



Progress Report 2015

National AIDS Program

National Strategic Plan for HIV/AIDS in Myanmar



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Acknowledgements

This report presents the achievements of the national response to HIV/AIDS in the course of NSP II (2011-2015), which was accomplished under the leadership of the National AIDS Programme in collaboration with implementing partners, civil society, technical agencies and development partners.

The National AIDS Programme would like to express its deepest gratitude to H.E. Dr Myint Htwe, Union Minister for Ministry of Health and Sports and Chairperson of the Myanmar Health Sector Coordinating Committee, for his extraordinary leadership, guidance and support in accelerating and scaling up the response to HIV and AIDS in Myanmar.

We thankfully acknowledge the encouragement and guidance of Dr Than Win, Acting Director-General (Department of Public Health), and Dr Thandar Lwin, Director (Disease Control) of the Department of Public Health for their valuable support.

In particular, the tireless efforts and coordinated support of Dr San Hone, Deputy Director, Monitoring and Evaluation, National AIDS Programme and the UNAIDS Myanmar Country Office, towards the entire production process of this progress report are gratefully acknowledged.

The National AIDS Programme would also like to extend its sincere appreciation to all the organizations and people who continue to report their data and contribute year after year to the completion of annual progress reports that help track the HIV epidemic and the national response in Myanmar.

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Acronyms and abbreviations

3ILPMS	Three Interlinked Patient Monitoring System
3N	National NGO Network on AIDS
AEM	Asian Epidemic Model
AFXB	Association Francois-Xavier Bagnoud International
AHRN	Asian Harm Reduction Network
AIDS	Acquired Immunodeficiency Syndrome
Alliance	International HIV/AIDS Alliance
AMA	AIDS Medical Action
AMI	Aide Médicale Internationale
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
BI	Burnet Institute
BSS	Behavioural Surveillance Survey
CBO	Community Based Organization
CCDAC	Central Committee for Drug Abuse Control
Consortium	Myanmar NGO Consortium on HIV/AIDS
DEPT	Department of Educational Planning and Training
DHIS2	District Health Information System 2
DIC	Drop-in Centre
EQAS	External Quality Assurance Service
EWIs	Early Warning Indicators
FBO	Faith Based Organization
FSW	Female Sex Workers
GARPR	Global AIDS Response Progress Report
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HTS	HIV Testing Service
HIV	Human Immunodeficiency Virus
HSCC	Health Sector Coordinating Committee
HSS	HIV Sentinel Sero-surveillance
IBBS	Integrated Biological and Behavioural Surveillance
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
M&E	Monitoring and evaluation
Malteser	Malteser International
MAM	Medical Action Myanmar
MANA	Myanmar Anti-Narcotics Association
MBCA	Myanmar Business Coalition on AIDS

MDM	Médecins du Monde
MINA	Myanmar Interfaith Network on AIDS
MMA	Myanmar Medical Association
MMT	Methadone Maintenance Therapy
MPG	Myanmar Positive Group
MPI	Master Patient Index
MSF-CH	Médecins Sans Frontières Switzerland
MSF-H	Médecins Sans Frontières Holland
MSI	Marie Stopes International
MSM	Men who have sex with men
NAP	National AIDS Programme
NAP-UNION	NAP-International Union against Tuberculosis and Lung Disease
NDNM	National Drug User Network in Myanmar
NEQAS	National External Quality Assessment Scheme
NSEP	Needle and Syringe Exchange Programme
NSP II	Myanmar National Strategic Plan on HIV and AIDS 2011–2015
NSP III	Myanmar National Strategic Plan on HIV and AIDS 2016–2020
OpenMRS	Open source MEDICAL RECORD SYSTEM
OSY	Out-of-school youth
OVC	Orphans and vulnerable children
PGK	Pyi Gyi Khin
PLHIV	People living with HIV
PMCT	Prevention of Mother-to-Child Transmission of HIV
PSI	Population Services International
PWID	People who inject drugs
PWUD	People who use drugs
RM	Ratana Metta
SARA	Substance Abuse Research Association
SC	Save the Children
STD	Sexually Transmitted Disease
SWIM	Sex Worker Network in Myanmar
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNOPS	United Nations Office for Project Services
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision International

PART I

INTRODUCTION

Second Myanmar National Strategic Plan on HIV and AIDS (NSP II)

The Second National Strategic Plan on HIV and AIDS, 2011 –2015 (NSP II) guided the national response to HIV starting from 2011. Halfway through NSP II implementation, in late 2013, a Mid-term Review (MTR) was carried out to assess progress towards achievement of the targets included in NSP II and to identify barriers and opportunities.

Following the review process, the NSP II was extended by one year to 2016 and improved with newly generated strategic information. The framework of NSP II is built on three main strategic priorities with related specific interventions and cross-cutting interventions (details in Figure 1). The associated operational plan provides the complete monitoring framework, which specifies the agreed targets with recommended approaches and revisited costs for each intervention.

Planning of NSP III (2016-2020)

The development process of NSP III covering the years 2016- 2020 commenced with an evaluation of current NSP II in mid-2015. The findings and recommendations on various technical areas of evaluation fed into the new NSP. Myanmar’s NSP III will be aligned with local and global strategies, namely Myanmar’s Economic and Development goals, UN’s Sustainable Development Goals, UNAIDS Strategy (2016-2021) and WHO’s Treatment Guideline 2015. A series of consultations, reviews, analysis and validation meetings were undertaken to formulate the framework that describes the current HIV epidemic and articulates a strategy to optimize investments through a fast track approach with the vision of ending HIV as a public health threat by 2030. The whole process was led by the Technical Strategic Group on HIV and AIDS including representative from multiple Government Ministries, UN agencies, international and national NGOs, civil society, PLHIV, Key Population Networks, the private sectors, multilateral and bilateral donors.

Strategic Priorities of the NSP II

Figure 1: Priority setting of the National Strategic Plan on HIV and AIDS, Myanmar (2011–2016)



Implementation of NSP II

The information in this report aims to cover overall five-year implementation process together with achievements, experiences and areas where progress was lagging during the course of NSP II. In general, there was a continuation trend seen in NSP I (2006 -2010) of growth in coverage and outputs for all key interventions in the first two years (2011 and 2012). Starting from the mid-point of NSP II in 2013, there has been impressive progress largely due to the strong Government commitment; improved partnerships between the public, community and private sectors; and increase in domestic and international funding particularly from Global Fund which ultimately boosted program scale up.

Government leadership, commitment and coordination

The Ministry of Health and Sports designated HIV as one of priority diseases in the National Health Plan (2011-2016) and has demonstrated strong political commitment and contributions towards the implementation of NSP II and development of NSP III. Government allocation to HIV has increased about three- fold from US \$ 3.3 million in 2012 to US \$ 10.4 in 2015¹. During the five years of the implementation of NSP II, the Ministry of Health (MOH) particularly the National AIDS Program (NAP) played an exemplary leadership role in implementation, management and coordination between the ministries, implementing partners, civil society, donors and UN agencies. In recent years, the Government has become a major actor in the management of ART patients aiming to achieve nationwide coverage of ART through public services in the near future.

Prevention of HIV transmission: sexual transmission and injecting drug use

Along with NSP II Priorities, considerable prevention efforts among key populations: female sex workers_(FSW), men who have sex with men_(MSM) and people who inject drugs_(PWID) have continued into 2015 despite a drop in coverage during 2012 when there was a funding interruption and a reduction in expenditure across most prevention programs. Apart from that, HIV prevention and services utilization reached more key populations during the time span of NSP II. Significant achievements are documented in HIV Testing Services (HTS) among key populations, methadone programmes, needle and syringe programmes for PWID. These progresses are more pronounced in second half of NSP II.

While there is an overall improvement in the prevention of HIV transmission among key populations over the NSP II, important gaps and challenges remain. Service provision overlap which leads to multiple counting of individuals reached with prevention programmes is the limitation to estimate the service coverage. Based on the current PSE and 2015 programme data, the estimated HTS coverage among key populations remains low. In order to further reduce HIV transmission, a continuous effort needs to be made to increase targeted prevention activities by fostering an enabling environment for each of key populations.

Special attention is also needed beyond the three key populations of FSW, MSM and PWID. Other populations requiring some level of programmatic attention are bridge population including clients and partners of key populations, young, mobile and migrant populations, people with overlapping risks (TB-HIV co infection and substance abuse for example) and people in closed settings.

¹ National AIDS Spending Assessment in Myanmar (2012-2013 and 2014-2015)

HIV treatment, care and support

There has been impressive scaling up of treatment care and support interventions: countrywide decentralization of HIV counselling and testing; rapid increase of ART coverage among PLHIV; prevention of mother to child transmission of HIV (PMCT) coverage and collaborative TB-HIV activities across the country. Rapid scale up of decentralized sites providing testing and treatment resulted a remarkable increase in ART coverage in 2015 reaching 106,490 PLHIV receiving treatment. With the objective to sustain, consolidate and further scale up these achievements, key issues need to be addressed in the new NSP III such as: a) the strengthening of human resource capacity and quality of services; b) improving procurement and supply chain management; c) streamlining and integrating current multiple service delivery models (HTS services, ART centres, ART decentralized sites, PMCT townships, TB/HIV townships) in both public and non-public sectors.

Mitigation of impact of HIV on PLHIV and their families

Programme coverage under this strategic direction have not completely materialised as planned in the last 5 years and most targets were substantially underachieved in every year. Although there has been increasing number of PLHIV self-help groups (SHG) across the country and continuous community home base care service during NSP II, these reported coverage were relatively low compared to the estimated number of PLHIV. It is therefore necessary to further address the prevention needs and support for the people known to be living with HIV and their intimate partners. No progress but considerable decrease in coverage was seen since 2012 for orphans and vulnerable children affected by HIV receiving a package of support. This marked decrease has been attributed to the drop in financial resources and the policy shift from a specific focus on OVC affected by HIV towards a wider child-protection approach. However, there should have a plan, particularly for OVC, to allow for a smooth transition into the social protection program for children.

Cross-cutting issues

In the span of NSP II 5 years period, significant achievements were made in terms of health system strengthening, civil society involvement in decision making bodies, human rights and legal awareness. A National Health Supply Chain Strategy for Medicines, Medical Supplies and Equipment (2015-2020), a National Policy for Health Laboratories in Myanmar and the National Strategic Plan for Laboratories were also developed.

A Human Rights and Gender working group was established in 2014. To strengthen the implementation capacity of rights-based HIV programme, capacity building of stakeholders has been implemented. To protect the rights of PLHIV and KP, a "Law on the Rights of People Affected by HIV" was drafted and is now waiting for Parliament review.

Concerning Strategic Information, Monitoring and Evaluation, routine Programme Monitoring has been progressively strengthened. M&E decentralization to regional and township level has been established with continuous support from central level. The Three Interlinked Patient Monitoring System (3ILPMS) was also implemented during 2014. The most important step forward was the agreement reached in 2015 to develop an Electronic Recording System starting 2016 in order to establish a more effective and efficient recording and reporting system. The MOHS agreed to use the District Health Information System 2 (DHIS2) for selected national programs for aggregated data, followed by the development of individual case monitoring and reporting using the Master Patient index.

HIV Sentinel Surveillance had been carried out yearly up to 2014 and is planned to be conducted every two years after 2014. Integrated Biological Behavioural Surveillance (IBBS) surveys in combination with Population Size Estimation (PSE) among FSW, MSM and PWID were successfully carried out during the course of NSP II and results have become available by the end of 2015. This updated behavioural, prevalence and PSE data provided more robust strategic information to track the epidemic, and monitor and evaluate the effects of national response which in turn improved the planning of more effective targeted interventions for in the new NSP III.

Furthermore, HIV estimates and projections were undertaken using AIDS Epidemic Model (AEM) and Spectrum on yearly basis.

INDICATOR SUMMARY

Indicator	Source	Value
Impact		
% of female sex workers who are HIV infected	HSS 2014/ IBBS 2015	6.3%/14.6%
% of clients of female sex workers who are HIV infected ²	HSS 2014	4%
% of men who have sex with men who are HIV infected	HSS 2014/IBBS 2015	6.6%/ 11.6%
% of people who inject drugs who are HIV infected	HSS 2014/IBBS 2014	23.1%/ 28.3%
% of young people aged 15–24 who are HIV infected (pregnant women 15–24)	HSS 2014	0.7%
% of adults and children with HIV known to be on treatment 12 months after initiation of ART	Cohort report	85.1%
% of adults and children with HIV known to be on treatment 24 months after initiation of ART	Cohort report	80.4%
% of adults and children with HIV known to be on treatment 60 months after initiation of ART	Cohort report	76.4%
% of pregnant women who are HIV infected	HSS 2014	0.8%
Outcome		
% of female sex workers who used condom at last sex	IBBS (2015)	81.1%
% of men who have sex with men who used condom at last sex	IBBS (2015)	77.1%
% of people who inject drugs who used sterile needles and syringes at last injection	IBBS (2014)	86%
% of people who inject drugs who used condom at last sex	IBBS (2014)	22.9%
% of young people who used condom at last sex	BSS-OSY (2008)	90%
Coverage/output		
% of female sex workers reached with HIV prevention programmes	IBBS (2015)	72.6%
% of female sex workers who received an HIV test in the last 12 months and who know the result	IBBS (2015)	45.8%
# of female sex workers reached with HIV prevention programmes	Programme monitoring/ service delivery reports	49,022
# of clients of female sex workers reached with HIV prevention programmes	Programme monitoring/ service delivery reports	14,410
# of regular sexual partners of sex workers and clients reached with HIV prevention programmes	Programme monitoring/ service delivery reports	8,523
% of men who have sex with men reached with HIV prevention programmes	IBBS (2015)	71%
% of men who have sex with men who received an HIV test in the last 12 months and who know the result	IBBS (2015)	49.6%
# of men who have sex with men reached with HIV prevention programmes	Programme monitoring / service delivery reports	60,469
# of female sexual partners of men who have sex with men reached with HIV prevention programmes	Programme monitoring / service delivery reports	1,382

² This is the prevalence among male STI patients, considered a proxy for clients of FSW.

Indicator	Source	Value
% of people who inject drugs who received an HIV test in the last 12 months and who know the result	IBBS (2014)	22.2%
# of people who inject drugs / drug users reached with HIV prevention programmes (Outreach)	Programme monitoring / service delivery reports	22,184/17,090
# of people who inject drugs / drug users reached with HIV prevention programmes (DIC)	Programme monitoring / service delivery reports	28,277/16,924
# of sterile injecting equipment distributed to people who inject drugs in the last 12 months	Programme monitoring / service delivery reports	18,477,176
# of sterile injecting equipment returned from people who inject drugs in the last 12 months	Programme monitoring / service delivery reports	13,114,827
# of drug users receiving methadone maintenance therapy	Methadone programme registers, clients records, drug supply management records	10,290
# of regular sexual partners of PWID reached with HIV prevention programmes	Programme monitoring / service delivery reports	3,122
# of prisoners reached with HIV prevention programmes	Programme monitoring / service delivery reports	3,363
# of mobile and migrant population reached with HIV prevention programmes	Programme monitoring / service delivery reports	18,200
# of uniformed services personnel reached with HIV prevention programmes	Programme monitoring / service delivery reports	7,533
# of out-of-school youth reached with HIV prevention programmes	Programme monitoring / service delivery reports	17,696
# of people in workplace reached with HIV prevention programmes	Programme monitoring / service delivery reports	9,883
# of people who received STI treatment in the last 12 months	Programme monitoring / service delivery reports	74,265
# of people who received an HIV test in the last 12 months and who know the result	Programme monitoring / service delivery reports	257,178
# of condoms distributed for free	Condom distribution, procurement and sale reports	22,830,037
# of condoms sold through social marketing	Condom sale reports	12,464,684
# of adults with advanced HIV infection receiving antiretroviral therapy	Facility ART registers / databases, drug supply management records	99,404
# of children in need provided with ART	Facility ART registers / databases, drug supply management systems	7,086
# of people living with HIV receiving cotrimoxazole prophylaxis who are not on ART	Programme monitoring / service delivery reports	13,429
# of HIV infected patients with incident TB diagnosed and started on TB treatment	NTP, Dual TB and ART providing health services	6,534

Indicator	Source	Value
# of pregnant women attending antenatal care services at PMCT sites who received HIV pre-test counselling	Programme monitoring reports of PMCT providing services	916,683
# of pregnant women attending antenatal care services who received HIV testing	Programme monitoring reports of PMCT providing services	792,518
# of pregnant women attending antenatal care services who received HIV test result with post-test counselling	Programme monitoring reports of PMCT providing services	748,299
# of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission	Programme monitoring reports of PMCT providing services	3,923
# of people receiving community home based care	Programme monitoring / service delivery reports	37,749
# of people living with HIV associated with self-help groups	Records and reports from NAP, NGOs providing self-help group support	23,347
# of orphans and vulnerable children affected by HIV receiving package of support	Programme monitoring / service delivery reports	925
# of HIV testing laboratories participating in national quality assurance scheme	National Health Laboratory NEQAS records	416
% of donated blood units screened for HIV ³	National Health Laboratory NEQAS records	100

³ Estimated percentage.

STRATEGY I: PREVENTION

INTERVENTION 1: FEMALE SEX WORKERS AND THEIR SEXUAL PARTNERS; CLIENTS OF FEMALE SEX WORKERS AND THEIR SEXUAL PARTNERS

Size Estimates and Targets from NSPII with 2015 results

Impact/Outcome Targets ⁴	Size estimate	Baseline 2010	Target 2015	Results 2015
% of FSW who are HIV infected		11.4% ⁽²⁾	7%	6.3% ⁽³⁾ , 14.6% ⁽¹⁾
% of clients of FSW who are HIV infected ⁽⁴⁾		5.1% ⁽²⁾	2.5 %	4 % ⁽³⁾
% of FSW who used condom at last sex		95.9% ⁽⁶⁾	96.5%	81.1% ⁽¹⁾
Output/Coverage Targets				
# of FSW reached with HIV prevention programmes	80,000 ⁽⁵⁾	46,395 - 81,185 ⁽⁷⁾	75,000	49,022 – 76,219
# of FSW who received an HIV test in the last 12 months and who know the result (HTS)	80,000 ⁽⁵⁾	12,107 ⁽⁷⁾	50,000	27,865
# of clients of FSW reached with HIV prevention programmes	881,220 ⁽⁵⁾	NA	176,244	14,410
# of regular sexual partners of sex workers and clients reached with HIV prevention programmes	440,610 ⁽⁵⁾	NA	30,000	8,523

Partners working with sex workers, clients and their regular sexual partners (2011-2015):

AHRN, Alliance, AMI, Burnet, Consortium, IOM, Malteser, MAM, MANA, MDM, MSF-CH, MSF-Holland, MSI, NAP, PGK, PSI, SARA, WV

The Prevention of HIV transmission among female sex workers (FSW) program has substantially improved during the period of NSP II. An Integrated Biological and Behavioural Surveillance Survey (IBBS) together with the Population Size Estimation of FSW in five sites was finalized in 2015 to fill essential information gap in behaviour, prevalence and population size estimate of FSW.

HIV Prevalence

HIV Sentinel Surveillance (HSS) during NSP II recorded a declining HIV prevalence of 9.4%, 7.1%, 8.1% and 6.3% among FSW for 2011, 2012, 2013 and 2014. These figures are lower than the annual prevalence targets sets in NSP II. However the national FSW HIV prevalence derived from the 2015 IBBS among FSW results and

⁴Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, HIV Sentinel Surveillance Reports, Behavioural Surveys, Progress Reports

(1) Integrated biological and behavioural survey (IBBS) of female sex workers (FSW) in five cities in Myanmar–2015 (Draft)

(2) HSS, 2010

(3) HSS 2014

(4) HIV prevalence of male STD patients from HSS 2014 as a proxy estimate for clients of sex workers

(5) Myanmar National Strategic Plan on HIV and AIDS 2011-2016

(6) BSS among female sex workers, 2007

(7) Progress Report 2010

triangulated with other data, is estimated to be significantly higher at 14.6%. The recent IBBS also found large differences in HIV prevalence between FSW age groups – national level HIV prevalence in older (≥ 25) FSW was significantly higher at 17.8% compared to younger FSW (< 25) at 6.2%.⁵ It is important to highlight that HSS and IBBS differ significantly in sampling methodology, resulting in differences in the FSW who are represented in each survey type. IBBS surveys are conducted with a more representative sample of the targeted population.

Condom use

With respect to the Global AIDS Response and Progress Report (GARPR) measure of condom use, overall reported condom use among sex workers at last sex with a client has decreased (81.1%) in 2015 (IBBS) compared to 2007 (BSS) (95.9%). However, the interpretation of these results should be done with great caution since there were 3 additional sites surveyed in 2015 and the results vary from site to site, with the highest condom use by FSW in Yangon (95%) and the lowest in Monywa (54%).

FSW reached with prevention services

As noted in earlier progress reports, the total number of FSW reached with prevention services may likely include double counting of some individuals due to the fact that many areas are often served by more than one organization, and the mobility and migratory nature of FSW population. The absence of a unique identifier for FSW receiving prevention services compounds the problem.

To address the issue of possible double counting among organizations working in the same township, we counted the figure reported by the organization which reached the highest number of individual FSWs in that particular township. The resulted figure was described as the lower end figure (49,022) whereas the higher end figure (76,219) referred to the sum of all FSW reached by prevention services by all organizations in the same township. This same method of calculation for national data is applied across the years in the course of NSP II to guarantee consistency. This calculation method gives a range of results from the lowest to the highest. The real number of FSW reached by prevention services will be in between the lowest and the highest figures. This way of presenting data however does not take into account the possibility of double counting within the same organization. This same method was used to assess the number of MSM and PWID reached with prevention services for the same reasons as the FSW (duplications, absence of unique identifier in outreach activities and mobility). It has been decided to use the lower end figures of each KP for any analysis and target setting purposes.

Indeed in NSP III, a consensus was reached to use only the lower end figures of FSW reached with prevention services as baseline. End 2015, the number of FSW tested for HIV remained low compared to FSW reached with prevention services suggesting that outreach services may reach the same people multiple times. Taking the lowest number of FSW reached as baseline brings the number of FSW reached to a more credible figure. Furthermore the outreach prevention services for FSW were not quite standardized during NSP II, resulting in a range of diverse services offered in outreach which further led the NAP and experts to consider the lowest figure of FSW as the most credible number to work with. Finally, in the future, effective prevention which includes testing will be measured to track progress making it more realistic to set targets based on the lowest figure of FSW reached.

Looking at the sum of all FSW reached (high figure), reported by all partners (including duplications), during 2011- 2015 as described in Table 1, the number of FSW reached with prevention programmes has increased except for 2015 which declined to 2013 level because the largest service provider changed its prevention strategy and started providing prevention services only in areas where follow-up HIV testing service could be

⁵ Integrated biological and behavioural survey (IBBS) of female sex workers (FSW) in five cities in Myanmar–2015 (Draft)

offered. A total of 18 organizations were involved in FSW prevention services. NAP and PSI continued to be the major service providers for FSW.

Table 1: Female Sex Workers reached with prevention services by organization (2011-2015) (High end figures)

Organization	2011	2012	2013	2014	2015
AHRN	368	290	921	666	627
Alliance	2,628	1,048	1,459	3,003	4,407
AMI	644	870	1,735	1,740	1,781
Burnet	-	-	-	-	298
Consortium	570	2,221	2,198	1,015	3,039
IOM	222	432	552	1,500	1,556
Malteser	409	702	1,076	905	453
MAM	-	-	2,593	1,902	2,322
MANA	1,158	955	1,233	1,562	2,073
MDM	4,208	5,770	6,730	6,244	2,686
MSF-CH	189	203	15	49	-
MSF-H	5,501	6,043	2,464	1,552	1,556
MSI	3,421	4,555	3,168	4,444	4,800
NAP	8,060	9,766	10,771	11,202	10,135
PGK	2,299	1,000	1,390	2,705	2,616
PSI	32,309	26,194	40,575	47,601	37,870
SARA	29	3	2	-	-
WV	405	139	177	116	-
Total	62,420	60,191	77,059	86,206	76,219

Looking at the low figure for FSW reached overall during 2011- 2015 as shown in Table 2, the number of FSW reached with prevention programmes has increased across 15 states and regions however a slowdown was recorded in 2012 due to financial limitations and in 2015 for the same reason mentioned here above (table 1). In 2015, after considering the possible duplication among organizations, a low total of 49,022 FSWs were reportedly reached with prevention activities. As a new population size estimates (PSE) for FSW were available in 2015 based on the new IBBS among FSW results (66,000), it is estimated that 74% of the FSW have been reached with prevention services.

However, FSWs are highly mobile due to the nature of their work, therefore when we apply a migration factor based on the results from the IBBS among FSW 2015 (27.7%) the FSW reached by prevention figure is lower (35,443) representing 54% coverage based on the new FSW PSE of 66,000⁶.

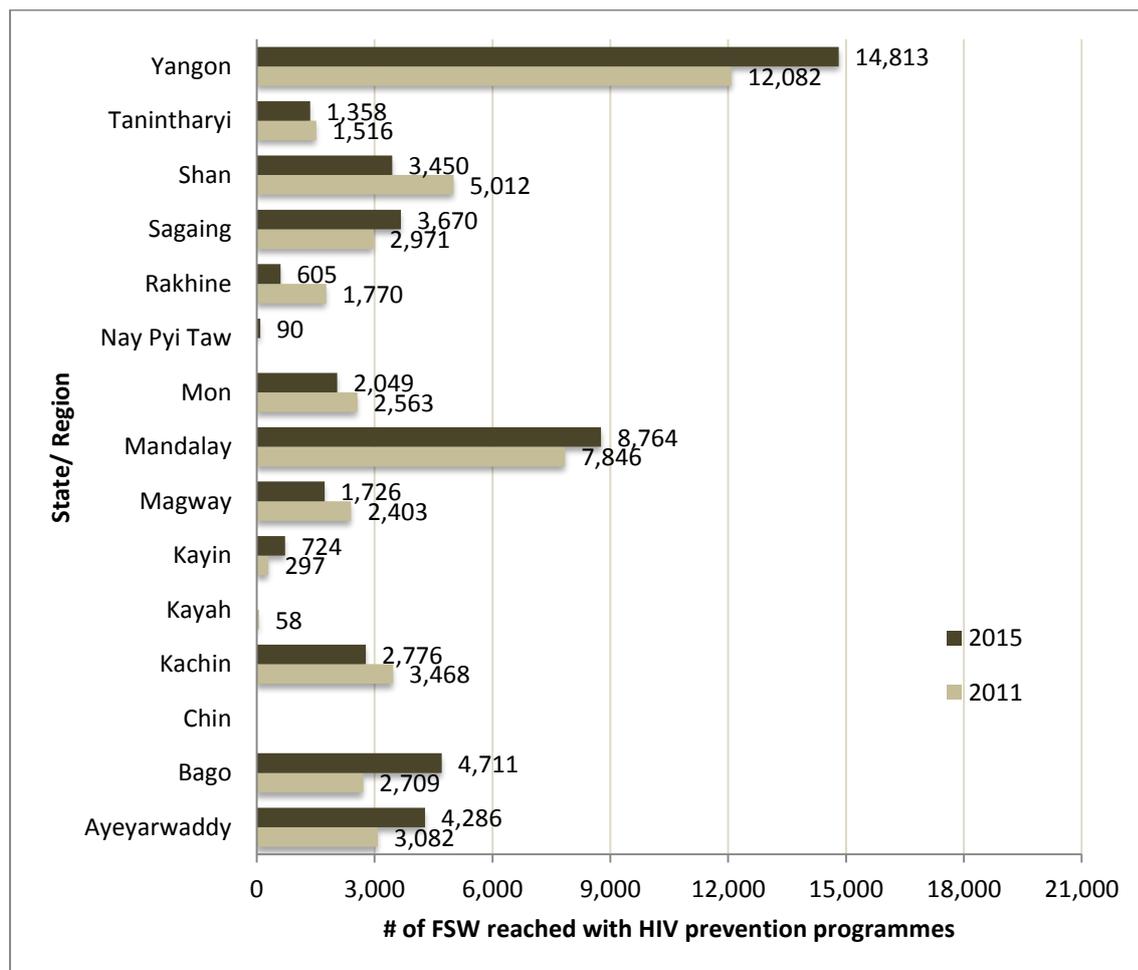
⁶Integrated biological and behavioural survey (IBBS) and population size estimates (PSE) of female sex workers (FSW) in five cities in Myanmar–2015 (Draft)

Table 2: Female Sex Workers reached with prevention services by State/Region (2011-2015) (Low end figures)

State/Region	2011	2012	2013	2014	2015
Ayeyarwady	3,082	3,780	3,373	4,118	4,286
Bago	2,709	2,393	5,444	5,010	4,711
Chin	-	2	-	12	-
Kachin	3,468	2,750	3,342	2,744	2,776
Kayah	58	60	145	40	-
Kayin	297	146	468	885	724
Magway	2,403	1,039	1,291	1,923	1,726
Mandalay	7,846	6,715	7,632	9,345	8,764
Mon	2,563	3,098	3,502	2328	2,049
Nay Pyi Taw	-	-	-	162	90
Rakhine	1,770	1,415	1,181	443	605
Sagaing	2,971	2,001	2,223	3840	3,670
Shan	5,012	3,761	3,307	5150	3,450
Tanintharyi	1,516	1,429	1,651	2382	1,358
Yangon	12,082	14,485	21,087	23167	14,813
Total	45,777	43,074	54,646	61,549	49,022

The geographical progression of the service provision across 15 states and regions from 2011 to 2015 is also shown in figure 2. At the end of 2011, most services were located in Yangon and Mandalay. By the end of 2015, the services become available in most areas, most notably in Kayin, Kachin, Bago and Sagaing. As in the past, very low number of FSW in Kayah and Chin were covered by prevention services. This may be due to low population density and consequently low FSW population in these areas as well as difficult transportation thus difficult to reach populations or outreach services more challenging to provide. Only NAP provided prevention services to FSW in Kayah and Chin.

Figure 2: Female sex workers reached by state and region from all organizations in 2011 and 2015



The figure 3 below provides the number of FSW reached between 2011 and 2015 with different prevention services: – FSW reached with HIV prevention; HIV testing (HTS) and STI services.

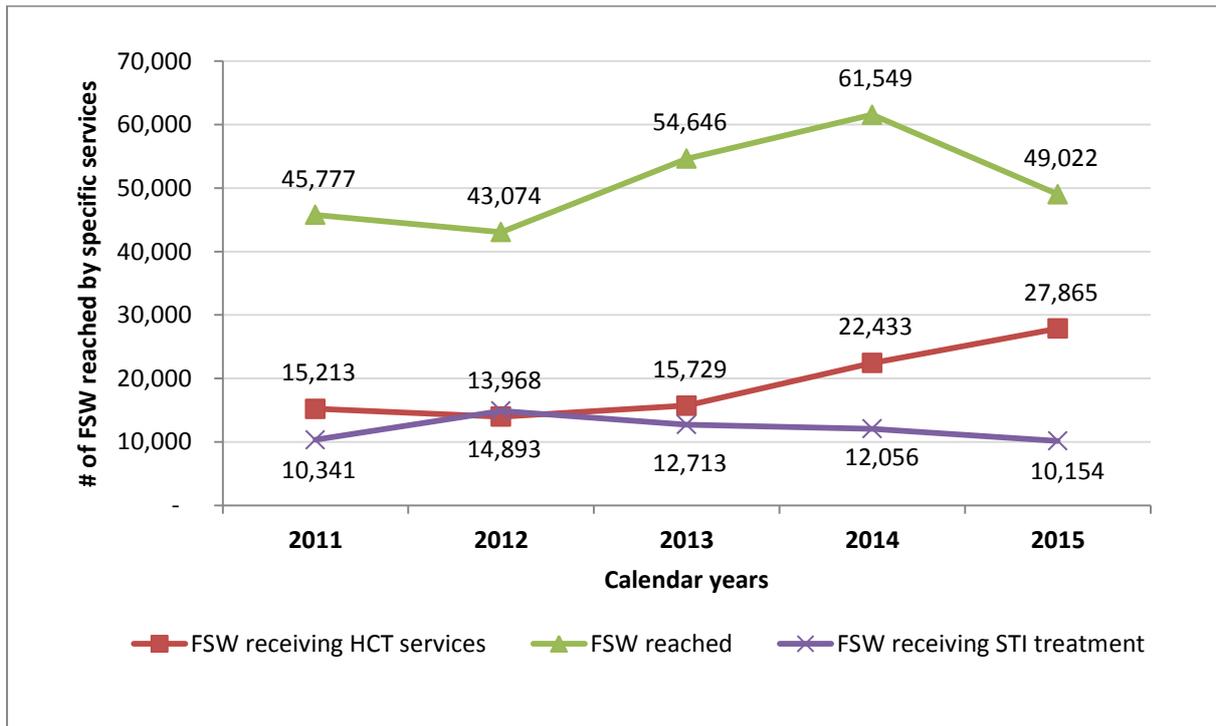
HIV testing services

Among the different prevention services provided to FSW, HTS shows a rising trend since 2013 and is expected for further increase in the coming years as described in NSP III, reaching 90%. In 2015, more than 40 % of FSW (27,865 FSW) received HIV testing and post-test counselling according to the new FSW PSE. This result is consistent with national testing coverage of 45.8 % among FSW from the IBBS among FSW 2015.

