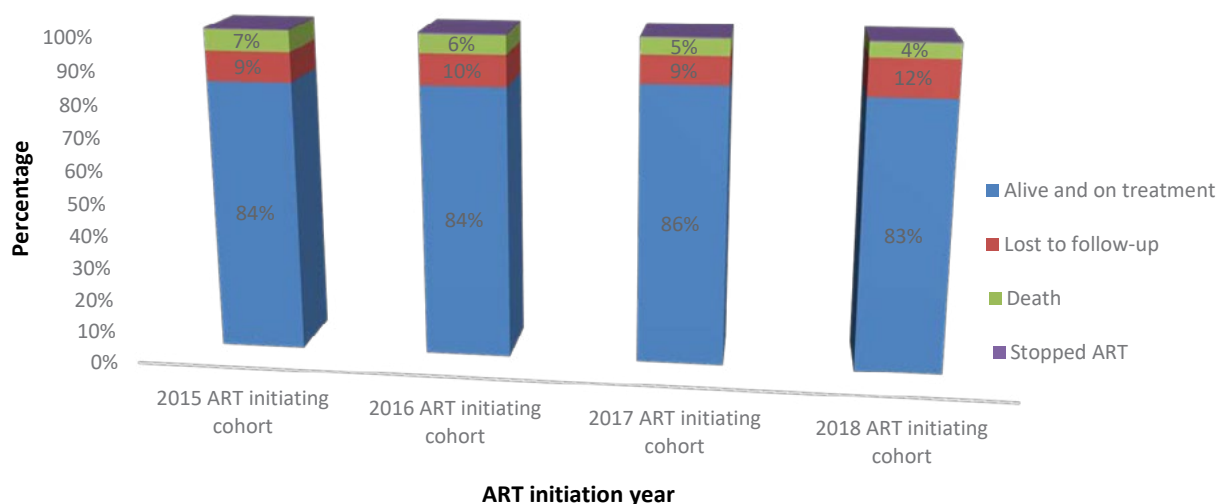


Figure 32: Number of PLHIV on ART, tested for viral load and those with suppressed viral load by year (2016–2019)



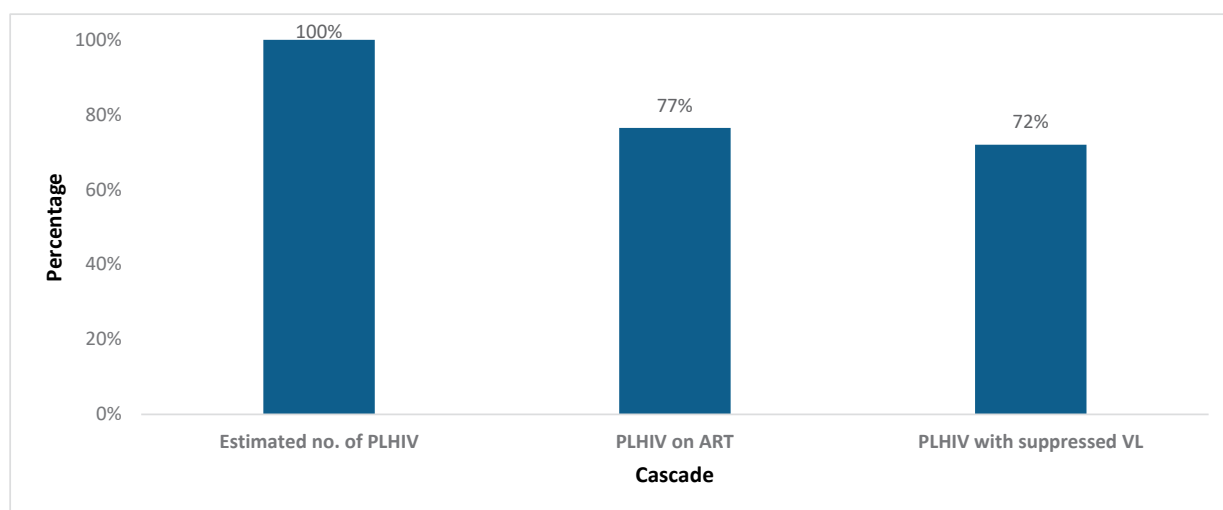
The retention rate of ART patients is one of the crucial indicators for monitoring and evaluating ART program performance. With a more decentralized approach in ART provision, retention on ART has been increasing in recent years. However, the percentage of those alive and on treatment 12 months after ART initiation decreased in 2019 to 83%. One of the possible reasons might be the improved data quality. During 2019, many ART sites were advanced to use OpenMRS—a case-based data recording system for the care and treatment program. In the change from paper-based to electronic system, some sites discovered some old lost to follow-up cases not recognized in paper-based system. Another reason might be that, in detailed analysis, some sites with increased lost to follow-up rate in 2019 were from areas with high prevalence of PWID.

Figure 33: 12-month retention on ART (2015–2018 cohort)



Regarding the 90–90–90 cascade, the care and treatment program is very much on course to achieving the targets. The estimated number of PLHIV in the country in 2019 was 240,000. Of those, 77% (target 81%) were already on ART by 2019 and 72% (target 73%) had achieved viral load suppression. With an under-functioning case reporting system, it is difficult to measure the first 90, which is the proportion of PLHIV who know their status. Because many assumptions are needed to calculate the first 90, NAP will not calculate it for 2019 and resume calculation when case-based reports become available. In terms of viral load suppression, it is assumed that the proportion of viral load suppression is the same among patients on ART who have not received viral load testing as among those who have been tested, allowing for extrapolation to all patients on ART.

Figure 34: PLHIV care and treatment cascade, cross-sectional 2019⁴⁴ (used estimated PLHIV as standard denominator)



Care and treatment 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, especially in the main cities. Because of this, ART patients are more widely spread across the country, in all states and regions. Among priority regions, there has been a shift in the total proportion of ART provision away from the main centres of Yangon and Mandalay towards Kachin and Sagaing in recent years.

⁴⁴ Estimated PLHIV – from Spectrum modelling, March 2020

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)

In 2019, Yangon, Kachin and Mandalay still had the highest numbers of patients on ART. The growth in ART provision is most clearly seen in Sagaing, Ayeyawady and Bago, especially compared to 2011 when very little ART was provided in those regions (Figure 35, Table 42).

In terms of viral load testing, Tanintharyi was the region with the highest coverage in 2019, where 92% of the ART patients received viral load testing. In fact, Tanintharyi has been the region with very high viral load testing coverage since the introduction of viral load testing. In Yangon and Mandalay viral load testing coverage showed a rapid increase to 85%. On the other hand, despite the sharp increase in ART patient numbers, Kachin and Sagaing still need to place more emphasis viral load testing. The overall improvement in viral load testing was achieved through decentralization, whereby GeneXpert viral load platforms have been installed in most states and regions and were functioning during 2019, increasing the viral load testing capacity at the state and regional level.

There have been very promising advances in terms of viral load suppression. Among those tested, the highest proportion of viral load suppression was seen in Shan (N) and Yangon at 96%, which was a great accomplishment. Viral load suppression was at 95% in Kachin, Mon and Tanintharyi and was above 90% in all other states and regions except Nay Pyi Taw, where it was at 87%. Further, viral load suppression results in Shan (E) show a decreasing trend from 100% to 91% over three years; whereas other states and regions show an increasing trend, especially Rakhine where it increased ten-fold from 9% in 2017 and 92% in 2019.

Table 41: People receiving ART by State/Region in 2019

State/Region	Children		Adult		Total	As % of total
	Male	Female	Male	Female		
Ayeyawady	226	186	5,206	4,426	10,044	5.4%
Bago	192	159	4,741	4,064	9,156	5.0%
Chin	24	15	150	165	354	0.2%
Kachin	531	526	17,485	9,466	28,008	15.2%
Kayah	14	8	215	179	416	0.2%
Kayin	59	45	1,250	1,314	2,668	1.4%
Magway	204	170	3,344	2,986	6,704	3.6%
Mandalay	581	555	12,256	9,687	23,079	12.5%

State/Region	Children		Adult		Total	As % of total
	Male	Female	Male	Female		
Mon	124	116	3,292	3,171	6,703	3.6%
Nay Pyi Taw	83	66	1,610	1,392	3,151	1.7%
Rakhine	51	64	1,240	952	2,307	1.2%
Sagaing	298	250	7,476	5,403	13,427	7.3%
Shan (E)	30	26	907	1,124	2,087	1.1%
Shan (N)	199	145	4,896	4,236	9,476	5.1%
Shan (S)	84	87	1,715	1,717	3,603	2.0%
Tanintharyi	124	124	3,125	2,742	6,115	3.3%
Yangon	1341	1220	30,782	23,983	57,326	31.1%
Total	4,165	3,762	99,690	77,007	184,624	100.0%

Figure 35: Number of people receiving ART by State/Region in 2011 and 2019

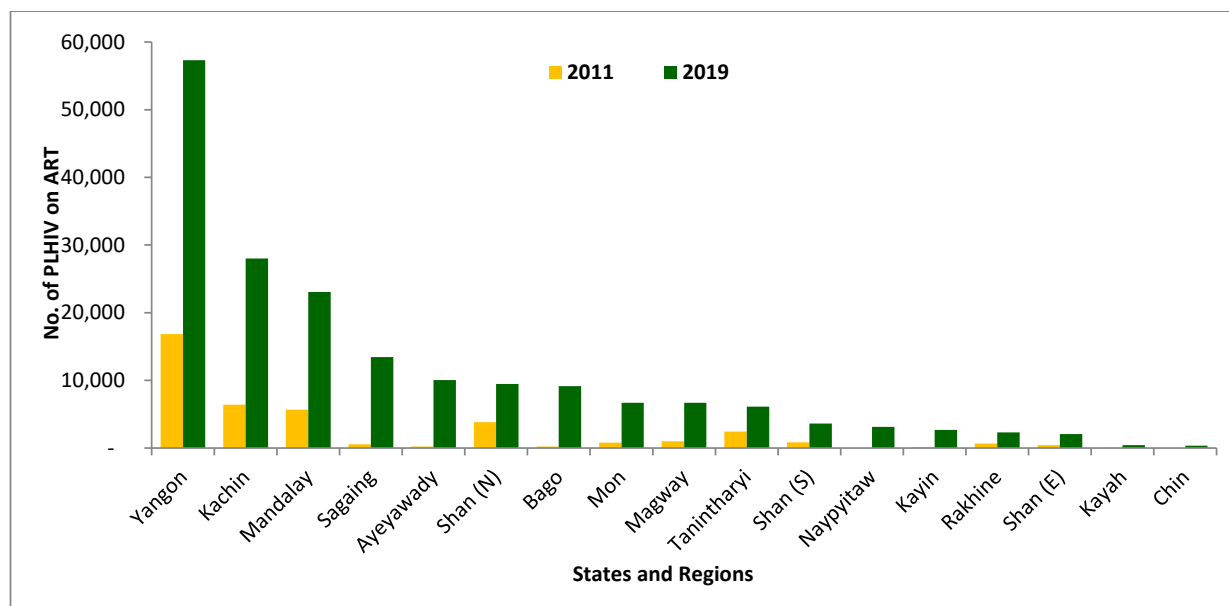


Table 42: Total people receiving ART by State/Region (2011–2019)

State/ Region	2011	2012	2013	2014	2015	2016	2017	2018	2019
Ayeyawady	240	355	880	1,481	2,860	4,327	6,287	8,384	10,044
Bago	221	440	749	1,284	2,243	3,722	5,486	7,706	9,156
Chin	-	3	10	44	79	122	167	260	354
Kachin	6,400	7,935	10,061	12,637	15,221	18,266	21,154	24,874	28,008
Kayah	40	51	82	123	161	223	274	356	416
Kayin	131	194	284	428	717	1,229	1,704	2,333	2,668
Magway	1,012	1,448	2,041	2,802	3,589	4,198	4,980	5,983	6,704
Mandalay	5,639	8,369	10,200	11,875	14,525	17,277	19,547	21,410	23,079
Mon	815	1,382	1,819	2,350	3,115	4,129	4,903	6,070	6,703
Nay Pyi Taw	33	75	231	579	1,034	1,562	2,019	2,551	3,151
Rakhine	665	702	797	875	1,108	1,392	1,593	1,907	2,307
Sagaing	542	1,168	2,252	3,350	4,823	6,297	8,506	10,969	13,427
Shan (E)	437	636	695	941	1,266	1,489	1,718	1,951	2,087
Shan (N)	3,815	4,715	5,201	5,794	6,603	7,325	7,867	8,663	9,476
Shan (S)	832	1,141	1,464	1,811	2,241	2,573	2,984	3,337	3,603
Tanintharyi	2,451	2,905	3,350	3,868	4,610	4,870	5,227	5,700	6,115
Yangon	16,855	22,190	27,527	35,384	42,295	48,401	52,410	54,515	57,326
Total	40,128	53,709	67,643	85,626	106,490	127,402	146,826	166,969	184,624

Table 43: Number of PLHIV on ART tested for viral load and viral load suppression among those tested (2017–2019)

State/ Region	2017			2018			2019		
	No. tested for VL	VL testing coverage among ART pts	% VL sup- pression among those tested	No. tested for VL	VL testing coverage among ART pts	% VL sup- pression among those tested	No. tested for VL	VL testing coverage among ART pts	% VL sup- pression among those tested
Ayeyawady	328	5%	13%	2,372	28%	92%	5,820	58%	93%
Bago	292	5%	57%	1,734	22%	94%	3,942	43%	94%
Chin	24	14%	50%	31	12%	81%	117	33%	94%
Kachin	6,359	30%	90%	14,371	58%	95%	17,944	64%	95%
Kayah	-	-	-	56	16%	96%	284	68%	88%
Kayin	137	8%	66%	376	16%	82%	1,371	51%	90%
Magway	1,539	31%	77%	3,032	51%	88%	5,099	76%	93%

State/ Region	2017			2018			2019		
	No. tested for VL	VL testing coverage among ART pts	% VL sup- pression among those tested	No. tested for VL	VL testing coverage among ART pts	% VL sup- pression among those tested	No. tested for VL	VL testing coverage among ART pts	% VL sup- pression among those tested
Mandalay	7,380	38%	84%	9,158	43%	86%	19,678	85%	93%
Mon	693	14%	74%	2,604	43%	90%	3,608	54%	95%
Nay Pyi Taw	6	0%	0%	309	12%	82%	1,403	45%	87%
Rakhine	245	15%	9%	47	2%	66%	811	35%	92%
Sagaing	1,527	18%	80%	3,104	28%	89%	8,131	61%	92%
Shan (E)	258	15%	100%	974	50%	95%	1,012	48%	91%
Shan (N)	3,918	50%	90%	5,027	58%	95%	6,839	72%	96%
Shan (S)	904	30%	70%	1,794	54%	89%	2,890	80%	94%
Tanintharyi	5,014	96%	83%	5,499	96%	84%	5,622	92%	95%
Yangon	15,942	30%	88%	39,272	72%	93%	48,897	85%	96%
Total	44,566	30%	85%	89,760	54%	92%	133,468	72%	95%

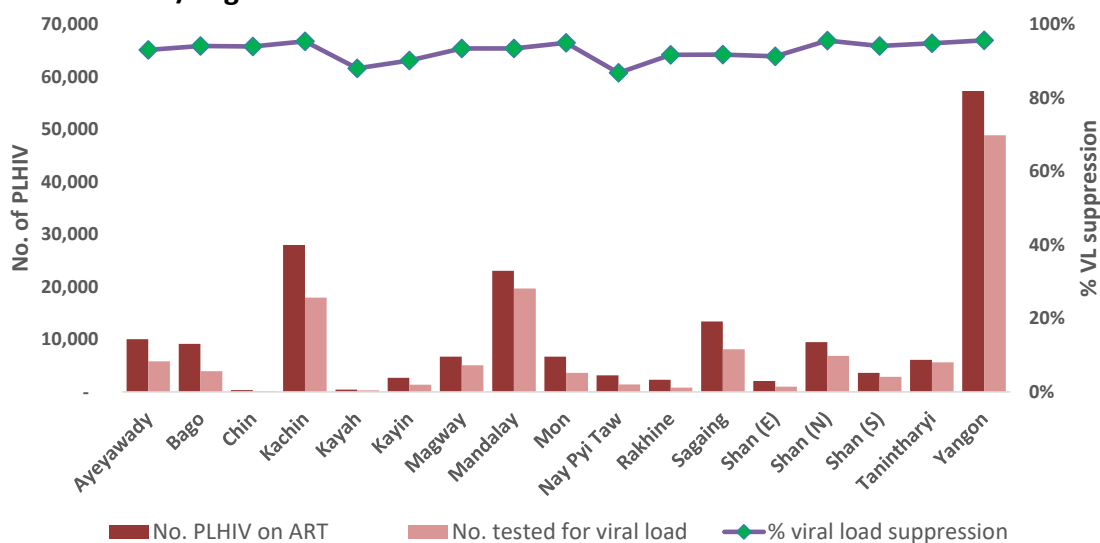
Looking at 12-month retention on ART, Bago stands out with 93% retention 12 months after ART initiation, as well as for having had over 90% retention rate every year for the last few years. Bago is followed by Mon with 90% retention rate, while it was at 85% and above for Ayeyawady, Kayah, Mon, Rakhine, Shan (S) and Yangon. On the other hand, Nay Pyi Taw union territory had the lowest 12-month retention rate in 2019 at 78%, and it has been fluctuating there over these years. The ART retention rate in Shan (N) has also been lower than in other states and regions, at 79% in 2019.

The larger the ART cohort, the more challenging it becomes to maintain those on ART. As retention on ART is critical in maintaining the quality of the care and treatment program, it is important to manage the lost to follow-up tracing in collaboration with all the implementation partners, community networks and self-help groups. Community involvement becomes very important in supporting patients' regular ART treatment, especially for a large ART cohort such as Myanmar's.

To conclude, the care and treatment program continues to advance significantly. With the continuing progress of the program, some aspects need detailed attention. To ensure high data quality, smooth communication among the ART sites, and effective and effortless patient transfer between sites, an individual case-based shared health recording system using unique identifiers is essential, and its establishment should be accelerated.