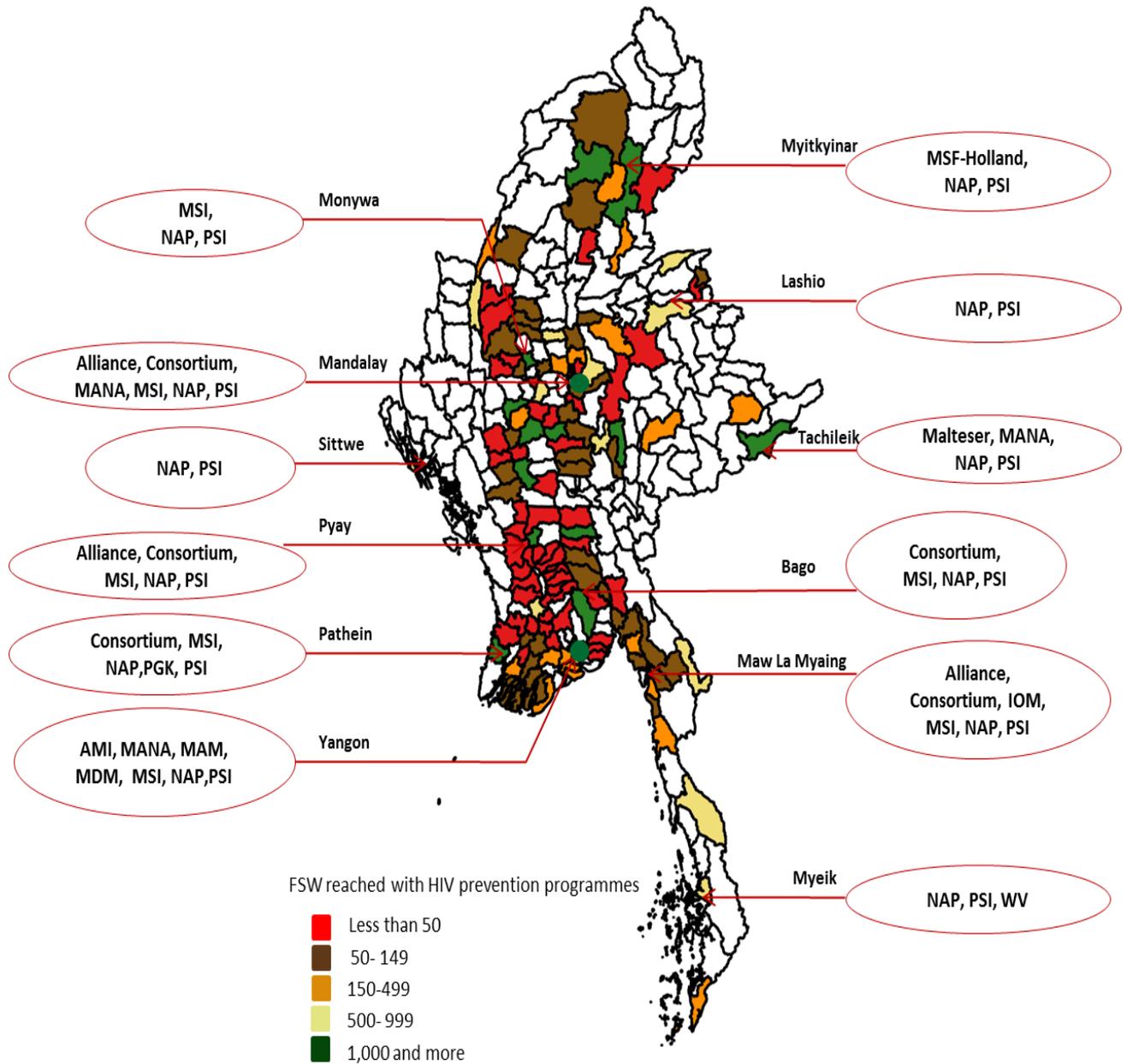
STI treatment

STI treatment among sex workers is showing a drop or rather no progression. This might be due to the fact that it is difficult to identify this key population during STI treatment, accessibility of STI drugs in drug stores and many private clinics to turn to for STI treatment.

Figure 3: Female Sex Workers reached with prevention, HTS and STI treatment (2011 – 2015)



Map 1: Distribution of services for female sex workers by township in 2015



FSW clients and partners

Despite progress in terms of FSW HIV prevention programmes, the services for clients and regular sexual partner of FSW were very limited and small in scale. Few out of the 18 organizations working under this strategic direction reported on the number of clients of FSW reached with HIV prevention services (Table 3). A considerable drop of clients of FSW reached was recorded since 2012 because the prevention programs have been focusing on three Key Populations (FSW, MSM, PWID) themselves rather than clients or partners. Since then, the coverage of clients of FSW shows a stable trend till 2015 although there has been a substantial increase in the number of FSW reached over the same period. National AIDS Programme (NAP) became the biggest organization providing prevention services for clients of FSW.

Table 3: Clients of female sex workers reached with prevention services by State/Region (2011-2015)

State & Region	2011	2012	2013	2014	2015
Ayeyarwady	10,909	597	586	924	1306
Bago	19,990	615	1,116	1,392	1,392
Chin	-	23	-	-	-
Kachin	9,787	1,191	1,687	253	502
Kayah	135	210	481	1,355	1,219
Kayin	125	289	285	275	210
Magway	25,693	526	644	2,245	1907
Mandalay	90,639	3,989	2,026	1,506	1,024
Mon	15,735	524	16	30	356
Nay Pyi Taw	-	-	-	135	-
Rakhine	1,272	321	3,819	114	145
Sagaing	23,262	409	62	2,131	386
Shan	65,463	2,041	1,333	2,367	1,324
Tanintharyi	42,645	108	145	755	133
Yangon	56,700	1,554	1,850	1,073	4,506
Total	362,355	12,397	14,050	14,555	14,410

INTERVENTION 2: MEN WHO HAVE SEX WITH MEN AND THEIR REGULAR FEMALE SEXUAL PARTNERS

Size Estimates and Targets from NSPII with 2015 results

Impact/Outcome Targets ⁷	Size estimate	Baseline 2010	Target 2015	Results 2015
% of MSM that are HIV infected		11.0% ⁽²⁾	9%	6.6% ⁽³⁾ , 11.6% ⁽¹⁾
% MSM who used condom at last sex		81.5% ⁽⁴⁾	86%	77.1% ⁽¹⁾
Output/Coverage Targets				
# of MSM reached with HIV prevention programmes	224,000 ⁽⁶⁾	54,863 - 79,522 ⁽⁵⁾	90,000	60,469-89,061
# of MSM who received HIV test in the last 12 months and who know the result	224,000 ⁽⁶⁾	6,932 ⁽⁵⁾	22,500	34,528
# of regular female sexual partners of MSM reached with HIV prevention programmes	45,000 ⁽⁶⁾	NA	4,500	1,382

Partners working with men who have sex with men (2011 – 2015):

AFXB, Alliance, AMI, Burnet, Consortium, IOM, Malteser, MANA, MAM, MBCA, MDM, MSF-CH, MSF-Holland, MSI, NAP, PGK, PSI, SARA, WV

Overall HIV prevention interventions to reduce sexual transmission through men who have sex with men (MSM) have significantly grown over the years. Up-to-date PSE, prevalence and behavioural data of MSM became available in late 2015 from the recently conducted IBBS and PSE among MSM in five townships.

HIV prevalence

Since 2007, HIV prevalence among MSM from routine HSS data shows downward trend with 7.8% in 2011, and 6.6% 2014 which is lower than NSP II target. After data triangulation of HSS and IBBS among MSM results, national level HIV prevalence among MSM in 2015 is estimated to be 11.6% with great variation between townships and age groups. As previously stated, HSS and IBBS differ significantly in sampling methodology, resulting in differences in the MSM who are represented in each survey type. Therefore results cannot be compared. IBBS surveys are conducted with a more representative sample of the targeted population so their results are more likely to represent the national prevalence among the targeted population.

⁷ Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, HIV Sentinel Surveillance Reports, Integrated Biological and Behavioural Surveys, Progress Reports

- (1) Integrated biological and behavioural survey (IBBS) of men sex with men (MSM) in five cities in Myanmar-2015 (Draft)
- (2) HSS 2010
- (3) HSS 2014
- (4) IBBS 2009
- (5) Progress Report 2010
- (6) Myanmar National Strategic Plan on HIV and AIDS 2011-2016

Condom use

With respect to condom use behaviour at last sex, it shows a similar proportion at country level between two behaviour surveys (81.5% in 2009 and 77.1% in 2015) although there seems to be a decline since 2009.

MSM reached with prevention services

The number of MSM reportedly reached with HIV prevention programmes continued to increase during NSP II. It denotes an encouraging trend since the level of MSM coverage met each targets set in NSP II. 19 organizations were involved in achieving this progress.

Multiple-counting of MSM reached by prevention services, due to the absence of unique identifier for MSM, may have resulted in overestimating the number of MSM reached. In addition, many areas are often served by more than one organization, which together with factors such as population mobility and migration may also have contributed to double or multiple counting of some individuals.

To address the issue of possible double counting among organizations working in the same township, we applied the same calculation method as in FSW. This same method of calculation for national data is applied across the years in the course of NSP II to guarantee consistency. This approach gives a range of results from the lowest to the highest. The real number of MSM reached by prevention services will be in between the lowest and the highest figures. This way of presenting data however does not take into account the possibility of double counting within the same organization.

Table 4: Men who have sex with men reached with prevention services by organization (2011-2015) (High end figures)

Organization	2011	2012	2013	2014	2015
AFXB	690	-	-	-	-
Alliance	6,232	7,489	8,156	9,225	13,582
AMI	1,147	1,862	2,104	1,605	2,103
Burnet	-	7,628	8,937	10,366	10,400
Consortium	390	2,437	2,666	2,332	3,327
IOM	148	345	464	1,122	887
Malteser	-	39	66	115	173
MAM	-	-	116	621	225
MANA	134	408	-	597	1,490
MBCA	5,769	-	-	-	-
MDM	3,524	4,087	4,296	3,652	3,275
MSF-CH	-	31	191	129	-
MSF-Holland	1,898	727	436	86	388
MSI	529	1,596	1,286	2,068	2,761
NAP	4,070	7,844	7,894	7,517	5,744
PGK	2,348	1,052	1,277	2,635	2,413
PSI	37,737	32,415	44,258	48,338	42,293
SARA	13	5	1	-	-
WV	111	102	215	100	-
Total	64,740	68,067	82,363	90,508	89,061

In 2015, the sum of reports from all organizations yielded that 89,061 MSM were reached HIV prevention intervention. PSI had been the main service provider to this group. (Table 4)

However, after correcting for potential double or multiple counting among partners, it is estimated that 60,469 MSM were reached by prevention services during 2015. (Table 5) To be on the safe side, this lower end figure of 60,469 was used as baseline figure for NSP III as well as in running the country's epidemic impact analysis under different response scenarios.

Table 5: Men who have sex with men reached with prevention services by State/Region (2011-2015) (Low end figures)

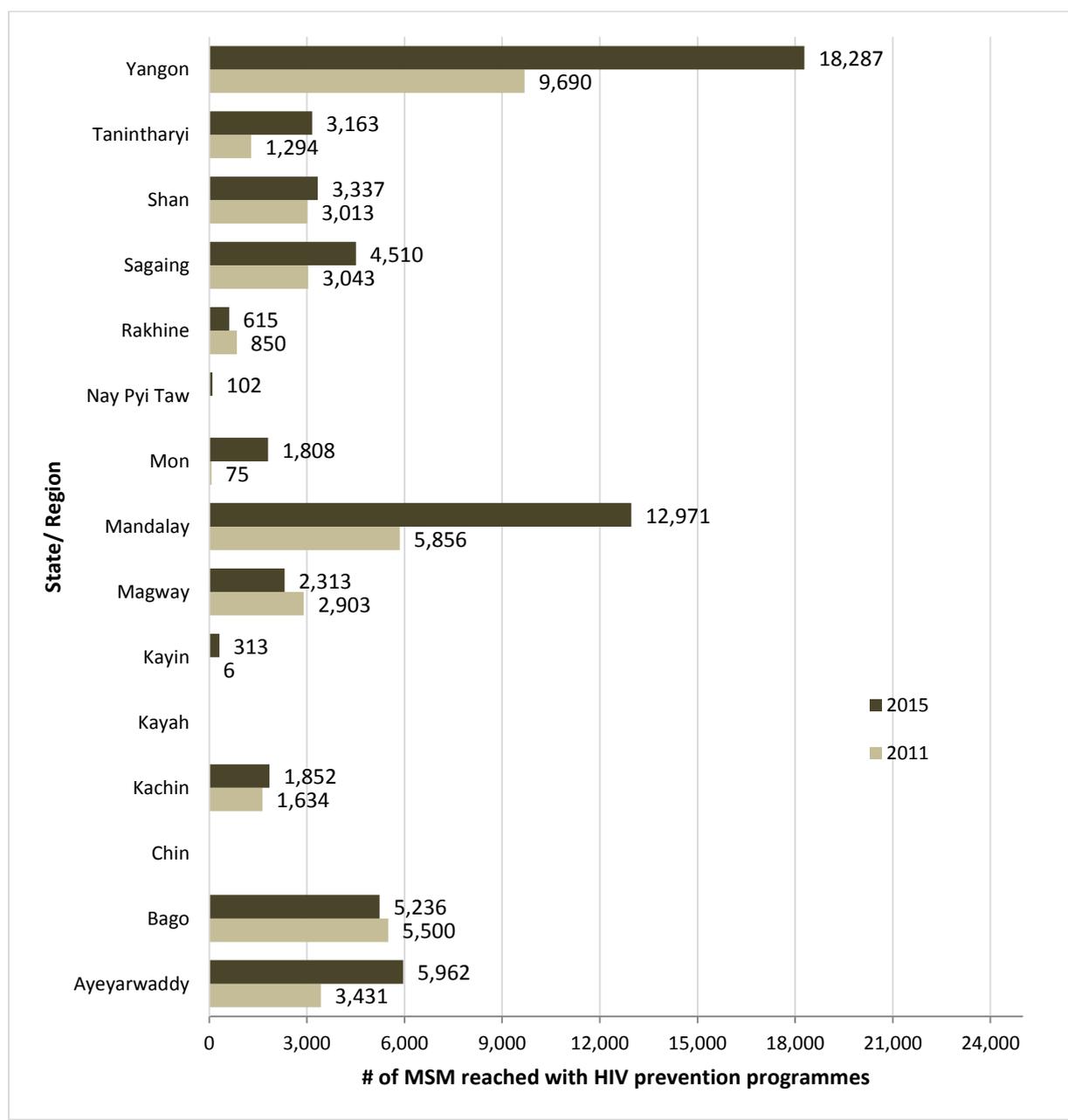
State & Region	2011	2012	2013	2014	2015
Ayeyarwady	3,431	4,844	3,834	5,369	5,962
Bago	5,500	3,794	5,939	5,741	5,236
Chin	-	-	-	12	-
Kachin	1,634	1,315	729	2,018	1,852
Kayah	-	-	-	-	-
Kayin	6	11	212	475	313
Magway	2,903	1,116	1,761	2,865	2,313
Mandalay	5,856	5,914	7,356	16,346	12,971
Mon	754	2,101	2,088	1,950	1,808
Nay Pyi Taw	-	-	-	121	102
Rakhine	850	941	1,039	1,028	615
Sagaing	3,043	2,711	3,572	4,536	4,510
Shan	3,013	1,916	2,218	3,387	3,337
Tanintharyi	1,294	879	1,114	2,551	3,163
Yangon	9,690	7,363	14,481	20,432	18,287
Total	37,974	32,905	44,343	66,831	60,469

The IBBS and PSE among MSM in 2015 estimated that there were 252,000 MSM in Myanmar but half of them were regarded as unreachable MSM population⁸. Based on the reachable MSM size estimate (126,000), prevention coverage among MSM can be estimated to be around 48% in 2015.

The expansion of prevention services available for MSM across 15 states and regions has been substantial from 2011 to 2015 (figure 4). A remarkable scale up has occurred across the country especially in Kayin, Sagaing, Mandalay and Mon. Yangon and Mandalay continue to reach the highest number of MSM with prevention interventions whereas Chin and Kayah continue to present the lowest numbers. As for FSW this may be due to low population density and consequently low MSM population in these areas as well as difficult transportation thus difficult to reach populations or outreach services more challenging to provide. Only NAP provided prevention services to MSM in Kayah and Chin.

⁸ Integrated biological and behavioural survey (IBBS) of men sex with men (MSM) in five cities in Myanmar-2015 (Draft)

Figure 4: Men who have sex with men reached by state and region for all organizations in 2011 and 2015



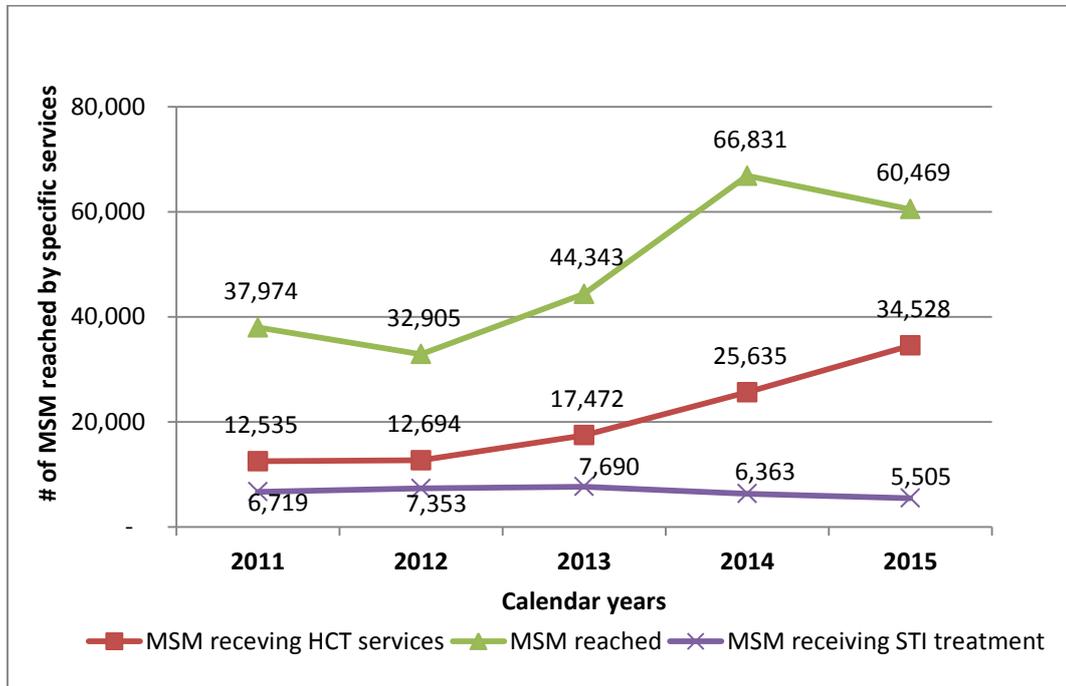
HIV Testing services

Regarding the HIV testing coverage among MSM, the proportion of MSM who had been tested in the last year and received the results in 2015 was 27% using 2015 programme data (34,528 MSM receiving HTS service) with the new PSE 2015. This is quite different from the recent IBBS among MSM survey results, which shows that 49.6% of MSM at national level had received a test and knew their result. These differences are probably due to the difference in epidemic pattern and PSE distribution among different survey sites and assumptions used to calculate the number of tested and reached at national level.

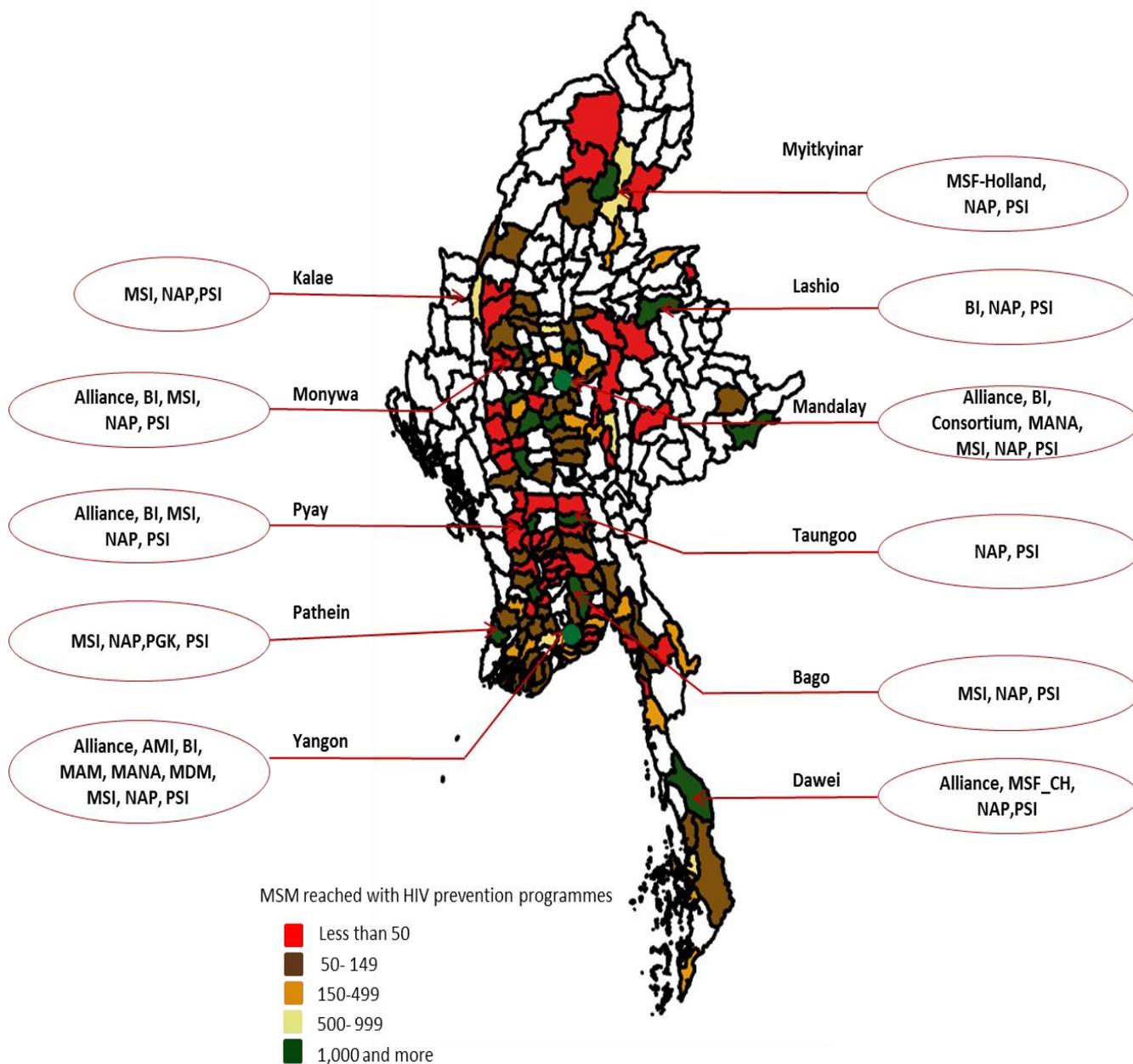
Figure 5 shows the trends in different types of services received by MSM from 2011 to 2015. Both prevention and testing have increased during the course of NSP II. However the number of MSM receiving STI services remains stagnant due to the same reasons mentioned for FSW.

The findings from IBBS among MSM 2015 suggest that prevention services should be tailored depending on age and types of MSM. However there is no way to assess which types of MSM were receiving those prevention services since there was no detailed breakdown by type of MSM in the reporting system.

Figure 5: Men who have sex with men reached with prevention, HTS and STI treatment (2011 – 2015)



Map 2: Distribution of services for Men who have sex with men by township in 2015



MSM female partners

The number of regular female sexual partners of MSM reached with HIV prevention programmes was particularly low across the years in NSP II; the lowest number of female partners of MSM reached was recorded in 2012 (263) and the highest in 2015 (1382). These results were far below the targets for that population set in NSP II and substantially underachieved in every year. Special attention should be placed in the future on the partners of key populations to ensure the interruption of HIV transmission to KP partners.

INTERVENTION 3: PEOPLE WHO INJECT DRUGS, PEOPLE WHO USE DRUGS AND THEIR SEXUAL PARTNERS

Size Estimates and Targets from NSPII with 2015 results

Impact/Outcome Targets ⁹	Size estimate	Baseline 2010	Target 2015	Results 2015
% of PWID who are HIV infected		28.1% ⁽²⁾	15%	23.1% ⁽³⁾ , 28.5% ⁽¹⁾
% of PWID who used sterile needles and syringes at last injection		81% ⁽⁴⁾	NA	86% ⁽¹⁾
% PWID who used condom at last sex		77% ⁽⁴⁾	NA	22.9% ⁽¹⁾
Output/Coverage Targets				
# of PWID reached with HIV prevention programme (Outreach)	75,000 ⁽⁶⁾	36,814 ⁽⁵⁾	33,000	30,205 - 22,184
# of PWID reached with HIV prevention programme (Drop-in centre)	75,000 ⁽⁶⁾	13,368 ⁽⁵⁾	38,000	39,585 - 28,277
# of PWID who received an HIV test in the last 12 months and who know the result	75,000 ⁽⁶⁾	3,616 ⁽⁵⁾	11,750	27,802
# of sterile needles and syringes distributed to PWID (in millions)	75,000 ⁽⁶⁾	6.9 m ⁽⁵⁾	25 m	18.5 m
# of people who received MMT	75,000 ⁽⁶⁾	1,121 ⁽⁵⁾	10,000	10,290
# of regular sexual partners of PWID reached with HIV prevention programmes	20,550 ⁽⁶⁾	-	12,330	3,122

Partners working with drug users (2011–2015):

AHRN, Alliance, Burnet, CCDAC, Drug Treatment Centers, HPA, MANA, MDM, MSF-Holland, NAP SARA, UNODC, WHO

Prevention programmes under the strategic direction for people who inject drugs (PWID) and people who use drugs (PWUD) have shown the greatest progress during the course of NSP II. The results of the IBBS among PWID at 16 sites together with PWID PSE have become available, and HIV prevention and harm reduction interventions have expanded significantly — including the provision of sterile needles and syringes, methadone maintenance therapy (MMT), HIV counselling and testing, education, condoms, and other services.

In terms of key routine monitoring indicators for PWID, most of them met the target sets in NSP II for the year 2015 except “number of sterile injection equipment distributed” and “number of regular partners of PWID reached with HIV prevention programmes”.

⁹ Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, HIV Sentinel Surveillance Reports, Integrated Biological and Behavioural Surveys, Progress Reports

(1) Myanmar Integrated Biological and Behavioural Survey and Population Size Estimates among People Who Inject Drugs –2014

(2) HSS 2010

(3) HSS 2014

(4) BSS 2008

(5) Progress Report 2010

(6) Myanmar National Strategic Plan on HIV and AIDS 2011-2016

HIV prevalence

Sentinel Surveillance data suggested that HIV prevalence among PWID has decreased almost half from NSP I to NSP II. The latest national HIV prevalence among PWID estimated through sentinel surveillance (HSS 2014) was 23.1%, and 28.5 % in the 2014 IBBS among PWID. Again it is important to highlight that HSS and IBBS differ significantly in sampling methodology, resulting in differences in the PWID who are represented in each survey type. IBBS surveys are conducted with a more representative sample of the targeted population. The prevalence among PWID is much higher than in any other key populations. Prevalence among PWID also varies widely depending on the sources of data, individual townships and age groups.

PWID who used sterile needles and syringes at last injection

Regarding the behaviour data, the 2014 IBBS among PWID reported that the sterile needle and syringe use at last injection among PWID was 86% at national level, ranging from 99.8% in Manadalay to 62.6% in Kalay.

Condom use

On the other hand, only 22.9% of PWID in the IBBS among PWID 2014 survey reported the use of a condom at last time they had sex, ranging from 35.4% in Bamaw to 14.4% in Kalay.

PWID reached with prevention and harm reduction services

The same calculation method as for FSW and MSM was applied for PWID to address the issue of possible double counting among organizations working in the same township. A total of 13 organizations were involved in providing HIV prevention and harm reduction services to PWID during NSP II implementation.

Table 6: People who inject drugs reached with prevention services through outreach by organization (2011-2015) (High end figures)

Organization	2011	2012	2013	2014	2015
AHRN	3,369	5,513	9,251	8,657	6,951
Alliance					868
Burnet				971	1,472
Care	530				
HPA					745
Malteser			2		
MANA	883	1,413	3,988	6,675	7,765
MBCA	43				
MDM	3,091	4,192	4,283	4,704	3,107
MSF-Holland	3,126	1,363	326	344	2,616
NAP	48	214	285	471	326
SARA	326	569	3,092	3,605	4,169
UNODC	3,881	4,359		399	2,186
Total	15,297	17,623	21,227	25,826	30,205

Table 7: People who inject drugs reached with prevention services through DIC by organization (2011-2015) (High end figures)

Organization	2011	2012	2013	2014	2015
AHRN	4,180	4,959	6,077	8,198	7,978
Burnet				2,219	3,784
Care	492				
HPA					494
MANA	2,610	3,290	6,466	9,972	12,142
MBCA	53				
MDM	2,116	2,737	2,288	2,781	2,922
MSF-Holland		233	423	322	5,151
NAP	129	13	422	1,000	1,042
SARA	2,548	2,476	2,428	3,886	5,401
UNODC	2,828	5,073		196	671
Total	14,956	18,781	18,104	28,574	39,585

Again we used lower end figures of 28,277 PWID reached by prevention and harm reduction services through drop-in centres (DIC) and 22,184 PWID reached by prevention and harm reduction services by outreach for any analysis purpose for the country. In 2015, the implementing partners extended their reach intensely to nearly 50,000 PWID in 2015 after correcting for double counting and reporting among partners, this represents a 67% increase from 2011, and the highest number of any year to date (Figure 6). However, this number is the sum of PWID reached through outreach and through DICs, and as such some overlapping of individuals counted is inevitable in the absence of unique identifier for PWID. It has been estimated by national experts that the coverage overlap between outreach and DIC services is about 25%. Therefore the final number of PWID estimated to be reached by prevention and harm reduction services was, in 2015, 37,846 which represent about 46% prevention coverage based on the 2014 PWID size estimate.

Although, more PWID were covered through outreach prevention services in the past, with the expansion of number of DIC for PWID in recent years, PWID reached through DIC surpassed PWID reached through outreach activities in the last two years.

Figure 6: PWID reached by prevention and harm reduction interventions (2011–2015) (Low end figure)

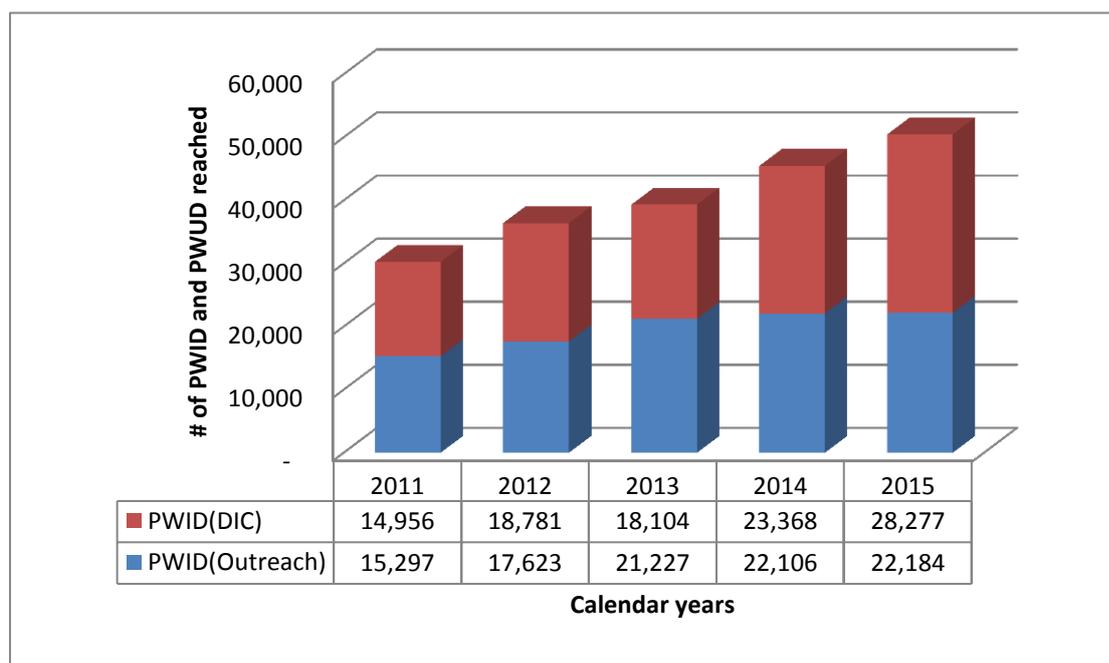


Table 8 described the number of people who use drugs (PWUD) covered by DIC and outreach activities. HIV prevention services also dramatically increased for PWUD. During 2015, nearly two and a half fold more PWUD were covered by HIV prevention activities [through DICs and outreach activities](#) than in 2011.

Table 8: PWUD reached by prevention and harm reduction interventions (2011-2015)

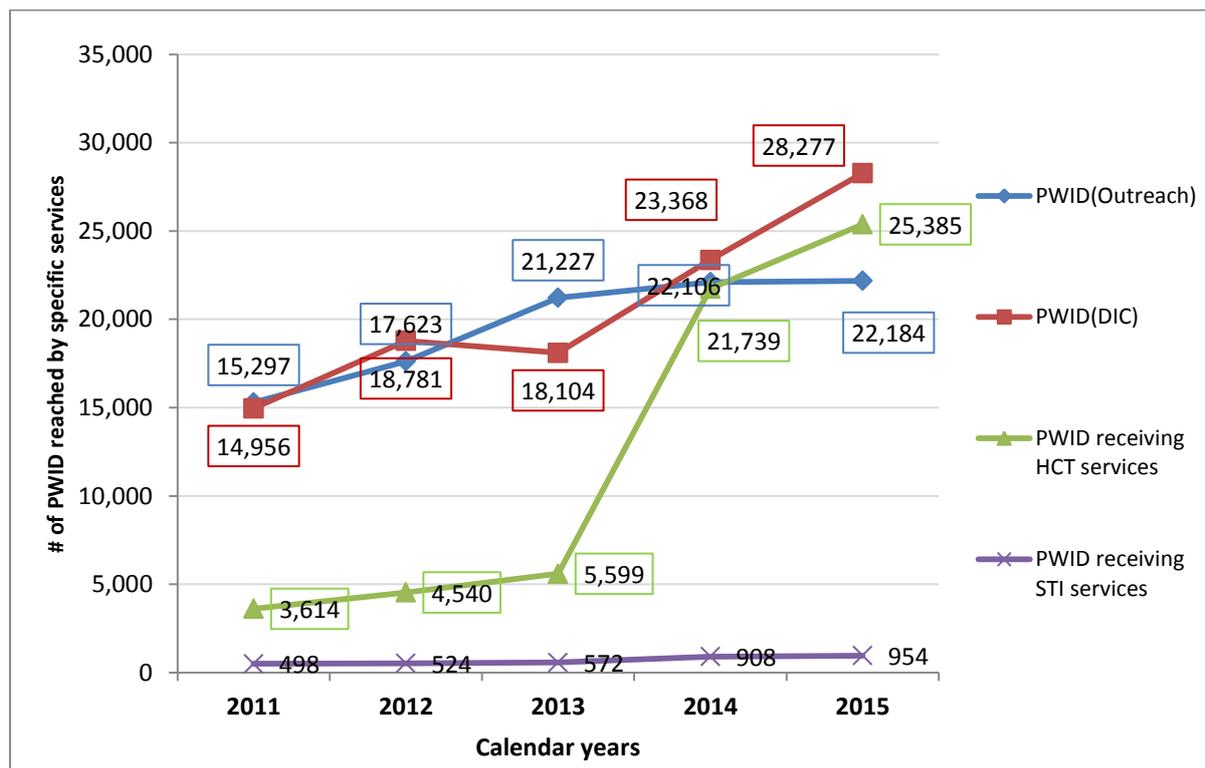
PWUD reached	2011	2012	2013	2014	2015
PWUD (DIC)	8,283	7,509	5,754	11,557	16,924
PWUD (Outreach)	6,232	6,774	7,513	12,172	17,090

HIV testing

During the course of NSP II, increasing number of PWID have been accessing HIV prevention and testing services through DIC and outreach programmes (Figure 7), in particular, the number of PWID who got HIV testing services showed abrupt increase since 2013. Indeed HTS among PWID improved seven-fold from 3,614 in 2011 to 25,385 in 2015. However despite this encouraging trend, more work still needs to be done as in 2015, the testing coverage remains low at around 31% of estimated PWID population of 83,000. In the 2014 IBBS, the percentage of PWID receiving HIV test in the last 12 months and know the result was only 22.2% at national level, ranging from 9.8% in Tamu to 40.8% in Lashio.

The number of PWID receiving STI service was low over the time which was consistent with very low reported STI prevalence in 2014 IBBS among PWID.

Figure 7: PWID reached with prevention, HTS and STI services (2011 – 2015)



Needle and syringe exchange programme

The needle and syringe exchange programme (NSEP) has significantly expanded the number of needles and syringes distribution across the country in recent years. In 2015, nearly 18.5 million needles and syringes were distributed in five states and regions (Figure 8). This is 16 times greater than in 2005 and a two-fold increase since 2011. Despite this commendable progress, it is far below the NSPII target of 25 million distributions in 2015.

Figure 8: Sterile needles and syringes distributed (2003–2015)

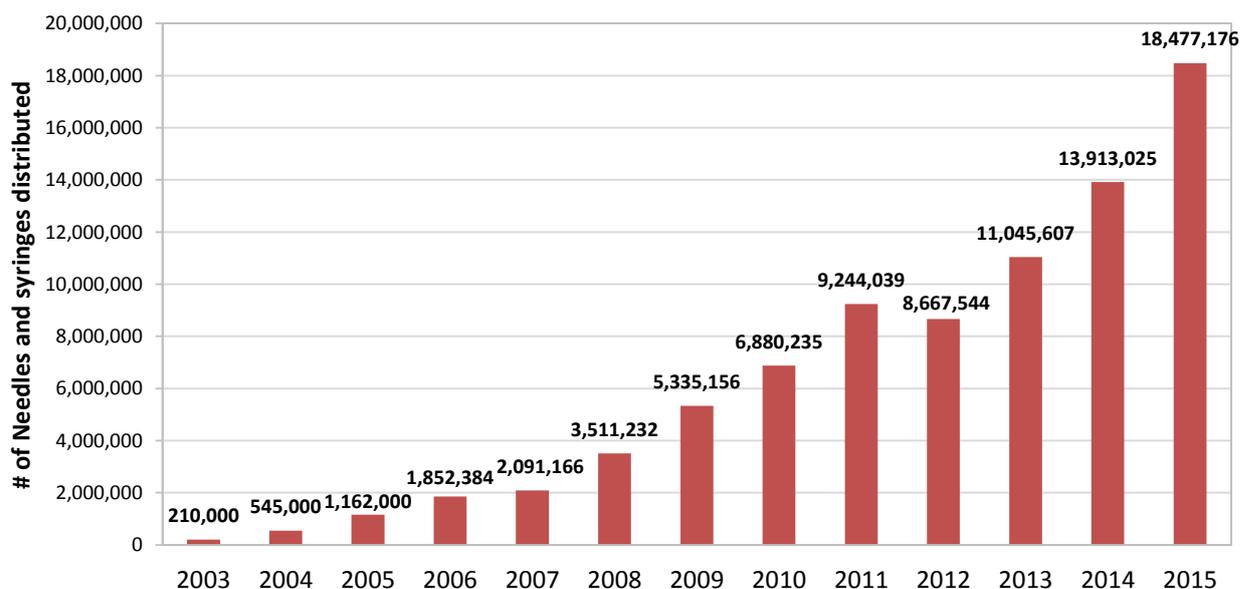


Table 9 shows the number of needles and syringes distributed by organization and by state/region and township in 2015. As in previous years, most needles and syringes were distributed in Kachin (about 50%), followed by Shan (27%) and Mandalay (17%). Organizations involved in NSEP also made an effort to expand their services to the underserved Sagaing and Yangon areas during NSP II– available data show significant improvement in 2015 (i.e 7% of total distribution in those two areas in 2015 compared to 0.5% in 2011).

Table 9: Sterile needles and syringes distributed by organization and State/Region/Township in 2015

Organizations	Kachin	Mandalay	Sagaing	Shan (East, North, South)	Yangon	Total
AHRN	Bhamo, Phakant, Waingmaw	-	Katha, Kale, Tamu	Lashio, Lukkaing	-	5,763,883
	4,836,607		334,550	592,726		
Alliance	-	-	Tamu	Muse	-	61,960
	-	-	22,409	39,551	-	
Burnet	-	Aungmyaytharzan	Sagaing	-	Thingangyun	1,045,557
	-	890,651	31,480		123,426	
HPA	Chipwi, Waingmaw	-	-	-	-	172,681
	172,681					
MDM	Myitkyina, Hopin, Waingmaw	-	-			2,071,984
	2,071,984					
MANA	-	Aungmyaytharzan, Pyigyitagon	Hkamti, Kawlin	Hsipaw, Kutkai, Kyaukme, Muse, Nanpaung, Naungmon, Namphatkha, Namhkan, Tangyan, Tarmoeyne, Tachileik		6,263,950
		2,214,627	154,336	3,894,987		
SARA	Myitkyina, Namtee, Hopin, Mohnyin, Moemauk, Mansi	-	Banmauk	Hseni, Namtu, Namhsan	-	2,520,330
	1,993,645		189,428	337,257		
UNODC	-	Mogoke	Kale, Katha, Kawlin, Tamu, Wuntho	Hseni, Tachileik, Taunggyi	-	576,831
	-	96,785	311,043	169,003		
Total	9,074,917	3,202,063	1,043,246	5,033,524	123,426	18,477,176

Figure 9: Needles and Syringes distribution by State/Region in 2015

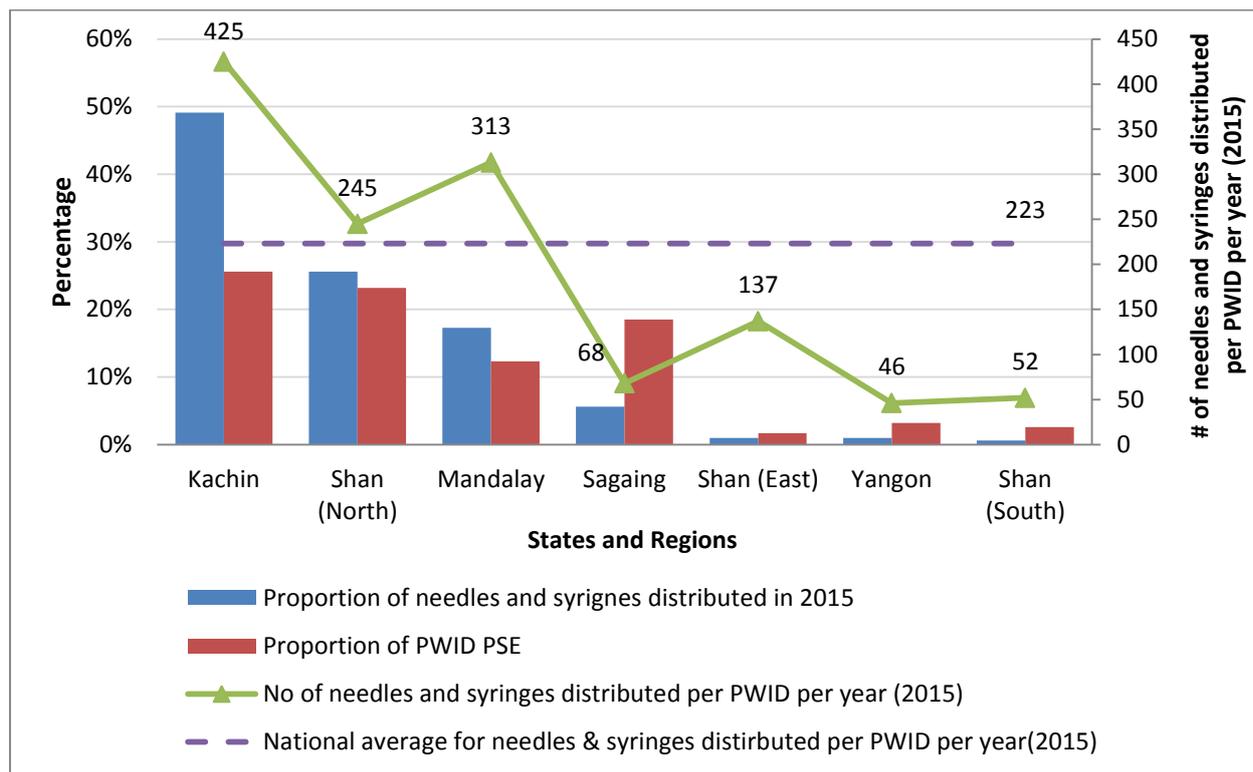
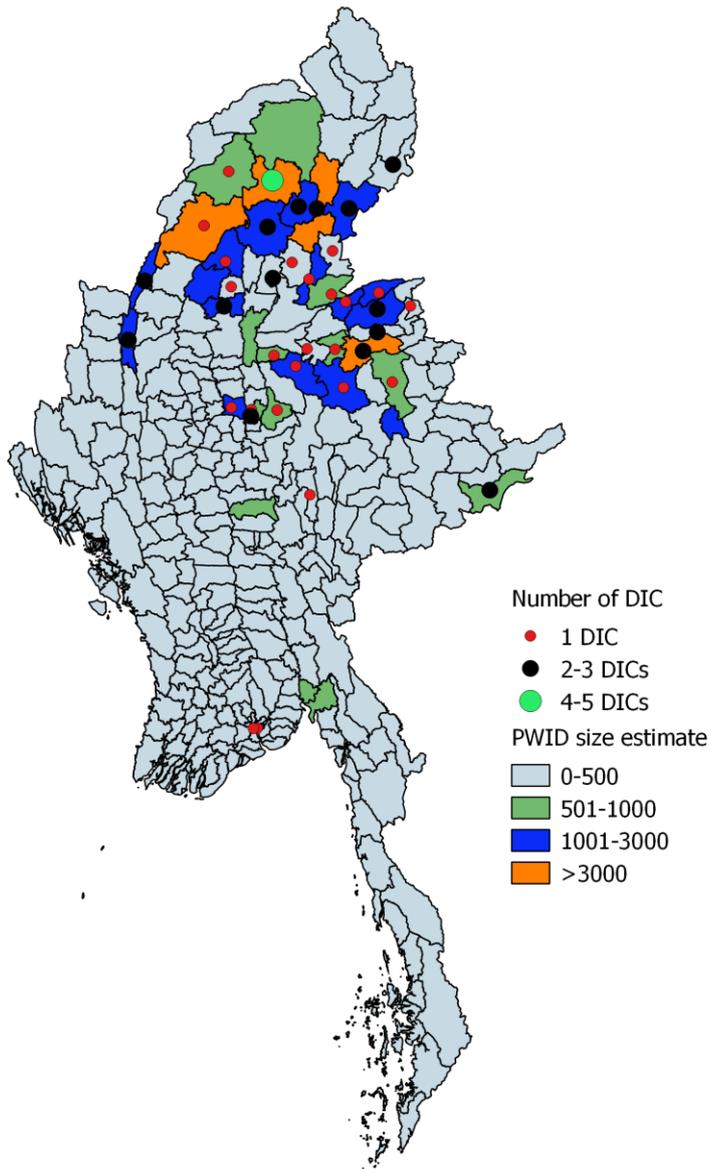


Figure 9 illustrated the proportion distribution of sterile needles and syringes during 2015 in each States/Regions compared to the proportion of PWID size estimates of respective States/Regions. It showed that nearly half of the needle/syringe was distributed in Kachin during 2015, while Kachin hosts only 26% of the estimated national PWID population. In Kachin, 425 needles and syringes were distributed per PWID in that year whereas the national average was 223. While Sagaing region housed nearly 19% of the estimated PWID population, it got only a small share (5.6%) of the needle/syringe distributed. Only 68 needle/syringes were distributed per PWID in Sagaing Region. It implied that NSEP did not equally cover all states and regions and more needles and syringes should be distributed to Sagaing, Yangon and Shan (East and South), in particular to Sagaing Region in coming years.

Along with the growing number of PWID reached with prevention services, the number of DIC has increased by 20 % since 2011. There were 48 DIC in 2011 and -58 in 2015. Distribution of DIC by township in 2015 is displayed in Map 3. As expected, most DIC were located in Kachin, Shan and Mandalay.

Map 3: Distribution of PWID drop-in-centres in 2015 against PWID size estimate by township



Methadone maintenance therapy

The number of people on methadone maintenance therapy (MMT) has shown the greatest growth during the implementation of NSP II, reaching 10,290 patients on MMT in 2015 compared to 1,673 in 2011 (Figure 10). This represents 9 times the NSP II 2010 baseline. By the end of 2015, there were 41 MMT sites across the country– 13 sites each in Kachin and Shan, 10 sites in Sagaing, 3 sites in Mandalay and 2 sites in Yangon. The highest MMT uptake occurred in Kachin covering more than 4,200 of PWID (41%) in 2015.

Figure 10: People on MMT (2006–2015)

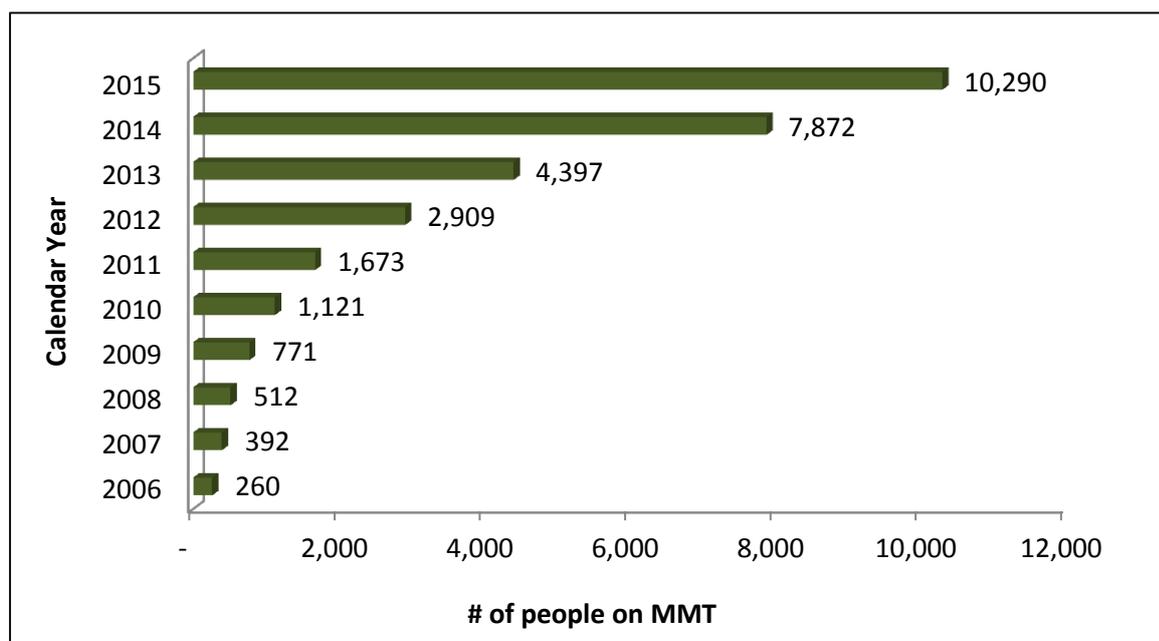
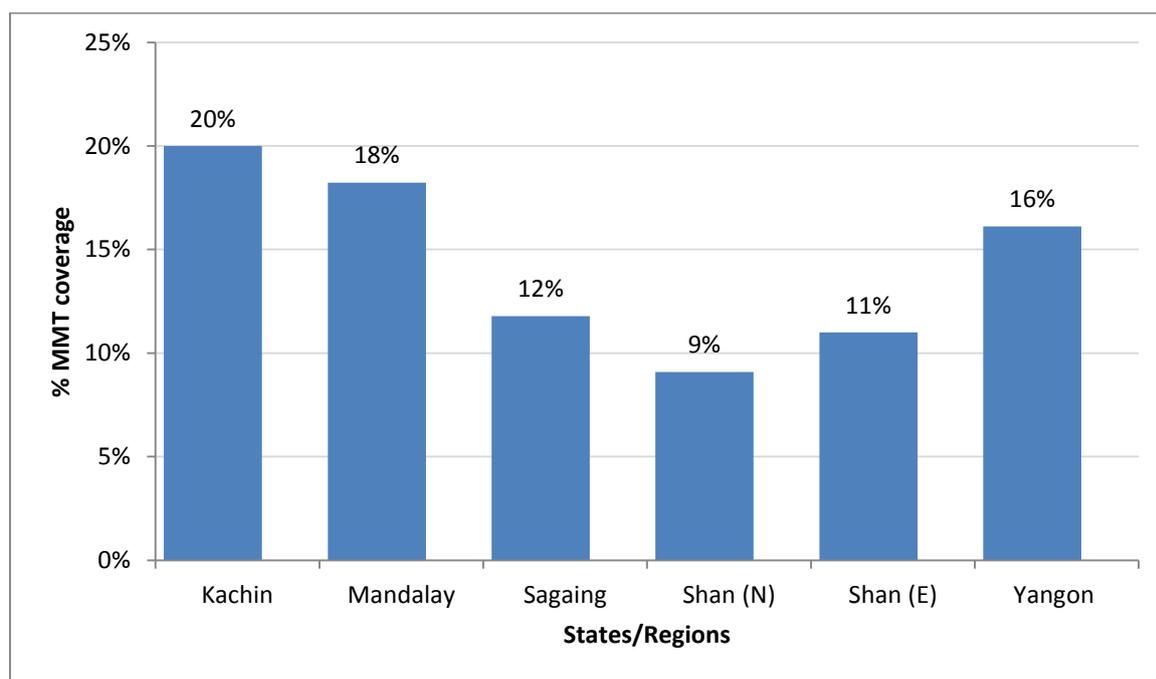


Figure 11 shows the MMT coverage (current PWID on MMT by PWID size estimate) for each States/Regions where MMT was provided in 2015. Kachin revealed the highest coverage followed by Mandalay and Yangon. Shan (N) has the lowest. There was no MMT providing site in Shan (S) by end 2015 although there was a Needle and Syringe Exchange Programme.

Figure 11: MMT coverage by State/Region in 2015



PWID sexual partners

While there has been significant progress for PWID, the prevention service for sexual partners of PWID remains below the targets for each year of NSP II. Among the organizations working for harm reduction activities, very few reported having reached with prevention services regular partners of PWID. The lowest number of sexual partners reached was seen in 2013 where only 1,108 PWID sexual partners received HIV prevention services. Among all States/Regions, only in Kachin State demonstrated consistent effort for this group of people. More prevention efforts should have been undertaken for this population in order to reduce the transmission of HIV.

Table 10: Sexual partners of people who inject drugs reached by State/Region (2011 – 2015)

States/Regions	2011	2012	2013	2014	2015
Ayawaddy	-	252	-	-	-
Kachin	1,758	1,756	989	1,203	1,085
Bago	-	-	5	-	-
Mandalay	157	180	48	85	118
Sagaing	-	-	-	102	115
Shan (E)	42	25	-	22	16
Shan (N)	434	171	66	316	1,788
Shan (S)	17	16	-	24	-
Yangon	21	11	-	-	-
Total	2,429	2,411	1,108	1,752	3,122

INTERVENTION 4: PRISON OR REHABILITATION FACILITY POPULATION

Output/Coverage Targets ¹⁰	Size estimate	Baseline 2010	Target 2015	Results 2015
# of prisoners reached with HIV prevention programmes	62,300 ⁽¹⁾	9,486 ⁽²⁾	28,035	3,363

Partners working with prison or rehabilitation facility population (2011–2015):

AHRN, MANA, MSF-CH, MSF-Holland, NAP

Reports from partners indicate that there has been a gradual drop in providing HIV services to this population since 2010 due to resource constraints and limited information¹¹ (Table 11). The NAP reached the majority of institutionalized populations, (> 80%) through the NSP II implementation. These results show the need for programmatic attention to this area in the new NSP 2016-2020.

Table 11: Institutionalized population reached by organization (2011-2015)

Organization	2011	2012	2013	2014	2015
AHRN	378	454	407	219	-
MANA	937	50	-	-	-
MSF-CH	370	431	431	-	-
MSF-Holland	-	-	-	489	-
NAP	3022	4,106	3158	3,163	3,363
Total	4,707	5,041	3,996	3,871	3,363

¹⁰ Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, Progress Reports

(1) Statistical Yearbook 2001

(2) Progress Report 2010

¹¹ Report on the evaluation of 2011-2016 National Strategic Plan on HIV/AIDS

Table 12: Institutionalized population reached by State/Region (2011 – 2015)

State & Region	2011	2012	2013	2014	2015
Ayeyarwady	116	56	551	52	766
Bago	133	989	356	245	160
Chin	-	-	-	-	-
Kachin	340	560	224	555	446
Kayah	253	-	-	479	-
Kayin	820	171	-	5	173
Magway	-	148	-	270	162
Mandalay	1,572	749	354	736	504
Mon	-	-	-	-	100
Nay Pyi Taw	-	-	-	-	-
Rakhine	7	-	9	-	11
Sagaing	12	39	509	61	467
Shan	619	1,288	890	990	7
Tanintharyi	396	529	472	478	350
Yangon	439	512	631	-	217
Total	4,707	5,041	3,996	3,871	3,363

INTERVENTION 5: MOBILE AND MIGRANT POPULATIONS AND COMMUNITIES AFFECTED BY POPULATION MOVEMENT

Output/Coverage Targets ¹²	Denominator	Baseline 2010	Target 2015	Result 2015
# of mobile people and migrants reached by package of prevention programme	NA	54,613 ⁽¹⁾	175,000	18,200

Partners working with mobile and migrant populations (2011 – 2015):

AMI, Burnet, IOM, Malteser, MAM, MANA, MBCA, MSF-CH, MSF- Holland, NAP, WV

The total number of mobile and migrant population reached with prevention activities has further decreased during the 5 years of the implementation of the NSP II and none of the targets set in NSP II has been reached due to resource constraints and limited information¹³. In 2015, only three organizations involved in the provision of HIV prevention services to this population group reported reaching 18,200 mobile or migrant people. As in the past, the highest numbers of people reached were in Mon and Kayin (Table 13). The limited coverage by services and knowledge on the risk behaviour of mobile and migrant populations continue to remain a challenge for the next NSP.

Table 13: Mobile population and migrants reached by organization (2011 – 2015)

Organization	2011	2012	2013	2014	2015
AMI	35	-	-	-	-
Burnet	-	-	-	101	
IOM	4,703	8,123	4,268	6,097	8,031
Malteser	1,457	-	185	710	-
MAM	-	-	-	-	2,419
MANA	201	236	-	-	-
MBCA	135	-	54	-	-
MSF-CH	1,177	1,322	159	271	-
MSF-Holland	4,955	1,989	2,566	-	-
NAP	11,592	9,831	7,959	9,039	7,750
WV	-	2,017	-	1,882	-
Total	24,255	23,518	15,191	18,100	18,200

¹² Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016.

(1) Progress Report 2010

¹³ Report on the evaluation of 2011-2016 National Strategic Plan on HIV/AIDS

Table 14: Mobile population and migrants reached by State/Region (2011 – 2015)

State & Region	2011	2012	2013	2014	2015
Ayeyarwady	1,976	1,291	1,467	2,229	1585
Bago	350	670	1,062	1,134	1,076
Chin	-	188	-	59	108
Kachin	4,811	1,939	1,637	310	755
Kayah	320	45	-	-	0
Kayin	836	721	2,510	3,754	3,319
Magway	1,611	312	1,248	1,067	1812
Mandalay	776	2,471	1,286	1,005	801
Mon	4,870	8,298	2,761	3,789	5,111
Nay Pyi Taw	-	-	-	113	-
Rakhine	330	292	384	105	246
Sagaing	692	199	63	157	298
Shan	2,420	1,879	1,794	1,762	692
Tanintharyi	4,534	4,981	880	2,539	120
Yangon	729	232	99	77	2,277
Total	24,255	23,518	15,191	18,100	18,200

INTERVENTION 6: UNIFORMED SERVICES PERSONNEL

Output/Coverage Targets ¹⁴	Denominator	Baseline 2010	Target 2015	Result 2015
# of uniformed personnel reached by package of prevention programme	NA	11,962 ⁽¹⁾	50,000	7,533

Partners working with uniformed services (2011 – 2015):

AMI, Malteser, MANA, MBCA, MSF-Holland, NAP, UNODC

The number of uniformed services personnel reached with HIV prevention services decreased steadily over NSP I and has levelled off in current NSP II due to the same reason as institutionalized and mobile and migrant populations. Only seven organizations reported working in this area from 2011 to 2015 and the total number of uniformed personnel reached each year was far below the NSP II targets for this population.

Table 15: Uniformed services personnel reached by organization (2011 – 2015)

Organization	2011	2012	2013	2014	2015
AMI	22	-	-	-	-
Malteser	256	-	4	105	-
MANA	313	442	761	661	1,036
MBCA	-	-	302	-	-
MSF-Holland	318	61	259	-	-
NAP	7,478	5,569	4,964	5,608	6,497
UNODC	173	966	-	-	-
Total	8,560	7,038	6,290	6,374	7,533

¹⁴ Source: Operational Plan (2011-2015) M&E framework.

(1) Progress Report 2010

Table 16: Uniformed services personnel reached by State/Region (2011 – 2015)

State & Region	2011	2012	2013	2014	2015
Ayeyarwady	547	120	412	1,042	319
Bago	1,030	1,961	862	1,200	185
Chin		32		86	168
Kachin	223	83	32	16	35
Kayah		170		33	103
Kayin	195	31	79	40	
Magway	2,330	197	300	609	606
Mandalay	1,519	2,920	2,040	1,333	4,291
Mon		8	10	7	24
Nay Pyi Taw				27	
Rakhine	118	166	371	53	174
Sagaing	513		383	524	81
Shan	567	525	282	368	945
Tanintharyi	556	363	287	491	
Yangon	962	462	1,232	545	602
Total	8,560	7,038	6,290	6,374	7,533

Almost 80 per cent of the uniformed services personnel reached with HIV prevention interventions were reached by the NAP over the years. In 2015, only one non-governmental service provider reported reaching uniformed services personnel with HIV prevention interventions. Mandalay region was the one with the highest contact with uniform services personnel regarding HIV prevention.

INTERVENTION 7: YOUNG PEOPLE

Impact/Outcome Targets ¹⁵	Denominator	Baseline 2010	Target 2015	Result 2015
% of young people aged 15-24 who are infected with HIV ⁽¹⁾	NA	0.76% ⁽²⁾	0.6%	0.7% ⁽³⁾
% of young people who used a condom at last sex	NA	52.5% ⁽⁴⁾	85%	NA
Output/Coverage Targets				
# of out-of-school youth (15-24) reached by prevention programme	2,653,750 ⁽⁵⁾	322,717 ⁽⁶⁾	250,000	17,696

Partners working with young people (2011 – 2015):

Burnet, IOM, Malteser, MANA, MMA, MRCS, MSF-Holland, MSI, NAP, SCI, UNODC, WV

The number of out-of-school young people reached with HIV prevention activities continued to decrease considerably in this NSP II. The number of organization working in this area also decreased from eight in 2011 to two in 2015 as the limelight has been focusing on three key populations. A total of 17,696 out-of school youth were reached in 2015, down from 64,308 in 2011 and 160,244 in 2012 etc. (Table 17). This was less than 10 per cent of the target set in 2015 NSP II (250,000).

Recent IBBS surveys suggested that there was a significant level of risk of HIV infection among young priority populations and generally for young people. Urgent attention is needed to review current young population programmes and efforts should be made to tailor services according to their specific needs.

Table 17: Out-of-school youth reached by organization (2011 – 2015)

Organization	2011	2012	2013	2014	2015
Burnet	-	-	-	16	-
IOM	1,296	-	-	-	-
Malteser	930	-	24	-	-
MANA	364	32	-	-	-
MMA		133,900	31,507	6,400	-
MRCS	35,072	-	-	-	-
MSF-Holland	-	144	475	-	-
MSI	6,049	10,194	9,116	5,025	10,401
NAP	16,770	10,576	13,413	6,735	7,295
SCI	-	5,398	-	-	-
UNODC	243	-	-	-	-
WV	3,584	-	-	-	-
Total	64,308	160,244	54,535	18,176	17,696

¹⁵ Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, HIV Sentinel Surveillance Reports, Behavioural Surveys, Progress Reports

(1) Proxy used from HSS: Pregnant women attending ANC services aged 15-24

(2) HSS 2010

(3) HSS 2014

(4) BSS 2008

(5) Myanmar National Strategic Plan on HIV and AIDS 2011-2016

(6) Progress Report 2010

Table 18: Out-of-school youth reached by State/Region (2011 – 2015)

State & Region	2011	2012	2013	2014	2015
Ayeyarwady	12,410	35,503	5,692	2,053	6,241
Bago	8,328	57,572	2,758	2,222	2,730
Chin	-	328	-	178	268
Kachin	32	144	189	209	6
Kayah	213	77	440	30	-
Kayin	1,287	14	85	62	141
Magway	15,351	2,981	1,246	1,150	496
Mandalay	9,116	7,073	1,715	1,492	5,324
Mon	2,192	92	-	56	44
Nay Pyi Taw	-	-	-	85	-
Rakhine	-	61	365	75	81
Sagaing	827	251	2,500	6	363
Shan	4,147	29,087	8,158	3,019	540
Tanintharyi	1,963	584	284	191	-
Yangon	8,442	26,477	31,103	7,348	1,462
Total	64,308	160,244	54,535	18,176	17,696

INTERVENTION 8: WORKPLACE

Output/Coverage Targets ¹⁶	Size estimate	Baseline 2010	Target 2015	Results 2015
# of people in the workplace reached with HIV prevention programmes	NA	58,832 ⁽¹⁾	200,000	9,883

Partners working on workplace HIV prevention activities (2011 – 2015):

AMI, Burnet, IOM, Malteser, MANA, MBCA, MSF- Holland, NAP, WV

HIV services delivered to workplace shows a declining numbers of people reached with slight fluctuation during the course of NSP II due to the same reason as of other populations apart from three key populations. In 2015, only 9,883 of people were reached, which was merely 5% of the NSP II target (Table 19). The National AIDS Programme (NAP) and MBCA were the main institutions to deliver HIV prevention interventions in the workplace during NSP II. It is necessary to review whether the planning figures in NSP II are unrealistic or the funding environment is unfavourable.