Table 44: Percentage of people living with HIV and on ART 12 months after initiation by State/Region (2016–2019)

State/Region	2016 (2015 ART initiating cohort)	2017 (2016 ART initiating cohort)	2018 (2017 ART initiating cohort)	2019 (2018 ART initiating cohort)
Ayeyawady	87%	81%	82%	85%
Bago	95%	92%	92%	93%
Chin	-	88%	-	-
Kachin	83%	84%	89%	82%
Kayah	79%	77%	78%	85%
Kayin	86%	81%	85%	90%
Magway	77%	89%	85%	80%
Mandalay	80%	84%	84%	83%
Mon	90%	91%	88%	87%
Nay Pyi Taw	91%	63%	82%	78%
Rakhine	83%	83%	88%	87%
Sagaing	86%	83%	86%	80%
Shan (E)	75%	79%	94%	80%
Shan (N)	76%	76%	81%	79%
Shan (S)	85%	83%	84%	89%
Tanintharyi	81%	83%	81%	83%
Yangon	85%	85%	86%	85%
Total	84%	84%	86%	83%

Figure 36: People on ART, tested for viral load, and viral load suppression during 2019 by State/Region

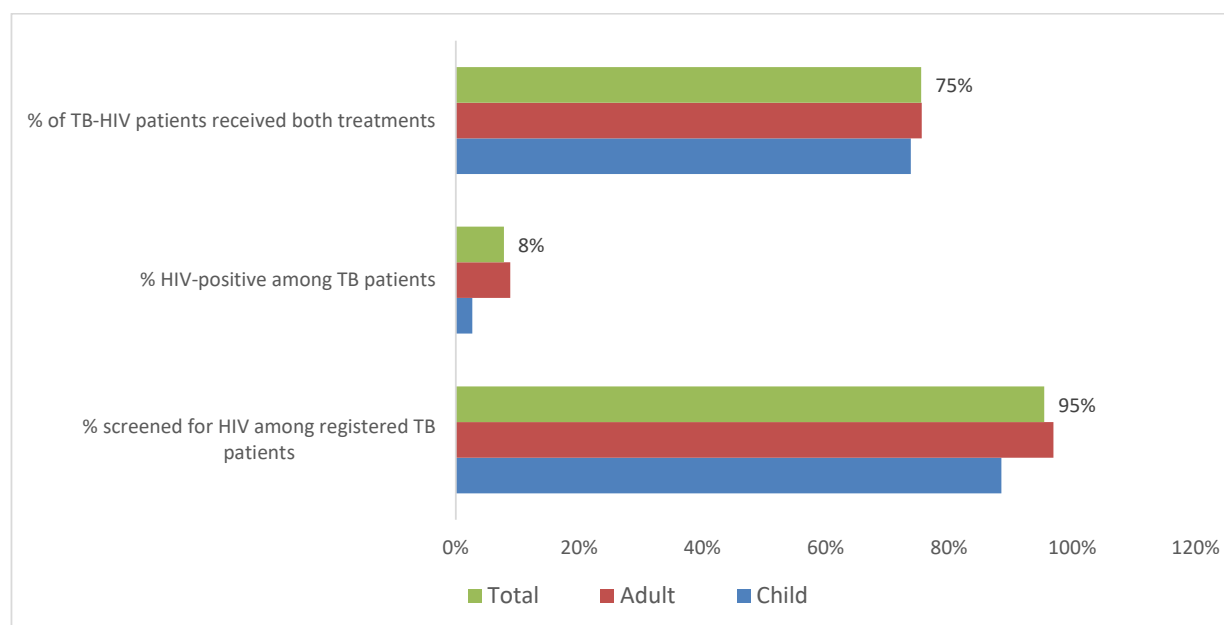
Attention needs to be paid to retention on ART, as suboptimal levels of retention will have a negative effect on the program and hamper the ability to reach the three 90s targets. Not only at national level but also at subnational level, the program should try to identify and implement tailored interventions that improve ART retention among different key populations.

With 85% of ART patients under the care of the public sector, it is most important to ensure the maintenance of this cohort. To maintain the current ART cohort as well as expand the program further to achieve the 90–90–90 targets, the capacity and readiness of the public sector should be constantly assessed and supported. Government's support on financial and human resource issues as well as logistic issues is essential to sustain the current and long-term success of the care and treatment program.

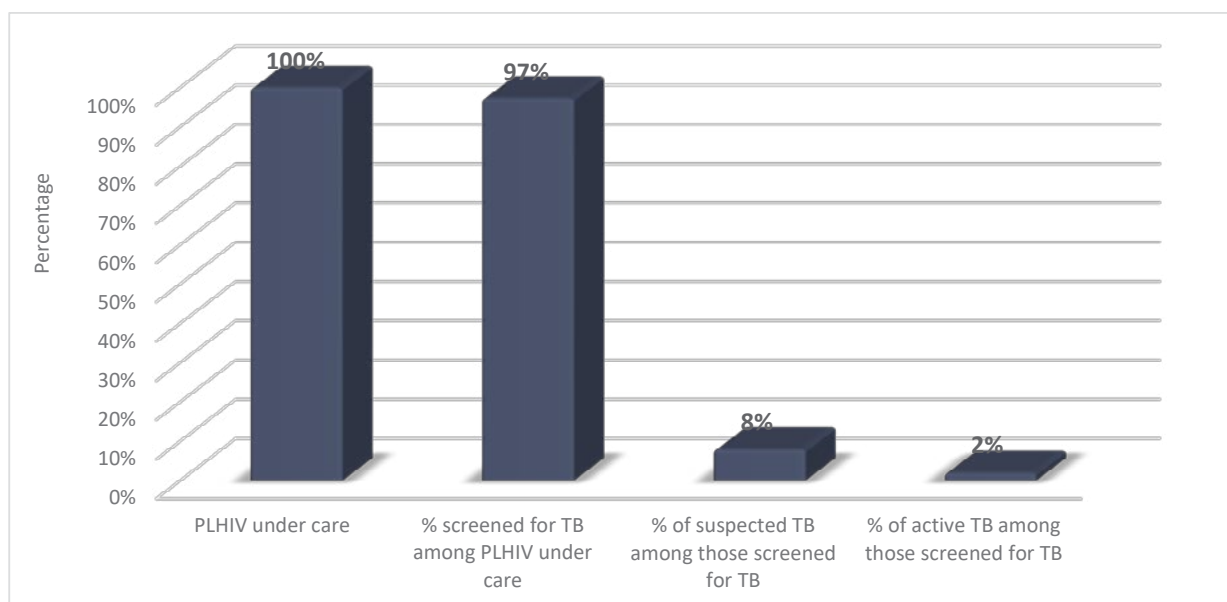
TB/HIV collaboration

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.⁴⁵

Figure 37: TB/HIV co-management (2019)



⁴⁵ www.searo.who.int/myanmar/areas/hivtb_reviewactivities/en/

Figure 38: TB status among PLHIV under care (2019)

Among the PLHIV newly enrolled into HIV care in 2019, 11% were found to have active TB disease (Figure 39). WHO recommends that PLHIV 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. PLHIV who did not have active TB disease were assessed for IPT eligibility. After being assessed, 47% of newly enrolled PLHIV were eligible for IPT and 21% were started on IPT. The remaining 42% were regarded as not suitable for starting IPT for various clinical or social reasons.

At the subnational level, as usual, Yangon, Kachin, Sagaing and Mandalay were the regions with the highest number of new enrolments into the care and treatment program. Figure 40 shows that the TB–HIV situation and IPT provision vary significantly by region. During 2019, in Yangon, Tanintharyi, Kayin, Mon and Rakhine the proportion of all new enrolments with active TB was between 15% and 19%, while in Bago, Shan (N), Kachin, Kayah, Shan (S), Mandalay, Sagaing and Chin it was under 10% (2% to 9%). The lowest proportion with active TB was in Chin, at 2%.

Regarding eligibility for IPT, the highest proportion of newly enrolled PLHIV eligible for IPT was in Magway at 88%. In Kachin, Shan (S), Sagaing, Mandalay, Ayeyawady, Bago and Shan (E), 50% or more of newly enrolled PLHIV were eligible to receive IPT. However, the proportion eligible to start IPT was lower in Yangon (only 26%), Mon (18%), Kayah (8%) and Chin (7%). The disparity among states and regions in the proportion of PLHIV eligible to receive IPT should be examined.

The highest proportion of newly enrolled PLHIV cohort receiving IPT in 2019 was in Bago, Tanintharyi and Ayeyawady, at 44%, 42% and 39%, respectively. On the lower end, IPT was provided to only 10% of the cohort in Mon, 8% in Kayah and 7% in Chin.

To summarize, while the country's TB–HIV screening and diagnosis element is performing well, subsequent management of providing dual TB and HIV treatment to coinfecting patients and provision of IPT both need to be expanded. A detailed and systematic analysis of IPT eligibility screening and provision would likely reveal important factors that hamper the progress in IPT initiation, not only among newly enrolled PLHIV but also among the existing cohort.

Figure 39: TB status among newly enrolled PLHIV (2019)

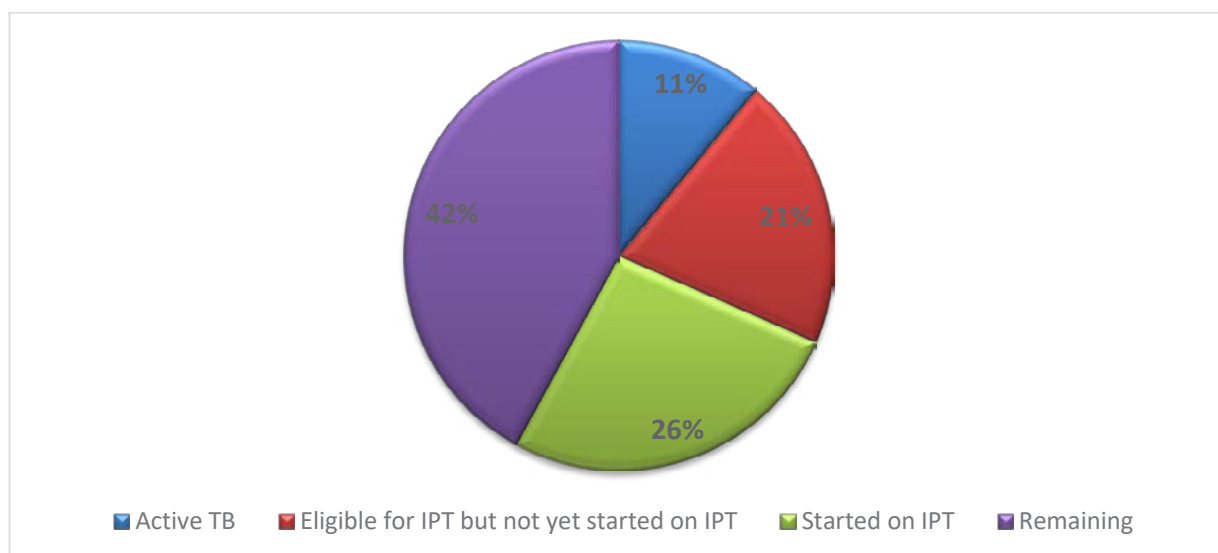
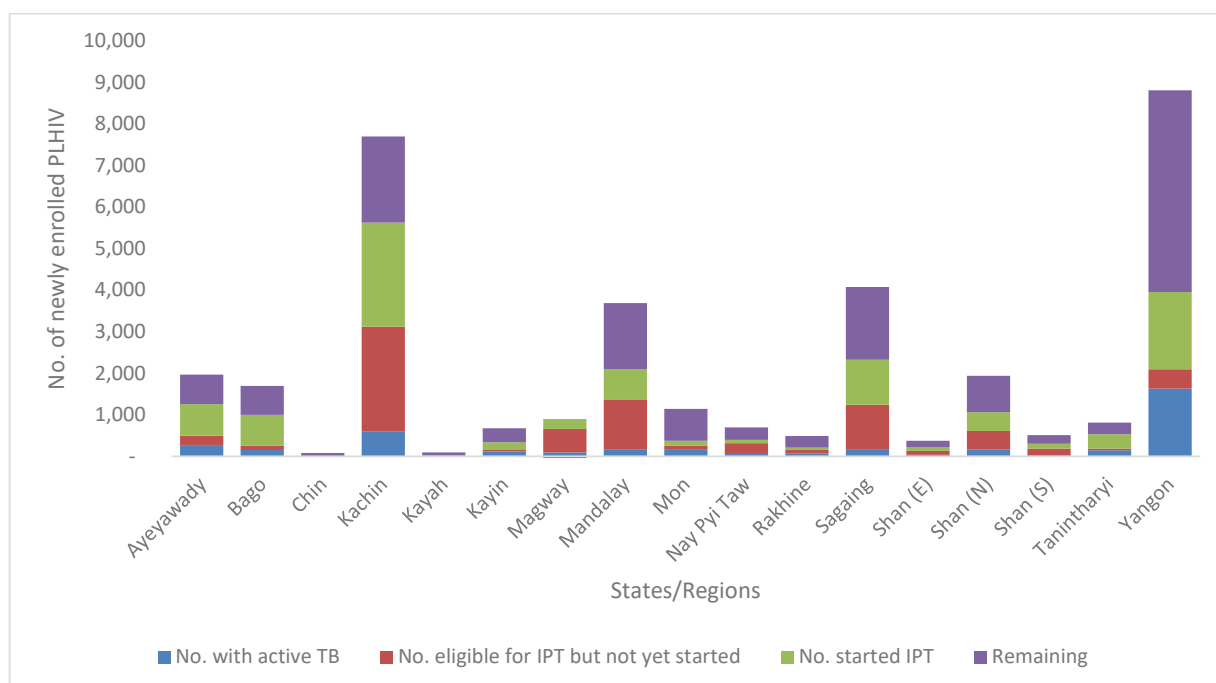
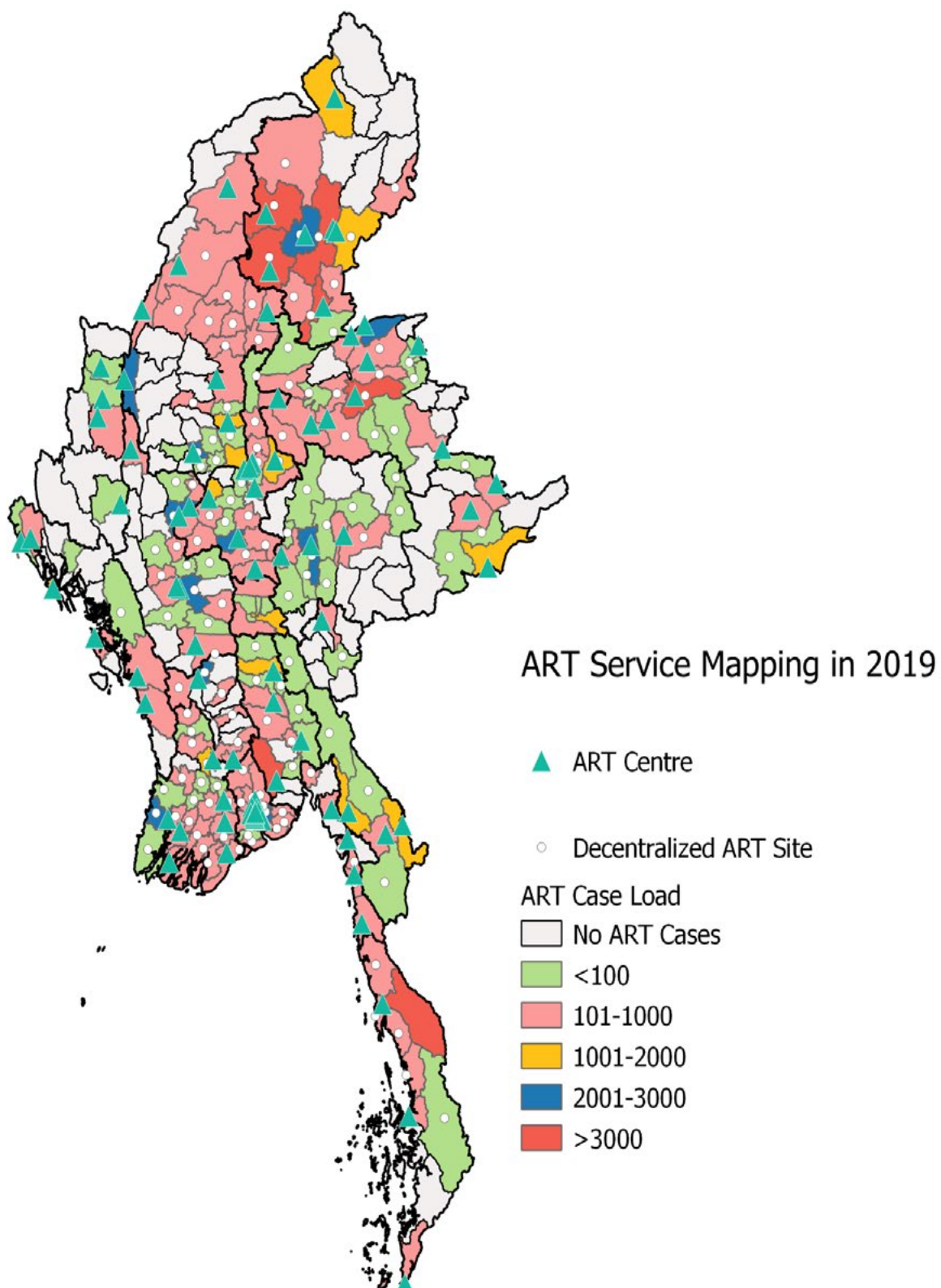


Figure 40: TB status among newly enrolled PLHIV by State/Region (2019)



Map 9: ART program coverage by township in 2019



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 2019
No. of PLHIV who received community home-based care	Program Data	NA	37,749	72,664
No. of PLHIV associated with self-help groups	Program Data	NA	23,347	12,144

Partners working on community home-based care in 2019:

IOM, MPG, NAP, PGK

Community home-based care is used in many countries to improve quality of life and limit hospital stays, particularly where public health services are overburdened. At the very start of the HIV program, as ART treatment was provided on clinical and CD4 criteria, and as ART availability was limited, there were many ill PLHIV either on ART or not yet on ART who required home-based medical care. Community home-based care was launched to serve this purpose. In recent years, patients have been diagnosed earlier and have initiated ART earlier, and the number of people on ART has greatly increased, and so there has been a shift towards psychological, social and other support. Hence, community home-based care lately has balanced its focus between counselling, nutrition, medical and social support such as covering transportation costs.

Table 45: PLHIV who received community home-based care by organization in 2019

Organization	Psychological/ social support	Food, material or financial support	Medical support	Total individual support
IOM	3,255	3,255	3,255	3,255
MPG	42,982	14,973	-	42,982
NAP	13,660	821	23,952	26,427
Total	59,897	19,049	27,207	72,664

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.

In this sense, it is good to see the evolution of the home-based care program in recent years, providing psychosocial, nutrition and medical support to more than 72,000 PLHIV during 2019 across all states and regions except Chin. This valuable support should also be made available in Chin state, where transportation is difficult, and the health-care workforce is limited.

Myanmar Positive Group (MPG) is main organization supporting community-based activities through its local networks across the country. The NAP and some NGOs have collaborated with community networks and peers through their involvement in HIV care and treatment services.

Figure 41: Number of PLHIV received community home-based care (2005–2019)

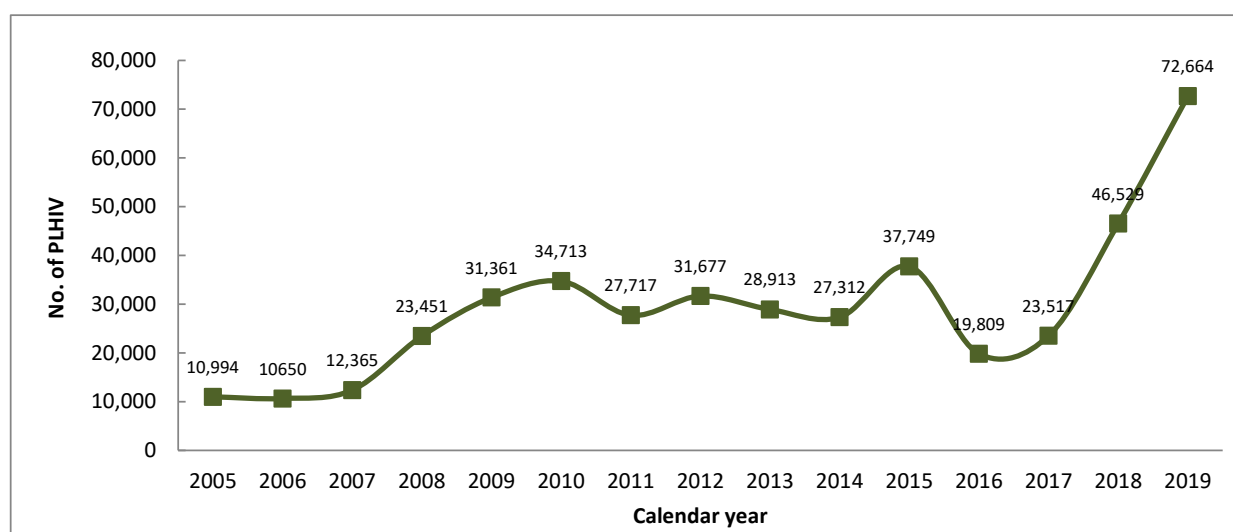


Table 46: PLHIV who received community home-based care by State/Region (2017–2019)

State/ Region	2016			2017			2018			2019		
	Psycho-logical/ social	Food, material or finan- cial	Medical support	Psycho-logical/ social	Food, material or finan- cial	Medical support	Psycho-logical/ social	Food, material or finan- cial	Medical support	Psycho-logical/ social	Food, material or finan- cial	Medical support
Ayeyawady	766	212	1,265	1,183	348	601	5,553	606	4,846	10,475	1,338	8,571
Bago	947	266	266	1,172	652	-	2,578	1,462	392	5,400	1,777	261
Chin	-	-	-	-	-	-	-	-	-	-	-	-
Kachin	93	20	-	1,935	589	-	3,998	1,757	4,540	4,501	1,645	-
Kayah	6	23	52	-	-	-	22	0	6	414	161	-
Kayin	531	356	548	964	889	674	837	708	1,089	1,159	808	652
Magway	852	30	42	772	451	122	1,141	664	-	2,341	976	-
Mandalay	3,409	91	218	1,539	782	205	2,117	670	2,980	7,910	2,101	2,922
Mon	4,276	1,704	1,661	3,917	3,428	3,046	3,963	3,268	3,355	4,474	3,392	3,267
Nay Pyi Taw	-	-	-	412	113	-	23	-	494	860	147	779
Rakhine	-	-	-	174	34	-	669	470	557	2009	235	2,306
Sagaing	1,389	4	120	1,399	819	81	2,244	866	4,229	4,192	1,513	1,234
Shan (E)	121	94	103	60	-	62	657	6	555	891	52	4
Shan (N)	1,233	33	22	629	303	-	1,445	604	112	2,437	1,134	192
Shan (S)	132	120	94	214	-	218	312	0	1,186	296	26	3,035
Tanintharyi	421	237	-	1,285	907	168	988	469	337	2965	1,106	996
Yangon	4,162	1,357	388	7,850	1,069	-	3,567	1,003	0	9,573	2,638	2,988
Total	18,338	4,547	4,779	23,505	10,384	5,177	30,114	12,553	24,678	59,897	19,049	27,207

With the increasing number of people on ART, the public health services have become stretched to capacity. To relieve this burden, community home-based care was developed again to provide the necessary psychosocial support, reduce stigma and discrimination, and provide adherence monitoring towards the comprehensive continuum of care of PLHIV.

Table 47: Number of PLHIV involved with self-help groups by State/Region (2016–2019)

State/Region	2016	2017	2018	2019
Ayeyawady	3,334	783	131	492
Bago	230	187	288	288
Chin	56	21	38	110
Kachin	2,835	2,785	3,375	4,184
Kayah	168	76	77	77
Kayin	583	99	152	153
Magway	246	138	122	158
Mandalay	3,365	1,854	734	1,450
Mon	1,710	1,243	735	926
Nay Pyi Taw	25	25	30	30
Rakhine	78	78	73	73
Sagaing	845	736	749	944
Shan (E)	695	243	481	537
Shan (N)	1,095	633	837	837
Shan (S)	743	409	135	141
Tanintharyi	423	423	467	467
Yangon	2,486	2,334	1,227	1,277
Total	18,917	12,067	9,651	12,144

The WHO proposes support groups as an intervention to address retention and adherence among PLHIV receiving ART. PLHIV self-help groups (SHG) were started at the beginning of the country's HIV response. Some HIV response organizations supported the foundation of SHGs to serve the purpose of sharing experiences, encouraging disclosure, reducing stigma and discrimination, improving self-esteem, enhancing patients' coping skills and psychosocial functioning, and supporting medication adherence and improved retention in HIV care.

SHGs are spread across all states and regions in the country. Though the number of PLHIV involved in SHG has been dwindling over the years, around 10,000 to 12,000 PLHIV have been involved in SHG activities in each of the last three years. Based on the information from Myanmar Positive Group (MPG), this reduction in the number of PLHIV involved in SHGs is due to the decline in interest and investment in SHG activities by donors and stakeholders as well as the increased

availability and earlier initiation of ART, the easier access to ART through decentralized sites, and a relative reduction of stigma and discrimination. Together these have led to increased normalization of PLHIV's lives and reduced the need for SHGs.

While MPG has been the main organization supporting SHGs, NAP, AHRN and MANA have also been working in this area, the latter two through consultations with drug user self-help group members, supporting their engagement in 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, and advocating people's rights to access treatment and quality services. With the decreased overall funding support and increased burden on public facilities, working through SHGs is expected to have high impact on program outcome and PLHIV's quality of life, while sustaining the HIV response 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

The highest decision-making body of the health sector in Myanmar, the Myanmar Health Sector Coordinating Committee (MHSCC), has members from community-based organizations (CBOs) working on the HIV response and representatives of people living with HIV and key population groups. 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 the recently restructured Communicable Disease Executive Working Group (CDExWG), they represent one out of two 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, PEPFAR and the Access to Health Fund. Focus areas of supported community systems strengthening programs were: care and support services by peers; community feedback mechanism of ART services and human right issues; community-led advocacy activities; improving

governance and leadership of networks; promoting meaningful participation of community in planning of HIV responses; and promoting community-led service delivery. In 2019, the results were as follows:

Care and support services by peers. MPG peers supported 67% of the total ART patient cohort at public ART facilities by providing psychosocial counselling, defaulter tracing and follow-up on missed appointments to return patients to care.

Community feedback mechanism of ART services and human right issues. Please refer to Section 3.4 below for details.

Community-led advocacy. Over 1,700 Facebook users tuned in for a live public awareness debate session on Democratic Voice of Burma's Facebook channel, held on Zero Discrimination Day to highlight and promote an understanding of discrimination faced by women and girls in accessing health and employment.

Advocacy regarding legal reform and reducing stigma and discrimination. Please refer to Section 3.4 below for details.

Improving governance and leadership of networks

- A 'Second-line leaders' development program was piloted in 2019, with 12 second-line leaders from community networks selected through a competitive process of screening motivation letters, personal interviews and recommendations from external partner organizations. The programme develops capacities based on identified skills and capacity-building needs, through individual or group training, team-building exercises, mentoring, local exposure visits, experience sharing sessions and small-scale group projects. The current chairpersons of MSM & TG Network (MMTN) and Myanmar Positive Women's Network (MPWN), as well as the vice-chair of MPG all emerged from the program. A couple of other participants are also serving as executive committee members of their respective networks.
- Myanmar Youth Star executive committee members and key project staff strengthened their capacity for branding, fundraising, advocacy, organizational development, and networking after a two-day team-building workshop to analyse their strengths and weaknesses.

Promoting meaningful participation of community in planning of HIV responses

- 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 Shan (N), Yangon and Sagaing, and township HIV operational planning in Hpa-An, Myawaddy, Kawkareik, Mawlamyine and Tachileik.
- The national program and key implementing partners are recognizing community contributions to national efforts and including community members in decision-making processes in new ways. For example, representatives from nine community networks are participating and representing community needs and concerns in the development of NSP IV (2021–2025). In particular, 108 community members (PLHIV and key population representatives) from the subnational level participated in a community consultation workshop that supported the finalization of NSP IV. This workshop facilitated technical review of NSP IV by community stakeholders to ensure its alignment with key recommendations from the country review; ensured that community stakeholders were informed of the key changes in NSP IV and their implications; validated country review recommendations; and provided inputs to support the finalization of NSP IV.

Promoting community-led service delivery

- A review was successfully conducted on the community-led prevention and linkage to care project in Rakhine State. This is a pilot of a community-led HIV prevention model for all key populations and high-risk youth, which started in October 2018. During the first year of implementation (October 2018–September 2019), among those tested for HIV, 6% of FSW, 4% of MSM, 40% of PWID and 1% of out-of-school youth had an HIV-positive test result, for an average HIV-positive rate of 4% across all targeted populations. The project's case management success rate (measured as the percentage of clients who tested HIV-positive started on ART) was 75% in its first year of implementation. The model was built on integration with public services with strong referral linkages for testing and treatment, and as such it created mutual understanding between key populations and public health-care providers and facilities. The model is expected to promote key-population-friendly services in public health facilities and ultimately to contribute to longer-term sustainability.

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

LAWS AND BY-LAWS

The Law on Rights of People Infected and Affected by HIV, hereafter referred to as the ‘HIV Law’, was approved by the Union Attorney General’s Office (AGO) in 2019. It was submitted to the Security, Peace and Stability Committee by the MOHS for submission to Parliament. This new legislation, whose development has been coordinated by the NAP in cooperation with UNAIDS since 2016, results from the collaborative effort of government and nongovernmental actors, parliamentarians and community networks. It aims to address stigma and discrimination and to ensure confidentiality and informed consent in health care, education and the workplace. Targeted advocacy as well as meetings led by the NAP with the support of UNAIDS were held with a wide range of stakeholders including the media both at central and state/region level to move the process forward. This advocacy work resulted in increased awareness about the importance of having a protective law, which will represent a major step towards protecting and upholding the rights of people living with HIV in Myanmar.

Law on Sex Work. The draft law is in its final stage of review at the AGO. Based on the latest information received from the AGO, additional interministerial meetings are to be organized in 2020 by the Ministry of Social Welfare, Relief and Resettlement (MSWRR) to discuss further the draft law.

POLICIES AND FRAMEWORKS

National Drug Control Policy. The National Strategic Plan on Drug Control Policy developed by CCDAC/UNODC was finalized in 2019 for submission to the Security, Stability, Peace and Rule of Law Committee on 20 January 2020. Various stakeholders, including UNAIDS, contributed to the development of this plan to ensure its consistency with international standards as well as with the strategic directions set in the National Strategic Framework on Health and Drugs and to promote a balanced, integrated and public health-oriented approach to the drugs problem.

National Strategic Framework (NSF) on Health and Drugs. The NSF was finalized in late 2019 and submitted to the MOHS. Under the leadership of the MOHS, UNAIDS coordinated the

development of this milestone document which defines a holistic response to the multiple facets of the drug problem. The NSF was informed by a consultative process involving government and nongovernmental actors, development partners, national drug users network and United Nations agencies.

ADVOCACY AND CAPACITY BUILDING

Advocacy to reduce stigma and discrimination

- Pyi Gyi Khin (PGK) actively participated in the Law on Sex Work drafting process and organized advocacy meetings with the Department of Social Welfare.
- Médecins du Monde (MdM) organized 64 stigma reduction meetings and 19 advocacy meetings among local stakeholders and with influential persons to reduce stigmatization and promote social reintegration in Kachin State.
- UNAIDS, Alliance and Sex Workers in Myanmar (SWiM) organized an information session on the draft Law on Sex Work in October 2019 in Mandalay, which was attended by about 20 members of Parliament as well as representatives from community, NGOs and CBOs.
- UNAIDS, together with SWiM, organized a half-day event on “Ending Social Stigma and Discrimination Against Sex Workers” on 8 June 2019 in Yangon. The chair of the Women and Children Rights Committee, Amyotha Hluttaw, provided opening remarks in this event.
- UNAIDS and SWiM had a booth on the “16 Days of Activism to End Violence Against Women and Girls” organized by the MSWRR on 25 November 2019 in Nay Pyi Taw and whose theme was “Generation Equality Stands Against Rape.”

Human rights and gender trainings

- **Training on Human Rights-based and Gender-sensitive Approaches to HIV, and on Sexual Orientation and Gender Identity (SOGI) for key populations.** Some 27 participants in Taunggyi and 32 in Lashio, including representatives from the NAP, community networks, CBOs, I/NGOs and United Nations agencies, took part in this three-day training organized by UNAIDS to reduce human rights barriers to access to services for key populations.

- **Training on Human Rights.** This training was conducted by the Community Network Consortium (CNC) and UNAIDS in Sittwe to strengthen the knowledge of 18 project staff and peers about the concept of human rights and inclusion of human rights aspects in HIV planning and service provision.
- **Training on Human Rights, Gender and Addressing Gender-based Violence.** Pyi Gyi Khin actively engaged in this training organized by the Department of Social Welfare in Ayeyawady Region, through providing technical support.
- **Stigma and discrimination reduction-related activities.** Myanmar Positive Group (MPG) conducted capacity building training for community leaders on reducing stigma and discrimination and improving linkage to care and treatment, as well as advocacy meetings in a variety of settings such as health care, workplace, education, households and prison. These activities, including piloting linkage to HIV care and treatment services, were implemented under the Community-led Stigma and Discrimination Reduction Interventions Project, which aims to reduce stigma and discrimination toward people living with HIV in Myanmar, especially in the above-mentioned settings.
- **Trainings for community leaders.** MdM organized seven open-door day activities at their Key Population Service Centre (KPSC) to build the capacity of local leaders on HIV-related stigma and discrimination, rights-based approaches, legal literacy and gender including SOGI in Kachin State. Local stakeholders such as quarter and village leaders, as well as other influential persons, were invited to take part in these activities.

Other advocacy and capacity-building initiatives

- **Training of Trainers (TOT) on Inclusion of Human Rights and Social Protection in HIV Programming.** A total of 59 participants attended this three-day training, organized by UNAIDS in Mandalay and Patheingyi in 2019. Participants included health-care providers, counsellors, network representatives and peers. On the last day, a “teach-back” session enabled participants to practise their training skills and receive feedback both from their peers and facilitators. The trainees are now capable to train other persons on these important matters (multiplier effect) in their respective areas of work.

- **Training workshop on Conflict Sensitivity in HIV Program.** A total of 29 participants from eight community networks, CBO and I/NGOs engaged in this three-day training organized by UNAIDS to increase awareness about the importance of planning and implementing HIV programs through a lens of conflict sensitivity. Participants were from Bamaw, Kyauk Pa Daung, Lashio, Magway, Mandalay, Monywa, Myitkyina, Pyay, Taunggyi and Yangon.

International Harm Reduction Conference (IHRC) and Study Tour on Best Policies and Practices in Response to Drug Use and HIV. A delegation of 17 participants attended the study tour organized by UNAIDS in cooperation with UNODC in Portugal in conjunction with the International Harm Reduction Conference (April–May 2019). Participants included parliamentarians from the Bill Committee of the Amyotha and Pyithu Hluttaw, senior officials of relevant ministries, civil society organizations, as well as representatives of Myanmar Drug User Network and United Nations agencies. This study visit primarily aimed to enhance knowledge about drug dependence and harm reduction among policy-makers who have key roles in implementing the national drug policy framework in order to promote laws and policies that are rooted in evidence, public health and human rights.

- **8th Asia Pro Bono Conference.** Twenty delegates from Myanmar contributed to this important annual gathering of persons supporting and engaged in access to justice, pro bono and public interest law in Asia. Myanmar delegates included lawyers, community representatives, NGOs, development partners and United Nations agencies. Two community representatives from Myanmar MSM and Transgender Women Network (MMTWN) and the Sex Workers in Myanmar (SWiM) network successfully engaged as speakers with the support of UNAIDS. This regional platform enabled the representatives from key population networks to highlight the role of community in providing paralegal support to key populations and PLHIV, as well as to share experience and strengthen their cooperation with lawyers.

Community Feedback Mechanism (CFM)

- **Alliance and community network.** In 2019, a total of 714 cases of violation of rights and stigma and discrimination towards key populations were reported through the CFM. Nearly one third (30%) of all cases were reported through the CFM run by MPG. Among the reported cases, 663 cases were discussed at local level and

458 cases were solved. Emergency assistance and other types of support including continuation of ART for those incarcerated, psychosocial support and legal support were provided to 116 cases.

The CFM was implemented by Myanmar MSM and Transgender Women Network (MMTWN), Myanmar Positive Women Network (MPWN), Myanmar Positive Group (MPG), Sex Workers in Myanmar (SWiM) network and Myanmar Interfaith Network on AIDS (MINA) in 20 townships with the technical support of Alliance Myanmar, the Community Network Consortium (CNC) and concerned networks. MPG implemented the CFM in half of the townships (10 townships) with the support of the Executive Committee of the networks. Alliance provided technical assistance and coordination. An annual monitoring visit was conducted by CNC to assess the progress and provide inputs and feedback with regard to the implementation of the CFM. The new CFM Standard Operational Plan was developed under the guidance of the NAP. This new Plan allows the community to work closer with different stakeholders and ensure stronger engagement and support from the NAP in CFM implementation.

Awareness raising was continued among key community and service providers to familiarize them with the mechanism. Some 30,000 copies of IEC materials such as pamphlets on CFM and a user manual on the MyRights Application were produced and distributed among partners. In addition, Alliance Myanmar shared information and facts on the CFM Facebook page and addressed comments on a regular basis.

- **Pyi Gyi Khin.** In 2019, 10 cases of violation of rights of sex workers—the majority of which were related to physical abuse—were documented and reported by PGK as part as the response mechanism initiated in 2016 in Pathein and Pakokku. The mechanism includes collecting and documenting cases of violation and providing logistic support to survivors and peers. Arbitrary arrests, physical and/or psychological abuse, trafficking and injustice committed toward sex workers and MSM can be reported through this mechanism. From 2016 to 2019, more than 300 cases were reported through this mechanism.
- **MdM.** In terms of community feedback mechanism and community-based monitoring, MdM conducted 151 community consultations to improve the quality of the services. With the same objective, a client satisfaction survey was conducted in Yangon to better tailor services to the needs of beneficiaries. In addition, MdM provided support to Yangon Regional NAP to carry out a behavioural survey on assessing female sex workers' access to female condoms in Yangon.

Access to legal services

- About 29 sex workers, 21 people who use drugs and 2 men who have sex with men who faced legal charges received legal aid and assistance through community-led legal projects supported by Alliance. The assistance was provided by pro bono lawyers and lawyers involved in the community legal project. Half of the cases (26 out of 52) were not charged and the persons were released.
- Legal assistance through a lawyer was provided by MdM for supporting peer workers that were arrested in Kachin State. Moreover, legal awareness sessions were organized by a lawyer employed by MdM in Yangon on a monthly basis.

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

As stated in NSP III, the purpose of this strategic direction is to strengthen the capacity for HIV monitoring, accountability and financial planning under NSP III.

PRIORITY INTERVENTION AREA

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

During 2019, the country made major achievements in the area of strategic information to guide service delivery, program management, policy and financing.

Myanmar HIV epidemiological review 2019. In preparation for the evaluation of NSP III (2016–2020) and in support of the development of NSP IV (2021–2025), the country's HIV epidemiological review was conducted during early 2019. Its aim was provide information on country progress in the response to the HIV epidemic, by reviewing: the HIV information system and its components; the level of and trends in HIV incidence, prevalence, mortality and risk behaviours; and the HIV prevention and care cascade. It was conducted as an independent review involving international experts and national expert teams; the NAP and related department focal persons; and focal persons from implementing partners and technical and donor agencies. There is a separate report on this review.

Updates of strategic direction IV, new indicators and target setting for NSP IV. During 2019, the country prepared and accomplished the formulation of NSP IV to guide the country's HIV response through 2021–2025. As part of NSP IV development, new priority interventions, activities and results were set for strategic direction IV on the area of strategic information. These were set in line with the objectives of NSP IV of fulfilling the country's immediate needs in the area of strategic information and building a robust strategic information backbone to support the program in the long run. Moreover, national indicators were reviewed and updated to reflect the commitment areas of NSP IV, along with target setting for each indicator through the NSP IV era in collaboration with other working groups. This was achieved under the leadership of the NAP through a series of strategic information working group meetings, which involved strategic information personnel from the NAP, the Department of Medical Research and implementing, technical support and donor agencies.