Table 19: People reached through workplace programmes by organization (2011 – 2015)

Organization	2011	2012	2013	2014	2015
AMI	63	-	-	-	-
Burnet	-	-	-	100	-
IOM	6,342	-	-	-	-
Malteser	1,268	-	531	1,506	-
MANA	334	28	-	-	-
MBCA	5,947	1,810	7,422	6,803	2,996
MSF-Holland	999	525	-	-	-
NAP	5,268	3,361	5,391	7,072	6,887
WV	-	-	3,125	-	-
Total	20,221	5,724	16,469	15,481	9,883

¹⁶ Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, Progress Reports

(1) Progress Report 2010

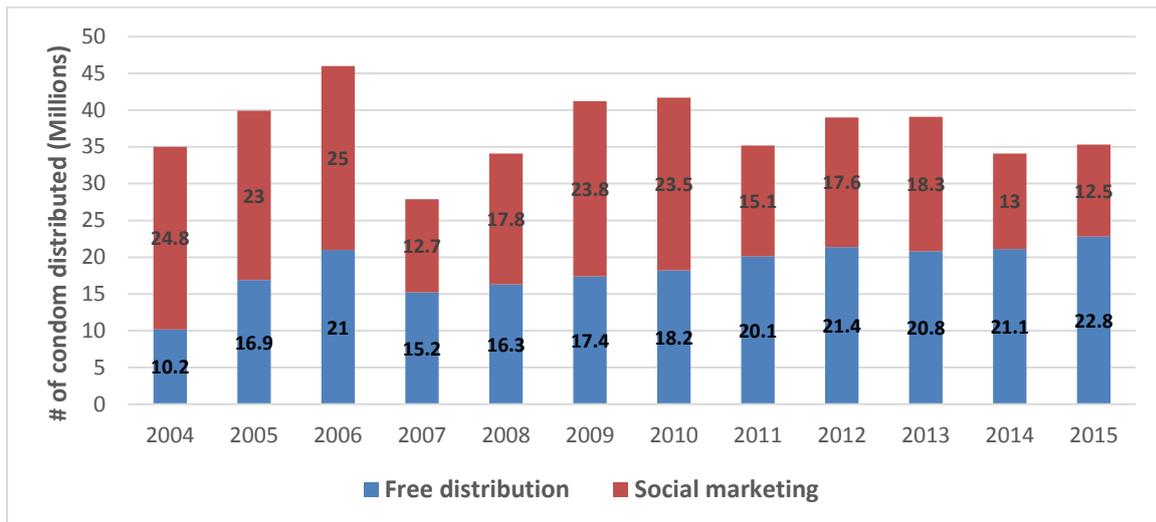
Table 20: People reached through workplace programmes by State/Region (2011 – 2015)

State & Region	2011	2012	2013	2014	2015
Ayeyarwady	535	409	482	242	1,364
Bago	1,358	792	1,706	2,437	2,242
Chin	-	71	-	49	108
Kachin	214	118	8	-	123
Kayah	175	312	-	-	-
Kayin	351	49	111	132	2
Magway	1,573	363	2,628	2,007	2405
Mandalay	1,539	678	1,934	1,933	932
Mon	6,393	40	37	18	-
Nay Pyi Taw	-	-	-	281	-
Rakhine	1,007	575	64	46	42
Sagaing	1,251	236	1,361	3,207	289
Shan	1,554	500	1,427	2,909	678
Tanintharyi	1,259	164	3,282	145	-
Yangon	3,012	1,417	3,439	2,075	1,698
Total	20,221	5,724	16,479	15,481	9,883

CONDOM DISTRIBUTION

Overall distribution of condoms through free and social marketing channels shows stable trend with slight fluctuations over the decade. The peak was in 2006 with 49 million condoms distributed. A closer look at the data reveals that free condoms distribution increased slowly but steadily over the period of NSP II. On the other hand, the fluctuation over the time was due to irregularity of condom distribution through the social marketing channels (Fig 12).

Figure 12: Condom distribution – Free distribution and social marketing (2004–2015)

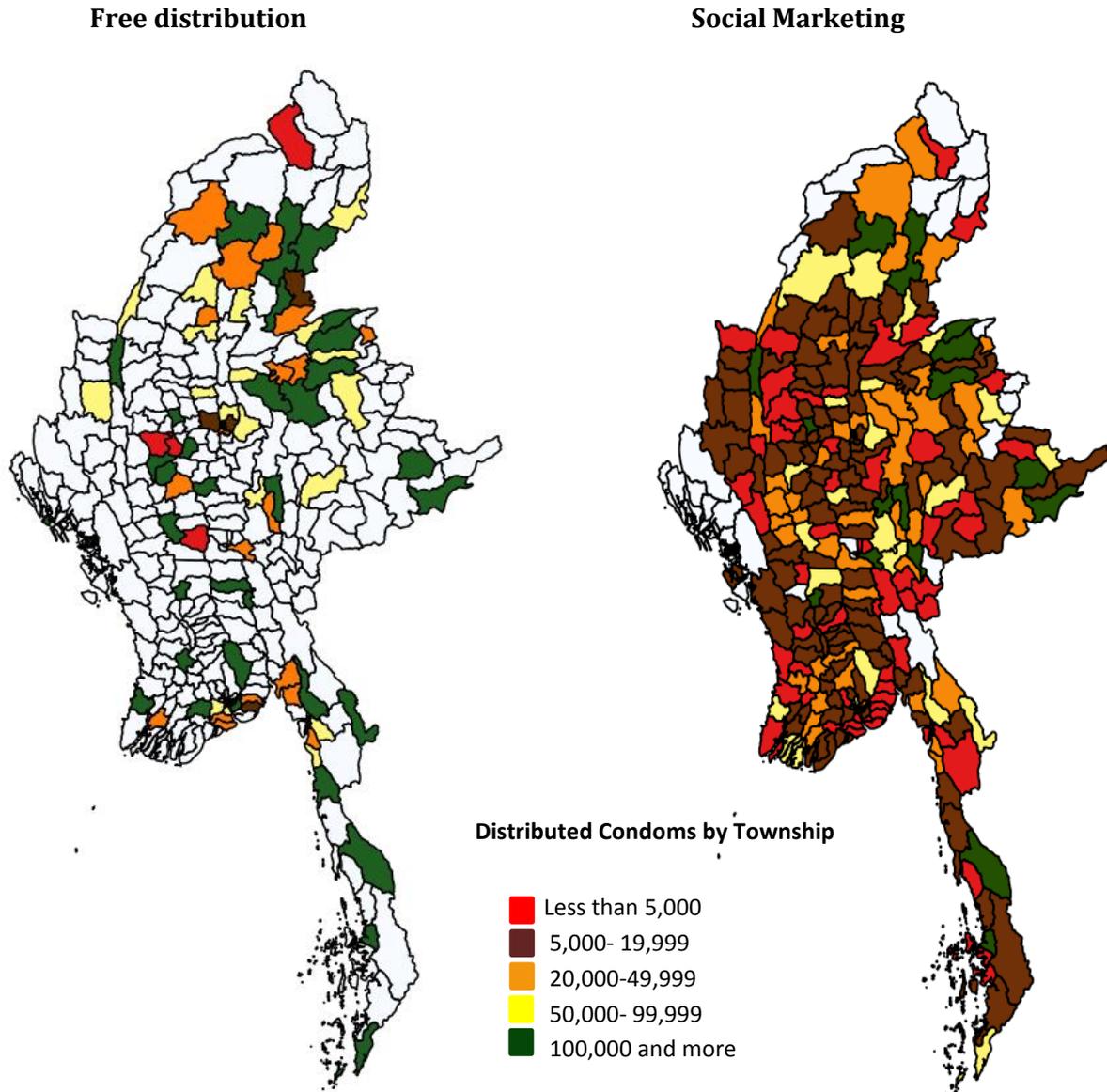


During the course of NSP II, almost all organizations working for the HIV response were involved in free condom distribution and continued to extend their distribution in multiple sites. NAP was the institution that distributed the highest numbers of free condoms over the period. PSI was the only organization practicing condom distribution through social marketing covering nearly 90% of townships in Myanmar. Rakhine stood out as the State with least access to condom distribution through any approach except for Rakhine capital Sittwe.

Table 21: Condom distributed for free by organization (2011 – 2015)

Organization	2011	2012	2013	2014	2015
AFXB	18,427	-	-	-	-
AHRN	334,839	407,794	575,988	664,442	848,967
Alliance	359,037	426,029	414,930	454,783	454,783
AMI	355,203	277,897	280,409	300,629	361,348
Burnet	45,107	209,649	306,689	401,801	647,083
Consortium	406,985	1,992,189	2,327,845	2,576,766	2,179,737
IOM	66,137	820,031	803,624	576,201	745,525
HPA	-	-	-	-	143,711
Malteser	202,678	267,427	291,153	339,988	103,484
MAM	-	-	55,607	232,953	93,603
MANA	350,612	551,259	580,668	1,446,944	1,818,546
MBCA	89,751	60,443	310,899	-	9,551
MDM	1,254,825	1,749,445	2,031,240	1,889,685	1,900,918
MPG	-	278,650	-	-	-
MSF-CH	42,180	57,201	77,887	78,271	15,060
MSF-Holland	2,118,635	1,395,839	1,029,489	907,658	987,757
MSI	1,388,914	1,612,988	292,344	789,099	1,237,021
NAP	8,978,109	7,637,948	7,226,351	5,844,427	5,906,444
NAP_UNION	-	262,282	347,193	228,744	164,165
PGK	178,798	94,769	274,060	308,850	311,718
PSI	3,140,700	2,651,545	3,231,242	3,712,464	4,238,331
RM	-	-	28,800	-	-
SARA	115,187	106,133	142,577	179,799	322,478
SCI	-	34,754	-	-	-
UNHCR	-	-	-	39,182	-
UNODC	406,622	422,671	-	69,255	339,807
WV	277,574	130,647	220,240	117,558	-
Total	20,130,320	21,447,590	20,849,235	21,159,499	22,830,037

Map 4: Condom Distribution in 2015



HIV COUNSELLING AND TESTING

Since 2013, NAP has led an initiative to decentralize HIV counselling and testing (HTS), with the aim of shifting the testing process from laboratory technicians to basic health care workers across the country. To achieve even higher coverage of testing, especially for key populations in hard-to-reach areas, NGO staffs are being trained to provide HTS services on a large scale using rapid HIV tests. As a result, the process of decentralization of HTS gained momentum during 2014 and 2015 and significant progress has been documented – around 170,000 individuals in 2014 and more than 257,000 individuals in 2015 received HIV tests and post-test counselling, excluding PMTCT testing. By the end of 2015, about 185,000 more people received HTS services than at the starting point of NSP II (2011). Interestingly, about three quarters of these individuals for the whole 5 years were from key populations and their sexual partners. According to the decentralization plan, almost all townships across the country will be providing HTS services by 2016.

Figure 13: HIV testing and post-test counselling received by target populations (2011 – 2015)

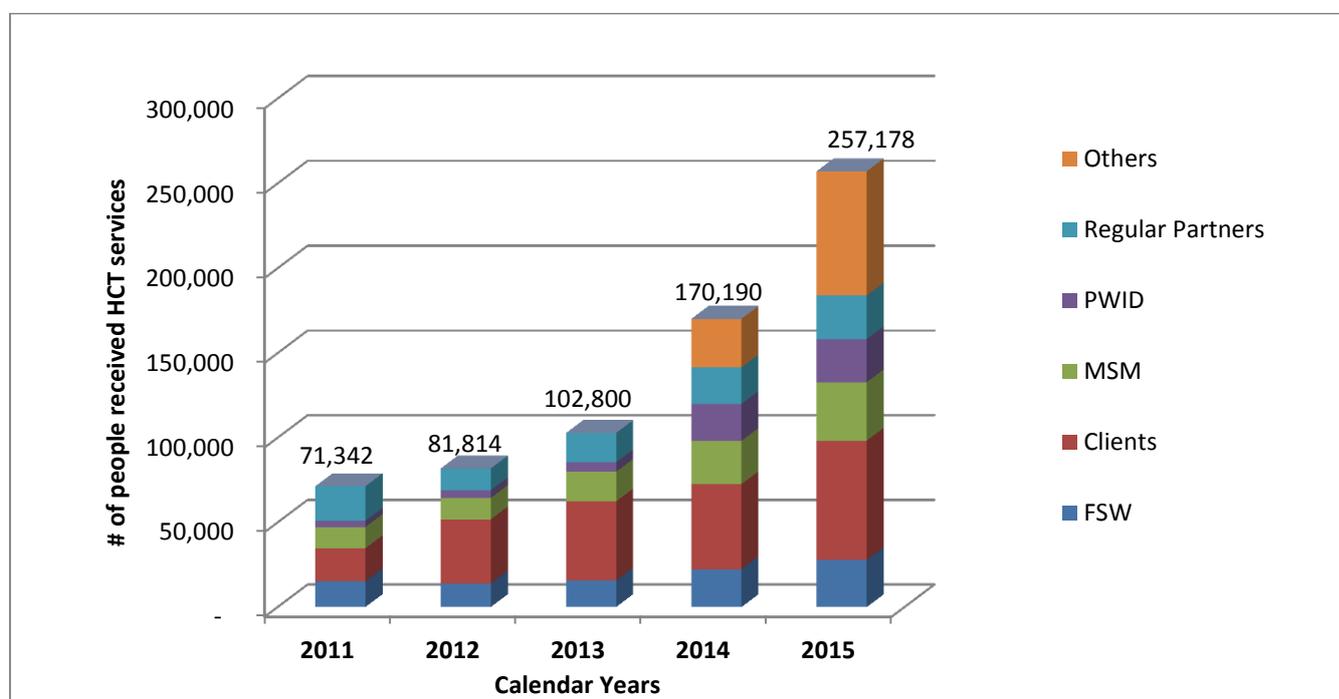


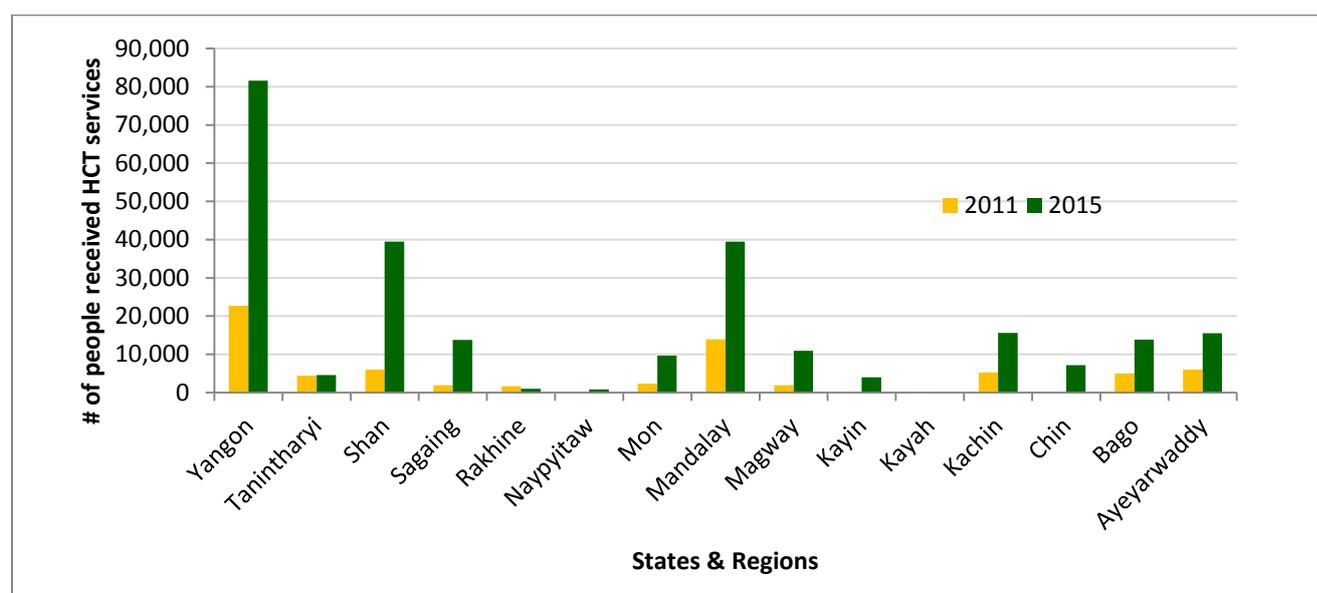
Table 22 displays the number of people receiving HIV test and post-test counselling in 2015 disaggregated by target populations. Out of the total number of people who received HTS services, key population and their partners represented the largest proportion of people tested (72%): FSW represented around 11%; clients of FSW 27%, MSM 13%, PWID 10%, and regular partners 10%. In 2015, the National AIDS Program delivered more than 35 % of HTS services, a further increase over the previous years.

During the course of the NSP II, the number of individuals who received HTS increased significantly in all states and regions except Rakhine and Kayah. Although the highest numbers reached with HTS services continued to be concentrated in Yangon (32% of total tested in 2015) followed by Mandalay (15%), there were substantial increases in Chin, Shan, Sagaing, Magway, Kachin, Bago and Ayeerwaddy (Figure 14).

Table 22: Number of target population receiving HIV test and post-test counselling in 2015

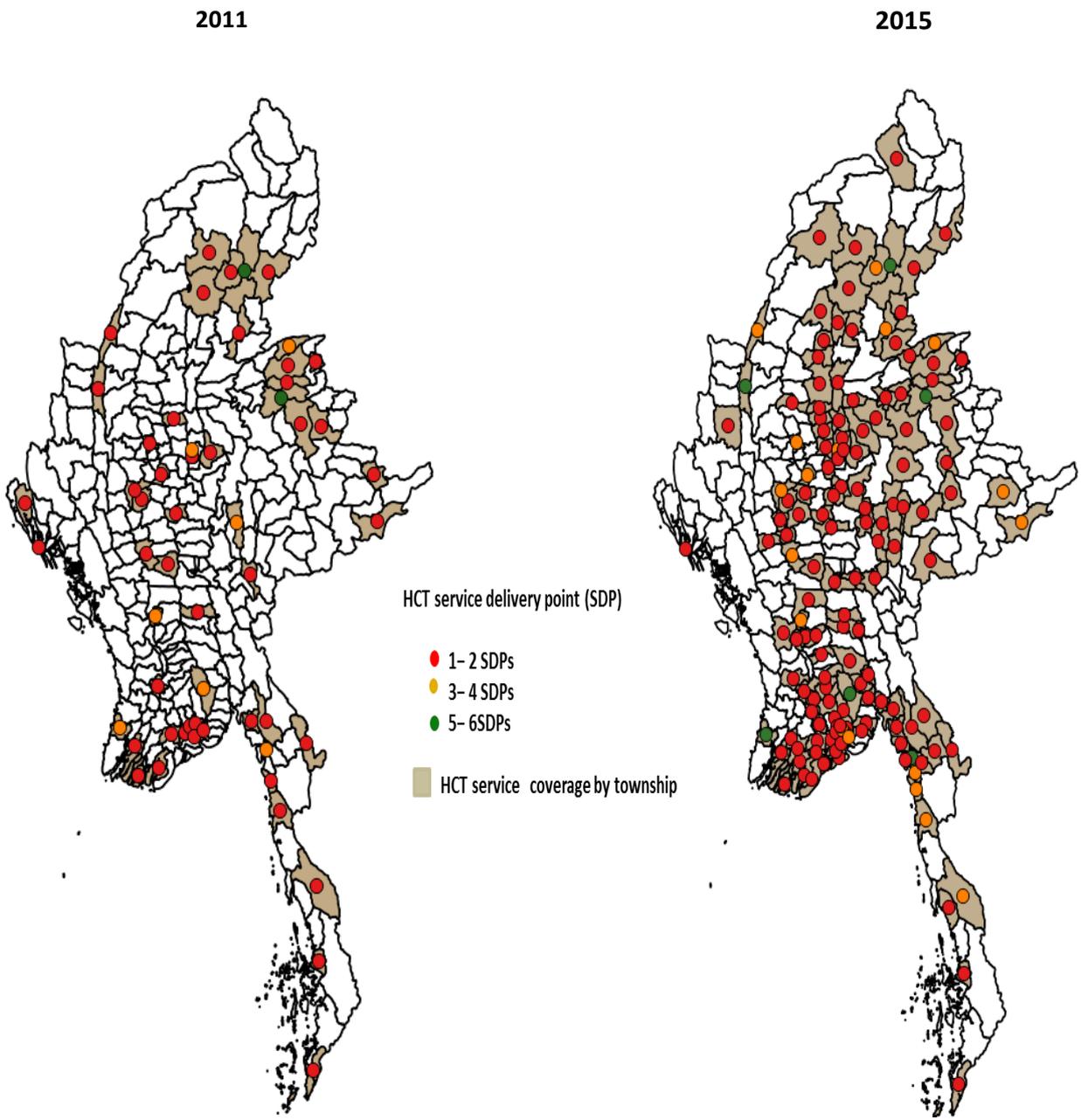
Organization	FSW	Clients	MSM	PWID	Regular Partners	Others	Total
AFXB	41	-	49	-	-	4,445	4,535
AHRN	91	-	-	2,019	237	1,120	3,467
Alliance	332	1,165	670	80	926	2,558	5,731
AMI	378	6	462	-	9	789	1,644
BI	298	205	3,144	2,266	195	729	6,837
Consortium	3,416	3,896	4,834	-	-	-	12,146
HPA	-	-	-	251	93	373	717
IOM	507	-	188	-	-	4,084	4,779
Malteser	252	158	148	-	312	11	881
MAM	433	4,279	114	39	-	6,555	11,420
MANA	-	4,515	-	12,307	1,743	129	18,694
MDM	702	-	734	959	301	82	2,778
MSF-CH	136	838	354	46	415	518	2,307
MSF-Holland	236	-	58	664	-	6,279	7,237
MSI	3,504	-	5,021	-	-	5,132	13,657
NAP	4,520	18,616	2,587	4,434	21,015	39,294	90,466
PGK	1,728	4,690	1,596	-	-	-	8,014
PSI	11,291	32,105	14,569	-	-	-	57,965
SARA	-	-	-	2,320	460	1,123	3,903
Total	27,865	70,473	34,528	25,385	25,706	73,221	257,178

Figure 14: Number of individuals receiving HIV test and post-test counselling by state and region in 2011 and 2015



Map 5 shows the progression of HTS service delivery points (SDP) as well as HTS coverage by township from 2011 to 2015. Extensive expansion of both SDP and HTS coverage occurred across the country.

Map 5: Distribution of HTS service delivery points and HTS coverage by township in 2011 and 2015



TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS

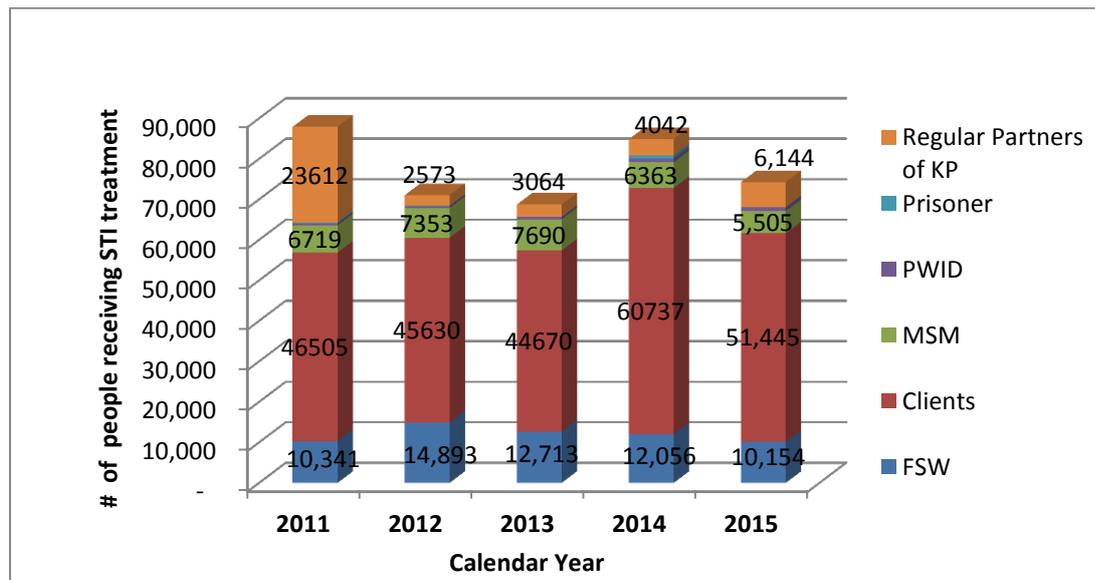
A number of organizations working for HIV response in Myanmar continued to provide sexually transmitted infections (STI) treatment services to key populations and their sexual partners. Although the number of people who received treatment for STI remained more or less stable during last 5 years, it still has not reached the levels of NSP I. This may probably be due to a better reporting system by each organization that excludes people who were treated more than once a year. However, this overall figure may still include multiple counting of individuals, in the absence of a unique identifier system that would help trace clients across the different service providers. As in the past, a majority of treatments were reported from one private sector operating clinics throughout the country (PSI).

Table 23: People receiving STI treatment by organization (2011 – 2015)

Organization	2011	2012	2013	2014	2015
AHRN	320	162	171	199	170
Alliance	-	-	-	-	46
AMI	452	146	210	311	382
Burnet	5	-	-	-	34
Consortium	-	954	1,628	2,779	2,912
IOM	91	18	54	205	301
Malteser	159	158	167	134	23
MAM	-	-	3,365	4,717	7,627
MANA	44	197	358	568	268
MBCA	-	-	-	-	-
MDM	2,116	2,017	2,293	2,303	1,811
MSF-CH	379	425	62	23	70
MSF-Holland	3,495	2,480	1,426	2,285	294
MSI	6,851	1,056	34	394	394
NAP	7,561	6,450	6,310	6,820	6,562
PGK	118	59	-	-	-
PSI	66,558	56,859	51,788	64,052	52,905
RMO	-	48	765	-	-
SARA	34	9	70	65	466
UNODC	92	-	-	12	-
WV	-	-	29	-	-
Total	88,275	71,038	68,730	84,867	74,265

Figure 15 illustrates the different types of patients receiving STI services during the course of NSP II. Majority of STI treatments (around 70%) were recorded for clients and regular partners of key populations. Looking at these figures, it can be assumed that clients and regular partners of key population utilized the STI services even though they were not reached through prevention programmes. Though, another possible consideration is the difficulty in accessing the typology of STI patients where most people receiving treatments could not be assigned to a particular sub-population, therefore, majority will probably be recorded as clients and regular sexual partners. Among the key populations, FSW received 10 – 20 % of the total STI services provided whereas small numbers of MSM and PWID reportedly needed STI services over the years. This coincided with low reported STI prevalence among MSM and PWID from the 2014 and 2015 IBBS results.

Figure 15: People receiving STI treatment by key populations (2011 – 2015)

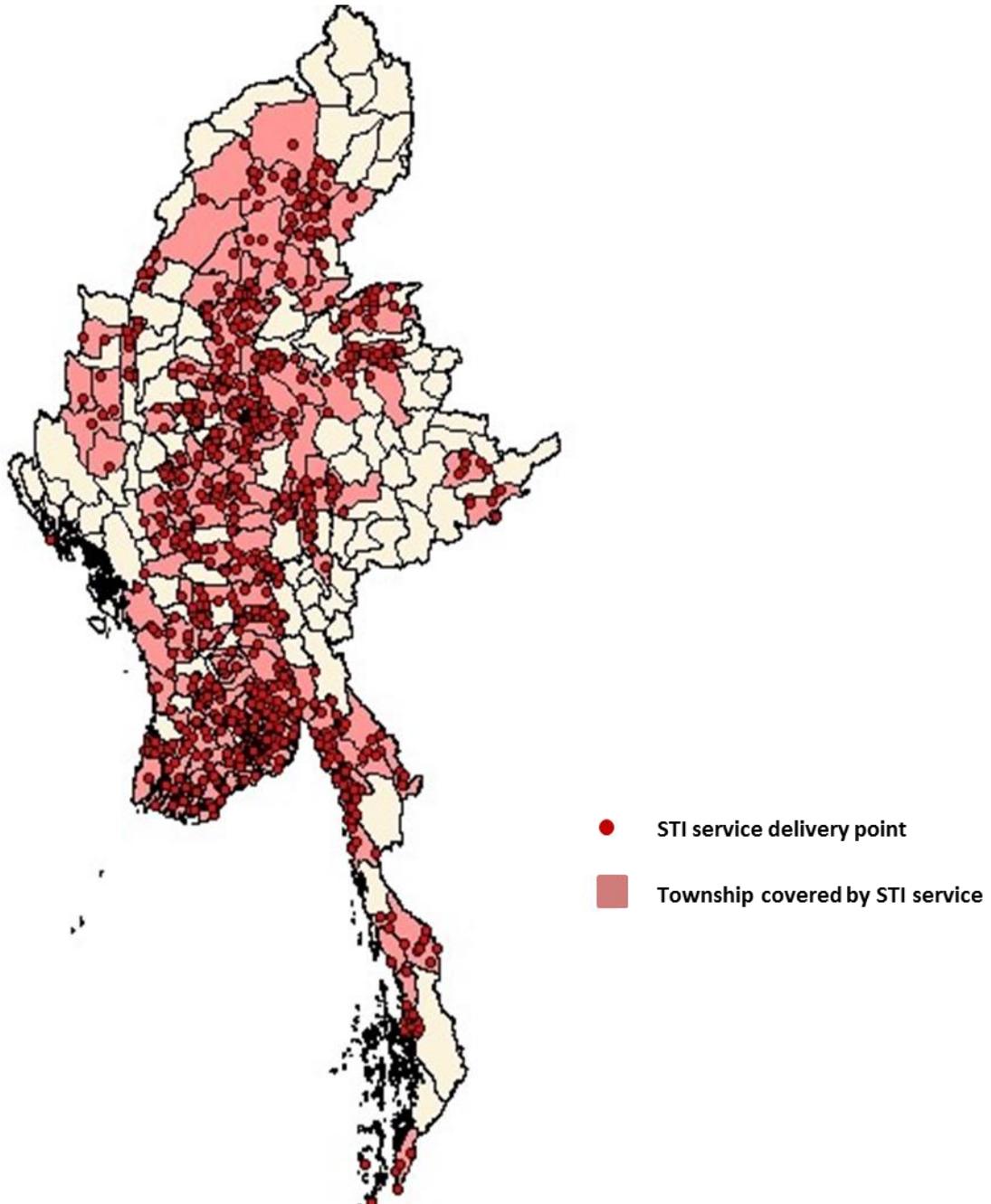


The majority of STI services were delivered in the two major economic hubs of Yangon and Mandalay, followed by Bago, Ayeyarwaddy and Mon (Table 24). This corresponded with the locations of highest reach of FSW and MSM prevention programmes.