Township prioritization for NSP IV. With a limited budget, it is important to focus HIV investments in geographic areas with the highest HIV burden and potential risk. In this aspect, the priority township list was updated for NSP IV using the latest available epidemiological, program and key population data.

Optimization exercise. An optimization exercise was carried out with the purpose of informing the operationalization of the new NSP IV and apprising the HIV session in the development of the country's funding request (2021–2023) to the Global Fund. Building on the work of the HIV prioritization process for the NSP IV, the optimization exercise using the AIDS Epidemic Model (AEM) was undertaken to inform the optimal allocation of resources between prevention and treatment programs among key populations to yield the greatest impact over a given time period.

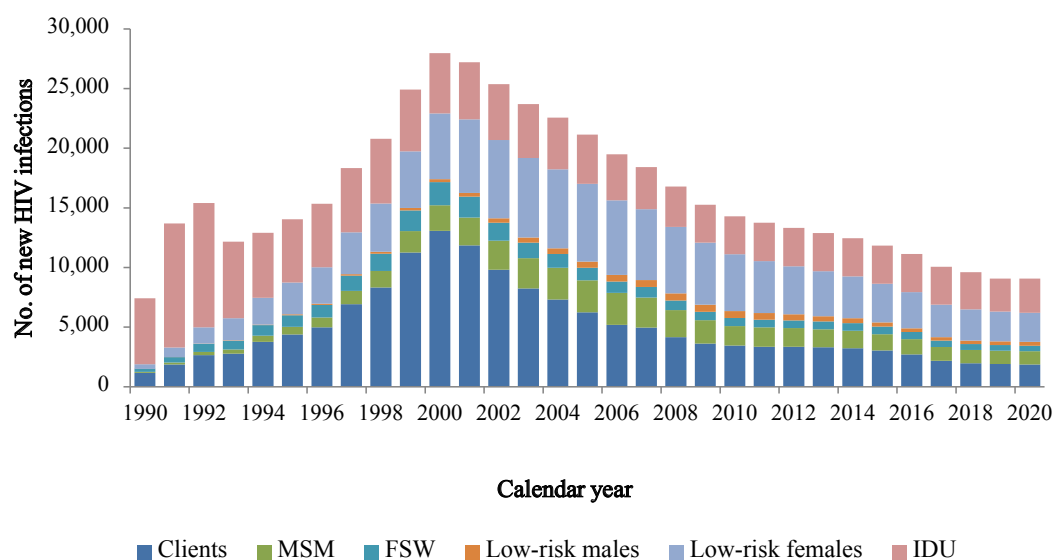
Further decentralization of data entry, data analysis and data use. To guide service delivery, program management, financing and resource allocation at subnational level, data entry, data analysis and data use were further decentralized, with trainings provided at the state and regional level. DHIS2, which is the national data collection platform, was upgraded and new features such as a data dashboard were added to make the platform more user-friendly for data analysis. The aim is to enter, analyse and use data at subnational level, leading to more in-time, tailored HIV response interventions.

Subnational planning. During 2019, subnational planning was extended to ADB JFPR townships and border regions, which are outside of the five priority states and regions. The same methodology and process were used as in the development of the four priority regions' response plans, which were completed in previous years. The methodology included: desk review and analysis of a

variety of available 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. Using these subnational profiles, costed subnational HIV operational plans were developed for five townships: Tachileik, Mawlamyine, Hpa-an, Myawaddy and Kawkaik; and three states: Shan (E), Mon and Kayin. These subnational plans are microplans to enhance the quality and effectiveness of local HIV continuum services through tailored approaches and interventions.

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.

Figure 42: Annual new HIV infections estimate in adults 15+ years (1990–2020)



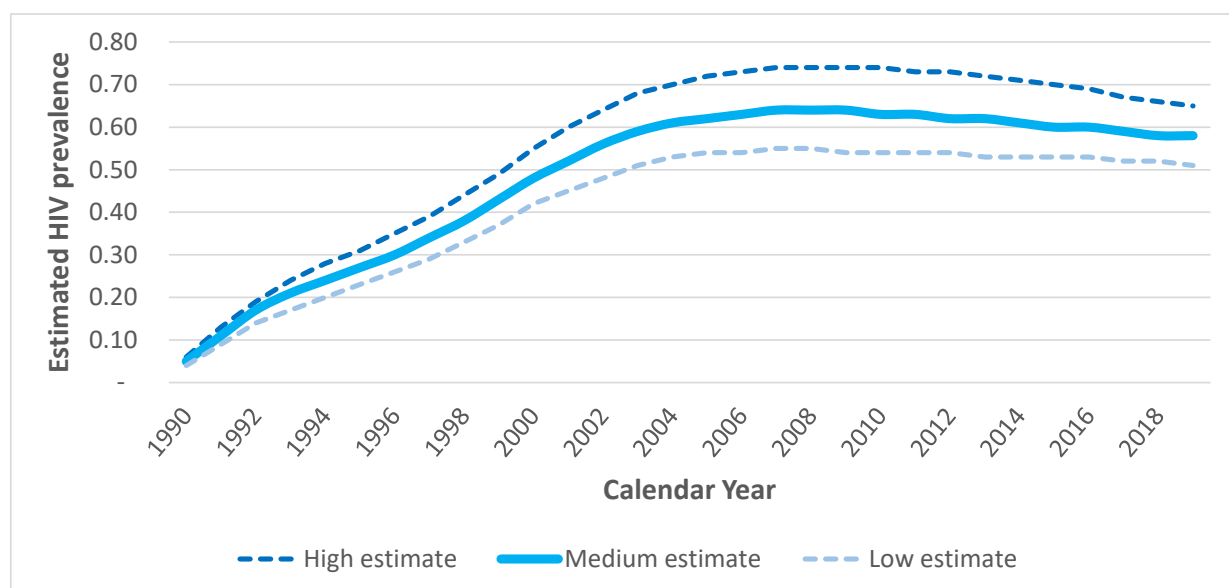
HIV estimates and projections. Like every year, the country's HIV estimates working group produced national-level HIV estimates and projections, which were submitted for the Global AIDS Monitoring 2019. It was initially planned to update all the six subnational estimates using the Asian Epidemic Model (AEM) based on the updated information obtained from the 2019

IBBS/PSE among FSW and MSM. However, as the dissemination of the IBBS/PSE results was postponed, the estimates workshop was also consequently postponed. Therefore, only the program data were updated in the existing AEM models. The final national HIV estimate for 2019 was created using AEM v415 and Spectrum v5.87 to produce the estimates on new HIV infections, HIV prevalence, HIV- and AIDS-related deaths in both adults and children, and pregnant women. These estimates provide the foundation of all kinds of HIV response plans mentioned above.

As our AEM estimate models were not yet updated using the latest available data, the figure mentioned is still the one that was used last year. 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 2019 was estimated at around 10,000 and the prevalence at 0.58% among adults (15 years and above). 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.

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 43: Estimated HIV prevalence in adults 15+ years (1990-2019)



National HIV surveillance. The NAP accomplished another round of integrated biological and behavioural surveillance (IBBS) among FSW and MSM during 2019. This is an important and reliable source to understand the risk behaviours among key populations, which are dynamic,

and their HIV prevalence. The IBBS was conducted using probability-based respondent driven sampling (RDS), which is the ideal method to reach hidden populations. In this round of IBBS, survey sites were successfully expanded to 11 sites for each population across nine states and regions—Yangon, Mandalay, Patheingyi, Monywa, Pyaw, Bago, Meiktila, Taunggyi, Pakokku and Magway—for both FSW and MSM populations, Lashio for FSW population, and Dawei for MSM population. In addition, population size estimate (PSE) work for FSW and MSM was done along with the IBBS.

Generally, at total site level, HIV prevalence has decreased compared to the previous IBBS round in 2015. Yangon maintains the highest HIV prevalence among both FSW and MSM populations among all survey sites, confirming its status as the top region for sexual transmission of HIV. While condom use has increased among FSW, it has decreased among MSM. FSW who know their status in the last 12 months is nearly at the same level as in last round, but that of MSM has decreased. The preliminary results consultation meeting along with the national PSE workshop are scheduled to be conducted in 2020, followed by the report in late 2020.

PRIORITY INTERVENTION AREA

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

To improve monitoring and reporting for providing quality data, efforts continued on all aspects such as data entry at service delivery level, development of user-friendly DHIS2 dashboards, initiatives and continual efforts on online individual case recording and reporting, master patient index and data security and confidentiality policy. Thanks to the existing digital health information system, routine reports such as the Global AIDS Monitoring report, national progress reports and other donor reports were produced in a timely manner to effectively track the national HIV response.

Digital health information

Progress continues towards a unified digital health information system along with the OpenHIE framework in Myanmar. The issues on planning and technical reviews on health information system were discussed.

District Health Information Software (DHIS2). DHIS2 was applied as the national platform for HIV reporting as part of the public health information system. During 2019, two batches

of data-use training were conducted with technical support from HISP India. HIV dashboards were developed based on the WHO guidebook on analysis and use of health facility data. Other program-specific dashboard contents were reviewed and discussed during the training. A total of six HIV-related dashboards were finalized and published on DHIS2. UNAIDS continued to provide technical support on HIV digital health information in collaboration with WHO, UNOPS, UNICEF and Save the Children, with experts from HISP India, HISP Viet Nam and the University of Oslo.

Around 650 tablets were distributed to focal persons on PMTCT, ART, HTS and methadone treatment. Eighteen multiplier trainings were planned, the purpose of which was to conduct data entry using tablets at service delivery level, and to use other tablet functions such as Internet browsing for capacity building, electronic document reading, email and messaging, to enhance the personal and working capacity at the basic health staff level. With support from CHAI, official email accounts were set up for each focal person to receive timely viral load results online. Mobile device management software managed by the MOHS was installed in all tablets. A communication channel for troubleshooting for tablet users was established at NAP team level.

Individual case reporting initiative. As another step to move towards individual case reporting after the OpenMRS, individual case recording for HIV-positive pregnant women and people who take pre-exposure prophylaxis (PrEP) will be recorded through a DHIS2 tracker module. Those modules were developed in late 2019 and implementation will be around mid-2020. Using these modules, the programs will be able to track the individuals from start to end, conveniently and on time. Initial discussions ensued on the development of a data security and confidentiality policy to protect the privacy of individuals' data.

Master patient index (MPI). As activities to establish a unique identifier system continued, phase III of the master patient index was accomplished during 2019 and is ready for pilot operation. Preparations started for training of trainers (TOT) and on-site multiplier trainings.

Functional status of OpenMRS	2016	2017	2018	2019
No. of sites using OpenMRS generated reports	-	-	1 (1%)	10 (6%)
No. of sites using OpenMRS in data validation phase to generate reports	5 (3%)	12 (7%)	27 (16%)	65 (38%)
No. of sites planned to use				
(trained and prepared)	-	35 (20%)	67 (38%)	25 (14%)
Total no. of ART centres	157	174	178	173

OpenMRS. OpenMRS was introduced in public sector ART centres at five 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 5.0 was released before the end of 2019. For scale-up, a series of trainings were conducted, reaching 100 trained ART sites with software installation and hardware distribution (laptops and tablets) during the period. OpenMRS Lite was used to digitalize paper-based patient data in both ART centres and decentralized sites. Three specialist hospitals (Mingalardon, Waibargi and Thaketa) are using OpenMRS for real-time data entry. Self-learning materials (user manuals and data entry video clips) were developed to alleviate the effect of staff turnover and towards long-term sustainability.

By 2019, a total of 10 ART sites were using automated reports generated from OpenMRS reducing the paper workload for reporting. Another 65 sites were also utilizing the software still in the process of data validation to for generating automatic reports while another 25 sites were trained to use OpenMRS in the near future.

Further plans regarding the electronic health system include: individual data collection along the continuum of care using unique identifiers; case-based surveillance; data security policy ensuring data security, privacy and confidentiality; data quality tool on the current DHIS2; continued promotion of data-use at the national and subnational levels through DHIS2 data analysis; and ultimate integration of DHIS2 across the health system.

PRIORITY INTERVENTION AREA

4.3 Strengthen coordination and human resources for strategic information

The recommendations and plans from the 2016 Monitoring and Evaluation System Strengthening (MESS) 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

Research agenda. With limited resources and capacities to conduct research, to ensure the most pressing knowledge gaps concerning the HIV epidemic in Myanmar are filled and to strengthen coordination among relevant stakeholders, a national, inclusive, HIV-related stakeholder meeting on the research agenda was convened in March 2019 in Nay Pyi Taw. Its aim was to identify a set of research questions and topic areas commanding the highest priority in alignment with NSP III.

After a thorough desk review of existing HIV-related research work, the research agenda workshop was conducted under the following guiding principles: the research agenda should be country-driven; it should build on the existing and previous national research agendas; it should incorporate the national HIV strategic and M&E plans; it should be closely coordinated with ongoing efforts and national priorities; and the workshop should ensure engagement of multiple stakeholders across domains. The workshop fulfilled all the principles with the technical assistance from the University of California San Francisco and the Department of Medical Research.

All the stakeholders engaged in the country's HIV response—including donors, implementing partners, field implementors, technical support partners, HIV and key population related communities, networks, and academic institutions—actively participated in the research agenda formulation workshop, ensuring successful project delivery. Following a step-by-step prioritization process over three full days, 25 research questions/topics were selected including: 6 from the integration of community and health domain; 5 each from the sexual transmission and PMTCT, care and treatment, and strategic information domains; and 4 from the prevention among PWID domain. As this research agenda is regarded as a living document subject to revision and change, it is important to track the materialization of this agenda and update it regularly—especially to be aligned with NSP IV and new evolving areas. A separate report and brochure on the research agenda were published in 2019.

HIV drug resistance survey. As guided by the Myanmar HIV Drug Resistance Operational Plan (2015–2019), a survey on acquired HIV drug resistance among adults was carried out in 2018 at 26 ART clinics, including both public and NGO ART sites. During 2019, genotyping of the samples was completed along with data cleaning. Data analysis and results dissemination are scheduled in 2020.

Other study initiatives. In relation with the research agenda and exploration of innovative areas, arrangements and talks on conducting research on pre-exposure prophylaxis (PrEP) and HIV self-testing (HIVST) were initiated during 2019. Protocols were prepared for studies of PrEP among PWID in Kachin and HIVST among MSM and transgender women in Yangon and Mandalay.

Moreover, as a pioneering intervention, the NAP in collaboration with the First China Medical University conducted crowdsourcing contests concerning HIVST in late 2019. Crowdsourcing solicits inputs from the community for developing new intervention approaches, designing intervention messages, and evaluating intervention programs. It allows a group, including community experts and non-experts, to solve problems and share solutions with the public. A steering committee was formed under the leadership of the NAP consisting of United Nations and INGO partners and community and network groups. This steering committee successfully organized two crowdsourcing contests to develop crowdsourced intervention materials including short videos and essays to promote HIVST. The work of the contest winners will be used as promotional material during the implementation phase of the HIVST demonstration project in 2020.

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.

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, key stakeholders and significant engagement from community members, the national strategic plan for HIV 2021–2025 (NSP IV) was drafted; then, based on NSP IV, the funding request to the Global Fund for 2021–2023 was successfully drafted to mobilize much-needed resources of US\$ 128.7 million within country allocation, and US\$ 41 million above allocation for the HIV response in 2021–2023.

In addition to this, the Government of Myanmar continued its commitment to provide US\$ 15 million per year with expected increment of US\$ 1 million per year for the span of the NSP IV, mainly for ART commodities and methadone.

In terms of mobilizing external funding resources, in addition to Global Fund commitments for 2017–2020 and the Access to Health Fund commitment for 2019–2020, USAID HIV/AIDS Flagship Project (UHF) committed US\$ 12.2 million for two years (FY 2020–2021) to accelerate control of the HIV epidemic in Myanmar to meet 90–90–90 targets by 2020 and for technical assistance in the areas of strategic information and community system strengthening. The United States Centers for Disease Control and Prevention committed US\$ 4.8 million for FY 2020 in areas of technical assistance to care and treatment, laboratory system strengthening and strategic information.

At national level, the HIV response has been coordinated overall by the multi-stakeholder Myanmar Health Sector Coordinating Committee (MHSCC) and, starting from late 2019, the Communicable Disease Executive Working Group, and coordinated technically and strategically by the HIV Technical Strategy Group (TSG). The HIV TSG has been supported technically by six thematic technical working groups (TWGs) on; prevention; harm reduction; care and treatment; strategic information; PMTCT; and human rights and gender. The platform paved the way for the country in preparation and setting the framework to demonstrate innovative initiatives like PrEP and HIVST that reinforce Myanmar's commitment in the Global HIV Prevention Coalition.

Cross-border coordination with Thailand was maintained through regular coordination meetings and cross-visits to health facilities. It resulted in the majority of Myanmar migrant workers living with HIV in Thailand to be transferred and receive ART in Myanmar.

ANNEX A

SERVICE PROVISION AT STATE AND REGION LEVEL

MYANMAR 2019	143
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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 – Medium figures of population size estimates among FSW/MSM (2015) and PWID (2017)

Program achievement data – Data from annual progress report 2019 (NAP and implementing partners)

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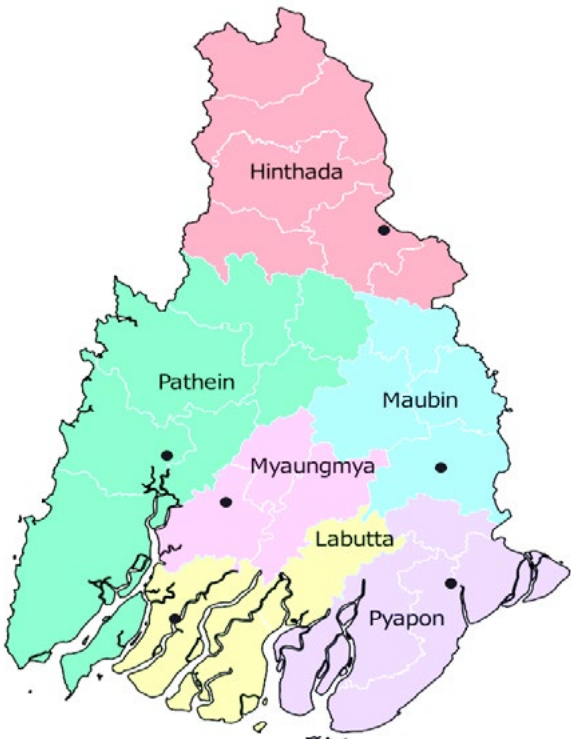
All the figures used for key populations reached by prevention programs at state/regional level are low end figures in an attempt to minimize the possible double counting among organizations working in the same area.

MYANMAR 2019		
Area	676,577 km ²	
Population	54,339,766	
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 – 95,300 (2019)	
Technical and development partners 2019	WHO, UNAIDS, UNOPS, UNICEF, UNFPA, UNODC, USAID, US CDC, ICAP, CPI, CHAI, STC	
Organizations working in state/region, 2018	AHRN, Alliance, Malteser, MAM, MANA, MdM, Metta, MPG, MSF-CH, MSF-Holland, MSI, NAP, UNION, PGK, PSI, PUI, SARA	

Coverage

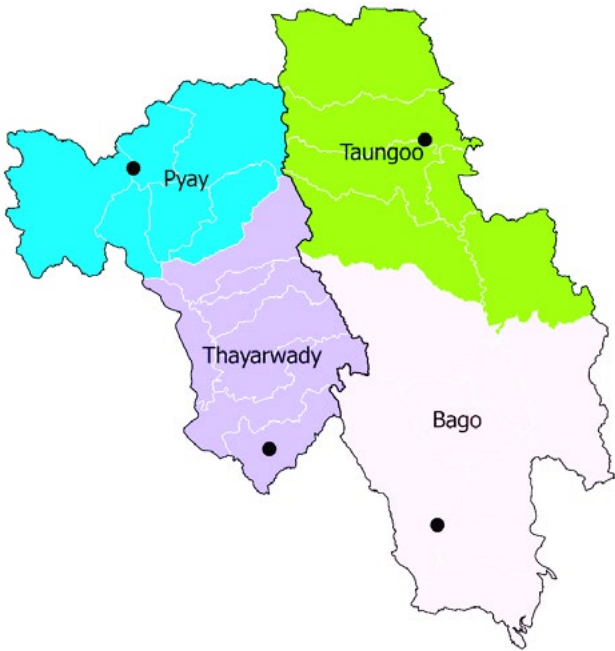
Strategic Direction		Indicator	Achieved 2019	Improvement/ regress from 2018
1	Sex workers/ clients of SW	Sex workers	58,196 ⁴⁶	14% ↑
		Clients of SW reached with HIV prevention program	13,912	72% ↑
		Sex workers tested for HIV and know the result	55,759	34% ↑
2	Men who have sex with men	MSM reached with HIV prevention program	66,428	31% ↑
		MSM tested for HIV and know the result	64,870	34% ↑
3	People who inject drugs	PWID reached with HIV prevention program	55,934	13% ↓
		PWID tested for HIV and know the result	47,900	0% ↑
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	15,256	40% ↑
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	49,828	46% ↑
6	Sexually transmitted infections	Total number of people treated for STI	43,785	17% ↓
7	Elimination of mother to child transmission of HIV	HIV-positive pregnant women receiving pARV/ART to reduce the risk of mother-to-child-transmission	4,232	5% ↓
8	Comprehensive care, support and treatment	People Living with HIV receiving ART	184,624	11% ↑
		% PLHIV on ART retained on ART 12 months after initiation	83%	3% ↓
		% PLHIV on ART achieved viral load suppression	94.5%	3% ↑
		New and relapse TB patients on ART during TB treatment	7,736	4% ↑

⁴⁶ 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 ²	
Population	6,272,891	
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 – 1,900 (2019)	
Organizations working in state/region	MPG, MSI, NAP, PGK, PSI	

Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	3,184	5%
		Clients of SW reached with HIV prevention program	1,684	12%
		Sex workers tested for HIV and know the result	4,477	8%
2	Men who have sex with men	MSM reached with HIV prevention program	5,509	8%
		MSM tested for HIV and know the result	6,712	10%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	32	0.1%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1,993	13%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	427	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	370	9%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	10,044	5%
		% PLHIV on ART retained on ART 12 months after initiation	85%	
		% PLHIV on ART achieved viral load suppression	93%	
		New and relapse TB patients on ART during TB treatment	5,29	7%

BAGO REGION		
Area	39,412 sq Km ²	
Population	4,939,461	
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 – 1,470 (2019)	
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	3,687	6%
		Clients of SW reached with HIV prevention program	377	3%
		Sex workers tested for HIV and know the result	3,990	7%
2	Men who have sex with men	MSM reached with HIV prevention program	4,892	7%
		MSM tested for HIV and know the result	4,489	7%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	1	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	92	1%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	10	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	222	5%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	9,156	5%
		% PLHIV on ART retained on ART 12 months after initiation	93%	
		% PLHIV on ART achieved viral load suppression	94%	
		New and relapse TB patients on ART during TB treatment	383	5%

CHIN STATE		
Area	36,028 sq Km ²	
Population	519,535	
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 (2019)	
Organizations working in state/ region	MPG, NAP, PSI	

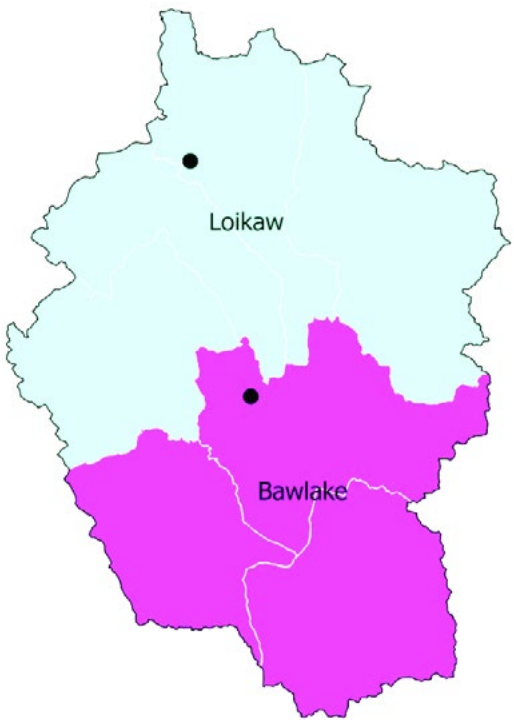
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	4	0%
		Clients of SW reached with HIV prevention program	-	0%
		Sex workers tested for HIV and know the result	-	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	-	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	23	1%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	354	0.2%
		% PLHIV on ART retained on ART 12 months after initiation	-	
		% PLHIV on ART achieved viral load suppression	94%	
		New and relapse TB patients on ART during TB treatment	11	0.1%

KACHIN STATE		
Area	89,071 sq Km ²	
Population	1,898,678	
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 – 21,850 (2019)	
Organizations working in state/region	AHRN, MAM, Mdm, Metta, MPG, MSF-Holland, NAP, PSI, SARA	

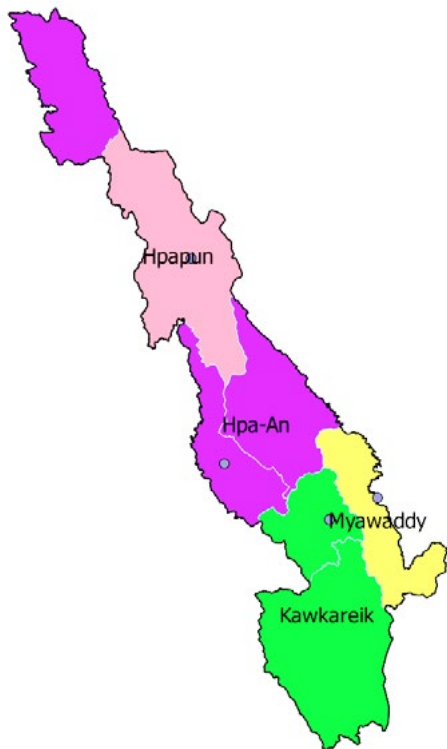
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	6,066	10%
		Clients of SW reached with HIV prevention program	608	4%
		Sex workers tested for HIV and know the result	4,832	9%
2	Men who have sex with men	MSM reached with HIV prevention program	4,792	7%
		MSM tested for HIV and know the result	2,907	4%
3	People who inject drugs	PWID reached with HIV prevention program	23,781	43%
		PWID tested for HIV and know the result	20,137	42%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	2,195	14%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1,015	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	655	15%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	28,008	15%
		% PLHIV on ART retained on ART 12 months after initiation	82%	
		% PLHIV on ART achieved viral load suppression	95%	
		New and relapse TB patients on ART during TB treatment	1,234	16%

KAYAH STATE		
Area	11,734 sq Km ²	
Population	323,573	
No of townships	7	
No of AIDS/STD teams in district	7	
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 (2019)	
Organizations working in state/region	MPG, NAP	

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	58	0.4%
		Sex workers tested for HIV and know the result	4	0%
2	Men who have sex with men	MSM reached with HIV prevention program	-	0%
		MSM tested for HIV and know the result	2	0%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	1	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	604	4%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	230	0.5%
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	416	0.2%
		% PLHIV on ART retained on ART 12 months after initiation	85%	
		% PLHIV on ART achieved viral load suppression	88%	
		New and relapse TB patients on ART during TB treatment	14	0.2%

KAYIN STATE		
Area	30,390 sq Km ²	
Population	1,609,890	
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 (2019)	
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	971	2%
		Clients of SW reached with HIV prevention program	309	2%
		Sex workers tested for HIV and know the result	1,364	2%
2	Men who have sex with men	MSM reached with HIV prevention program	713	1%
		MSM tested for HIV and know the result	947	1%
3	People who inject drugs	PWID reached with HIV prevention program	21	0%
		PWID tested for HIV and know the result	-	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	490	3%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	17,101	34%
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	102	2%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,668	1%
		% PLHIV on ART retained on ART 12 months after initiation	90%	
		% PLHIV on ART achieved viral load suppression	90%	
		New and relapse TB patients on ART during TB treatment	194	3%

MAGWAY REGION		
Area	44,832 sq Km ²	
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 (2019)	
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	2,937	5%
		Clients of SW reached with HIV prevention program	1,077	8%
		Sex workers tested for HIV and know the result	2,359	4%
2	Men who have sex with men	MSM reached with HIV prevention program	3,744	6%
		MSM tested for HIV and know the result	3,409	5%
3	People who inject drugs	PWID reached with HIV prevention program	1	0%
		PWID tested for HIV and know the result	5	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	272	2%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1,290	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	150	4%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	6,704	4%
		% PLHIV on ART retained on ART 12 months after initiation	80%	
		% PLHIV on ART achieved viral load suppression	93%	
		New and relapse TB patients on ART during TB treatment	181	2%

MANDALAY REGION		
Area	37,955 sq Km ²	
Population	6,507,334	
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 – 10,400 (2019)	
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	9,133	16%
		Clients of SW reached with HIV prevention program	1,471	11%
		Sex workers tested for HIV and know the result	9,047	16%
2	Men who have sex with men	MSM reached with HIV prevention program	12,434	19%
		MSM tested for HIV and know the result	13,562	21%
3	People who inject drugs	PWID reached with HIV prevention program	4,392	8%
		PWID tested for HIV and know the result	4,684	10%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	3,079	20%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1,953	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	483	11%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	23,079	13%
		% PLHIV on ART retained on ART 12 months after initiation	83%	
		% PLHIV on ART achieved viral load suppression	93%	
		New and relapse TB patients on ART during TB treatment	749	10%

MON STATE		
Area	12,299 sq Km ²	
Population	1,989,717	
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 – 580 (2019)	
Organizations working in state/region	AFXB, Alliance, IOM, MAM, MPG, MSI, NAP, PGK, PSI	

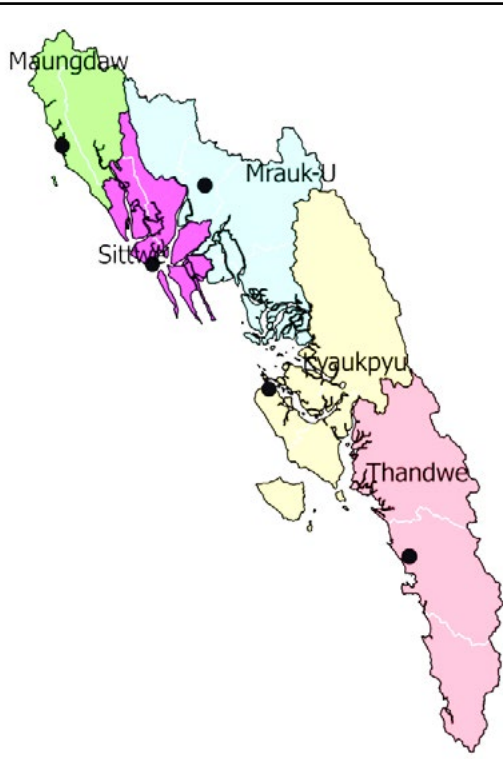
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	4,086	7%
		Clients of SW reached with HIV prevention program	876	6%
		Sex workers tested for HIV and know the result	3,776	7%
2	Men who have sex with men	MSM reached with HIV prevention program	2,709	4%
		MSM tested for HIV and know the result	3,905	6%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	1	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	569	4%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	20,971	42%
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	147	3%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	6,703	4%
		% PLHIV on ART retained on ART 12 months after initiation	87%	
		% PLHIV on ART achieved viral load suppression	95%	
		New and relapse TB patients on ART during TB treatment	172	2%

NAY PYI TAW UNION TERRITORY		
Area	7054 sq Km ²	
Population	1,279,571	
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 – 380 (2019)	
Organizations working in state/region	MPG, NAP, PSI	

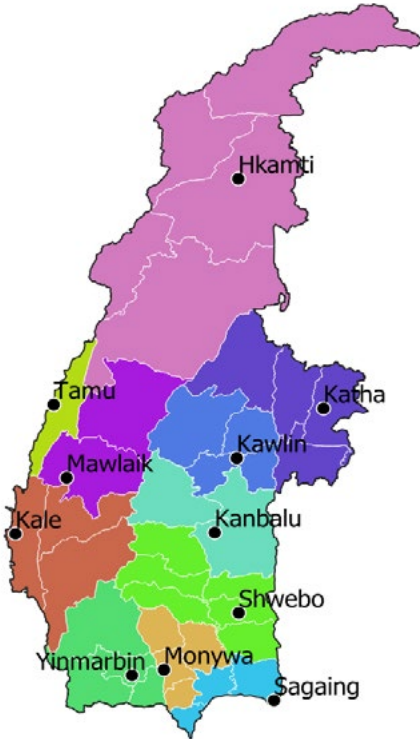
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	618	1%
		Clients of SW reached with HIV prevention program	236	2%
		Sex workers tested for HIV and know the result	664	1%
2	Men who have sex with men	MSM reached with HIV prevention program	709	1%
		MSM tested for HIV and know the result	735	1%
3	People who inject drugs	PWID reached with HIV prevention program	2	0%
		PWID tested for HIV and know the result	13	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	111	0.2%
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	151	4%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,151	2%
		% PLHIV on ART retained on ART 12 months after initiation	78%	
		% PLHIV on ART achieved viral load suppression	87%	
		New and relapse TB patients on ART during TB treatment	122	2%

RAKHINE STATE		
Area	36,787 sq Km ²	
Population	3,333,435	
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 (2019)	
Organizations working in state/region	MPG, NAP	

Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	1,114	2%
		Clients of SW reached with HIV prevention program	414	3%
		Sex workers tested for HIV and know the result	364	1%
2	Men who have sex with men	MSM reached with HIV prevention program	1,434	2%
		MSM tested for HIV and know the result	518	1%
3	People who inject drugs	PWID reached with HIV prevention program	2	0%
		PWID tested for HIV and know the result	24	0.1%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	41	0.3%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	114	0.2%
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	83	2%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,307	1%
		% PLHIV on ART retained on ART 12 months after initiation	87%	
		% PLHIV on ART achieved viral load suppression	92%	
		New and relapse TB patients on ART during TB treatment	64	1%

SAGAING REGION		
Area	93,727 sq Km ²	
Population	5,570,006	
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 – 19,700 (2019)	
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	3,069	5%
		Clients of SW reached with HIV prevention program	1,138	8%
		Sex workers tested for HIV and know the result	2,633	5%
2	Men who have sex with men	MSM reached with HIV prevention program	4,839	7%
		MSM tested for HIV and know the result	5,323	8%
3	People who inject drugs	PWID reached with HIV prevention program	10,731	19%
		PWID tested for HIV and know the result	9,071	19%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	2,501	16%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	672	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	357	8%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	13,427	7%
		% PLHIV on ART retained on ART 12 months after initiation	80%	
		% PLHIV on ART achieved viral load suppression	92%	
		New and relapse TB patients on ART during TB treatment	516	7%

SHAN STATE (EAST)		
Area	41,489 sq Km ²	
Population	983,914	
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 – 4,070 (2019)	
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	950	2%
		Clients of SW reached with HIV prevention program	1,198	9%
		Sex workers tested for HIV and know the result	1,134	2%
2	Men who have sex with men	MSM reached with HIV prevention program	321	1%
		MSM tested for HIV and know the result	426	1%
3	People who inject drugs	PWID reached with HIV prevention program	653	1%
		PWID tested for HIV and know the result	384	1%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	886	6%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	4,467	9%
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	49	1%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,087	1%
		% PLHIV on ART retained on ART 12 months after initiation	80%	
		% PLHIV on ART achieved viral load suppression	91%	
		New and relapse TB patients on ART during TB treatment	64	1%

SHAN STATE (NORTH)		
Area	58,255 sq Km ²	
Population	2,760,792	
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 – 24,450 (2019)	
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	1,635	3%
		Clients of SW reached with HIV prevention program	306	2%
		Sex workers tested for HIV and know the result	1,670	3%
2	Men who have sex with men	MSM reached with HIV prevention program	1,471	2%
		MSM tested for HIV and know the result	927	1%
3	People who inject drugs	PWID reached with HIV prevention program	15,372	27%
		PWID tested for HIV and know the result	12,673	26%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	691	5%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	403	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	224	5%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	9,476	5%
		% PLHIV on ART retained on ART 12 months after initiation	79%	
		% PLHIV on ART achieved viral load suppression	96%	
		New and relapse TB patients on ART during TB treatment	395	5%

SHAN STATE (SOUTH)		
Area	55,242 sq Km ²	
Population	2,635,610	
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 – 6,580 (2019)	
Organizations working in state/region	MANA, MPG, NAP, NAP-UNION, PGK, PSI	

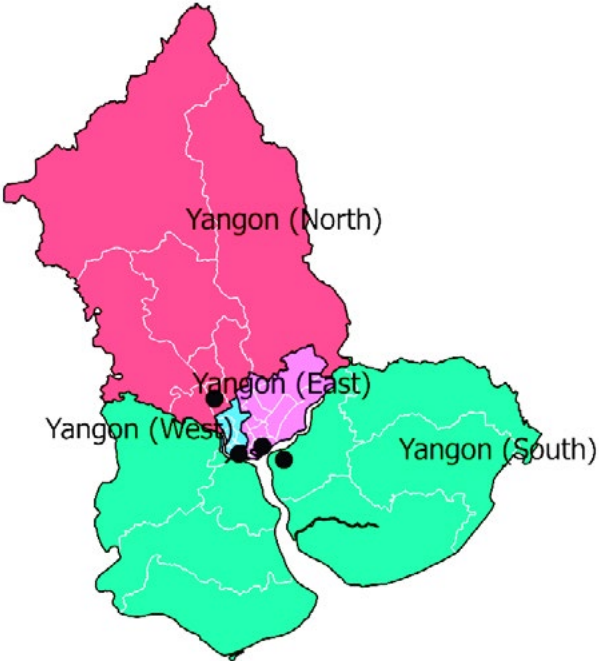
Coverage

Strategic Direction		Indicator	Achieved	% of national total reach
1	Sex workers/ clients of SW	Sex workers	2,365	4%
		Clients of SW reached with HIV prevention program	283	2%
		Sex workers tested for HIV and know the result	1,763	3%
2	Men who have sex with men	MSM reached with HIV prevention program	1,693	3%
		MSM tested for HIV and know the result	1,372	2%
3	People who inject drugs	PWID reached with HIV prevention program	867	2%
		PWID tested for HIV and know the result	442	1%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	541	4%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	145	0.3%
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	64	2%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,603	2%
		% PLHIV on ART retained on ART 12 months after initiation	89%	
		% PLHIV on ART achieved viral load suppression	94%	
		New and relapse TB patients on ART during TB treatment	106	1%

TANINTHARYI REGION		
Area	43,356 sq Km ²	
Population	1,485,488	
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 – 430 (2019)	
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	2,006	3%
		Clients of SW reached with HIV prevention program	764	5%
		Sex workers tested for HIV and know the result	2,649	5%
2	Men who have sex with men	MSM reached with HIV prevention program	2,784	4%
		MSM tested for HIV and know the result	3,315	5%
3	People who inject drugs	PWID reached with HIV prevention program	-	0%
		PWID tested for HIV and know the result	5	0%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1,134	7%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	752	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	120	3%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	6,115	3%
		% PLHIV on ART retained on ART 12 months after initiation	83%	
		% PLHIV on ART achieved viral load suppression	95%	
		New and relapse TB patients on ART during TB treatment	234	3%