Table 24: People receiving STI treatment by State/Region (2011 – 2015)

State & Region	2011	2012	2013	2014	2015
Ayeyarwady	7,517	7,097	5,744	6,465	4,995
Bago	13,398	10,592	9,457	11,037	9,400
Chin	26	26	46	68	33
Kachin	2,771	2,755	2,679	2,748	2,001
Kayah	56	65	230	53	-
Kayin	1,831	1,277	1,052	1,955	1,011
Magway	3,876	2,239	1,900	2,394	1,529
Mandalay	12,863	10,004	10,040	11,264	10,803
Mon	5,356	5,423	3,989	6,311	4,864
Nay Pyi Taw	-	-	-	1,448	1,257
Rakhine	1,083	645	545	-	290
Sagaing	6,693	2,333	3,318	4,216	2,859
Shan	3,948	3,713	3,408	4,184	3,462
Tanintharyi	2,759	2,638	1,844	2,167	1,906
Yangon	26,098	22,231	24,478	30,557	29,855
Total	88,275	71,038	68,730	84,867	74,265

Map 6: Distribution of STI service delivery points and STI treatment by township in 2015



STRATEGY II: COMPREHENSIVE CONTINUUM OF CARE FOR PEOPLE LIVING WITH HIV

INTERVENTION 1: VCCT, TB, ART, COMMUNITY HOME-BASED CARE, HEALTH FACILITY-BASED CARE AND REFERRAL

Impact/Outcome Targets ¹⁷	Size estimate	Baseline 2010	Target 2015	Results 2015
% adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	NA	80% ⁽¹⁾	85%	85.1% ⁽²⁾
% adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy	NA	NA	80%	80.4% ⁽²⁾
Output/Coverage Targets				
# of adults with advanced HIV infection receiving ART	143,424 ⁽³⁾	27,715 ⁽⁴⁾	98,334	99,404
# of children with advanced HIV infection receiving ART	5,422 ⁽³⁾	2,110 ⁽⁴⁾	5,289	7,086
# of people living with HIV receiving cotrimoxazole prophylaxis who are not on ART		52,212 ⁽⁵⁾	20,000	13,429
# of TB patients who are tested positive for HIV and have started ART during the reporting period	7,596 ⁽³⁾	NA	6,836	NA

Care, treatment and support

Partners working on care, treatment and support (2011 – 2015):

AFXB, AHRN, Alliance, AMI, Burnet, Consortium, IOM, Malteser, MAM, MANA, MDM, MSF-CH, MSF-Holland, MSI, NAP, NAP-UNION, PGK, PSI, RM, SARA, UNODC, WV

The number of people living with HIV (PLHIV) who are not on ART receiving Cotrimoxazole prophylaxis decreased in NSP II implementation phase. This figure is expected to decrease further over the next few years as Myanmar is adopting and putting in place a test and treat policy, reducing the need for Cotrimoxazole prophylaxis for pre-ART patients. NAP represents the main institution providing Cotrimoxazole prophylaxis.

¹⁷ Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, Progress Reports, Global AIDS Response Progress Reports (GARP Reports)

(1) Baseline 2009 (Operational Plan 2011-2015)

(2) [ART cohort register](#)

(3) Myanmar National Strategic Plan on HIV and AIDS 2011-2016

(4) Progress Report 2010

(5) 2010 not comparable with 2015: 2010 figures likely to include contacts as well as ART patients.

Table 25: People receiving Cotrimoxazole prophylaxis by organization (2011 – 2015)

Organization	2011	2012	2013	2014	2015
AFXB	551	531	656	216	150
AHRN	696	886	981	1,261	1,384
Alliance	491	24	23	-	-
AMI	439	221	236	9	561
Burnet	481	-	-	-	-
Consortium	552	2,665	3,781	-	-
IOM	510	437	522	909	252
Malteser	326	361	367	120	111
MAM	-	-	658	322	287
MANA	392	199	836	1,296	913
MDM	1,607	1,035	1,010	1,184	1,546
MNMA	2,651	-	-	-	-
MSF-CH	81	133	181	-	65
MSF-Holland	5,529	2,789	1,965	918	864
MSI	1,333	424	590	530	236
NAP	9,907	13,684	11,077	12,475	6,575
NAP_UNION	-	6,947	6,360	7,041	-
PGK	1,463	949	2,422	492	293
PSI	640	702	-	-	-
RM	254	710	71	-	-
SARA	-	-	85	80	192
UNODC	53	-	-	-	-
Total	27,956	32,697	31,821	26,853	13,429

Starting from mid NSP II, NAP put in much effort in scaling up ART provision through a new service delivery model called ‘decentralization’ which increases accessibility and availability of ART service down to township and peripheral level across the country. This has led to a sharp increase in the number of people enrolled in the ART program particularly in public facilities. During the last two years of NSP II, more than 44,000 PLHIV were newly initiated on ART in 133 ART centres across the country. There were additional 107 ART decentralized sites by the end of 2015 throughout the country providing follow-up ART maintenance. This was the highest achievement to date.

By the end of 2015, a total of 106,490 PLHIV (99,404 adults and 7,086 children) were receiving ART (Table 26). This has exceeded the ambitious target set to reach 103,633 PLHIV on ART in 2015. During NSP II implementation phase, there has been a 3.5 times increase in the number of PLHIV benefiting from treatment (numerically from 29,825 in 2010 to 106,490 in 2015). Among the total number of PLHIV receiving ART in 2015, approximately 49,000 were women accounting for 46% of the total. More than 96 % of patients were on first line treatment regimens, with less than four % on second line regimens. Only five ART patients out of 106,490 were receiving third line treatment.

Table 26: People receiving ART by organization in 2015

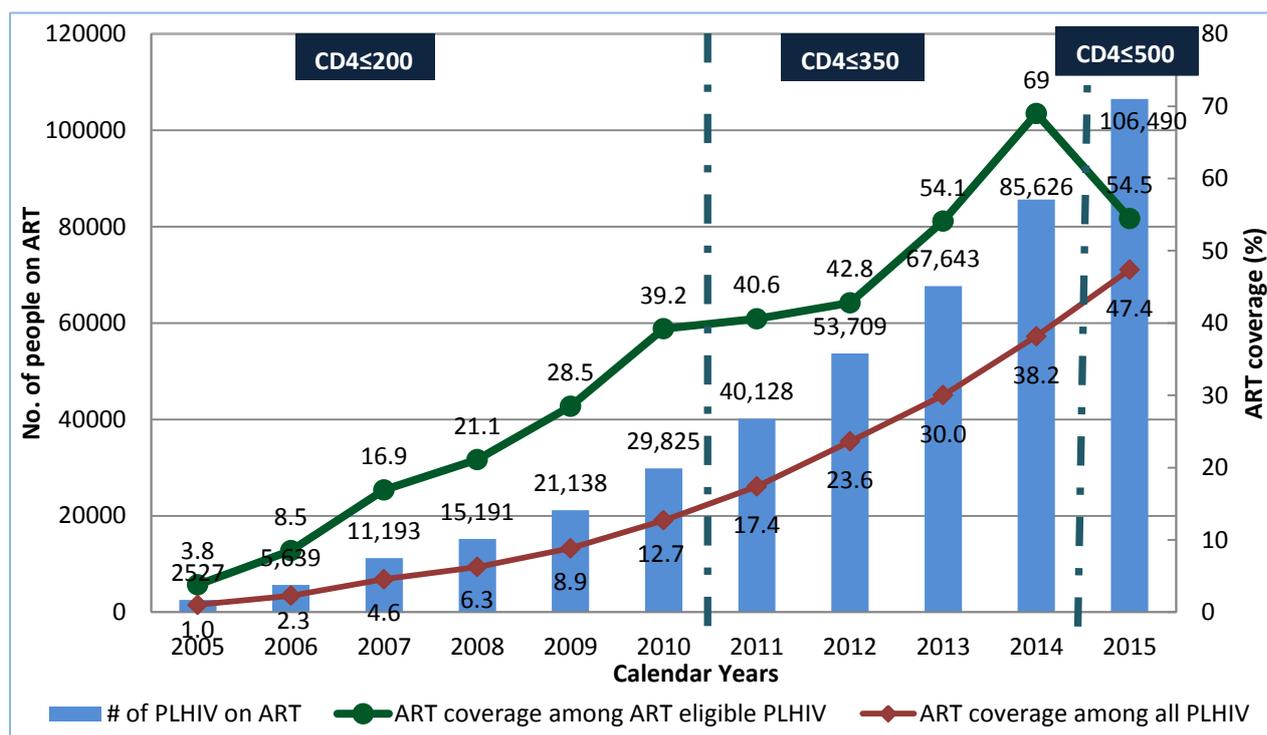
Organization	Children		Adult		Total
	Male	Female	Male	Female	
AFXB	30	20	400	451	901
Alliance	-	-	1,435	1101	2,536
AMI	45	33	518	504	1,100
Consortium	36	42	603	525	1,206
IOM	60	56	684	785	1,585
Malteser	21	20	278	380	699
MDM	13	8	1,831	661	2,513
MSF-CH	172	199	1,561	1,268	3,200
MSF-H	1,334	1,230	15,858	13,823	32,245
NAP	1084	977	17,998	15,491	35,550
NAP-UNION (IHC)	886	820	11,953	10,140	23,799
PGK	-	-	179	206	385
PSI	-	-	489	282	771
Total	3,681	3,405	53,787	45,617	106,490

47% of the estimated number of PLHIV¹⁸ was in treatment and 55% of people in need of ART¹⁹, as per the recently adopted national treatment guideline. Figure 16 shows the number of PLHIV on ART and ART coverage among all PLHIV and ART eligible PLHIV depending on changes in treatment guidelines over the last decade. The percentage of ART coverage among eligible PLHIV has declined in 2015 due to the adoption of new treatment guideline which increased the eligibility for ART from CD4 <350 to CD4 <500. According to the 2015 cohort outcome analysis, national percentage of people still known to be on ART 12, 24, 60 months after initiation of treatment was 85%, 80.4% and 76.4% respectively.

¹⁸ HIV Estimates and Projections Myanmar (2016-2020) (Draft): an estimated 224,000 people (adults and children) in Myanmar were living with HIV in 2015.

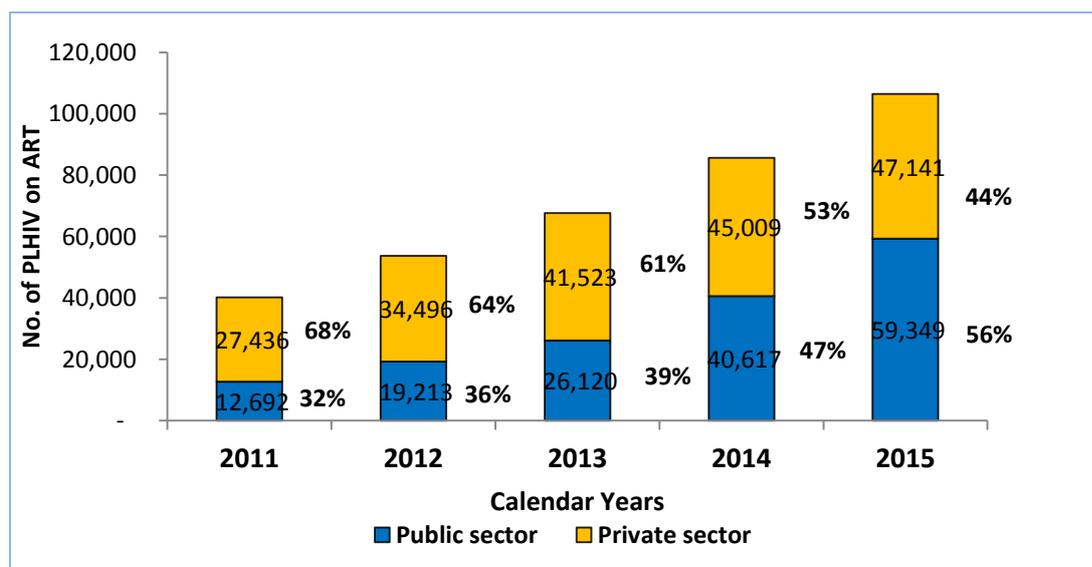
¹⁹ HIV Estimates and Projections Myanmar (2016-2020) (Draft): an estimated 195,000 PLHIV (adults and children) were eligible for treatment in 2015 according to national treatment guideline of CD4 ≤500.

Figure 16: People receiving ART (2005–2015)



Under the strong leadership of NAP, a total of 16 partners were involved in HIV treatment, care and support services during the 5 years of NSP II. ART service delivery had been shifted significantly towards the public sector, with many more PLHIV receiving treatment through public health facilities in the course of current NSP (Figure 17). At the end of 2015, the public sector (NAP and NAP-UNION) was providing ART to 59,349 patients (56%) compared to 12,692 patients (32%) in 2011. Two non-governmental organizations (MSF-H and MSF-CH) continued to be the major ART providers outside the public sector.

Figure 17: Number of adults and children currently receiving ART by sector (2011-2015)



To increase geographical coverage, ART centres and decentralized sites were expanded significantly throughout the country—an increase of more than two fold from 2011 (Figure 18 and Map 7). By the end of 2015, there were 189 ART service sites of which 82 were hospital-based ART centres and 107 were

decentralized ART sites operated by the Government, while 51 ART clinics were provided by non-governmental partners. Of these 240 sites, 108 were offering paediatric ART.

Figure 18: Total number of health facilities that offer ART by public and private sector (2011 – 2015)

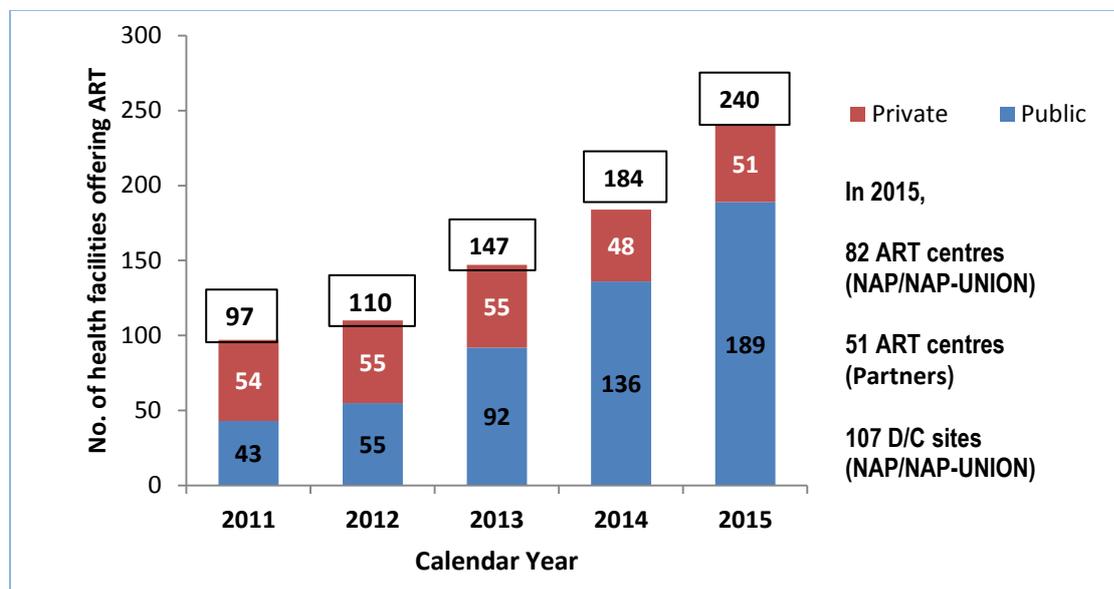
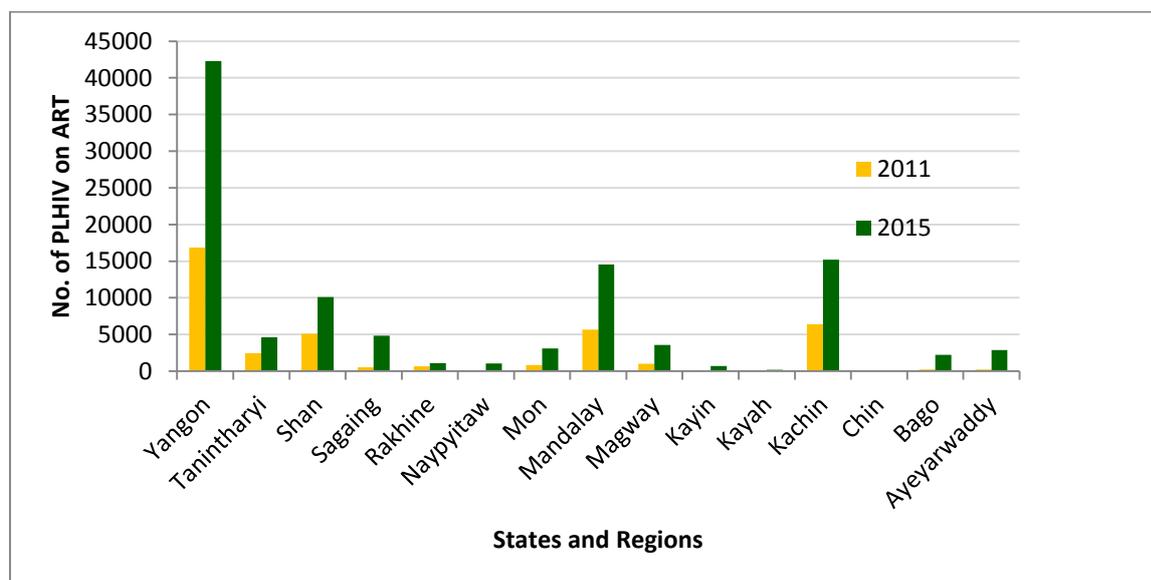


Figure 19: Number of people receiving ART by State/Region in 2011 and 2015



Nationwide coverage of ART provision is showing progress and a remarkable expansion of service provision across the country was seen during NSP II (Figure 19 and Map 7). Although noticeable expansion of services occurred in Sagaing, Bago, Ayeyarwaddy, the highest number of people on ART was still concentrated in Yangon, Mandalay, Kachin and Shan. By the end of 2015, around 40% of all patients on ART were in Yangon, followed by Mandalay and Kachin with 14% each and 9.5 % in Shan (Table 27).

Along with rapid scaling up of ART provision and decentralization of HTS, the collaborative activities between TB and HIV programmes launched in 2005 improved substantially over the past few years. In 2015, HIV

testing among TB patients was more than 80% in expanded TB/HIV townships and a total of 6,534 HIV-TB co-infected patients received both ART and TB treatment.

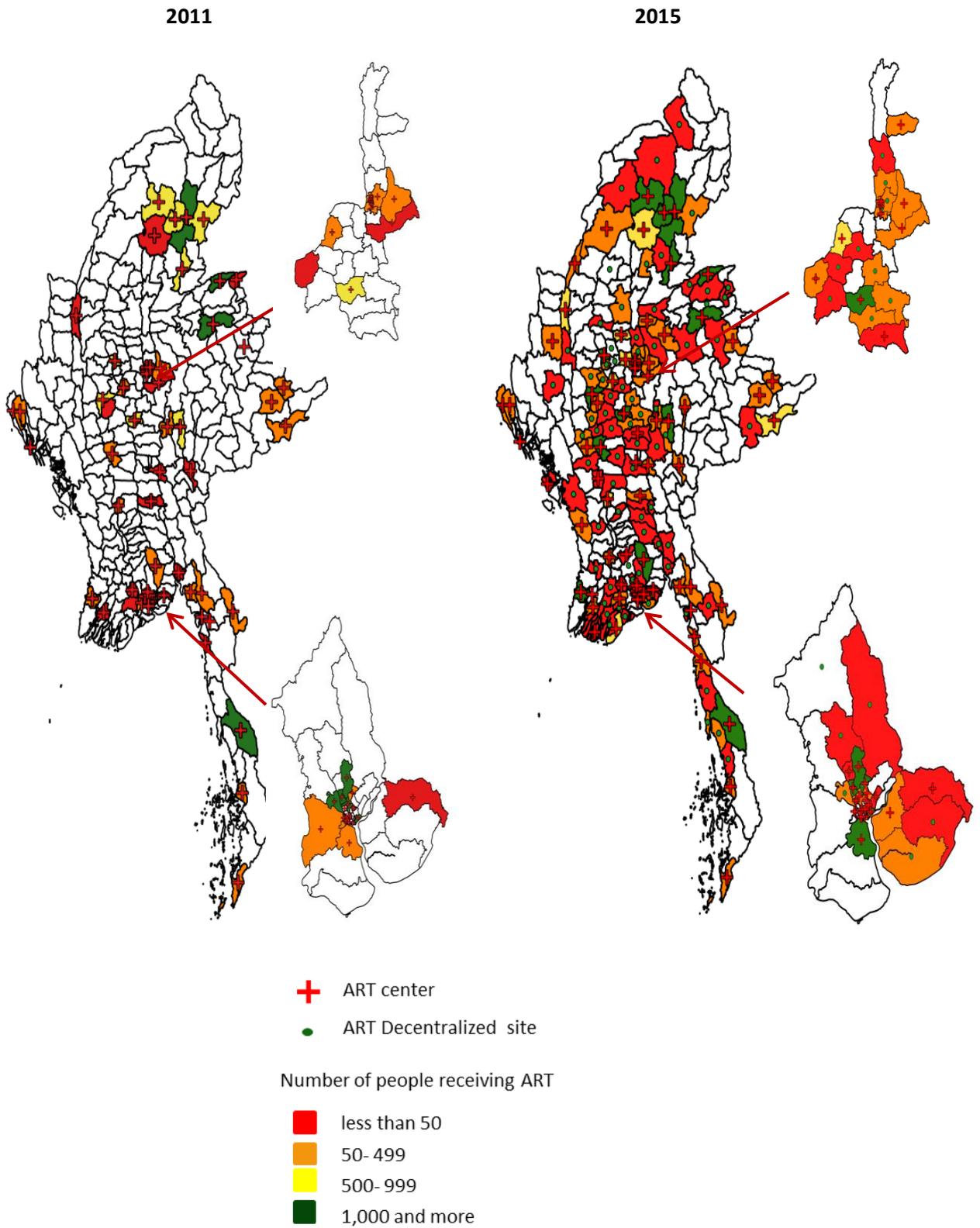
The viral load (VL) testing among all PLHIV receiving ART was started in 2014 although it was not mentioned in NSP II. The percentage of PLHIV currently receiving ART who were tested for VL in 2015 was still limited; only 9,700 (9.1%) out of 106,490 PLHIV receiving ART tested for VL suppression during the last reporting period²⁰.

Table 27: People receiving ART by State/Region in 2015

State & Region	Children		Adult		Total	As % of total
	Male	Female	Male	Female		
Ayeyarwady	82	77	1,460	1,241	2,860	2.7%
Bago	66	60	1,060	1,057	2,243	2.1%
Chin	15	3	25	36	79	0.1%
Kachin	544	514	7,806	6,357	15,221	14.3%
Kayah	11	7	69	74	161	0.2%
Kayin	21	24	291	381	717	0.7%
Magway	112	105	1,737	1,635	3,589	3.4%
Mandalay	509	482	7,339	6,195	14,525	13.6%
Mon	103	103	1,379	1,530	3,115	2.9%
Nay Pyi Taw	30	35	529	440	1,034	1.0%
Rakhine	38	41	540	489	1,108	1.0%
Sagaing	164	119	2,331	2,209	4,823	4.5%
Shan	386	367	4,728	4,629	10,110	9.5%
Tanintharyi	207	228	2,194	1,981	4,610	4.3%
Yangon	1,393	1,240	22,299	17,363	42,295	39.7%
Total	3,681	3,405	53,787	45,617	106,490	100%

²⁰ 2015 GARPR indicator report

Map 7: Distribution by township of people receiving ART and ART sites in 2011 and 2015



INTERVENTION 2: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMCT) AND REPRODUCTIVE HEALTH

Impact/Outcome Targets ²¹	Denominator	Baseline 2010	Target 2015	Results 2015
% of infants born to HIV infected mothers that are HIV infected	5,074 ⁽¹⁾	23% ⁽²⁾	6.5%	15.11 ⁽³⁾
% of pregnant women who are HIV infected	NA	0.9% ⁽⁴⁾	0.67%	0.77% ⁽⁵⁾
Output/Coverage Targets				
# of pregnant women attending antenatal care services at PMCT sites who received HIV pre-test counselling	1,391,813 ⁽⁶⁾	540,283 ⁽⁷⁾	598,400	916,683
# of pregnant women attending antenatal care services who received HIV testing and test result with post-test counselling	1,391,813 ⁽⁶⁾	250,938 ⁽⁷⁾	430,848	747,371
# of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission	5,074 ⁽¹⁾	2,488 ⁽⁷⁾	2,908	3,923

Partners working on PMCT (2011 – 2015):

AMI, MANA, MAM, MSF-CH, MSF-Holland, NAP, NAP-UNION, UNICEF

During NSP II, there was remarkable progress in prevention of mother-to-child transmission of HIV (PMCT) services alongside the nationwide expansion and decentralization of HTS in all antenatal care (ANC) settings. PMCT programme not only expanded the coverage across the country but also increased the quality of ANC services in the current NSP. Figure 18 depicts the number of pregnant women who received pre-test counselling for HTS, were tested and underwent post-test counselling during their ANC visits from 2011 to 2015. These figures exceeded the NSP II PMCT planned targets for each year and represent the highest coverage of PMCT services to date.

²¹ Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, Progress Reports.

(1) HIV Estimates and Projections Myanmar (2016-2020)(Draft)

(2) UNGASS 2010; estimated from Spectrum for 2009; based on single-dose nevirapine prophylaxis

(3) HIV Estimates and Projections Myanmar (May 2015 Spectrum 5.30), Indicator: Final transmission including breastfeeding period

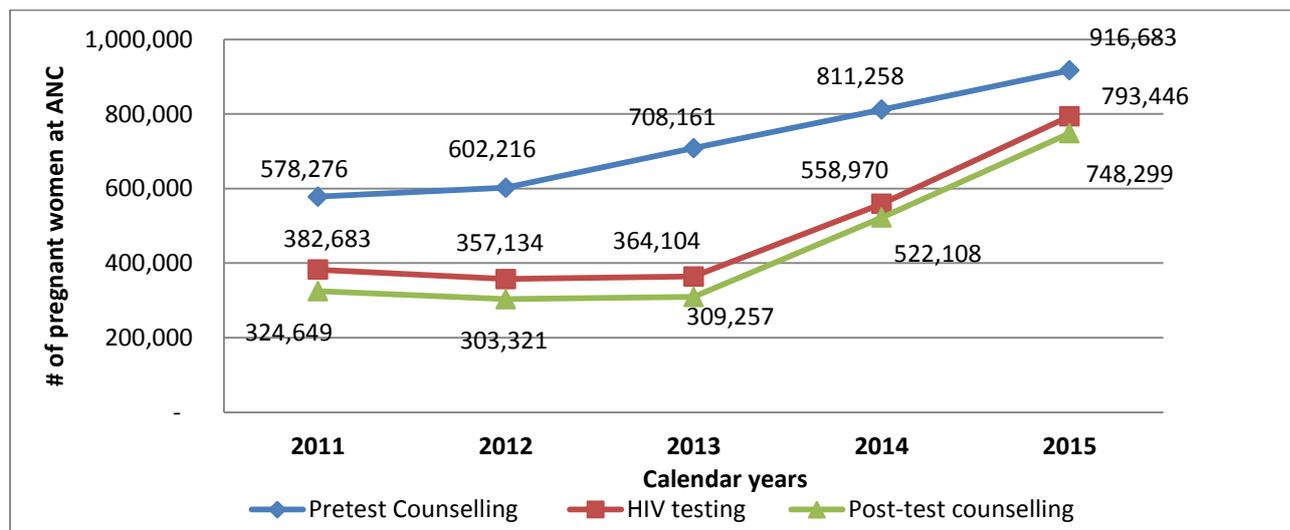
(4) HSS 2010

(5) HSS 2014

(6) Myanmar National Strategic Plan on HIV and AIDS 2011-2016

(7) Progress Report 2010

Figure 20: Number of pregnant women receiving pre-test counselling and HIV post-test counselling (2011-2015)



916,683 pregnant women accessed ANC and received pre-test counselling. Among these 792,518 (87%) were tested for HIV and 748,299 (82%) received post-test counselling in 2015 (Figure 20). This is the greatest proportion of pregnant women who attended ANC services and completed the whole HTS process for PMCT to date. These figures further narrow the gap between the number of pregnant women who access the HTS process with HIV pre-test counselling and the number that complete the HTS process by receiving the HIV test results with post-test counselling. This significant increase in the proportion of women who complete HTS process has been in line with the rolling out of the point-of-care testing service in ANC since 2014 using rapid HIV test kits to reduce unnecessarily long waiting times and the need for a further visit for the test results. This important progress reflects the commitment in Myanmar to eliminating mother-to-child transmission of HIV.

Table 28: Number of pregnant women receiving pre-test counselling, HIV testing and HIV test results with post-test counselling by State/Region in 2015

State & Region	Number of pregnant women received:		
	Pre-test counselling	HIV test	Post-test counselling
Ayeyarwady	116,312	102,073	95,858
Bago	87,112	83,512	74,501
Chin	7,045	5,634	4,426
Kachin	35,200	32,925	32,283
Kayah	6,870	7,507	7,508
Kayin	28,978	24,578	21,985
Magway	68,217	63,656	60,630
Mandalay	110,235	96,314	91,835
Mon	42,874	35,065	34,236
Nay Pyi Taw	22,706	18,748	18,180
Rakhine	37,378	16,436	15,235
Sagaing	86,391	74,852	73,426
Shan	96,732	87,750	86,428
Tanintharyi	35,820	31,767	29,304
Yangon	134,813	111,701	102,464
Total	916,683	792,518	748,299

With respect to prevention coverage of mother to child transmission of HIV, the number of HIV positive pregnant women who received ARV treatment or prophylaxis increased considerably over the NSP II. In 2015, 3,923 HIV positive pregnant women received ARV treatment or prophylaxis to prevent mother-to-child transmission, a 58 % increase on the 2,488 HIV positive pregnant women in 2010 baseline of NSP II (Figure 21). Among those 3,923 women, 1,523 (39%) were reported to be on lifelong ART for their own health. The public sector continued to be the primary provider of PMCT services for the whole period of NSP II, with almost 80 % of HIV-positive pregnant women receiving the services.

Figure 21: Mothers receiving PMCT services (2003–2015)

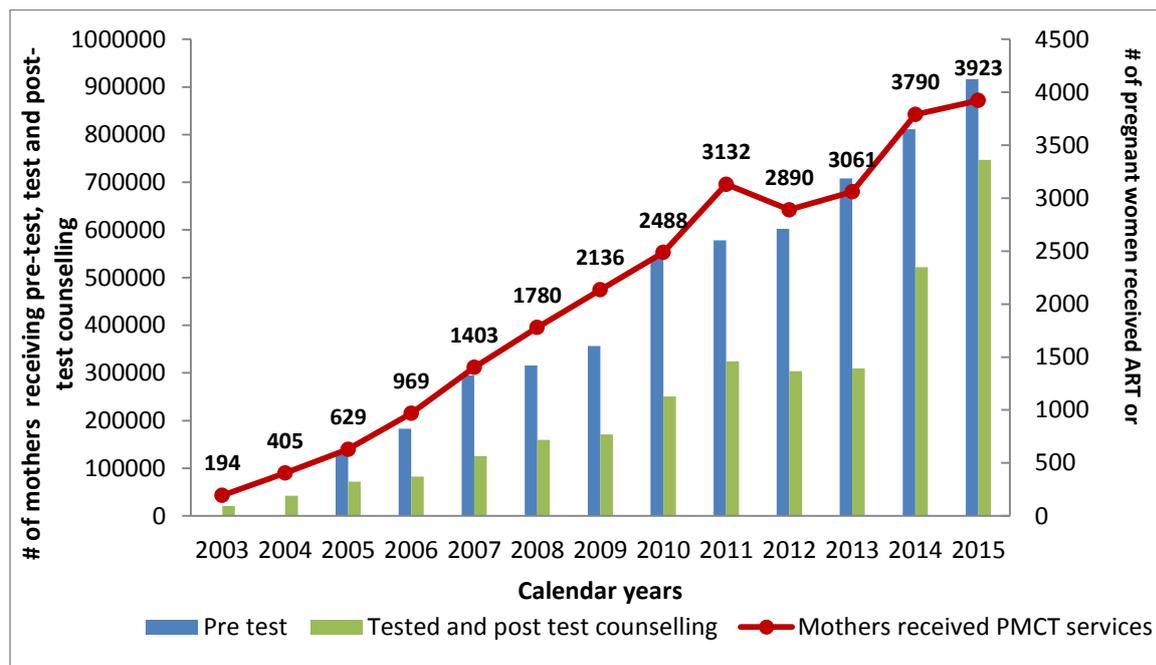
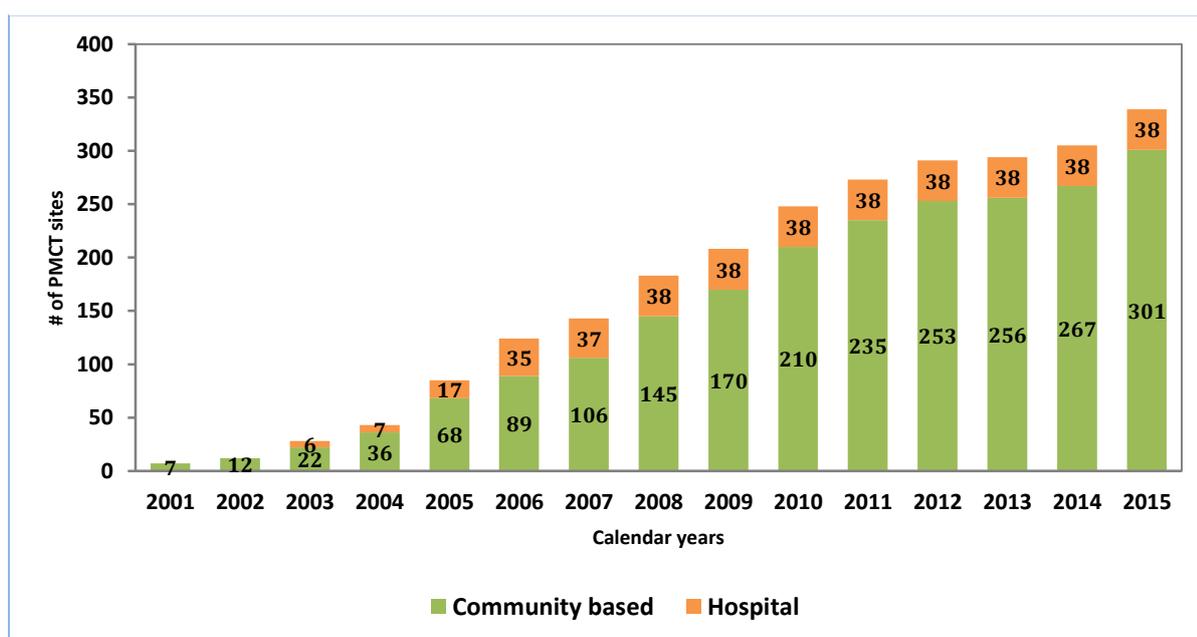


Figure 22 shows the steady increase in the number of PMCT sites since 2001. The opening of 66 new community sites during NSP II brought the total number of sites providing PMCT services to 339 (301 community sites and 38 hospital sites) across 15 states and regions (Map 8).