YANGON REGION		
Area	10,279 sq Km ²	
Population	8,294,107	
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 – 2,930 (2019)	
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	16,371	28%
		Clients of SW reached with HIV prevention program	3,113	22%
		Sex workers tested for HIV and know the result	15,033	27%
2	Men who have sex with men	MSM reached with HIV prevention program	18,384	28%
		MSM tested for HIV and know the result	16,321	25%
3	People who inject drugs	PWID reached with HIV prevention program	112	0.2%
		PWID tested for HIV and know the result	427	1%
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	168	1%
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	167	0.3%
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	1,008	24%
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	57,326	31%
		% PLHIV on ART retained on ART 12 months after initiation	85%	
		% PLHIV on ART achieved viral load suppression	96%	
		New and relapse TB patients on ART during TB treatment	2,768	36%

ANNEX B

SERVICE PROVISION IN HIGHEST PRIORITY TOWNSHIPS

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Sources:

Population data: All township-level population data are taken from 2014 census data (updated 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/2CxEdz>)

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 Km ²	
State/Region	Ayawaddy 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 – 7.1% ▪ MSM – 5.4% (Source: IBBS FSW/MSM 2019) ▪ FSW – 7.4% ▪ MSM – 5.0% ▪ Male STI patients – 11% ▪ New TB patients – 9.9% ▪ Pregnant women – 0.0% (Source: HSS 2018)	

Coverage

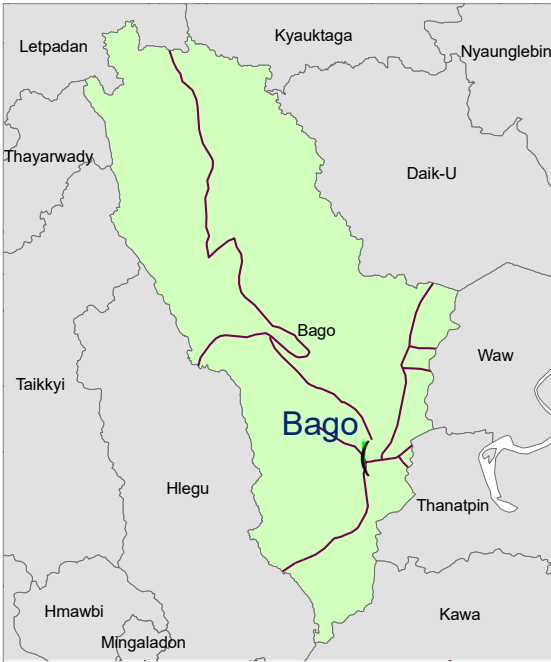
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,595
		Clients of SW reached with HIV prevention program	484
		Sex workers tested for HIV and know the result	2,416
2	Men who have sex with men	MSM reached with HIV prevention program	2,630
		MSM tested for HIV and know the result	3,616
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	316
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	415
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	59
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,457
		% PLHIV on ART retained on ART 12 months after initiation	75%
		% PLHIV on ART achieved viral load suppression	92%
		New and relapse TB patients on ART during TB treatment	103

HINTHADA TOWNSHIP		
Area	980.82 Km ²	
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% ▪ Male STI patients – 4.1% ▪ New TB patients – 2.0% ▪ Pregnant women – 0.0%	
(Source: HSS 2018)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	727
		Clients of SW reached with HIV prevention program	513
		Sex workers tested for HIV and know the result	1,201
2	Men who have sex with men	MSM reached with HIV prevention program	1,973
		MSM tested for HIV and know the result	2,266
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	742
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	1,950
		% PLHIV on ART retained on ART 12 months after initiation	98%
		% PLHIV on ART achieved viral load suppression	95%
		New and relapse TB patients on ART during TB treatment	49

BAGO REGION

BAGO TOWNSHIP		
Area	2,905.09 Km ²	
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 – 5.6% ▪ MSM – 3.1% (Source: IBBS FSW/MSM 2019) ▪ FSW – 1.7% ▪ MSM – 2.0% ▪ 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	1,495
		Clients of SW reached with HIV prevention program	181
		Sex workers tested for HIV and know the result	1,410
2	Men who have sex with men	MSM reached with HIV prevention program	2,065
		MSM tested for HIV and know the result	1,889
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	92
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	10
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	63
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,182
		% PLHIV on ART retained on ART 12 months after initiation	95%
		% PLHIV on ART achieved viral load suppression	91%
		New and relapse TB patients on ART during TB treatment	93

PYAY TOWNSHIP	
Area	788.42 Km ²
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 – 5.4% ▪ MSM – 5.7% (Source: IBBS FSW/MSM 2019) ▪ FSW – 4.2% ▪ MSM – 3.0% ▪ Male STI patients – 7.8% ▪ New TB patients – 1.5% ▪ Pregnant women – 0.5% (Source: HSS 2018)



Coverage

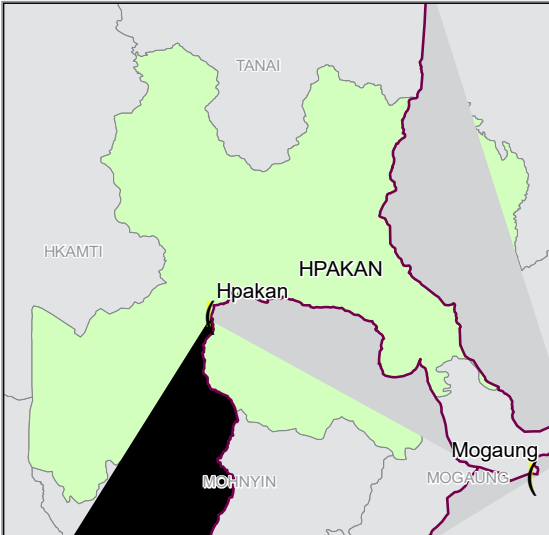
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,346
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	1,649
2	Men who have sex with men	MSM reached with HIV prevention program	1,728
		MSM tested for HIV and know the result	1,414
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	39
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,072
		% PLHIV on ART retained on ART 12 months after initiation	89%
		% PLHIV on ART achieved viral load suppression	97%
		New and relapse TB patients on ART during TB treatment	32

TAUNGGOO TOWNSHIP		
Area	1,717.56 Km ²	
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	797
		Clients of SW reached with HIV prevention program	196
		Sex workers tested for HIV and know the result	753
2	Men who have sex with men	MSM reached with HIV prevention program	1,070
		MSM tested for HIV and know the result	1,182
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	27
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,274
		% PLHIV on ART retained on ART 12 months after initiation	-
		% PLHIV on ART achieved viral load suppression	96%
		New and relapse TB patients on ART during TB treatment	31

KACHIN STATE

HPAKANT TOWNSHIP		
Area	6,057.65 Km ²	
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 2017)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,969
		Clients of SW reached with HIV prevention program	157
		Sex workers tested for HIV and know the result	2,011
2	Men who have sex with men	MSM reached with HIV prevention program	128
		MSM tested for HIV and know the result	102
3	People who inject drugs	PWID reached with HIV prevention program	9,853
		PWID tested for HIV and know the result	5,431
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	93
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,325
		% PLHIV on ART retained on ART 12 months after initiation	86%
		% PLHIV on ART achieved viral load suppression	97%
		New and relapse TB patients on ART during TB treatment	138

MOHNYIN TOWNSHIP		
Area	6678.31 Km ²	
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 2017)		

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	563
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	358
2	Men who have sex with men	MSM reached with HIV prevention program	674
		MSM tested for HIV and know the result	362
3	People who inject drugs	PWID reached with HIV prevention program	1,647
		PWID tested for HIV and know the result	3,270
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	29
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,044
		% PLHIV on ART retained on ART 12 months after initiation	74%
		% PLHIV on ART achieved viral load suppression	93%
		New and relapse TB patients on ART during TB treatment	93

MYITKYINA TOWNSHIP		
Area	6,501.00 Km ²	
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 2017) (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,680
		Clients of SW reached with HIV prevention program	228
		Sex workers tested for HIV and know the result	1,142
2	Men who have sex with men	MSM reached with HIV prevention program	1,897
		MSM tested for HIV and know the result	1,179
3	People who inject drugs	PWID reached with HIV prevention program	2,105
		PWID tested for HIV and know the result	4,672
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1,172
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	357
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	264
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	12,018
		% PLHIV on ART retained on ART 12 months after initiation	81%
		% PLHIV on ART achieved viral load suppression	96%
		New and relapse TB patients on ART during TB treatment	359

KAYIN STATE

MYAWADDY TOWNSHIP		
Area	3,136.10 Km ²	
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	682
		Clients of SW reached with HIV prevention program	13
		Sex workers tested for HIV and know the result	815
2	Men who have sex with men	MSM reached with HIV prevention program	196
		MSM tested for HIV and know the result	174
3	People who inject drugs	PWID reached with HIV prevention program	21
		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	14,101
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	29
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,390
		% PLHIV on ART retained on ART 12 months after initiation	90%
		% PLHIV on ART achieved viral load suppression	93%
		New and relapse TB patients on ART during TB treatment	92

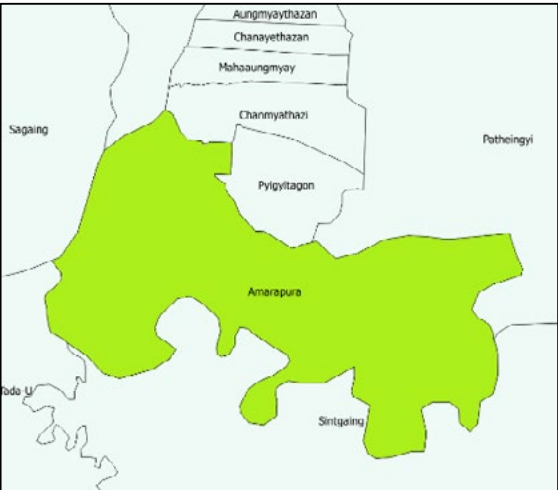
MAGWAY REGION

MAGWAY TOWNSHIP		
Area	1766.94 Km ²	
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 – 11.1% ▪ MSM – 6.8% (Source: IBBS FSW/MSM 2019) ▪ 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	852
		Clients of SW reached with HIV prevention program	449
		Sex workers tested for HIV and know the result	889
2	Men who have sex with men	MSM reached with HIV prevention program	1,351
		MSM tested for HIV and know the result	1,841
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	1,290
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	2,043
		% PLHIV on ART retained on ART 12 months after initiation	-
		% PLHIV on ART achieved viral load suppression	91%
		New and relapse TB patients on ART during TB treatment	21

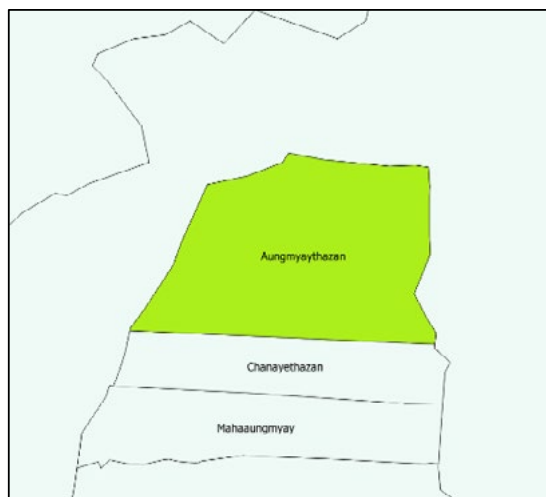
MANDALAY REGION

AMARAPURA TOWNSHIP		
Area	530.94 Km ²	
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 – 6.1% ▪ MSM – 13.7% (Source: IBBS FSW/MSM 2019) ▪ 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

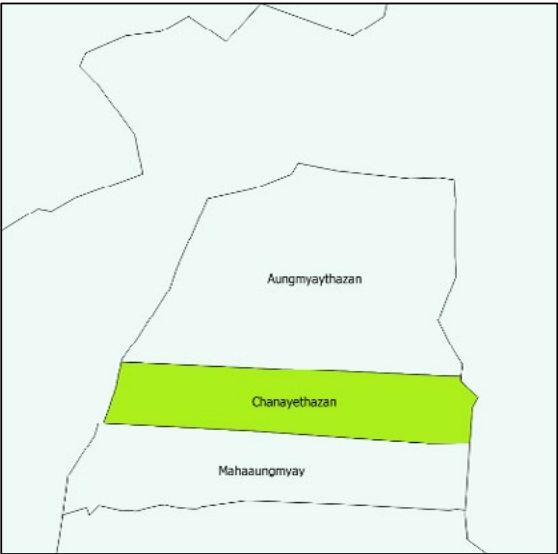
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	18
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	9
2	Men who have sex with men	MSM reached with HIV prevention program	28
		MSM tested for HIV and know the result	18
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	6
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	14
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	758
		% PLHIV on ART retained on ART 12 months after initiation	97%
		% PLHIV on ART achieved viral load suppression	95%
		New and relapse TB patients on ART during TB treatment	64

AUNGMYAYTHAZAN TOWNSHIP	
Area	28.57 Km ²
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 – 6.1% ▪ MSM – 13.7% (Source: IBBS FSW/MSM 2019) ▪ 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

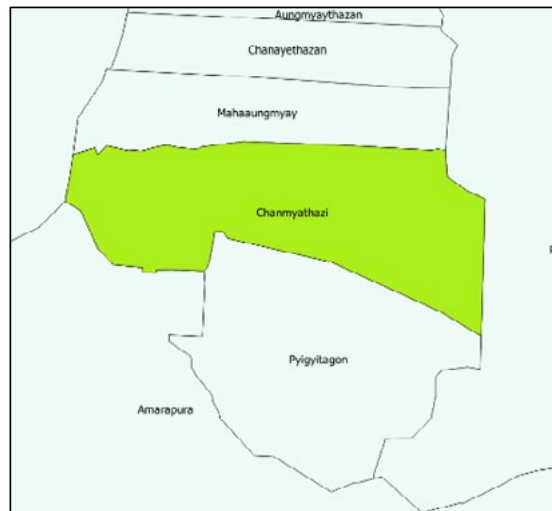
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	426
		Clients of SW reached with HIV prevention program	74
		Sex workers tested for HIV and know the result	901
2	Men who have sex with men	MSM reached with HIV prevention program	1,473
		MSM tested for HIV and know the result	2,519
3	People who inject drugs	PWID reached with HIV prevention program	1,891
		PWID tested for HIV and know the result	2,015
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	1288
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
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,959
		% PLHIV on ART retained on ART 12 months after initiation	95%
		% PLHIV on ART achieved viral load suppression	94%
		New and relapse TB patients on ART during TB treatment	78

CHANAYETHAZAN TOWNSHIP		
Area	13.05 Km ²	
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 – 6.1% ▪ MSM – 13.7% (Source: IBBS FSW/MSM 2019) ▪ 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	3,521
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	3,865
2	Men who have sex with men	MSM reached with HIV prevention program	5,208
		MSM tested for HIV and know the result	5,701
3	People who inject drugs	PWID reached with HIV prevention program	79
		PWID tested for HIV and know the result	348
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1,043
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	167
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	6,371
		% PLHIV on ART retained on ART 12 months after initiation	81%
		% PLHIV on ART achieved viral load suppression	93%
		New and relapse TB patients on ART during TB treatment	41

CHANMYATHAZI TOWNSHIP	
Area	25.82 Km ²
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 – 6.1% ▪ MSM – 13.7% (Source: IBBS FSW/MSM 2019) ▪ 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	768
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	840
2	Men who have sex with men	MSM reached with HIV prevention program	1,563
		MSM tested for HIV and know the result	1,677
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	305
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	39
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,782
		% PLHIV on ART retained on ART 12 months after initiation	84%
		% PLHIV on ART achieved viral load suppression	96%
		New and relapse TB patients on ART during TB treatment	69

MAHAAUNGMYAY TOWNSHIP		
Area	14.81 Km ²	
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 – 6.1% ▪ MSM – 13.7% (Source: IBBS FSW/MSM 2019) ▪ 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	66
		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	50
		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	4
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,870
		% PLHIV on ART retained on ART 12 months after initiation	99%
		% PLHIV on ART achieved viral load suppression	97%
		New and relapse TB patients on ART during TB treatment	66

MEIKTILA TOWNSHIP		
Area	1,231.18 Km ²	
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 – 2.2% ▪ MSM – 3.0% (Source: IBBS FSW/MSM 2019) ▪ FSW – 5.9% ▪ MSM – 10.8% ▪ Male STI patients – 12.0% ▪ New TB patients – 4.6% ▪ Pregnant women – 1.0% (Source: HSS 2018)	

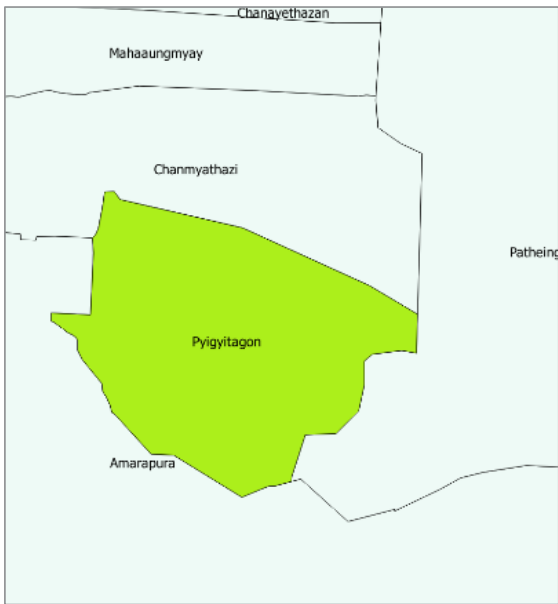
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	945
		Clients of SW reached with HIV prevention program	336
		Sex workers tested for HIV and know the result	1,192
2	Men who have sex with men	MSM reached with HIV prevention program	721
		MSM tested for HIV and know the result	1,080
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	489
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	47
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,213
		% PLHIV on ART retained on ART 12 months after initiation	78%
		% PLHIV on ART achieved viral load suppression	88%
		New and relapse TB patients on ART during TB treatment	22

PATHEINGYI TOWNSHIP		
Area	593 Km ²	
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 – 6.1% ▪ MSM – 13.7% (Source: IBBS FSW/MSM 2019) ▪ 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	14
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	30
2	Men who have sex with men	MSM reached with HIV prevention program	332
		MSM tested for HIV and know the result	284
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	105
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	105
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	498
		% PLHIV on ART retained on ART 12 months after initiation	92%
		% PLHIV on ART achieved viral load suppression	98%
		New and relapse TB patients on ART during TB treatment	39

PYIGYITAGON TOWNSHIP		
Area	28.5 Km ²	
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 – 6.1% ▪ MSM – 13.7% (Source: IBBS FSW/MSM 2019) ▪ 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	386
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	176
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	1,611
		PWID tested for HIV and know the result	1,497
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	10
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,502
		% PLHIV on ART retained on ART 12 months after initiation	95%
		% PLHIV on ART achieved viral load suppression	93%
		New and relapse TB patients on ART during TB treatment	65

PYINLOOLWIN TOWNSHIP		
Area	66.38 Km ²	
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	356
		Clients of SW reached with HIV prevention program	247
		Sex workers tested for HIV and know the result	391
2	Men who have sex with men	MSM reached with HIV prevention program	232
		MSM tested for HIV and know the result	233
3	People who inject drugs	PWID reached with HIV prevention program	22
		PWID tested for HIV and know the result	43
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	27
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	19
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,011
		% PLHIV on ART retained on ART 12 months after initiation	84%
		% PLHIV on ART achieved viral load suppression	95%
		New and relapse TB patients on ART during TB treatment	62