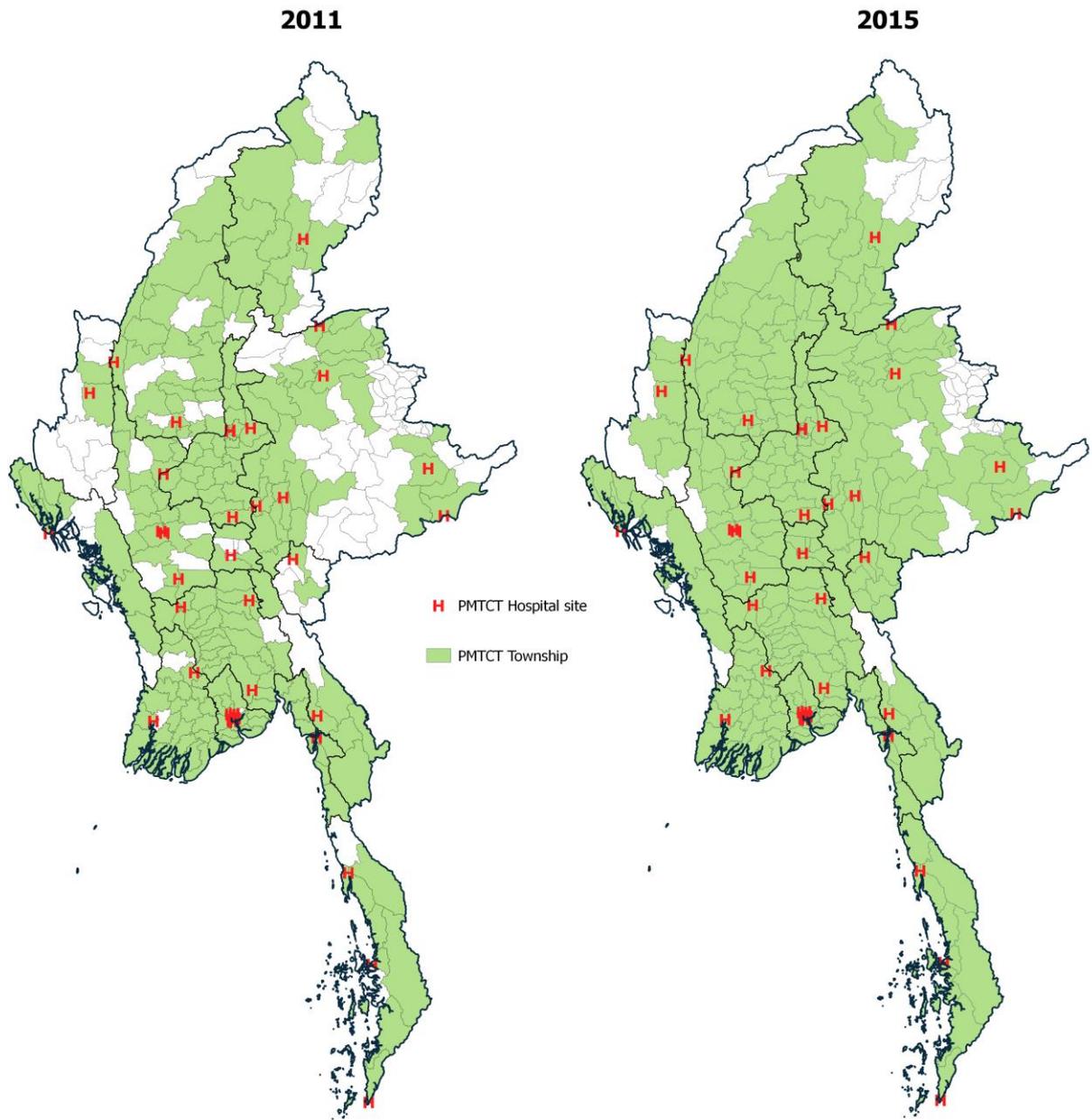
ARV prophylaxis to HIV-exposed infants made progress along with current NSP II. More than 2,000 infants were initiated on ARV prophylaxis in 2015, an increase from 1789 in 2014. A virological test for HIV among infants born to HIV-positive mothers was also introduced during NSP II and 801 HIV-exposed infants were tested within 2 months of birth in 2015²².

Figure 22: PMCT sites of National AIDS Programme (2001-2015)



²² 2015 GARPR report

Map 8: Distribution of PMCT sites in 2011 and 2015



STRATEGY III: MITIGATION OF THE IMPACT OF HIV ON PEOPLE LIVING WITH HIV AND THEIR FAMILIES

INTERVENTION 1: PSYCHOSOCIAL, NUTRITIONAL AND ECONOMIC SUPPORT FOR PEOPLE LIVING WITH HIV, THEIR FAMILIES AND COMMUNITIES

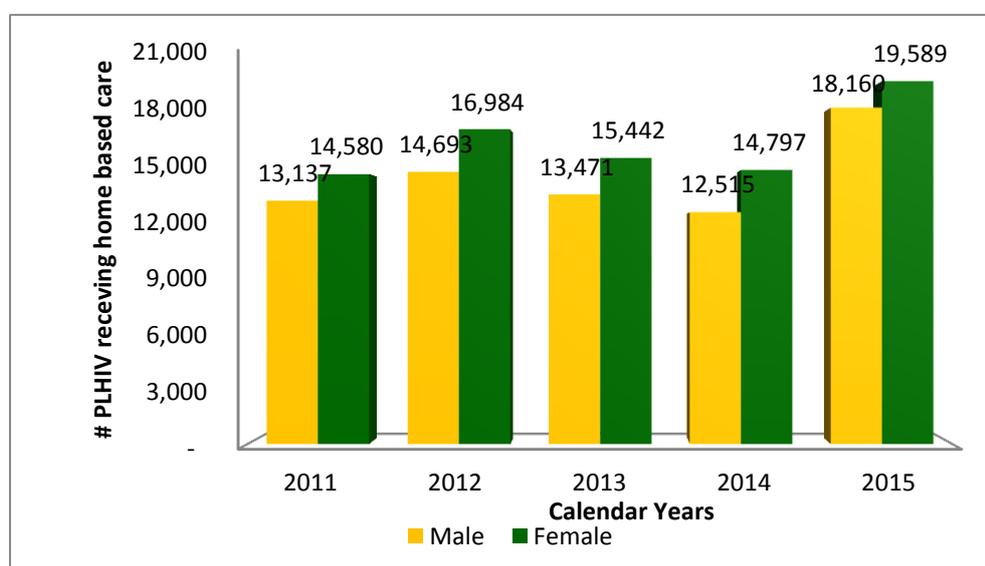
Output/Coverage Targets ²³	Denominator	Baseline 2010 ⁽¹⁾	Target 2015	Result 2015
# of PLHIV who received community home based care	50,428 ⁽²⁾	34,713	25,000	37,749
# of PLHIV associated with self-Help Groups	197,034 ⁽²⁾	11,792	26,892	23,347

Partners working on community home-based care (2011 –2015):

AFXB, Alliance, AMI, Burent, Consortium, IOM, Malteser, MBCA, MAM, MDM, MNMA, MPG, NAP, PGK, RM, UNDP, WFP, WV

The provision of psychosocial, nutritional, economic and medical support for PLHIV was more or less stable during NSP II with modest upsurge in 2015 (Table 29). A total of 18 organizations were involved in this kind of intervention from 2011 to 2015. Every year of NSP II, more women than men benefited from at least one of the services of the basic community home-based care package (Figure 23). In 2015, it was reported that 37,749 individuals received at least one of the services of the basic community home-based care package. This was an increase of around 35% on the starting point of NSP II_2011.

Figure 23: PLHIV who received at least one of the community home based care package by sex (2011 –2015)



²³ Source: Myanmar National Strategic Plan on HIV and AIDS 2011-2016, Progress Reports.

(1) Progress Report 2010

(2) Myanmar National Strategic Plan on HIV and AIDS 2011-2016

Table 29: PLHIV who received community home based care by organization (2011 –2015)

Organization	2011	2012	2013	2014	2015
AFXB	533	375	201	210	116
Alliance	3,099	4,631	4,923	3,972	4,061
AMI	53	85	824	906	1,042
Burnet	497	-	-	-	-
Consortium	3,009	7,043	12,093	8,713	9,613
IOM	510	498	648	1,761	1,832
Malteser	146	583	209	280	7
MBCA	232	261	167	-	-
MAM	-	-	980	598	613
MDM	15	21	-	-	-
MNMA	4,934	-	-	-	-
MPG	-	10,416	1,377	2,636	7,603
NAP	3,756	6,025	6,120	6,092	4,082
PGK	1,848	1,083	1,052	1,022	1,112
RM	1,462	-	71	-	-
UNDP	6,971	-	-	-	-
WFP	-	-	-	-	7,430
WV	652	656	248	1,122	238
Total	27,717	31,677	28,913	27,312	37,749

Partners working with Self-Help Groups (2011 –2015):

AFXB, AHRN, Alliance, AMI, Burnet, Consortium, IOM, Malteser, MAM, MANA, MDM, MPG, NAP, PGK, WV

The number of PLHIV connected with Self-Help Groups (SHG) shows a slow but continuous growth with increasing geographical coverage all through NSP II period. Among 15 different organizations across the country involved in supporting SHG, MPG reported having reached the highest number of PLHIV through its network over the current NSP. 2015 programmes reports submitted by partners suggest that a combined total of 23,347 PLHIV were associated with SHG located in different states and regions of Myanmar. As for other indicators, a large number of PLHIV belonging to SHG were found in Yangon, Mandalay and Shan (Table 30).

Table 30: Number of PLHIV involved with SHG by State/Region (2011 –2015)

State & Region	2011	2012	2013	2014	2015
Ayeyarwady	264	1,528	1,691	1,761	2,264
Bago	321	1,023	538	774	485
Chin	-	-	19	71	7
Kachin	132	632	828	690	864
Kayah	-	68	69	71	45
Kayin	-	299	319	467	235
Magway	129	293	298	248	303
Mandalay	1,744	3,758	5,620	4,250	4,347
Mon	791	796	1,683	1,332	1,816
Nay Pyi Taw	-	-	-	372	-
Rakhine	77	104	233	95	75
Sagaing	611	813	1,362	759	880
Shan	933	2,343	1,786	1,653	3,391
Tanintharyi	341	1,172	782	1,141	2,296
Yangon	4,368	3,917	3,679	5,210	6,339
Total	9,711	16,746	18,907	18,894	23,347

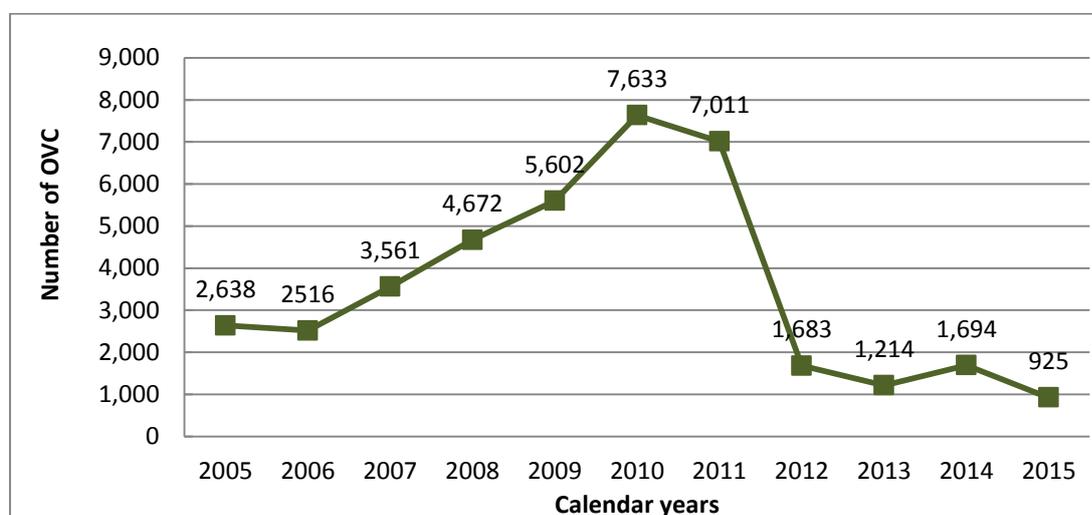
INTERVENTION 2: ORPHANS AND VULNERABLE CHILDREN INFECTED AND AFFECTED BY HIV

Output/Coverage Targets ²⁴	Denominator	Baseline 2010 ⁽¹⁾	Target 2015	Result 2015
# of OVC affected by HIV receiving package of support	NA	7,633	12,500	925

Partners working with orphans and vulnerable children (2011–2015):
AFXB, Alliance, Burnet, IOM, Malteser, MAM, NAP, RMO, SC, UNDP, WV

Under NSP II, the number of orphans and vulnerable children (OVC) who received a package of support presents a steep drop from 2011 to 2012 before levelling off in the following years. A further decrease, the lowest to date, was seen in 2015; only 925 children are reported to have received a package of support (Figure 24). This reflects more than 86% drop since 2011, half the number reached in 2014, and merely 7% of 2015 target of 12,500. The coverage of OVC receiving a package of support could not have met any of the forecasted targets in NSP II for this strategic direction. This decrease has been attributed to the drop in financial resources and the policy shift from a specific focus on OVC affected by HIV towards a broader child-protection approach.

Figure 24: Orphans and vulnerable children receiving support (2005–2015)



²⁴ Source: Myanmar National Strategic Plan on HIV and AIDS 2011–2016, Progress Reports.

(1) Progress Report 2010–Orphans and vulnerable children reported as affected by HIV

Table 31: Orphans and vulnerable children reached by organization in 2015

Organization	Male	Female	Total
AFXB	21	9	30
Alliance	137	158	295
IOM	32	35	67
Malteser	6	15	21
MAM	122	125	247
NAP	55	53	108
WV	66	91	157
Total	439	486	925

CROSS-CUTTING INTERVENTIONS

INTERVENTION 1: HEALTH SYSTEM STRENGTHENING (INCLUDING PRIVATE HEALTH SECTOR), STRUCTURAL INTERVENTIONS AND COMMUNITY SYSTEMS STRENGTHENING

HEALTH SYSTEM STRENGTHENING

In 2015, Myanmar continued to implement health systems strengthening activities from domestic as well as external resources including the Global Fund, the 3MDG Fund, GAVI, UN system agencies and World Bank. HIV has been included in the first iteration of the Essential Health Services Packages funded by IDA financing under the World Bank. The Essential Health Services Access Project aims to increase access to essential services of adequate quality, in particular to improve maternal, newborn and child health outcomes – providing funds to facilities at township level and below, including township and station hospitals, urban and rural health centres, maternal and child health clinics and school health programmes.

Progress in other health systems strengthening efforts include the work on cross-cutting issues for all three diseases: HIV, TB and Malaria namely (i) harmonizing national procurement and supply management system (including forecasting, procurement and warehouse and distribution); (ii) human resources; (iii) laboratory; and (iv) M&E, health information systems and e-Health.

(i) Procurement and supply management

A national Health Supply Chain Strategy for Medicines, Medical Supplies and Equipment (2015-2020) has been finalized. Efforts have also been made to standardize forecasting methodologies across the disease programmes. The National AIDS Programme has called for all programme partners to utilize a common forecasting methodology at the national level for example, in 2014 and 2015 a national level annual forecast for Rapid Test Kits, ARVs, and PMTCT drugs combining all UNOPS sub-recipients was conducted using a common method introduced by SCMS. In 2015, partners initiated the development of an electronic inventory management system (mSupply) for all central and regional/state level warehouses – it is anticipated that most of NTP and NAP sites will use mSupply for stock monitoring by the end of 2016.

(ii) Human resources

Inadequate human resources remain a major barrier to increasing services for HIV, TB and Malaria. The Ministry of Health and Sports Department of Public Health has planned to increase the number of approved positions. For HIV, it is anticipated that the number of positions which includes HIV in the terms of reference will increase from 300 to more than 1500 across the country. However to address the remaining gap, collaboration between public and private sector must be intensified. In 2015, the private sector has started expanding in cities and towns where there are inadequate facilities. International and local NGOs and ethnic health organizations also provide health services in areas of need.

(iii) Laboratory

In 2015, the National Policy for Health Laboratories in Myanmar and the National Strategic Plan for Laboratories were developed. Priority areas included human resource; quality and safety; supply chain management and improving coordination between departments in the MoHS. Under the national strategy, it is planned that capacity for HIV testing consistent with the National HIV Testing Services Guideline will be enhanced. With support from JICA, NHL currently implements annual external quality control for HIV testing

from 416 laboratories and blood banks, including 69 NGO laboratories. It is anticipated that over the next four years, EQAS (quality assurance) will be expanded to cover all HIV testing sites and providers of HIV tests.

COMMUNITY SYSTEMS STRENGTHENING

Community-based organizations, people living with HIV and representatives of key population groups are members of decision-making bodies in Myanmar: the Myanmar Health Sector Coordinating Committee (MHSCC); the HIV Technical and Strategy Group (TSG) and TSG working groups.

Myanmar continued to support community systems strengthening programmes initiated by the Global Fund New Funding Model in 2013 with additional support from 3MDG Fund and USAID (PEPFAR). Programmes for community systems strengthening focused on core funding for the networks; treatment adherence counselling; community feedback mechanisms of ART services and building community capacity on advocacy and rights-based programming. HIV Alliance, Pyi Gyi Khin and Myanmar Positive Group are the main sub-recipients for these components with other networks receiving funds as sub-sub-recipients.

In 2015, UNAIDS supported a rapid needs assessment of all the national networks of PLHIV and key populations²⁵. The key recommendations are:

1. Strengthen the advocacy capacity of networks to foster an enabling environment
2. Strengthen the linkages, partnerships and coordination of community networks
3. Invest in people, human resources and resource mobilization
4. Strengthening organization and leadership of networks

Findings also show that networks are not well-resourced to strengthen their work and the long-term sustainability of their organizations. A Community Systems Strengthening Strategy was developed which was then funded by USAID (PEPFAR). The strategy aims to strengthen community networks to engage and collaborate in service delivery, advocacy and monitoring and evaluation. Currently the community systems strengthening programme covers key areas of (i) strengthening community advocacy capacity; (ii) improving governance and leadership of networks; (iii) strengthening capacity of communities to mobilize resources; and (iv) increasing community-based service delivery.

²⁵ Myanmar Positive Group (MPG), National NGO Network on AIDS (3N), Sex Worker Network in Myanmar (SWIM), National Drug User Network in Myanmar (NDNM), Myanmar Positive Women Network, Myanmar Interfaith Network on AIDS (MINA) and Myanmar MSM Network, Myanmar Youth Star Network

INTERVENTION 2: FAVOURABLE ENVIRONMENT FOR REDUCTION OF STIGMA AND DISCRIMINATION

Building on foundation of the efforts initiated in 2013 to review the legal barriers for HIV services and assess gender sensitive approaches in the national HIV response, in 2015 Myanmar continued to carry out activities to raise awareness about the human rights of PLHIV and key populations among key stakeholders and implementing partners. Other activities were carried out in line with recommendations from the legal review and gender assessment.

Human Rights and Gender Working Group

Established in 2014, the Human Rights and Gender Working Group is one of the working groups under HIV TSG to facilitate information sharing and ensure human rights and gender issues related to HIV are addressed and forwarded to the HIV TSG. In 2015, the Human Rights and Gender Working Group met four times (once every quarter). In line with its work-plan the following list of activities were carried out by members of the working group (National AIDS Programme, UN agencies, international and national NGOs, CBOs, representatives of PLHIV and key population networks).

- Dissemination of the outcome of consultation on legal instrument on draft framework on people living with HIV and affected by HIV and step forward
- Dissemination of Human Rights Council Universal Periodic Review Process
- Dissemination of the outcome of CSO forum and IGM meeting in Bangkok
- Planning of 2015 Stigma Index Survey
- Dissemination of comments received from members of HR&G WG on “Law to protect PLHIV and affected by HIV”
- Dissemination of copy of Prostitution Act and plan to initiate talks
- Updates on amended Intellectual Property law (issue of safeguarding Myanmar’s access to affordable medicines)

Building capacity of stakeholders to strengthen implementation capacity of rights-based HIV programme

(i) Training of Trainers on Human Rights-based and Gender Sensitive Approaches to HIV Programming

A Refresher Training for Trainers Workshop on Human Rights-based and Gender Sensitive Approaches to HIV Programming was organized by UNAIDS on behalf of the Human Rights and Gender Working Group on 12-14 October 2015 in Yangon, Myanmar. The curriculum covered basic principles of human rights, a human rights-based approach to HIV/health and gender, UN human rights mechanisms, and commitments made by Myanmar under international law and particularly for HIV-related human rights and gender equality. This refresher training followed the TOT held in 2014, and provided participants with an opportunity to refresh their knowledge and prepare for subsequent local-level trainings. Participants comprised of national and international non-governmental organisations (NGOs), civil society groups and networks of key populations and the representatives from the Myanmar Human Rights Commission.

(ii) Development of the Training Manual for Human Rights-based and Gender Sensitive Approaches to HIV Programming

Based on the trainings workshops carried out, UNAIDS supported the development of a Training Manual for Human Rights-based and Gender Sensitive Approaches to HIV Programming. The training manual - available

in Myanmar and English language - includes detail instructions for facilitators covering objective and expectation of the sessions, tips and preparation of materials before the training.

(iii) Trainings at sub national level

A series of sub-national level trainings on human rights based and gender sensitive approaches have been carried out in Mandalay and Patheingyi in 2015. Up to 60 representatives of National AIDS Programme, international and local NGOs, CBOs, PLHIV and key population network representatives have received training.

In addition, in 2015, an initial training on legal literacy was organized in Yangon supported by UNAIDS and Legal Clinic Myanmar, financed by 3MDG Fund. The training is in line with the recommendations from the Human Rights and Gender Working Group. Participants from civil society, key populations - including LGBTI community members, I/NGOs, academia, and faith-based organisations attended the training. The main objective of the training was to increase knowledge and awareness of basic and specific laws that adversely impact key populations. Participants were also informed on the Constitution and how to uphold the rights of key populations.

(iv) Law reviews and development of new law to enable the legal environment

Development of HIV law

Existing public health law and communicable disease law include provisions for quarantining and isolating people with communicable diseases that are inappropriate for HIV. HIV is not transmitted by every day casual contact and there is no need to restrict employment or school attendance or to quarantine and isolate patients in hospitals. HIV is also highly stigmatized and in order to eliminate people's fear of seeking health services and HIV testing services, a rights-based, protective law is needed.

Upon advocacy from people living with HIV and representatives of key population networks, the Human Rights and Gender Working Group organized a process to provide technical assistance for the development of the draft "Law on the Rights of People Affected by HIV". The drafting process started early in 2015. The draft law comprises of 12 chapters focusing on rights to health; stigma and discrimination in health, employment and education; disclosure of information; informed consent; and HIV testing. A number of community consultations at the national and sub-national level were carried out to review the draft law. The Ministry of Health and Sports have now submitted the draft law to the Attorney General Office for comment and the law is among the priority law up for Parliament review.

Review of Suppression of Prostitution Act (1949)

In July 2015, the Ministry of Home Affairs proposed six amendments to the Suppression of the Prostitution Act. UNAIDS organized a series of reviews and consultations with key stakeholders including representatives of sex workers network, CBOs, PLHIV and development partners around this issue resulting in the following actions:

- An external expert review of the Suppression of Prostitution Act by the Canadian HIV/AIDS Legal Network. Recommendations focused on reducing severity of penalties for sex workers and

strengthening the rights of sex workers to access health and HIV prevention and treatment services. The recommendations were formally forwarded to the Ministry of Home Affairs.

A joint letter signed by key members of the UN Gender Theme Group in Myanmar (UNAIDS, UNDP, UNESCO, UNFPA, UN Women, and ILO) requesting the Ministry of Home Affairs to revise the proposed amendments and to adopt a comprehensive approach towards realizing the health and human rights of sex workers.

Access to affordable medicine and the Patent law

In 2015, together with Myanmar Positive Group, HIV Alliance, UNDP, UNAIDS organized national consultation on Patent Law and Implications for Myanmar to Access Affordable Medicine. Comments and recommendations on the draft Patent Law were provided to the Ministry of Science and Technology for incorporation. The Ministry focal point has confirmed that the comments and recommendations around Trade-Related Aspects of intellectual Property Rights (TRIPS) flexibility to ensure the Myanmar continues to access affordable medicines have been incorporated. The Law is awaiting approval from the Parliament.

INTERVENTION 3: STRATEGIC INFORMATION, MONITORING AND EVALUATION, AND RESEARCH

Routine Programme Monitoring and M&E System Strengthening

The Revision of the National M&E Plan on HIV/AIDS – developed back in 2010 - was finalized during 2014. Indicators were standardised and redefined to ensure a more accurate data collection. In particular, TB-HIV integrated indicators were added to monitor the TB-HIV integrated program as well as to meet the reporting criteria of the Global AIDS Response Progress Report (GARPR). Further progress was made with the harmonization and alignment of monitoring and reporting formats of principal and sub-recipients of the Global Fund and of the 3MDG fund to meet the requirements laid out in the National M&E Plan. National and international reports such as GARPR were prepared and submitted in time. Routine monitoring grew stronger, as was shown by the data included in this report.

M&E decentralisation at the regional and township level continued with coaching visits from Central NAP. Coordination meetings were also held biannually to improve use of strategic information at sub-national level and to increase the understanding of the epidemic in different local contexts and help to tailor interventions to specific needs.

Data collection for Early Warning Indicators (EWI) was done in 2015 for the years 2013 and 2014 with data collected more widely and both from public and private sectors this time.

An important step has been made to track the HIV/AIDS spending. The National AIDS Spending Assessment (NASA) was successfully conducted to assess funding flows and the volume and patterns of expenditures on HIV and AIDS for the calendar years 2012, 2013, 2014 and 2015 in Myanmar. The NASA tool tracked actual expenditure (public, private and international), both in health and non-health sectors, that comprised the national response to HIV and AIDS representing the monetary values of Myanmar's HIV response. A NASA (2012-2013) report was published in 2014 and a NASA (2014-2015) report will be published in 2016-17.

The HIV National M&E system was assessed during the NSP II review in the last semester of 2015. While improvements were noted the following significant challenges were highlighted:

- Insufficient human and financial resources to carry out data collection and analysis in a systematic and efficient manner;
- Data collected and reported via a cumbersome paper-based system (multiples registers, folders, patients booklets) and double recording;
- Complete, timely and quality data and reports are difficult to obtain due to a host of factors, which include the absence of a unique identification code (UIC), a non-functional HIV case reporting system and incipient national data quality assurance;
- Standardization and disaggregation of M&E indicators and reports need to be further improved;
- Subnational data are scarce. In particular PSEs for key populations and people living with HIV are not available.
- There are knowledge gaps on HIV and co-infections, as well as HIV and co-morbidity.
- Data and strategic information are not used in an optimal way for planning, programing and policy-making.

The following recommendations were made to address information gaps in the national HIV situation and response:

- Prioritize M&E/surveillance/research as a main strategic area of NSP III with a sustainable human resources and financial plan;
- Establish a Unique Identifier and a Case-Based Reporting system and roll out an Electronic Reporting System integrated to the MOHS Health Management Information System DHIS2 web based platform.
- Integrate HIV, TB and Malaria data into the DHIS2 platform while envisioning the future incorporation of the Department of Medical Services data in the same electronic application.
- Implement a detailed five-year surveillance and research plan including programmatic mapping and subnational PSEs to provide subnational data; continue strengthening the use of data at all levels.
- Standardize and streamline indicators and reports with a Data Quality Assurance Plan as well as linkages between the Community-based data systems for outreach activities with subnational and national systems.

Myanmar developed, end December 2015, its third National Strategic Plan to cover the period 2016-2020. "Strategic Information and Research to guide the National Strategic Plan" is the fourth strategic directions of the NSP III. Key results expected include 1) Establishment, roll out and use of a case base reporting system integrated into DHIS2; 2) National surveillance Plan developed and implemented; 3) Epidemic profiles and micro plans available and used in priority townships; 4) Availability of information on each of the nationally and globally defined indicators of the health sector response to HIV; 5) National research data base established and key research questions answered.

The Health Information System (HIS) in Myanmar includes disease surveillance and outbreak notification, data generated by household surveys, vital events and census, administration and resources management, data collection on patients and services records and reporting, program specific monitoring and evaluation. The HIS Strategic plan (2011-2015) will be assessed and a new five-year plan will be developed in 2016. The current HIS Strategic Plan promotes data sharing encompassing IT development. In 2014, MoHS began using DHIS2 (a Web based application, free and open source software for HIS) for processing its data at the national level. Through 2015, DHIS2 expanded to the township level. This township-level roll-out is expected to be mostly completed by early 2017.

The Health Management Information System (HMIS) includes public health programs information, among others information from the HIV, Malaria and TB National Programs which are hosted under the Department of Disease Control. National Programs operate their data collection systems in parallel and there is no platform that enables efficient data sharing between programs even at central level.

In August 2015 a workshop on HIS strengthening in Myanmar was organized by external e-health experts from regional level UN agencies, AeHIN (Asian e-Health Information Network) and ADB. Representatives from the Ministry of Health, and related Ministries attended the meeting. An additional meeting was organized, supported by WHO Myanmar and SEARO, to discuss the possible future development of ATM e-health as an integral part of the HIS strengthening. This last meeting fuelled the interest of the Disease Control department to develop its electronic health information system as integral part of the regular HMIS.

The HIV program was the first of the three Disease control programs to decide to adopt DHIS2 as its primary health information system. Using the same platform as the HMIS unit has several inherent advantages. The HIV program also decided to use 2016 to migrate over its aggregate data sets in DHIS2, starting with PMTCT in early 2016. The development of individual case monitoring and reporting system using Master Patient Index (MPI) will be undertaken in parallel with the aim to be launched in 2017.

After several advocacy events, DHIS 2 platform was suggested as the core platform for aggregate data collection, reporting and analysis. This will allow one Monitoring and Evaluation system (M&E), supporting long term sustainability and communication between programs with secured sharing of data and statistics to inform decisions. Meanwhile a comprehensive e-Health plan for the Myanmar Health Management Information System (HMIS) will be prepared in 2016-7, including expansion of DHIS2 as the repository standard for all Health data.

The rapid expansion of ART provision in the country challenges the quality of HIV care and treatment, for people living with HIV. There was rapid scaling up to over 106,000 people on ART in 2015. Poor data quality impedes quality improvement of the MOHS' ART programme. In order to improve the quality of care and treatment and in addition, to set up a good recording and reporting system that enables the identification of service gaps in HIV case management, UNICEF supported the National AIDS Program for the establishment of a web-based patient management system (Open MRS), in collaboration with Clinton Health Access Initiative (CHAI) starting from 2015 onwards.

During 2015, beta version of Open MRS with all prototypes for electronic patient management system was developed and presented to NAP and implementing partners for receiving feedback and suggestion for the finalization of software. Afterwards, software re-customizations would be made as recommended by the national program and physicians and requirements due to the new changes of data collection forms.

After final customization for optimal performance, the software would be field-tested in 5 ART sites and with all these inputs from field testing, the system would be re-customized and scaled up to all ART sites in the country throughout 2016 to 2017. When fully functional, the system would capture, link and aggregate the data of more than 106,000 patients on ART and has great potential to improve the quality of ART programme.

Surveillance and Population Size Estimates

Another round of HIV Sentinel Surveillance (HSS) was completed in 2014, covering 35 townships across the country, measuring HIV prevalence among eight sentinel groups with high and low risk. These groups included pregnant women attending antenatal care (ANC) clinics, male STI patients, PWID, FSW, MSM, new military recruits, new TB patients and blood donors (Table 32).