MON STATE

MAWLAMYINE TOWNSHIP		
Area	146.10 Km ²	
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	1,605
		Clients of SW reached with HIV prevention program	328
		Sex workers tested for HIV and know the result	2,267
2	Men who have sex with men	MSM reached with HIV prevention program	937
		MSM tested for HIV and know the result	2,869
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	569
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	6,135
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	36
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	4,368
		% PLHIV on ART retained on ART 12 months after initiation	91%
		% PLHIV on ART achieved viral load suppression	96%
		New and relapse TB patients on ART during TB treatment	39

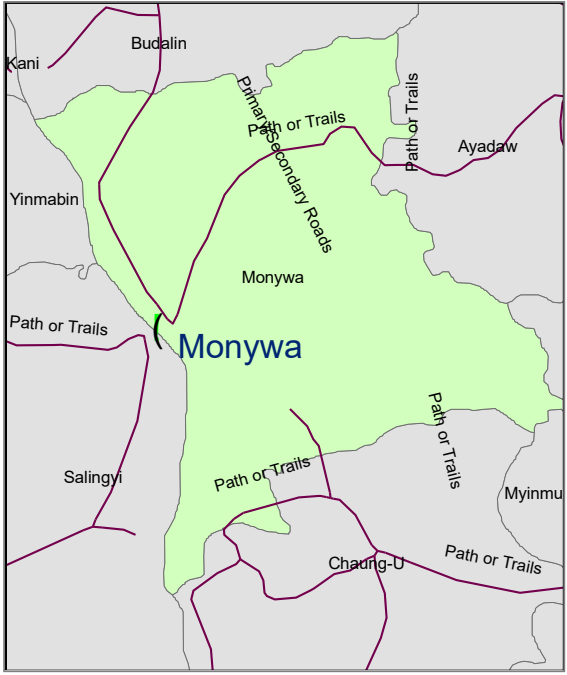
RAKHINE STATE

STITTWE TOWNSHIP		
Area	231.59 Km ²	
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	683
		Clients of SW reached with HIV prevention program	414
		Sex workers tested for HIV and know the result	177
2	Men who have sex with men	MSM reached with HIV prevention program	670
		MSM tested for HIV and know the result	60
3	People who inject drugs	PWID reached with HIV prevention program	2
		PWID tested for HIV and know the result	4
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	41
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	114
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
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,127
		% PLHIV on ART retained on ART 12 months after initiation	94%
		% PLHIV on ART achieved viral load suppression	93%
		New and relapse TB patients on ART during TB treatment	8

SAGAING REGION

MONYWA TOWNSHIP		
Area	688.94 Km ²	
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 – 4.2% ▪ MSM – 6.7% (Source: IBBS FSW/MSM 2019) ▪ 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	1,336
		Clients of SW reached with HIV prevention program	547
		Sex workers tested for HIV and know the result	1,199
2	Men who have sex with men	MSM reached with HIV prevention program	1,718
		MSM tested for HIV and know the result	2,735
3	People who inject drugs	PWID reached with HIV prevention program	553
		PWID tested for HIV and know the result	366
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	364
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	93
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	49
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,979
		% PLHIV on ART retained on ART 12 months after initiation	89%
		% PLHIV on ART achieved viral load suppression	93%
		New and relapse TB patients on ART during TB treatment	55

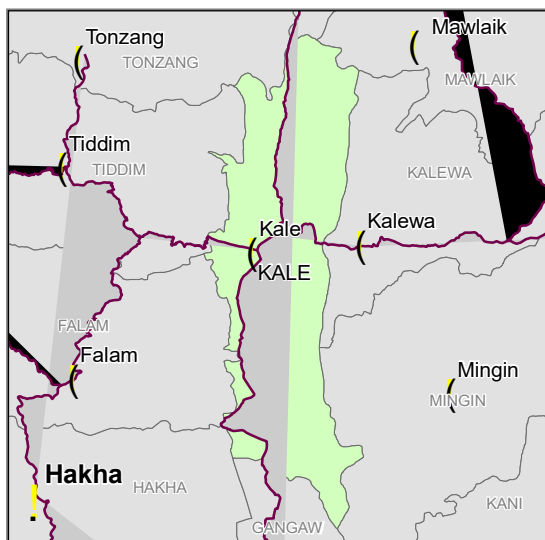
SAGAING TOWNSHIP		
Area	1256.56 Km ²	
State/Region	Sagaing Region	
Population	307,194	
No of HIV sentinel population covered	-	
Organizations working in township	Alliance, DDTRU, MANA, NAP, PSI, UNION	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	635
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	578
2	Men who have sex with men	MSM reached with HIV prevention program	1,250
		MSM tested for HIV and know the result	1,109
3	People who inject drugs	PWID reached with HIV prevention program	750
		PWID tested for HIV and know the result	1,169
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	5
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,089
		% PLHIV on ART retained on ART 12 months after initiation	86%
		% PLHIV on ART achieved viral load suppression	93%
		New and relapse TB patients on ART during TB treatment	8

KALE TOWNSHIP

Area	2337.75 Km ²
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) Sample size<50

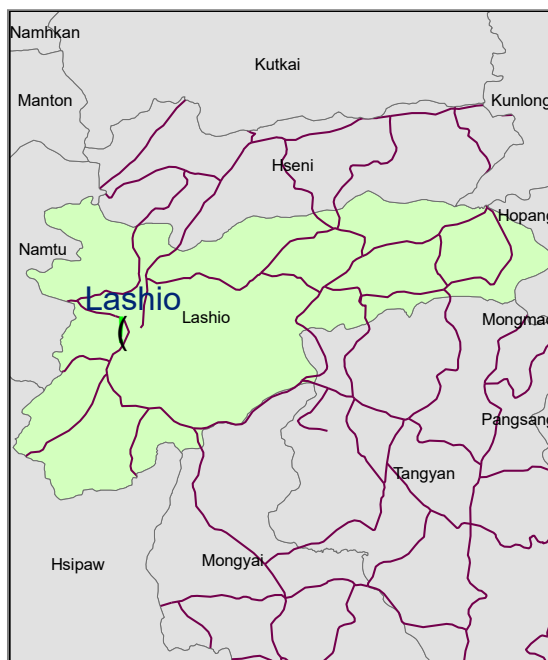


Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	397
		Clients of SW reached with HIV prevention program	265
		Sex workers tested for HIV and know the result	289
2	Men who have sex with men	MSM reached with HIV prevention program	613
		MSM tested for HIV and know the result	667
3	People who inject drugs	PWID reached with HIV prevention program	1,191
		PWID tested for HIV and know the result	1,276
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1,154
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	56
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	2,038
		% PLHIV on ART retained on ART 12 months after initiation	77%
		% PLHIV on ART achieved viral load suppression	93%
		New and relapse TB patients on ART during TB treatment	77

SHAN STATE (NORTH)

LASHIO TOWNSHIP	
Area	4,230.25 Km ²
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 ▪ FSW – 6.0% (Source: IBBS FSW 2019) ▪ 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

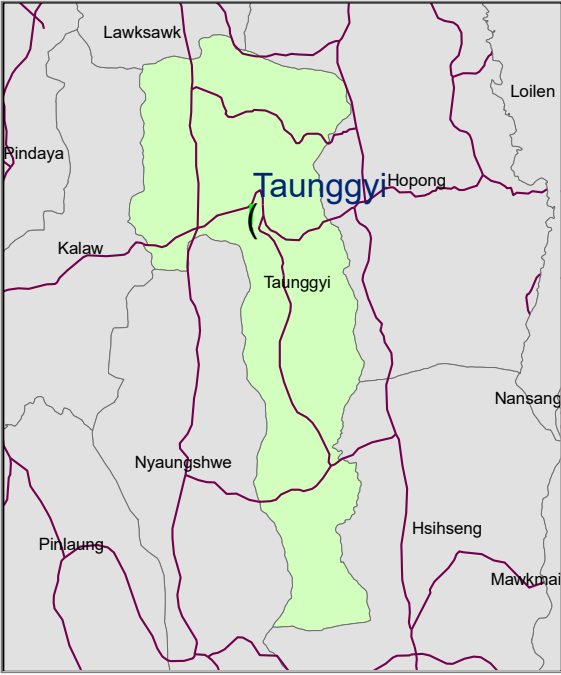
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	841
		Clients of SW reached with HIV prevention program	221
		Sex workers tested for HIV and know the result	501
2	Men who have sex with men	MSM reached with HIV prevention program	1,471
		MSM tested for HIV and know the result	902
3	People who inject drugs	PWID reached with HIV prevention program	3,660
		PWID tested for HIV and know the result	2,171
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	690
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	81
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	4,510
		% PLHIV on ART retained on ART 12 months after initiation	74%
		% PLHIV on ART achieved viral load suppression	95%
		New and relapse TB patients on ART during TB treatment	182

MUSE TOWNSHIP		
Area	1,503.67 Km ²	
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	195
		Clients of SW reached with HIV prevention program	29
		Sex workers tested for HIV and know the result	141
2	Men who have sex with men	MSM reached with HIV prevention program	-
		MSM tested for HIV and know the result	13
3	People who inject drugs	PWID reached with HIV prevention program	1,888
		PWID tested for HIV and know the result	1,954
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	1
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	324
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	2,002
		% PLHIV on ART retained on ART 12 months after initiation	78%
		% PLHIV on ART achieved viral load suppression	98%
		New and relapse TB patients on ART during TB treatment	43

SHAN STATE (SOUTH)

TAUNGGYI TOWNSHIP		
Area	1,936.87 Km ²	
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 – 6.7% ▪ MSM – 4.2% (Source: IBBS FSW/MSM 2019) ▪ 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	901
		Clients of SW reached with HIV prevention program	283
		Sex workers tested for HIV and know the result	541
2	Men who have sex with men	MSM reached with HIV prevention program	660
		MSM tested for HIV and know the result	479
3	People who inject drugs	PWID reached with HIV prevention program	867
		PWID tested for HIV and know the result	423
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	541
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	145
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	2,548
		% PLHIV on ART retained on ART 12 months after initiation	88%
		% PLHIV on ART achieved viral load suppression	94%
		New and relapse TB patients on ART during TB treatment	47

SHAN STATE (EAST)

TACHILEIK TOWNSHIP		
Area	3,587.40 Km ²	
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	558
		Clients of SW reached with HIV prevention program	551
		Sex workers tested for HIV and know the result	661
2	Men who have sex with men	MSM reached with HIV prevention program	209
		MSM tested for HIV and know the result	325
3	People who inject drugs	PWID reached with HIV prevention program	652
		PWID tested for HIV and know the result	356
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	4,133
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	21
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,091
		% PLHIV on ART retained on ART 12 months after initiation	77%
		% PLHIV on ART achieved viral load suppression	92%
		New and relapse TB patients on ART during TB treatment	23

TANINTHARYI REGION

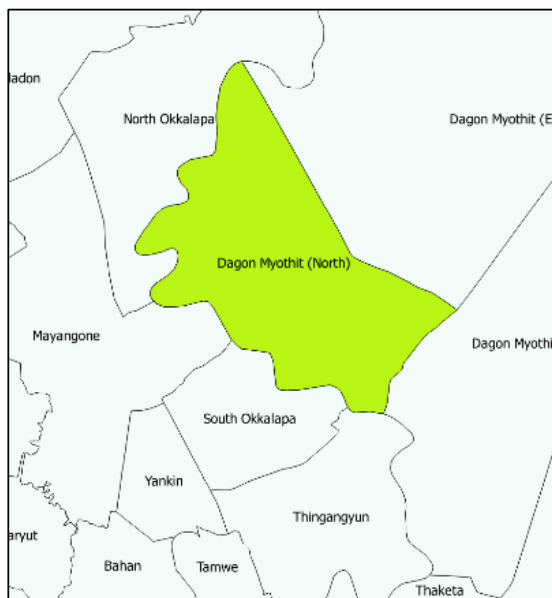
MYEIK TOWNSHIP		
Area	1,417.89 Km ²	
State/Region	Tanintharyi Region	
Population	284,489	
No of HIV sentinel population covered	5	
Organizations working in township	MPG, NAP, PSI, PGK	
HIV Surveillance	HIV prevalence among ▪ FSW – 1.6% ▪ MSM – 0.0% ▪ PWID – 0.0% ▪ Male STI patients – 0.0% ▪ New TB patients – 4.0% ▪ Pregnant women – 0.0% (Source: HSS 2018)	

Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	839
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	1,221
2	Men who have sex with men	MSM reached with HIV prevention program	917
		MSM tested for HIV and know the result	1,114
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	32
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	931
		% PLHIV on ART retained on ART 12 months after initiation	76%
		% PLHIV on ART achieved viral load suppression	90%
		New and relapse TB patients on ART during TB treatment	47

YANGON REGION

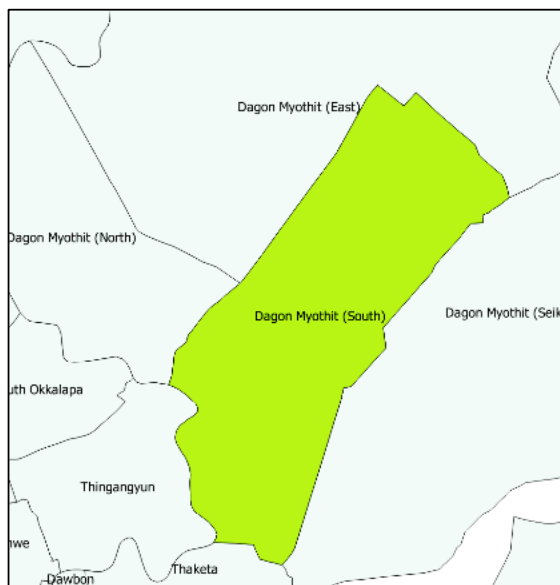
DAGON MYOTHIT (NORTH) TOWNSHIP	
Area	26.29 Km ²
State/Region	Yangon Region
Population	203,948
No of HIV sentinel population covered	6
Organizations working in township	Alliance, MPG, NAP, UNION
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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

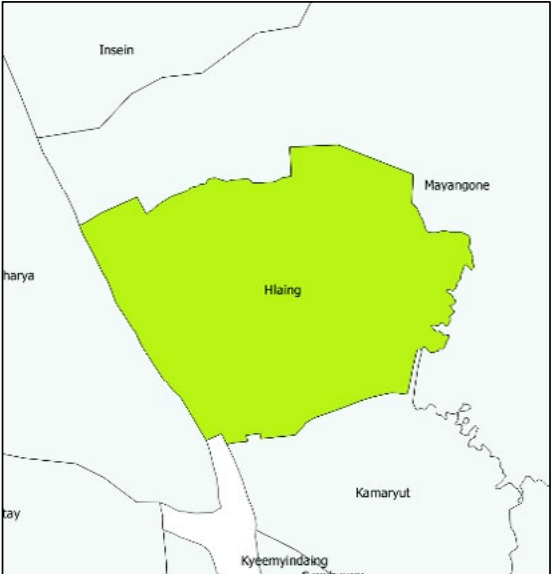
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	466
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	461
2	Men who have sex with men	MSM reached with HIV prevention program	312
		MSM tested for HIV and know the result	289
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	4
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,270
		% PLHIV on ART retained on ART 12 months after initiation	91%
		% PLHIV on ART achieved viral load suppression	97%
		New and relapse TB patients on ART during TB treatment	69

DAGON MYOTHIT (SOUTH) TOWNSHIP	
Area	79.10 Km ²
State/Region	Yangon Region
Population	371,646
Organizations working in township	Alliance, MAM, MPG, NAP, PSI
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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)



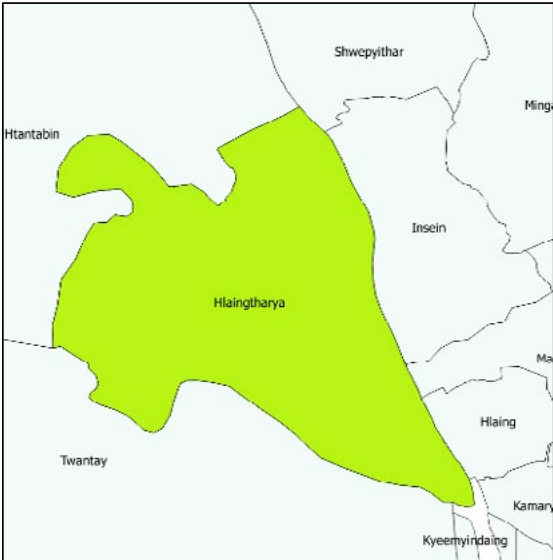
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	667
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	1,049
2	Men who have sex with men	MSM reached with HIV prevention program	396
		MSM tested for HIV and know the result	1,061
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	6
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	28
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,603
		% PLHIV on ART retained on ART 12 months after initiation	85%
		% PLHIV on ART achieved viral load suppression	97%
		New and relapse TB patients on ART during TB treatment	96

HLAING TOWNSHIP		
Area	13.70 Km ²	
State/Region	Yangon Region	
Population	160,307	
Organizations working in township	MDM, MPG, NAP	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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)	

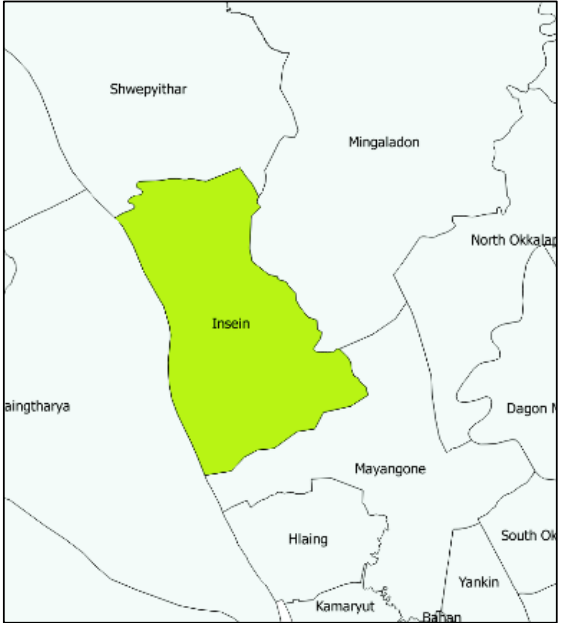
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,723
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	1,211
2	Men who have sex with men	MSM reached with HIV prevention program	2,449
		MSM tested for HIV and know the result	1,710
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	2
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,583
		% PLHIV on ART retained on ART 12 months after initiation	86%
		% PLHIV on ART achieved viral load suppression	96%
		New and relapse TB patients on ART during TB treatment	53

HLAINGTHARYA TOWNSHIP		
Area	58.64 Km ²	
State/Region	Yangon Region	
Population	687,867	
Organizations working in township	Alliance, MAM, MPG	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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)	

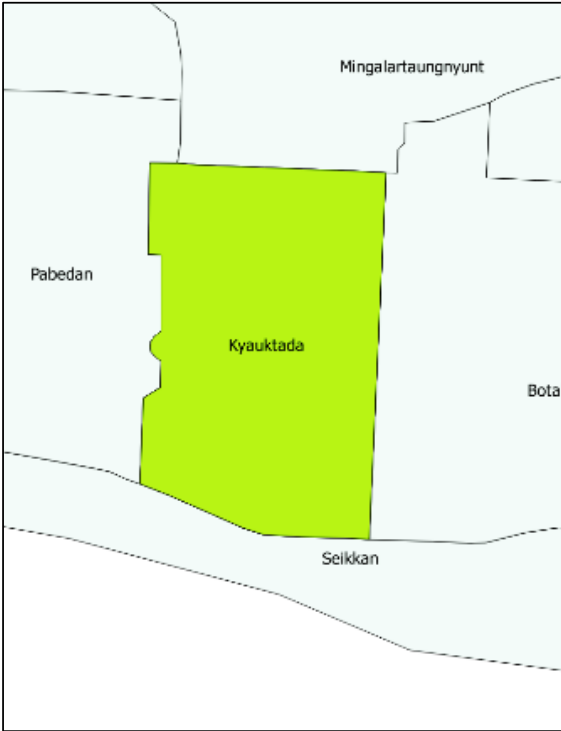
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	1,376
		Clients of SW reached with HIV prevention program	220
		Sex workers tested for HIV and know the result	1,307
2	Men who have sex with men	MSM reached with HIV prevention program	1,466
		MSM tested for HIV and know the result	1,254
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	15
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	91
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	3,219
		% PLHIV on ART retained on ART 12 months after initiation	85%
		% PLHIV on ART achieved viral load suppression	95%
		New and relapse TB patients on ART during TB treatment	288

INSEIN TOWNSHIP		
Area	35.02 Km ²	
State/Region	Yangon Region	
Population	305,283	
Organizations working in township	AFXB, Alliance, MPG, MSF Holland, NAP, MPG	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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	642
		Clients of SW reached with HIV prevention program	139
		Sex workers tested for HIV and know the result	518
2	Men who have sex with men	MSM reached with HIV prevention program	630
		MSM tested for HIV and know the result	29
3	People who inject drugs	PWID reached with HIV prevention program	60
		PWID tested for HIV and know the result	1
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	157
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	115
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	6,493
		% PLHIV on ART retained on ART 12 months after initiation	91%
		% PLHIV on ART achieved viral load suppression	95%
		New and relapse TB patients on ART during TB treatment	114

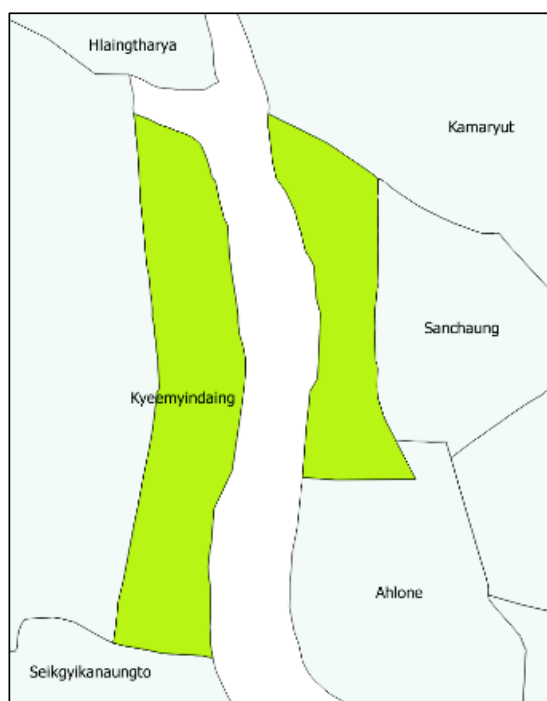
KYAUKTADA TOWNSHIP		
Area	0.725 Km ²	
State/Region	Yangon Region	
Population	29,853	
Organizations working in township	MPG, NAP	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ FSW – 13.8% ▪ MSM – 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	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	1
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	106
		% PLHIV on ART retained on ART 12 months after initiation	-
		% PLHIV on ART achieved viral load suppression	96%
		New and relapse TB patients on ART during TB treatment	5

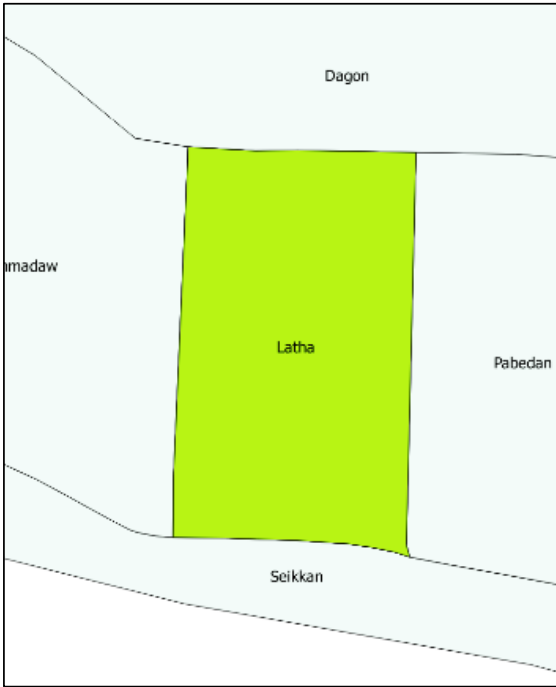
KYEEMYINDAING TOWNSHIP

Area	12.45 Km*
State/Region	Yangon Region
Population	111,514
Organizations working in township	MPG, NAP, PSI
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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

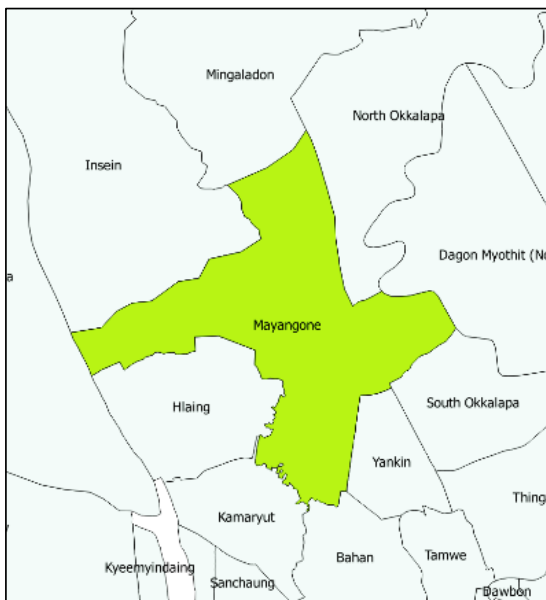
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	763
		Clients of SW reached with HIV prevention program	384
		Sex workers tested for HIV and know the result	957
2	Men who have sex with men	MSM reached with HIV prevention program	18
		MSM tested for HIV and know the result	38
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	5
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	66
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,907
		% PLHIV on ART retained on ART 12 months after initiation	93%
		% PLHIV on ART achieved viral load suppression	95%
		New and relapse TB patients on ART during TB treatment	41

LATHA TOWNSHIP		
Area	0.813 Km ²	
State/Region	Yangon Region	
Population	25,057	
Organizations working in township	MPG, NAP	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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	359
		Clients of SW reached with HIV prevention program	1,022
		Sex workers tested for HIV and know the result	483
2	Men who have sex with men	MSM reached with HIV prevention program	69
		MSM tested for HIV and know the result	363
3	People who inject drugs	PWID reached with HIV prevention program	20
		PWID tested for HIV and know the result	26
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	3,841
		% PLHIV on ART retained on ART 12 months after initiation	88%
		% PLHIV on ART achieved viral load suppression	96%
		New and relapse TB patients on ART during TB treatment	6

MAYANGONE TOWNSHIP	
Area	25.34 Km ²
State/Region	Yangon Region
Population	198,113
Organizations working in township	Alliance, MPG, NAP, PSI
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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	160
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	60
2	Men who have sex with men	MSM reached with HIV prevention program	31
		MSM tested for HIV and know the result	423
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	706
		% PLHIV on ART retained on ART 12 months after initiation	100%
		% PLHIV on ART achieved viral load suppression	98%
		New and relapse TB patients on ART during TB treatment	23

MINGALARDON TOWNSHIP		
Area	21.11 Km ²	
State/Region	Yangon Region	
Population	331,586	
Organizations working in township	MPG, NAP, PSI	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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)	

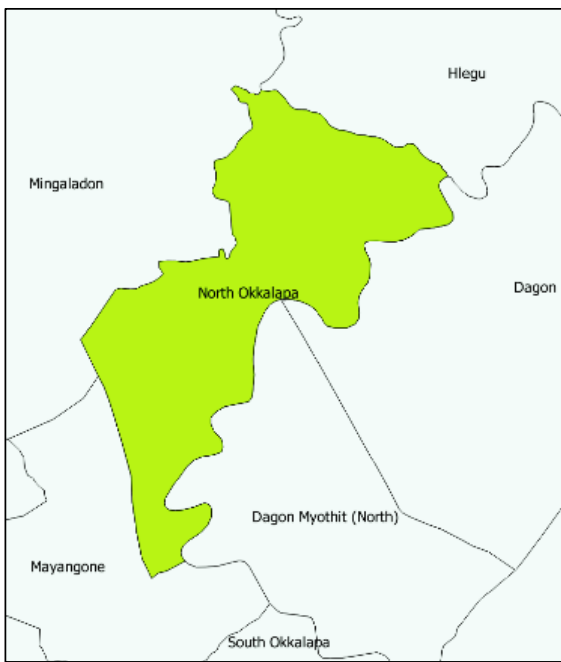
Coverage

Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	500
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	39
2	Men who have sex with men	MSM reached with HIV prevention program	624
		MSM tested for HIV and know the result	50
3	People who inject drugs	PWID reached with HIV prevention program	-
		PWID tested for HIV and know the result	4
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	17
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	10,167
		% PLHIV on ART retained on ART 12 months after initiation	77%
		% PLHIV on ART achieved viral load suppression	96%
		New and relapse TB patients on ART during TB treatment	712

MINGALAR TAUNG NYUNT TOWNSHIP		
Area	5.05 Km ²	
State/Region	Yangon Region	
Population	132,494	
Organizations working in township	MPG, NAP	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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

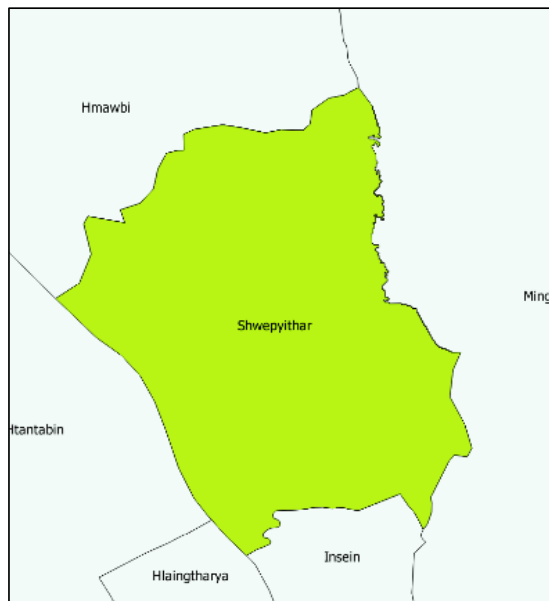
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	216
		Clients of SW reached with HIV prevention program	38
		Sex workers tested for HIV and know the result	178
2	Men who have sex with men	MSM reached with HIV prevention program	84
		MSM tested for HIV and know the result	72
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	571
		% PLHIV on ART retained on ART 12 months after initiation	94%
		% PLHIV on ART achieved viral load suppression	99%
		New and relapse TB patients on ART during TB treatment	16

NORTH OKKALAPA TOWNSHIP		
Area	26.73 Km ²	
State/Region	Yangon Region	
Population	333,293	
Organizations working in township	Alliance, PSI, MPG, NAP	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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

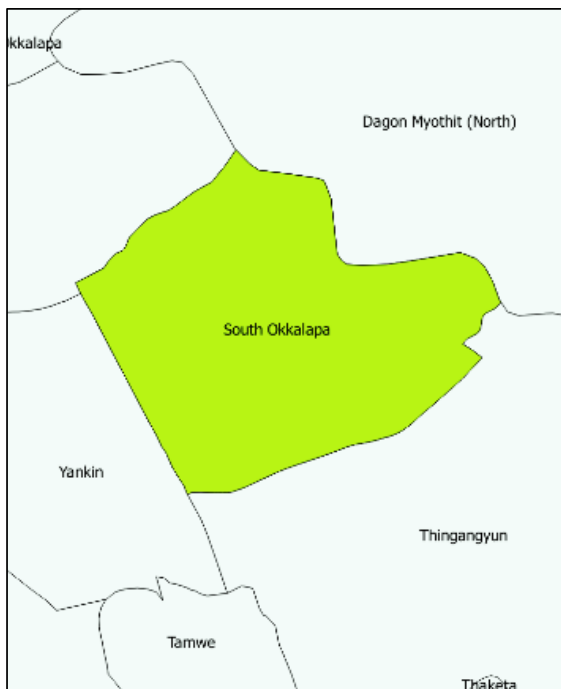
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	337
		Clients of SW reached with HIV prevention program	275
		Sex workers tested for HIV and know the result	1,555
2	Men who have sex with men	MSM reached with HIV prevention program	585
		MSM tested for HIV and know the result	1,974
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	157
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	126
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	5,008
		% PLHIV on ART retained on ART 12 months after initiation	94%
		% PLHIV on ART achieved viral load suppression	94%
		New and relapse TB patients on ART during TB treatment	428

SHWEPYITHAR TOWNSHIP	
Area	23.96 Km ²
State/Region	Yangon Region
Population	343,526
Organizations working in township	Alliance, PSI, MAM, MPG, NAP
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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	887
		Clients of SW reached with HIV prevention program	151
		Sex workers tested for HIV and know the result	634
2	Men who have sex with men	MSM reached with HIV prevention program	527
		MSM tested for HIV and know the result	641
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	34
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,479
		% PLHIV on ART retained on ART 12 months after initiation	100%
		% PLHIV on ART achieved viral load suppression	97%
		New and relapse TB patients on ART during TB treatment	113

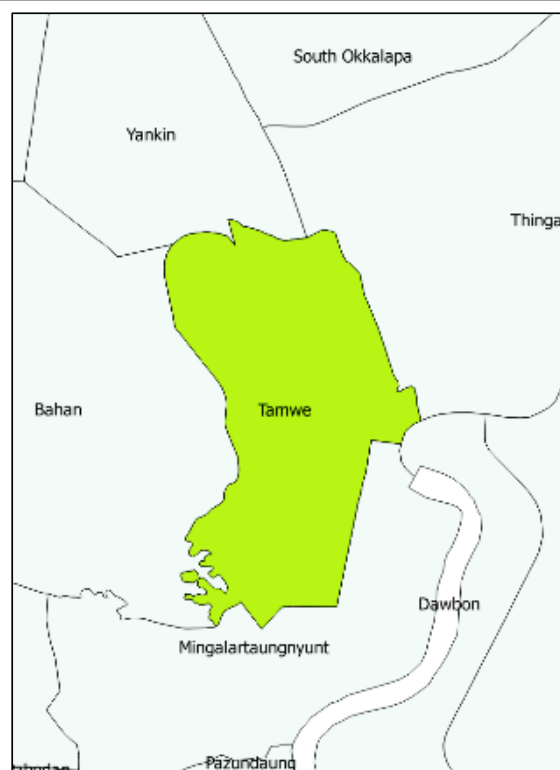
SOUTH OKKALAPA TOWNSHIP		
Area	10.18 Km ²	
State/Region	Yangon Region	
Population	161,126	
Organizations working in township	PSI, Alliance, MPG, NAP	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ PWID – 21.5% (Source: IBBS PWID 2017) ▪ 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	227
		Clients of SW reached with HIV prevention program	47
		Sex workers tested for HIV and know the result	278
2	Men who have sex with men	MSM reached with HIV prevention program	131
		MSM tested for HIV and know the result	86
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	69
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	533
		% PLHIV on ART retained on ART 12 months after initiation	-
		% PLHIV on ART achieved viral load suppression	97%
		New and relapse TB patients on ART during TB treatment	24

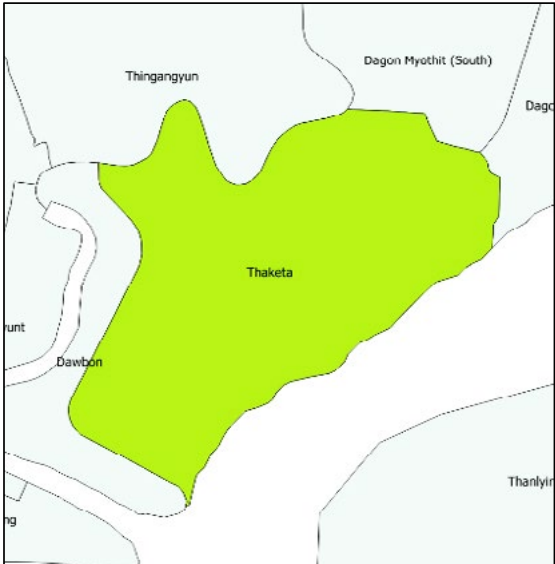
TAMWE TOWNSHIP

Area	4.98 Km ²
State/Region	Yangon Region
Population	165,313
Organizations working in township	Alliance, MPG, NAP, PSI
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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

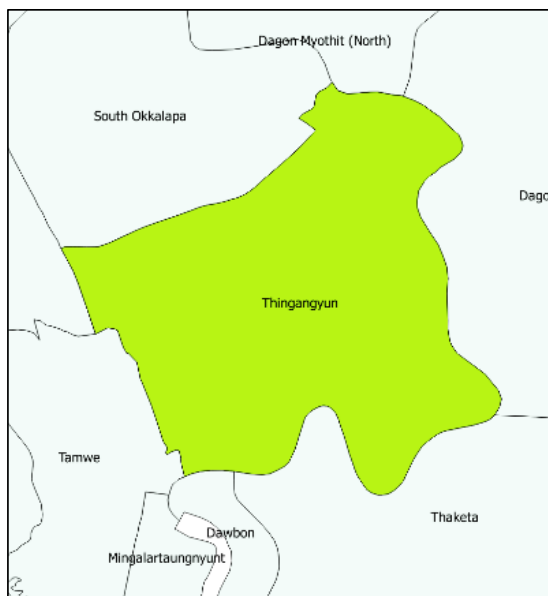
Strategic Direction		Indicator	Achieved
1	Sex workers/ clients of SW	Sex workers	5,082
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	4,281
2	Men who have sex with men	MSM reached with HIV prevention program	7,881
		MSM tested for HIV and know the result	6,354
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	3
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	4,463
		% PLHIV on ART retained on ART 12 months after initiation	81%
		% PLHIV on ART achieved viral load suppression	98%
		New and relapse TB patients on ART during TB treatment	37

THAKETA TOWNSHIP		
Area	12.77 Km ²	
State/Region	Yangon Region	
Population	220,556	
Organizations working in township	Alliance, MPG, MSF-Holland, NAP, PSI, UNION	
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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	588
		Clients of SW reached with HIV prevention program	375
		Sex workers tested for HIV and know the result	499
2	Men who have sex with men	MSM reached with HIV prevention program	165
		MSM tested for HIV and know the result	105
3	People who inject drugs	PWID reached with HIV prevention program	32
		PWID tested for HIV and know the result	35
4	Prisoners and other closed settings	Prisoners reached with HIV prevention program	11
5	Mobile populations	Mobile and migrant population reached with HIV prevention program	5
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	5,703
		% PLHIV on ART retained on ART 12 months after initiation	85%
		% PLHIV on ART achieved viral load suppression	95%
		New and relapse TB patients on ART during TB treatment	201

THINGANGYUN TOWNSHIP	
Area	11.40 Km ²
State/Region	Yangon Region
Population	209,486
Organizations working in township	MPG, NAP, PSI
HIV Surveillance *(for Yangon City)	HIV prevalence among* ▪ FSW – 17.8% ▪ MSM – 28.3% (Source: IBBS FSW/MSM 2019) ▪ 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	16
		Clients of SW reached with HIV prevention program	-
		Sex workers tested for HIV and know the result	1
2	Men who have sex with men	MSM reached with HIV prevention program	139
		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
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	139
7	Comprehensive care, support and treatment	People Living with HIV receiving ART	1,101
		% PLHIV on ART retained on ART 12 months after initiation	76%
		% PLHIV on ART achieved viral load suppression	92%
		New and relapse TB patients on ART during TB treatment	46

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