Generally, a sustained downward trend in HIV prevalence is observed among the high risk groups except in PWID which shows an increase in the last 2 years (Figure 25). One hypothesis for this decreasing trend in HSS was that as it was facility-based, those who already identified as positives did not tend to come back for repeated test. Combined with availability of more HTS services, as a consequence, the prevalence at facilities fell below true HIV prevalence.

Figure 25: Trends of HIV prevalence in sentinel populations (2007–2014)

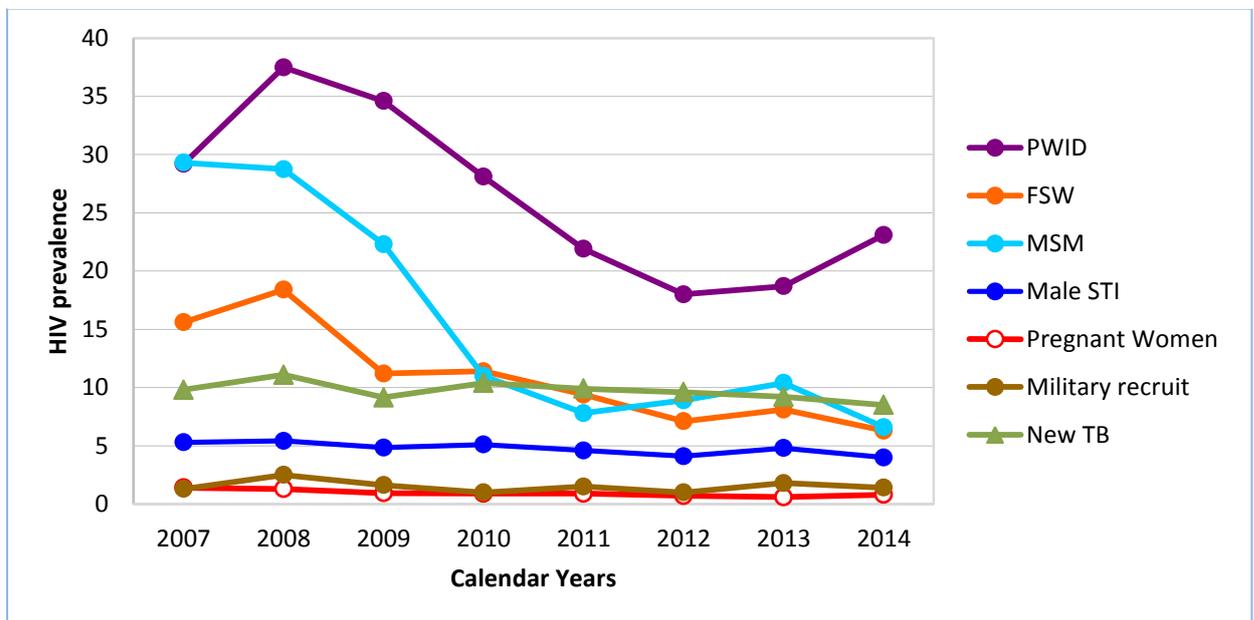


Table 32: HIV prevalence in sentinel populations – HSS 2014

Sentinel groups	HIV prevalence					# of HIV tested	# of HIV positive
	HIV (+)	Minimum	Median	Maximum	95% CI		
Male STI patients	3.97	0.67	3.33	11.70	3.39-4.55	4,409	175
FSW	6.27	2.00	6.44	13.00	5.18-7.35	1,915	120
PWID	23.14	4.60	20.00	35.50	20.53-25.75	1,007	233
MSM	6.63	1.50	5.00	15.00	4.90-8.35	800	53
Pregnant women	0.77	0.25	0.50	2.75	0.62-0.92	13,392	103
New military recruits	1.41	0.56	1.22	1.87	0.37-2.44	498	7
New TB patients	8.53	1.43	7.34	27.54	7.58-9.48	3,340	285
Blood donors	0.14	0.00	0.00	0.37	0.09-0.19	19004	24

In addition to the HSS, an Integrated Biological and Behavioural Surveillance (IBBS) survey was successfully conducted together with population size estimations (PSE) for PWID in 2014 and for FSW and MSM in 2015. The PWID IBBS/PSE covered 16 main and sub-sites in areas where injecting drug use and associated risk behaviours were prevalent while FSW and MSM IBBS/PSE covered 5 sites in 5 townships for each population. Because IBBS was carried out at community level using Respondent Driven Sampling (RDS), it reflected the real situation of people as its respondents were irrespective of their contact with services. Moreover, as HIV testing in IBBS did not depend on the previous HIV status, the prevalence was expected to reveal the factual situation. PSE calculation was based on the triangulation of data from a variety of methods. As such, The IBBS/PSE filled a major gap in strategic information needed to produce reliable HIV estimates and projections and to better understand the scope and patterns of the epidemic in Myanmar.

The next round of IBBS is planned for PWID in 2017, for FSW in 2018 and for MSM in 2019.

It was decided to repeat HSS in alternate years to be able to measure the prevalence trend over time while IBBS/PSE will be repeated every three or four years on alternate KPs to get triangulated trends and behavioural information as well as size estimates.

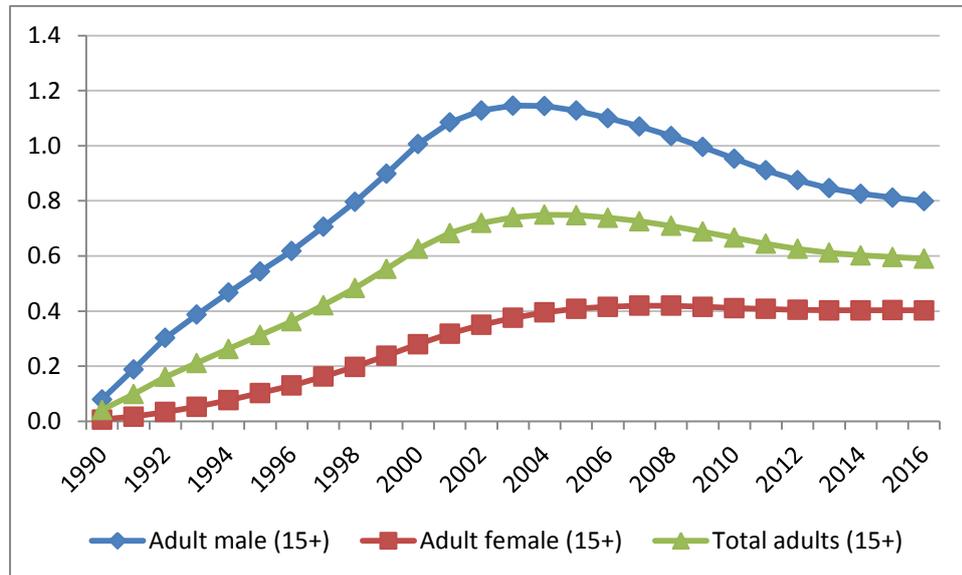
HIV Estimations and Projections

New HIV estimates and projections were produced at the end of 2015 by a sub-group of the SI/M&E TWG and validated by the whole TWG and the TSG TWG. An improved Asian Epidemic Model (AEM 41) was used for this work, which was conducted during a one-week workshop in which new data from two rounds of IBBS for FSW, MSM and PWID, HSS 2014, and new population data from census 2014 were inputted to calculate key indicators. Spectrum 5.41 was also used with the inputs from AEM results for additional indicators on children and PMTCT that AEM cannot provide.

The indicators included the number of new HIV infections, HIV incidence, number of deaths, number of people in need of treatment and number of HIV-positive pregnant women in need of ARV prophylaxis to prevent mother-to-child transmission of HIV.

The new results show that HIV prevalence reached its peak during early 2000 and thereafter followed a gentle downward trend until an estimated 0.6% of HIV prevalence among adults in 2015.

Figure 26: Trend of HIV prevalence by sex (1990-2016)



The model estimated that during 2015, more than half of the new infections were due to sex work and its consequences: 32% by sex work itself, 23% by husband to wife transmission (clients) and 3% by wife to husband transmission whereas transmission by needle sharing was second only to sex work with 28%. The model showed that while needle sharing and hetero-sexual transmission continued to be the main route of transmission, male-male sex became the important mode which contributed 12% of all new infections.

Figure 27: Proportion of new HIV infections by Mode of Transmission in 2015

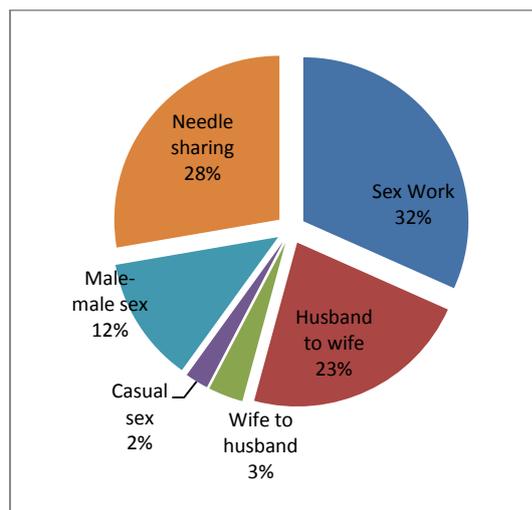


Figure 28: Trend of new HIV infections among different groups (2011-2020)

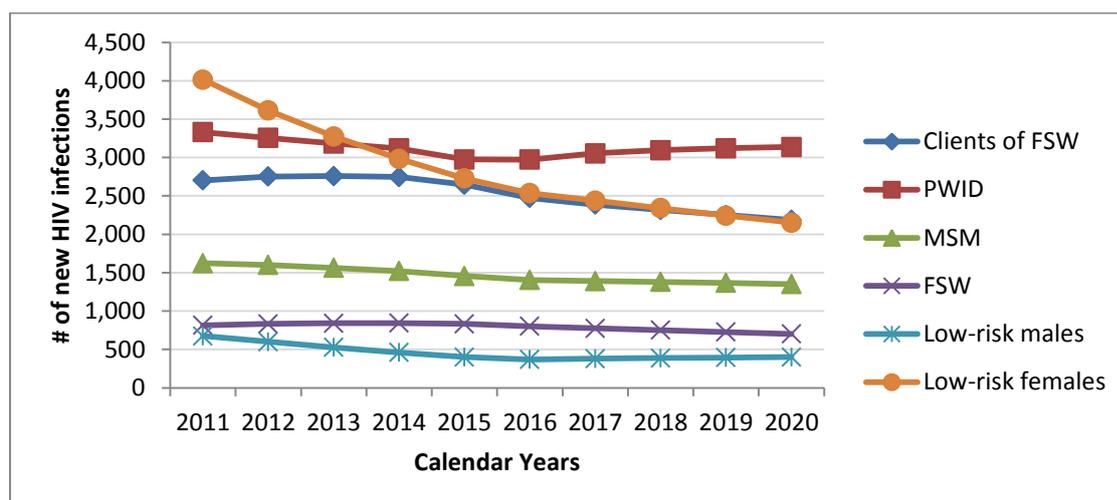


Figure 28 estimates the trend of HIV transmission among different high risk and low risk groups. It seems that the transmission is quite stable among FSW and MSM showing slow decline after 2015 whereas PWID is expected to have slightly increased trend. The new infections are going down among clients of FSW and consequently in low-risk females starting 2015.

Table 33: Selected results from AEM and Spectrum for 2015²⁶

Number of adults 15+ living with HIV	
Total	215,312
Male	138,074
Female	77,238
Number of new infections among adults 15+	
Total	11,005
Male	7,566
Female	3,439
HIV prevalence in adults 15+	
Total	0.59
Male	0.81
Female	0.40
Number of children (<15 years) living with HIV	
Total	9,483
Male	4,774
Female	4,708
Mothers needing PMTCT	
Total	5,074

Source: HIV Estimates and Projections Myanmar, AEM 41 March 2016

PART II

SERVICE PROVISION AT STATE AND REGION LEVEL

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TANINTHARYI REGION.....	104
YANGON REGION.....	105

Sources:

Population – Population and Housing Census of Myanmar, 2014 (Provisional Results)
Coverage data – Annual Progress Report 2015

Remark:

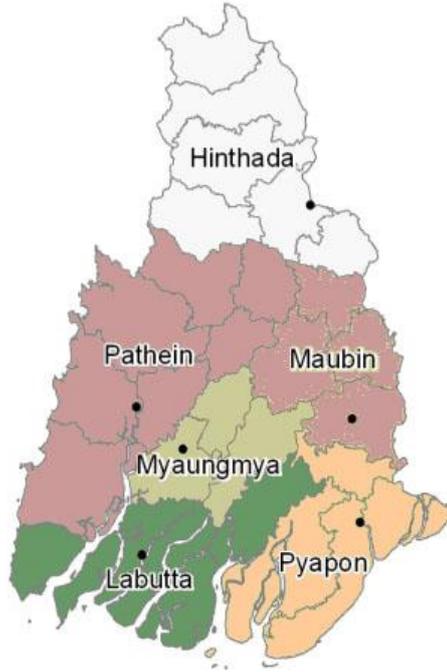
All the figures used for key populations reached by prevention programmes are **Low end figures** in an attempt to minimize the possible double counting among organizations working in the same area. (*Refer to page 16*)

MYANMAR	
Area	675,905 sq Km
Population	51,419,420
No of townships	330
No of AIDS/STD teams	45
No of HIV sentinel sites	ANC (35), Male STD (35), IDU (7), SW (10), MSM (4), Blood donor (2), TB (28), Military recruit (2)
Organizations working in state/region, 2015	AFXB, AHRN, Alliance, AMI, BI, Consortium, HPA,IOM, Malteser, MAM, MANA, MBCA, MDM, MMA, MPG, MSF-CH, MSF- Holland, MSI, NAP, NAP-UNION, PGK, PSI, RM, SARA, UNODC, WFP, WV

Coverage

Strategic Direction		Indicator	Reached	% change from 2014
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	49,022	-20% ↓
2	Men who have sex with men	MSM reached with HIV prevention programme	60,469	-10% ↓
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	28,277	21% ↑
		PWID reached with HIV prevention programme (through outreach only)	22,184	0.4% ↑
4	Institutionalized populations	Prisoners reached with HIV prevention programme	3,363	-13% ↓
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	18,200	1% ↑
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	7,533	18% ↑
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	17,696	-3% ↓
8	Workplace	People in workplace reached with HIV prevention programme	9,883	-36% ↓
		People Living with HIV in need receiving ART	106,490	24% ↑
9	Comprehensive care, support and treatment	HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	3,923	4% ↑
		People receiving CHBC package of support	37,749	38% ↑
10	Mitigation of the impact of HIV on PLHIV			

AYEYARWADY REGION	
Area	35,041 sq Km
No of townships	26
No of AIDS/STD teams	4
No of HIV sentinel sites	ANC (4), Male STD (4), MSM (1), TB (4), SW (1)
Organizations working in state/region	AFXB, Consortium, MPG, MSI, NAP, PGK, PSI



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	4,286	8.7%
2	Men who have sex with men	MSM reached with HIV prevention programme	5,962	9.9%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	766	22.8%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	1,585	8.7%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	319	4.2%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	6,241	35.3%
8	Workplace	People in workplace reached with HIV prevention programme	1,364	13.8%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	2,860	2.7%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	197	5%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	2,267	6%

BAGO REGION	
Area	39,412 sq Km
No of townships	28
No of AIDS/STD teams	3
No of HIV sentinel sites	ANC (3), Male STD (3), TB (3), SW (1)
Organizations working in state/region	Alliance, BI, Consortium, MBCA, MPG, MSI, NAP, PSI

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	4,711	9.6%
2	Men who have sex with men	MSM reached with HIV prevention programme	5,236	8.7%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	160	4.8%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	1,076	5.9%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	185	2%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	2,730	15%
8	Workplace	People in workplace reached with HIV prevention programme	2,242	22.7%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	2,243	2.1%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	218	5.6%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	2,292	6.1%

CHIN STATE	
Area	36,028 sq Km
No of townships	9
No of AIDS/STD teams	1
No of HIV sentinel sites	ANC (1), Male STD (1)
Organizations working in state/region	NAP, MPG



The map shows Chin State with two locations marked: Falam in the north and Mindat in the south. The state is divided into several townships, with Falam and Mindat highlighted in green.

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	-	-
2	Men who have sex with men	MSM reached with HIV prevention programme	-	-
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	108	0.6%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	168	2.2%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	268	1.5%
8	Workplace	People in workplace reached with HIV prevention programme	108	1.1%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	79	0.1%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	5	0.1%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	59	0.2%

KACHIN STATE	
Area	89,071 sq Km
No of townships	18
No of AIDS/STD teams	2
No of HIV sentinel sites	ANC (2), IDU (1), Male STD (2), TB (1), SW (1)
Organizations working in state/region	AHRN, Alliance, HPA, MSF-Holland, MAM, MDM, MPG, NAP, PSI, SARA



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	2,776	5.7%
2	Men who have sex with men	MSM reached with HIV prevention programme	1,852	3.1%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	11,466	40.5%
		PWID reached with HIV prevention programme (through outreach only)	10,421	47%
4	Institutionalized populations	Prisoners reached with HIV prevention programme	446	13.3%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	755	4.1%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	35	0.5%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	6	0.0%
8	Workplace	People in workplace reached with HIV prevention programme	123	1.2%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	15,221	14.3%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	615	15.7%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	4,054	10.7%

KAYAH STATE	
Area	11,734 sq Km
No of townships	7
No of AIDS/STD teams	1
No of HIV sentinel sites	ANC (1), Male STD (1), TB (1)
Organizations working in state/region	NAP, MPG



The map shows Kayah State with two townships highlighted in green: Loikaw in the north and Bawlake in the south. Black dots indicate the locations of HIV sentinel sites in each township.

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	-	-
2	Men who have sex with men	MSM reached with HIV prevention programme	-	-
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-	-
0	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	103	1.4%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-	-
8	Workplace	People in workplace reached with HIV prevention programme	-	-
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	161	0.2%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	6	0.2%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	9	0.0%

KAYIN STATE	
Area	30,390 sq Km
No of townships	7
No of AIDS/STD teams	2
No of HIV sentinel sites	ANC (2), Male STD (2), TB (2)
Organizations working in state/region	IOM, MPG, NAP, PSI



The map shows Kayin State with three regions highlighted: Hpa-An (white), Myawaddy (orange), and Kawkaik (green). Hpa-An is the largest region, occupying the northern and western parts of the state. Myawaddy is a smaller region in the east, and Kawkaik is in the south.

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	724	1.5%
2	Men who have sex with men	MSM reached with HIV prevention programme	313	0.5%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	173	5.1%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	3,319	18.2%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	141	0.8%
8	Workplace	People in workplace reached with HIV prevention programme	2	0.0%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	717	0.7%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	67	1.7%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	836	2%

MAGWAY REGION	
Area	44,832 sq Km
No of townships	25
No of AIDS/STD teams	2
No of HIV sentinel sites	ANC (2), Male STD (2), TB (1)
Organizations working in state/region	Consortium, MBCA, MPG, MSI, NAP, NAP-UNION, PGK, PSI

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,726	3.5%
2	Men who have sex with men	MSM reached with HIV prevention programme	2,313	3.8%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	162	4.8%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	1,812	10%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	606	8%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	496	2.8%
8	Workplace	People in workplace reached with HIV prevention programme	2,405	24.3%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	3,589	3.4%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	99	2.5%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	2,442	6.5%

MANDALAY REGION	
Area	37,955 sq Km
No of townships	28
No of AIDS/STD teams	6
No of HIV sentinel sites	ANC (5), Male STD (5), IDU (1), SW (1), MSM (1), TB (4), Blood donor (1), New military recruit (1)
Organizations working in state/region	Alliance, BI, Consortium, MANA, MBCA, MPG, MSI, NAP, NAP-UNION, PGK, PSI, UNODC, WV



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	8,764	17.9%
2	Men who have sex with men	MSM reached with HIV prevention programme	12,971	21.5%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	3,919	13.9%
		PWID reached with HIV prevention programme (through outreach only)	2,812	12.7%
4	Institutionalized populations	Prisoners reached with HIV prevention programme	504	15%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	801	4.4%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	4,291	57%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	5,324	30.1%
8	Workplace	People in workplace reached with HIV prevention programme	932	9.4%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	14,525	13.6%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	488	12.4%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	5,986	15.9%

MON STATE	
Area	12,299 sq Km
No of townships	10
No of AIDS/STD teams	1
No of HIV sentinel sites	ANC (1), Male STD (1), TB (1), SW (1)
Organizations working in state/region	AFXB, Alliance, Consortium, IOM, MAM, MPG, MSI, NAP, PSI



The map shows Mon State with Thaton at the top and Mawlamyine in the center. The state is shaded in green.

Coverage

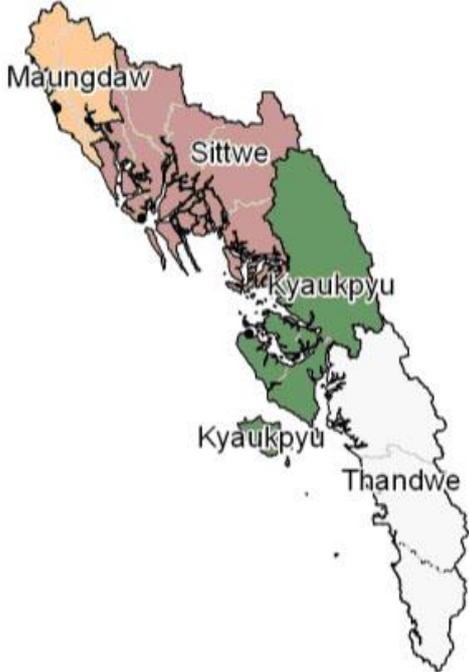
Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	2,049	4.2%
2	Men who have sex with men	MSM reached with HIV prevention programme	1,808	3.0%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	100	3
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	5,111	28.1%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	24	0.3%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	44	0.2%
8	Workplace	People in workplace reached with HIV prevention programme	-	-
		People living with HIV in need receiving ART	3,115	2.9%
9	Comprehensive care, support and treatment	HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	120	3.1%
		People receiving CHBC package of support	5,819	15.4%
10	Mitigation of the impact of HIV on PLHIV			

NAY PYI TAW UNION TERRITORY	
Area	7054 sq Km
No of townships	8
No of AIDS/STD teams	1
No of HIV sentinel sites	ANC (1), Male STD (1), TB (1)
Organizations working in state/region	NAP, MPG, PSI

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	90	0.2%
2	Men who have sex with men	MSM reached with HIV prevention programme	102	0.2%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-	-
8	Workplace	People in workplace reached with HIV prevention programme	-	-
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,034	1%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	93	2.4%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	8	0.0%

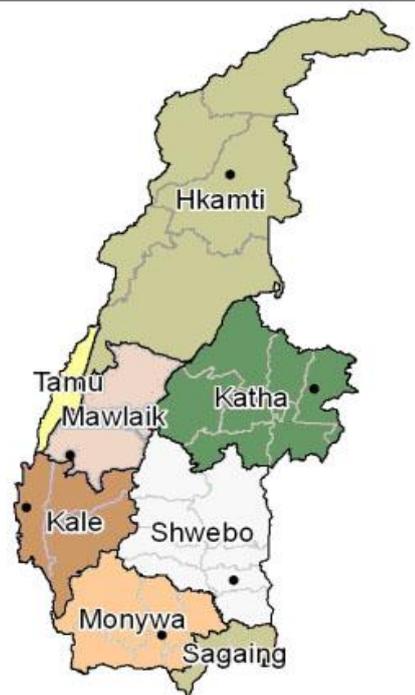
RAKHINE STATE	
Area	36,787 sq Km
No of townships	17
No of AIDS/STD teams	1
No of HIV sentinel sites	ANC (1), Male STD (1), TB (1)
Organizations working in state/region	NAP, MPG, PSI, WFP



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	605	1.2%
2	Men who have sex with men	MSM reached with HIV prevention programme	615	1%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	3	0%
		PWID reached with HIV prevention programme (through outreach only)	3	0%
4	Institutionalized populations	Prisoners reached with HIV prevention programme	11	0.3%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	246	1.4%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	174	2.3%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	81	0.5%
8	Workplace	People in workplace reached with HIV prevention programme	42	0.4%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,108	1%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	16	0.4%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	532	1.4%

SAGAING REGION	
Area	93,727 sq Km
No of townships	37
No of AIDS/STD teams	3
No of HIV sentinel sites	ANC (3), Male STD (3), MSM (1), TB (3), SW (1)
Organizations working in state/region	AHRN, Alliance, BI, Consortium, MANA, MBCA, MPG, MSI, NAP, NAP-UNION, PSI, SARA, UNODC



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	3,670	7.5%
2	Men who have sex with men	MSM reached with HIV prevention programme	4,510	7.5%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	1,464	5.2%
		PWID reached with HIV prevention programme (through outreach only)	2,373	10.7%
4	Institutionalized populations	Prisoners reached with HIV prevention programme	467	13.9%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	298	1.6%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	81	1%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	363	2%
8	Workplace	People in workplace reached with HIV prevention programme	289	2.9%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	4,283	4.5%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	152	3.9%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	1,819	4.8%

SHAN STATE (EAST)	
Area	41,489 sq Km
No of townships	9
No of AIDS/STD teams	2
No of HIV sentinel sites	ANC (2), Male STD (2), IDU (1), TB (2), SW (1)
Organizations working in state/region	Malteser, MANA, MPG, NAP, PSI, UNODC, WV



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	997	2%
2	Men who have sex with men	MSM reached with HIV prevention programme	873	1.4%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	122	0.4%
		PWID reached with HIV prevention programme (through outreach only)	198	0.9%
4	Institutionalized populations	Prisoners reached with HIV prevention programme	4	0.1%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	52	0.3%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	111	1.5%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	78	0.4%
8	Workplace	People in workplace reached with HIV prevention programme	50	0.5%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,266	1.2%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	29	0.7%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	477	1%

SHAN STATE (NORTH)	
Area	58,255 sq Km
No of townships	22
No of AIDS/STD teams	2
No of HIV sentinel sites	ANC (2), Male STD (2), IDU(2), SW(1)
Organizations working in state/region	AHRN, BI, Consortium, MANA, MBCA, MPG, MSF-Holland, NAP, NAP-UNION, PSI, SARA, UNODC, WFP



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,030	2.1%
2	Men who have sex with men	MSM reached with HIV prevention programme	1,829	3%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	9,826	34.7%
		PWID reached with HIV prevention programme (through outreach only)	5,445	24.5%
4	Institutionalized populations	Prisoners reached with HIV prevention programme	3	0.1%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	620	3.4%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	121	1.6%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	39	0.2%
8	Workplace	People in workplace reached with HIV prevention programme	444	4.5%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	6,603	6.2%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	159	4%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	2,577	6.7%

SHAN STATE (SOUTH)	
Area	55,242 sq Km
No of townships	21
No of AIDS/STD teams	1
No of HIV sentinel sites	ANC (1), Male STD (1), IDU (1), SW (1)
Organizations working in state/region	MPG, NAP, NAP-UNION, PGK, PSI, UNODC



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,423	2.9%
2	Men who have sex with men	MSM reached with HIV prevention programme	635	1.1%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	166	0.6%
		PWID reached with HIV prevention programme (through outreach only)	327	1.5%
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	20	0.1%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	713	9.5%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	423	2.4%
8	Workplace	People in workplace reached with HIV prevention programme	184	1.9%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	2,241	2.1%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	80	2%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	212	0.6%

TANINTHARYI REGION	
Area	43,356 sq Km
No of townships	10
No of AIDS/STD teams	3
No of HIV sentinel sites	ANC (3), Male STD (3), TB (2)
Organizations working in state/region	Alliance, MPG, MSF-CH, MSI,NAP, PSI



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,358	2.8%
2	Men who have sex with men	MSM reached with HIV prevention programme	3,163	5.2%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-	-
		PWID reached with HIV prevention programme (through outreach only)	-	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	350	10.4%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	120	0.7%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-	-
8	Workplace	People in workplace reached with HIV prevention programme	-	-
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	4,610	4.3%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	146	3.7%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	1,939	5.1%

YANGON REGION	
Area	10,279 sq Km
No of townships	45
No of AIDS/STD teams	10
No of HIV sentinel sites	ANC (1), Male STD (1), IDU (1), SW (1), MSM (1) Blood donor (1), TB (1), Military recruit (1)
Organizations working in state/region	AFXB, Alliance, AMI, BI, Consortium, MAM, MANA, MBCA, MDM, MMA,MPG, MSF-Holland, MSI, NAP, NAP-UNION , PSI



The map shows the Yangon Region divided into four sub-regions: Yangon (North) in red, Yangon (East) in green, Yangon (West) in yellow, and Yangon (South) in orange. The Yangon River is visible flowing through the center of the region.

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	14,813	30.2%
2	Men who have sex with men	MSM reached with HIV prevention programme	18,287	30.2%
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	1,311	4.6%
		PWID reached with HIV prevention programme (through outreach only)	605	2.7%
4	Institutionalized populations	Prisoners reached with HIV prevention programme	217	6.5%
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	2,277	12.5%
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	602	8%
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	1,462	8.3%
8	Workplace	People in workplace reached with HIV prevention programme	1,698	17.2%
9	Comprehensive care, support and treatment	People living with HIV in need receiving ART	42,295	39.7%
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	1,433	36.5%
10	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	6,471	17.1%

PART III

SELECTED TOWNSHIP PROFILES

BAGO TOWNSHIP	108
BHAMO TOWNSHIP	109
DAWEI TOWNSHIP	110
HAKHA TOWNSHIP	111
HINTHADA TOWNSHIP	112
HPA-AN TOWNSHIP	113
HPAKANT TOWNSHIP	114
KALE TOWNSHIP	115
KAWTHAUNG TOWNSHIP	116
KYAUKPADAUNG TOWNSHIP	117
KENGTUNG TOWNSHIP	118
LASHIO TOWNSHIP	119
LOIKAW TOWNSHIP	120
MAGWAY TOWNSHIP	121
MAUBIN TOWNSHIP	122
MAUNGDAW TOWNSHIP	123
MAWLAMYAING TOWNSHIP	124
MEIKTILA TOWNSHIP	125
MOGAUNG TOWNSHIP	126
MONYWA TOWNSHIP	127
MUSE TOWNSHIP	128
MYAUNGMYA TOWNSHIP	129
MYAWADDY TOWNSHIP	130
MYEIK TOWNSHIP	131
MYINGYAN TOWNSHIP	132
MYITKYINA TOWNSHIP	133
NYAUNG-U TOWNSHIP	134
PAKOKKU TOWNSHIP	135
PATHEIN TOWNSHIP	136
PYAY TOWNSHIP	137

PYINPOOLWIN TOWNSHIP	138
PYINMANAR TOWNSHIP	139
SHWEBO TOWNSHIP	140
SITTWE TOWNSHIP	141
TACHILEIK TOWNSHIP	142
TAUNGOO TOWNSHIP	143
TAUNGGYI TOWNSHIP	144

BAGO TOWNSHIP	
Area	2,905.07 sq Km
State/Region	Bago Region
Population	491,130
NGOs working in township	Consortium, MPG, MSI, NAP, PSI



Partners working with:
Sex workers programme Consortium, MSI, NAP, PSI
Men who have sex with men programme Consortium, NAP, PSI
Care and Treatment programme Consortium, NAP, PSI
Impact Mitigation programme Consortium, MPG, NAP

Services available:
HIV counselling and testing services provided by Consortium, MSI, NAP and PSI
No of ART sites – 4 provided by Consortium, NAP and PSI
No of STI services – 32 provided by Consortium, NAP and PSI

Monitoring and Evaluation
HIV prevalence among <ul style="list-style-type: none"> ▪ Pregnant women – 2% ▪ Male STI – 8% ▪ New TB patients – 6%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,660
2	Men who have sex with men	MSM reached with HIV prevention programme	1,432
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	10
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	996
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	65
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	1,656
8	Workplace	People in workplace reached with HIV prevention programme	2,060
9	Condom distribution	Condom distributed for free	698,282
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,004
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	52
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	754

BHAMO TOWNSHIP	
Area	1,965.83 sq Km
State/Region	Kachin State
Population	136,229
NGOs working in township	AHRN, MSF-Holland, MPG, NAP, PSI



Partners working with:
Sex workers programme MSF-Holland, NAP, PSI
Men who have sex with men programme MSF-Holland, NAP, PSI
People who inject drugs programme AHRN, MSF-Holland, NAP
Care and Treatment programme MSF-Holland, NAP
Impact Mitigation programme AHRN, MPG, NAP

Services available:
HIV counselling and testing services provided by AHRN, MSF-Holland, NAP and PSI
No of ART sites – 2 provided by MSF-Holland and NAP
No of STI services – 5 provided by AHRN, MSF-Holland, NAP and PSI

Monitoring and Evaluation
HIV prevalence among <ul style="list-style-type: none"> ▪ PWID – 45% (Source – IBBS PWID 2014) ▪ Pregnant women – 0.5% ▪ Male STI – 2% ▪ New TB patients – 27.5% (Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	152
2	Men who have sex with men	MSM reached with HIV prevention programme	188
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	888 193,271
4	Institutionalized populations	Prisoners reached with HIV prevention programme	4
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	507
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	19
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	6
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	134,191
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	2,207
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	51
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	596

DAWEI TOWNSHIP	
Area	6,827.61 sq Km
State/Region	Tanintharyi Region
Population	125,239
NGOs working in township	Alliance, MSF-CH, MPG, MSI, NAP, PSI



Partners working with:
Sex workers programme
MSI, NAP, PSI
Men who have sex with men programme
Alliance, MSI, NAP, PSI
Care and Treatment programme
MSF-CH, NAP
Impact Mitigation programme
Alliance, MPG, NAP

Services available:
HIV counselling and testing services provided by MSF-CH, NAP and PSI
No of ART sites – 3 provided by MSF-CH and NAP
No of STI services – 11 provided by MSF-CH, NAP and PSI

Monitoring and Evaluation
HIV prevalence among

- Pregnant women – 0.8%
- Male STI – 1.6%
- New TB patients – 9.9%

(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	305
2	Men who have sex with men	MSM reached with HIV prevention programme	2,150
3	Drug users	IDU reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	350
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	159,083
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	3,592
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	33
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	1231

HAKHA TOWNSHIP	
Area	4,165.34 sq Km
State/Region	Chin State
Population	48,266
NGOs working in township	NAP, PSI



Partners working with:
Care and Treatment programme NAP
Impact mitigation programme NAP

Services available:
HIV counselling and testing services provided by NAP
No of ART sites – 1 provided by NAP
No of STI services – 3 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.3% ▪ Male STI – 6.5%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	-
2	Men who have sex with men	MSM reached with HIV prevention programme	-
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	108
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	168
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	268
8	Workplace	People in workplace reached with HIV prevention programme	108
9	Condom distribution	Condom distributed for free	95,055
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	70
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	2
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	50

HINTHADA TOWNSHIP	
Area	980.82 sq Km
State/Region	Ayeyarwady Region
Population	337,880
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG NAP

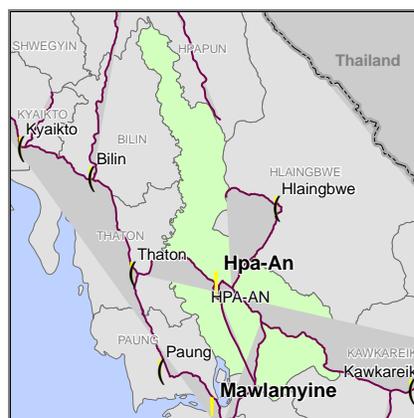
Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 2 provided by NAP
No of STI services –11 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 1% ▪ Male STI – 6.7% ▪ New TB patients – 6%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	775
2	Men who have sex with men	MSM reached with HIV prevention programme	1,178
3	Drug users	PWID reached with HIV prevention programme (through DIC only)	-
		Needles distributed	-
4	Institutionalized populations	Prisoners reached with HIV prevention programme	100
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	1,390
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	190
8	Workplace	People in workplace reached with HIV prevention programme	92
9	Condom distribution	Condom distributed for free	366,412
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	424
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	19
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	87

HPA-AN TOWNSHIP	
Area	2,903.13 sq Km
State/Region	Kayin State
Population	421,415
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

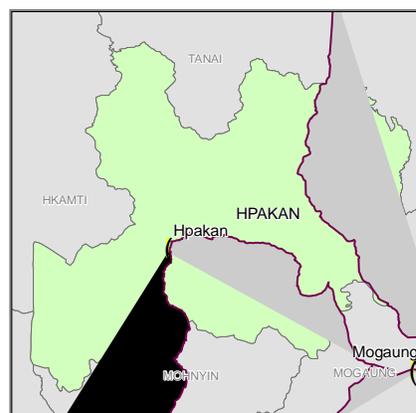
Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 2 provided by NAP
No of STI services – 7 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.5% ▪ Male STD – 3.3% ▪ New TB patients – 2%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	121
2	Men who have sex with men	MSM reached with HIV prevention programme	54
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	173
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	297
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	141
8	Workplace	People in workplace reached with HIV prevention programme	2
9	Condom distribution	Condom distributed for free	147,314
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	349
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	31
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	435

HPAKANT TOWNSHIP	
Area	6,057.67 sq Km
State/Region	Kachin State
Population	312,528
NGOs working in township	AHRN, MSF-Holland, PSI



Partners working with:
Sex workers programme AHRN, MSF-Holland, PSI
Men who have sex with men programme MSF-Holland
People who inject drugs programme AHRN, MSF-Holland
Care and Treatment programme MSF-Holland

Services available:
HIV counselling and testing services provided by AHRN and MSF-Holland
No of ART sites – 1 provided by MSF-Holland
No of STI services – 12 provided by AHRN, MSF-Holland and PSI

Monitoring and Evaluation
HSS - NA

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,430
2	Men who have sex with men	MSM reached with HIV prevention programme	35
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	5,151 4,402,673
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	1,064,028
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,681
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	103
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	-

KALE TOWNSHIP	
Area	902.20 sq Km
State/Region	Sagaing Region
Population	347,363
NGOs working in township	AHRN, Consortium, MPG, MSI, NAP, PSI, UNODC



Partners working with:
Sex workers programme AHRN, Consortium, MSI, NAP, PSI
Men who have sex with men programme Consortium, MSI, NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme Consortium, MPG, NAP

Services available:
HIV counselling and testing services provided by AHRN, Consortium, MSI, NAP and PSI
No of ART sites – 1 provided by NAP
No of STI services – 10 provided by AHRN, Consortium, NAP and PSI

Monitoring and Evaluation
HIV prevalence among <ul style="list-style-type: none"> PWID – 6% (Source – PWID IBBS 2014)
<ul style="list-style-type: none"> Pregnant women – 1% Male STD – 0% New TB patients- 6.1% (Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	408
2	Men who have sex with men	MSM reached with HIV prevention programme	643
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	282 90,759
4	Institutionalized populations	Prisoners reached with HIV prevention programme	15
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	3
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	182,211
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	633
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	30
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	675

KAWTHAUNG TOWNSHIP	
Area	2,697.21 sq Km
State/Region	Tanintharyi Region
Population	116,722
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NA, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 2 provided by NAP
No of STI services –7 provided by NAP and PSI

Monitoring and Evaluation
HSS - NA

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	317
2	Men who have sex with men	MSM reached with HIV prevention programme	106
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	120
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	208,800
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	354
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	2
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	6

KYAUKPADAUNG TOWNSHIP	
Area	758.35 sq Km
State/Region	Mandalay Region
Population	261,800
NGOs working in township	Alliance, MPG, NAP, PSI



Partners working with:
Sex workers programme Alliance, PSI
Men who have sex with men programme Alliance, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG

Services available:
HIV counselling and testing services provided by PSI
No of ART sites – 1 provided by NAP
No of STI services – 5 provided by PSI

Monitoring and Evaluation
HSS - NA

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,181
2	Men who have sex with men	MSM reached with HIV prevention programme	2,629
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	37,340
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	30
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	6
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	2

KENG TUNG TOWNSHIP	
Area	5,440.18 sq Km
State/Region	Shan State
Population	171,272
NGOs working in township	Malteser, MPG, NAP, PSI, WV



Partners working with:
Sex workers programme – Malteser, NAP, PSI
Men who have sex with men programme – Malteser, NAP, PSI
Care and Treatment programme Malteser, NAP
Impact Mitigation programme Malteser, MPG, NAP, WV

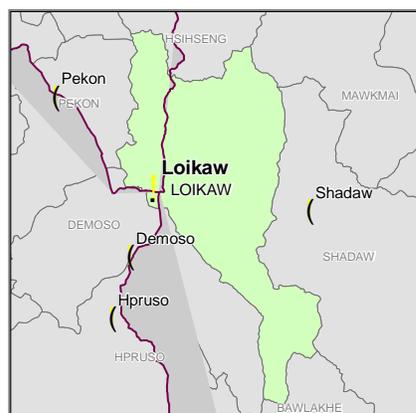
Services available:
HIV counselling and testing services provided by Malteser, NAP and PSI
No of ART sites – 2 provided by Malteser and NAP
No of STI services – 7 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among <ul style="list-style-type: none"> ▪ Pregnant women – 0.9% ▪ Male STD – 6.7% ▪ New TB – 1.4%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	194
2	Men who have sex with men	MSM reached with HIV prevention programme	66
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	4
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	2
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	718,036
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	487
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	8
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	198

LOIKAW TOWNSHIP	
Area	1,030.97 sq Km
State/Region	Kayah State
Population	128,837
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

Services available:
HIV counselling and testing services provided by NAP
No of ART sites – 2 provided by NAP
No of STI services – 2 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.5% ▪ Male STD – 3.3% ▪ New TB patients – 3.5%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	-
2	Men who have sex with men	MSM reached with HIV prevention programme	-
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	103
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	-
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	161
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	5
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	9

MAGWAY TOWNSHIP	
Area	682.22 sq Km
State/Region	Magway Region
Population	288,883
NGOs working in township	Consortium, MPG, NAP, MSI, PSI



Partners working with:
Sex workers programme Consortium, MSI, NAP, PSI
Men who have sex with men programme Consortium, MSI, NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme Consortium, MPG, NAP

Services available:
HIV counselling and testing services provided by Consortium, MSI, NAP and PSI
No of ART sites – 2 provided by NAP
No of STI services – 7 provided by Consortium, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.3% ▪ Male STD –11.7% ▪ New TB patients – 5.3%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	685
2	Men who have sex with men	MSM reached with HIV prevention programme	1,321
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	952
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	606
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	109
8	Workplace	People in workplace reached with HIV prevention programme	1,507
9	Condom distribution	Condom distributed for free	494,692
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,012
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	17
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	326

MAUBIN TOWNSHIP	
Area	1,334.85 sq Km
State/Region	Ayeyarwady Region
Population	313,742
NGOs working in township	MANA, NAP, PGK, PSI



Partners working with:
Sex workers programme NAP, PGK, PSI
Men who have sex with men programme NAP, PGK, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP, PGK

Services available:
HIV counselling and testing services provided by NAP, PSI and PGK
No of ART sites – 2 provided by NAP
No of STI services – 3 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.5% ▪ Male STD – 2% ▪ New TB – 6.7%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	218
2	Men who have sex with men	MSM reached with HIV prevention programme	381
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	96
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	103
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	61
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	682
9	Condom distribution	Condom distributed for free	107,580
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	317
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	16
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	402

MAUNGDAW TOWNSHIP	
Area	1,517.53 sq Km
State/Region	Rakhine State
Population	38,255
NGOs working in township	MPG, NAP, WFP



Partners working with:
Care and Treatment programme NAP
Impact Mitigation programme MGP, WFP

Services available:
No of ART sites – 1 provided by NAP

Monitoring and Evaluation
HSS - NA

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	-
2	Men who have sex with men	MSM reached with HIV prevention programme	-
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	-
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	77
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	-
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	17

MAWLAMYINE TOWNSHIP	
Area	146.10 sq Km
State/Region	Mon State
Population	288,120
NGOs working in township	AFXB, Alliance, Consortium, IOM, MSI, MPG, NAP, PSI, UNHCR, WV



Partners working with:
Sex workers programme Alliance, Consortium, IOM, MSI, NAP, PSI
Men who have sex with men Alliance, Consortium, IOM, MSI, NAP, PSI
Care and Treatment programme AFXB, Consortium, IOM, NAP
Impact Mitigation programme AFXB, Consortium, IOM, MPG, NAP, WFP

Services available:
HIV counselling and testing services provided by AFXB, Consortium, IOM, MSI, NAP and PSI
No of ART sites – 5 provided by AFXB, Consortium, IOM and NAP
No of STI services – 19 provided by Consortium, IOM, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.8% ▪ Male STD – 2.7% ▪ New TB patients – 13.3% ▪ FSW – 3.5%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,290
2	Men who have sex with men	MSM reached with HIV prevention programme	1,081
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	100
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	357
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	24
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	44
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	913,672
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	2,625
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	54
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	2,850

MEIKTILA TOWNSHIP	
Area	1,312.13 sq Km
State/Region	Mandalay Region
Population	309,465
NGOs working in township	MPG, NAP, NAP-UNION, PSI



Partners working with:
Sex workers programme NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP, NAP-UNION
Impact Mitigation programme MPG, NAP

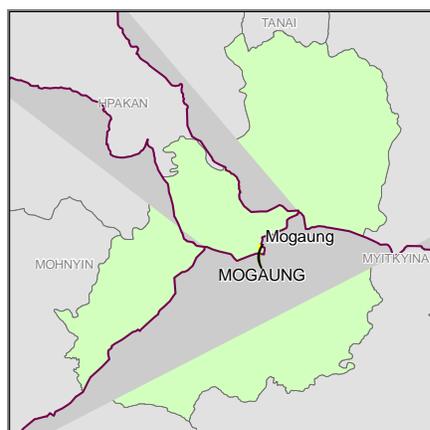
Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 2 provided by NAP and NAP-UNION
No of STI services – 20 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 2.3% ▪ Male STD – 4% ▪ New TB patients – 8.7%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,007
2	Men who have sex with men	MSM reached with HIV prevention programme	1,326
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	399
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	317,120
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,519
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	62
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	1,146

MOGAUNG TOWNSHIP	
Area	2,626.17 sq Km
State/Region	Kachin State
Population	132,264
NGOs working in township	Allaince, MDM, MPG, MSF-Holland, NAP, PSI



Partners working with:
Sex workers programme MSF-Holland, PSI Men who have sex with men programme Alliance, MSF-Holland, PSI People who inject drugs programme MDM, MSF_Holland, SARA Care and Treatment programme MDM, MSF-Holland, NAP

Services available:
HIV counselling and testing services provided by MSF-Holland, MDM, PSI and SARA No of ART sites – 3 provided by MSF-Holland, MDM and NAP No of STI services – 7 provided by MDM and PSI

Monitoring and Evaluation
HSS - NA

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	135
2	Men who have sex with men	MSM reached with HIV prevention programme	783
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	1,004 559,580
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	49,438
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,731
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	46
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	-

MONYWA TOWNSHIP	
Area	688.94 sq Km
State/Region	Sagaing Region
Population	371,963
NGOs working in township	Alliance, BI, Consortium, MBCA, MSI, MPG, NAP, NAP-UNION, PSI



Partners working with:
Sex workers programme Consortium, MSI, NAP, PSI
Men who have sex with men Alliance, BI, Consortium, MSI, NAP, PSI
Care and Treatment programme Consortium, NAP, NAP-UNION, PSI

Services available:
HIV counselling and testing services provided by BI, Consortium, MSI, NAP and PSI
No of ART sites – 4 provided by Consortium, NAP, NAP-UNION and PSI
No of STI services – 23 provided by Consortium, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ FSW – 5% ▪ MSM – 6% (Source – IBBS MSM FSW 2015)
<ul style="list-style-type: none"> ▪ Pregnant women – 0.6% ▪ Male STD – 2.7% ▪ New TB patients – 4.8% ▪ MSM – 1.5% ▪ FSW – 3.5% (Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,736
2	Men who have sex with men	MSM reached with HIV prevention programme	2,133
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	180
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	298
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	60
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	363
8	Workplace	People in workplace reached with HIV prevention programme	239
9	Condom distribution	Condom distributed for free	587,353
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	2,112
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	3
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	678

MUSE TOWNSHIP	
Area	1,503.67 sq Km
State/Region	Shan State
Population	117,068
NGOs working in township	Alliance, Consortium, MANA, MPG, MSF-Holland, NAP, PSI



Partners working with:
Sex workers programme MANA, MSF-Holland, NAP, PSI
Men who have sex with men MANA, MSF-Holland, NAP, PSI
People who inject drugs programme Alliance, MANA, MSF-Holland
Care and Treatment programme MSF-Holland, NAP
Impact Mitigation programme Consortium. MANA. MPG

Services available:
HIV counselling and testing services provided by MSF_Holland, MANA and NAP
No of ART sites – 2 provided by MSF_Holland and NAP
No of STI services – 9 provided by MANA, MSF-Holland, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ PWID – 43% (Source – IBBS PWID 2014)
<ul style="list-style-type: none"> ▪ Pregnant women – 0.8% ▪ Male STD – 9.3% ▪ PWID – 27% (Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	375
2	Men who have sex with men	MSM reached with HIV prevention programme	337
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	1,661 574,990
4	Institutionalized populations	Prisoners reached with HIV prevention programme	3
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	186
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	113
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	39
8	Workplace	People in workplace reached with HIV prevention programme	45
9	Condom distribution	Condom distributed for free	419,499
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	2,036
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	44
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	428

MYAUNGMYA TOWNSHIP	
Area	1,562.51 sq Km
State/Region	Ayeyarwady Region
Population	297,951
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 1 provided by NAP
No of STI services – 5 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 1.8% ▪ Male STD – 3.3% ▪ New TB patients – 8%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	325
2	Men who have sex with men	MSM reached with HIV prevention programme	394
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	570
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	60
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	250
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	550
9	Condom distribution	Condom distributed for free	41,184
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	332
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	23
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	249

MYAWADDY TOWNSHIP	
Area	3,136.12 sq Km
State/Region	Kayin State
Population	195,734
NGOs working in township	IOM, NAP, PSI



Partners working with:
Sex workers programme IOM, NAP, PSI
Men who have sex with men programme IOM, NAP, PSI
Care and Treatment programme IOM, NAP
Impact Mitigation programme IOM, NAP

Services available:
HIV counselling and testing services provided by IOM and NAP
No of ART sites – 2 provided by IOM and NAP
No of STI services – 6 provided by IOM, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.5% ▪ Male STD – 3.3% ▪ New TB patients – 11%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	534
2	Men who have sex with men	MSM reached with HIV prevention programme	226
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	3,022
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	380,337
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	341
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	25
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	395

MYEIK TOWNSHIP	
Area	1,417.89 sq Km
State/Region	Tanintharyi Region
Population	284,037
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

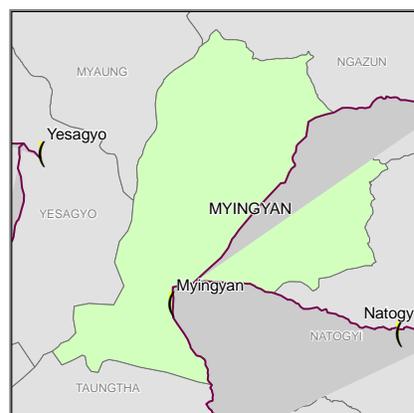
Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 1 provided by NAP
No of STI services – 17 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.3% ▪ Male STD – 10.1% ▪ New TB patients – 4%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	736
2	Men who have sex with men	MSM reached with HIV prevention programme	568
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	328,980
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	273
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	33
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	502

MYINGYAN TOWNSHIP	
Area	969.40 sq Km
State/Region	Mandalay Region
Population	276,190
NGOs working in township	MPG, MSI, NAP, NAP-UNION, PGK, PSI



Partners working with:
Sex workers programme MSI, NAP, PGK, PSI
Men who have sex with men programme MSI, NAP, PGK, PSI
Care and Treatment programme NAP-UNION, PGK
Impact Mitigation programme MPG, NAP, PGK

Services available:
HIV counselling and testing services provided by MSI, NAP, PGK and PSI
No of ART sites – 2 provided by NAP-UNION and PGK
No of STI services – 8 provided by MSI, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.0% ▪ Male STD – 0.7% ▪ New TB patients – 10.7%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	304
2	Men who have sex with men	MSM reached with HIV prevention programme	635
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	32
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	2,987
8	Workplace	People in workplace reached with HIV prevention programme	196
9	Condom distribution	Condom distributed for free	232,031
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	785
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	15
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	-

MYITKYINA TOWNSHIP	
Area	6,501.02 sq Km
State/Region	Kachin State
Population	305,347
NGOs working in township	MDM, MPG, MSF-Holland, NAP, PSI, SARA, WFP



Partners working with:
Sex workers programme MSF-Holland, NAP, PSI
Men who have sex with men programme MSF-Holland, NAP, PSI
People who inject drugs programme MDM, MSF-Holland, NAP, SARA
Care and Treatment programme MSF-Holland, MDM, NAP
Impact Mitigation programme MPG, NAP, WFP

Services available:
HIV counselling and testing services provided by MDM, MSF-Holland, NAP, PSI and SARA
No of ART sites – 4 provided by MDM, MSF-Holland and NAP
No of STI services – 16 provided by, MDM, MSF-Holland, NAP, PSI and SARA

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> PWID – 35%
(Source – IBBS PWID 2014)
<ul style="list-style-type: none"> Pregnant women – 1.3% Male STD – 3.3% FSW – 10% PWID – 35.5%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	886
2	Men who have sex with men	MSM reached with HIV prevention programme	625
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	1,729 2,496,020
4	Institutionalized populations	Prisoners reached with HIV prevention programme	442
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	16
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	123
9	Condom distribution	Condom distributed for free	630,740
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	8,671
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	308
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	3,386

NYAUNG-U TOWNSHIP	
Area	1,483.29 sq Km
State/Region	Mandalay Region
Population	239,713
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 2 provided by NAP
No of STI services – 4 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.3% ▪ Male STD – 1.6% ▪ New TB patients – 3.3%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	177
2	Men who have sex with men	MSM reached with HIV prevention programme	339
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	50
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	364
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	83
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	292
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	108,000
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	211
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	7
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	-

PAKOKKU TOWNSHIP	
Area	1,258.32 sq Km
State/Region	Magway Region
Population	289,650
NGOs working in township	Consortium, MBCA, MPG, MSI, NAP, NAP-UNION, PGK, PSI



Partners working with:
Sex workers programme Consortium, MSI, NAP, PGK, PSI
Men who have sex with men programme Consortium, MSI, NAP, PGK, PSI
Care and Treatment programme NAP, NAP-UNION
Impact Mitigation programme Consortium, MPG, NAP, PGK

Services available:
HIV counselling and testing services provided by Consortium, MSI, NAP and PGK
No of ART sites – 3 provided by NAP and NAP-UNION
No of STI services – 10 provided by Consortium, NAP and PSI

Monitoring and Evaluation
HIV prevalence among <ul style="list-style-type: none"> ▪ Pregnant women – 0.3% ▪ Male STD – 1.3%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	545
2	Men who have sex with men	MSM reached with HIV prevention programme	600
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	162
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	860
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	387
8	Workplace	People in workplace reached with HIV prevention programme	898
9	Condom distribution	Condom distributed for free	420,535
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,694
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	17
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	1,597

PATHEIN TOWNSHIP	
Area	1,447.60 sq Km
State/Region	Ayeyarwady Region
Population	286,684
NGOs working in township	Consortium, MPG, MSI, NAP, PGK, PSI



Partners working with:
Sex workers programme Consortium, MSI, NAP, PGK, PSI
Men who have sex with men programme Consortium, MSI, NAP, PGK, PSI
Care and Treatment programme NAP, PGK
Impact Mitigation programme Consortium, MPG, NAP, PGK

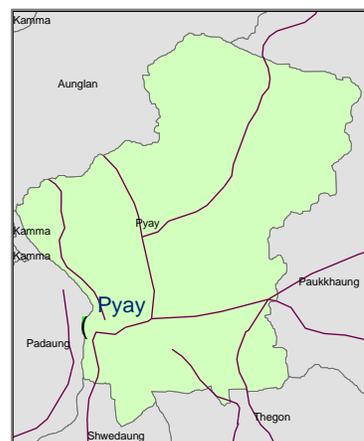
Services available:
HIV counselling and testing services provided by Consortium, MSI, NAP, PGK and PSI
No of ART sites – 3 provided by NAP and PGK
No of STI services – 17 provided by Consortium, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ FSW –11% ▪ MSM –7% (Source – IBBS FSW MSM 2015)
<ul style="list-style-type: none"> ▪ Pregnant women – 0.5% ▪ Male STD – 9.3% ▪ New TB patients – 5.3% ▪ MSM – 15% ▪ FSW – 13% (Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,981
2	Men who have sex with men	MSM reached with HIV prevention programme	2,631
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	32
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	8
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	2,094
8	Workplace	People in workplace reached with HIV prevention programme	40
9	Condom distribution	Condom distributed for free	789,646
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,020
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	40
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	1,343

PYAY TOWNSHIP	
Area	788.40 sq Km
State/Region	Bago Region
Population	251,145
NGOs working in township	Alliance, BI, Consortium, MBCA, MPG, MSI, NAP, PSI



Partners working with:
Sex workers programme Alliance, Consortium, MSI, NAP, PSI
Men who have sex with men programme Alliance, BI, Consortium, MSI, NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme Consortium, MBCA

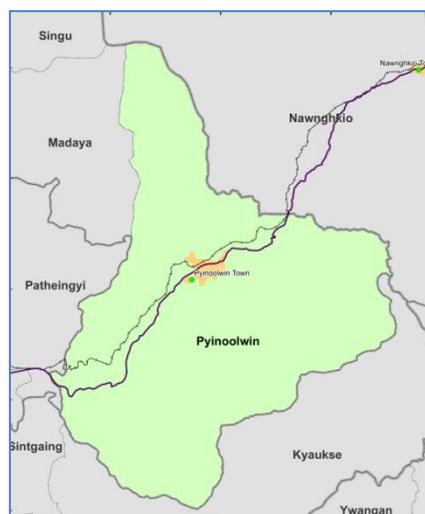
Services available:
HIV counselling and testing services provided by Consortium, MSI, NAP and PSI
No of ART sites – 2 provided by NAP
No of STI services – 13 provided by Consortium, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ FSW –11% ▪ MSM – 6% (Source – IBBS FSW MSM 2015)
<ul style="list-style-type: none"> ▪ Pregnant women – 0.5% ▪ Male STD – 8.3% ▪ New TB patients – 19.3% ▪ FSW – 2% (Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	1,593
2	Men who have sex with men	MSM reached with HIV prevention programme	1,883
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	1,074
8	Workplace	People in workplace reached with HIV prevention programme	182
9	Condom distribution	Condom distributed for free	682,566
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	733
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	25
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	660

PYIN-OO-LWIN TOWNSHIP	
Area	66.38 sq Km
State/Region	Mandalay Region
Population	251,385
NGOs working in township	BI,MPG, NAP, PSI



Partners working with:
Sex workers programme BI, NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

Services available:
HIV counselling and testing services provided by BI, NAP and PSI
No of ART sites – 1 provided by NAP
No of STI services – 5 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.5% ▪ Male STD – 0.7% ▪ New TB patients – 8%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	296
2	Men who have sex with men	MSM reached with HIV prevention programme	107
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	6 -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	204
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	2,794
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	1,625
8	Workplace	People in workplace reached with HIV prevention programme	362
9	Condom distribution	Condom distributed for free	80,484
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	382
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	23
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	1

PYINMANA TOWNSHIP	
Area	2,051.97 sq Km
State/Region	Mandalay Region
Population	187,415
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP
Men who have sex with men programme NAP
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 1 provided by NAP
No of STI services – 15 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 1.8% ▪ Male STD – 0.7% ▪ New TB patients – 20.6%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	-
2	Men who have sex with men	MSM reached with HIV prevention programme	-
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	-
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	49,680
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	491
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	29
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	2

SHWEBO TOWNSHIP	
Area	1,067.58 sq Km
State/Region	Sagaing Region
Population	235,292
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

Services available:
HIV counselling and testing services provided by NAP, PSI
No of ART sites – 2 by NAP
No of STI services – 12 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence of
<ul style="list-style-type: none"> ▪ Pregnant women – 0.5% ▪ Male STD – 0% ▪ New TB patients – 8.2%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	477
2	Men who have sex with men	MSM reached with HIV prevention programme	505
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	272
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	-
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	18
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	50
9	Condom distribution	Condom distributed for free	182,211
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	662
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	9
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	6

SITTWE TOWNSHIP	
Area	231.59 sq Km
State/Region	Rakhine State
Population	149,348
NGOs working in township	MPG, NAP



Partners working with:
Sex workers programme NAP
Men who have sex with men programme NAP
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

Services available:
HIV counselling and testing services provided by NAP
No of ART sites – 1 provided by NAP
No of STI services – 1 provided by NAP

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.3% ▪ Male STD – 3.3%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	605
2	Men who have sex with men	MSM reached with HIV prevention programme	615
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	11
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	246
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	174
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	81
8	Workplace	People in workplace reached with HIV prevention programme	42
9	Condom distribution	Condom distributed for free	174,815
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	551
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	3
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	371

TACHILEIK TOWNSHIP	
Area	3,587.40 sq Km
State/Region	Shan State
Population	147,655
NGOs working in township	Malteser, MANA, NAP, PSI, UNODC, WV



Partners working with:
Sex workers programme Malteser, MANA, NAP, PSI
Men who have sex with men programme Malteser, MANA, NAP, PSI
People who inject drugs programme MANA, UNODC
Care and Treatment programme Malteser, NAP
Impact Mitigation programme Malteser, NAP, WV

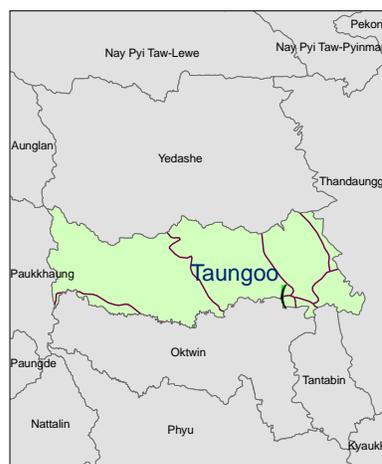
Services available:
HIV counselling and testing services provided by Malteser, MANA, NAP and PSI
No of ART sites – 3 provided by Malteser and NAP
No of STI services – 8 provided by Malteser, MANA, NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.8% ▪ Male STD – 2.7% ▪ New TB patients – 15.6% ▪ PWID – 4.6% ▪ FSW – 6.4%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	803
2	Men who have sex with men	MSM reached with HIV prevention programme	807
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	122 190,881
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	50
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	111
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	78
8	Workplace	People in workplace reached with HIV prevention programme	50
9	Condom distribution	Condom distributed for free	425,014
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	712
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	15
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	279

TAUNGOO TOWNSHIP	
Area	1,717.56 sq Km
State/Region	Bago Region
Population	261,737
NGOs working in township	MPG, NAP, PSI



Partners working with:
Sex workers programme NAP, PSI
Men who have sex with men programme NAP, PSI
Care and Treatment programme NAP
Impact Mitigation programme MPG, NAP

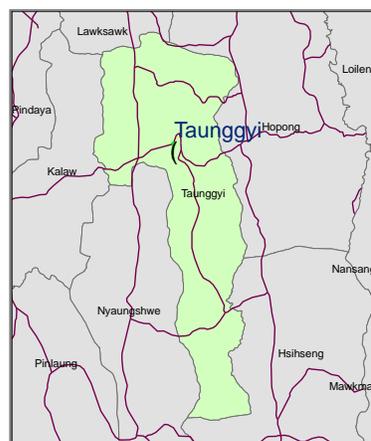
Services available:
HIV counselling and testing services provided by NAP and PSI
No of ART sites – 2 provided by NAP
No of STI services – 15 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 0.3% ▪ Male STD – 4.7% ▪ New TB patients – 9.3%
(Source – HSS 2014)

Coverage

	Strategic Direction	Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	872
2	Men who have sex with men	MSM reached with HIV prevention programme	890
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	- -
4	Institutionalized populations	Prisoners reached with HIV prevention programme	150
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	80
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	120
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	-
8	Workplace	People in workplace reached with HIV prevention programme	-
9	Condom distribution	Condom distributed for free	252,600
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	393
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	42
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	380

TAUNGGYI TOWNSHIP	
Area	1,936.87 sq Km
State/Region	Shan State
Population	380,665
NGOs working in township	MPG, NAP, NAP-UNION, PGK, PSI, UNODC



Partners working with:
Sex workers programme NAP, PGK, PSI
Men who have sex with men programme NAP, PGK, PSI
People who inject drugs programme UNODC
Care and Treatment programme NAP, NAP-UNION

Services available:
HIV counselling and testing services provided by NAP, PGK and PSI
No of ART sites – 4 provided by NAP and NAP-UNION
No of STI services – 17 provided by NAP and PSI

Monitoring and Evaluation
HIV prevalence among
<ul style="list-style-type: none"> ▪ Pregnant women – 1.3% ▪ Male STD – 8% ▪ FSW – 6.5% ▪ PWID – 20%
(Source – HSS 2014)

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached with HIV prevention programme	660
2	Men who have sex with men	MSM reached with HIV prevention programme	284
3	Drug users	PWID reached with HIV prevention programme (through DIC only) Needles distributed	166 111,651
4	Institutionalized populations	Prisoners reached with HIV prevention programme	-
5	Mobile populations	Mobile and migrant population reached with HIV prevention programme	20
6	Uniformed services	Uniformed personnel reached with HIV prevention programme	713
7	Young people	Out of school youth (15-24) reached with HIV prevention programme	423
8	Workplace	People in workplace reached with HIV prevention programme	184
9	Condom distribution	Condom distributed for free	442,334
10	Comprehensive care, support and treatment	People living with HIV in need receiving ART	1,541
		HIV-positive pregnant women receiving ARV to reduce the risk of mother-to-child-transmission	61
11	Mitigation of the impact of HIV on PLHIV	People receiving CHBC package of support	71

