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Myanmar

Snapshot (2021-2025)

Executive Summary

Overview

The vision of the National Strategic Plan is "By 2030, end HIV as a public health threat in Myanmar through fast-tracking access to a continuum of integrated and high-quality services that protect and promote human rights for all without financial hardship."

Key Populations

Priority Populations are: people living with HIV (PLHIV); people who inject drugs (PWID); men who have sex with men (MSM); transgender persons (TG) ; sex workers and their clients; people in closed settings (including prisons, detention and rehabilitation centers); sexual partners of priority populations; young priority populations and children; migrants.

HIV Epidemic and Behavioural Data

In 2019 there were an estimated 240,000 PLHIV in Myanmar. Among approximately 230,000 adults living with HIV, some 38% were women and 62% were men. National HIV prevalence among adults (15+ years) was approximately 0.57% with higher and concentrated HIV prevalence among priority populations, including PWID, MSM, sex workers and the intimate partners of all these priority populations in key geographic regions.

Annual new infections peaked in 2000, declining steadily since. Among the estimated 11,000 new infections in 2018, needle sharing represented 33% and sex work related represented 26% of new infections. "Husband to wife" sexual transmission represented 25% of new infections generally described to be intimate partners including regular sexual partners and wives of HIV (+) clients of sex workers, regular sexual partners and wives of people who inject drugs and female partners of men who have sex with men. Male to male sexual transmission of HIV represented 11% of new infections nationally.
No data is provided for transgender people.

Among PWID, MSM and female sex workers (FSWs), HIV prevalence is higher among those aged over 25 then those younger.
However, in Yangoon increased HIV incidence among young men who have sex with men is reported. Among young people who inject drugs, there has been an increase in HIV prevalence since 2014, suggesting increasing HIV incidence in this population nationally.

Program Coverage

In 2019 it was estimated that 77% of PLHIV received antiretroviral treatment (ART). In 2015 less than 10% of PLHIV who were on ART had a viral load test. Among those, 86.6% had viral suppression. ART coverage of FSWs and PWID has been significantly below that of all PLHIV.
The percentage of Key Populations reached with prevention programs (defined package of services) in 2019 was reported as 82% of PWID, 88% of FSWs and 63% of reachable MSM and TGW (32.9% of all MSM and TGW). No specific information is provided for transgender people or male sex workers.

National Strategy Funding

Myanmar is largely dependent on external funding to implement its national strategy. In 2021, 66% of funding will be from external sources, increasing to 78% in 2023. This is despite a priority intervention area in the national strategy to "Mobilize resources and ensure sustainability". Only a small (3%) funding gap is anticipated in 2023.

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

There are punitive laws in Myanmar that hinder the HIV response. They include criminalisation of same sex sexual activities between men and criminalisation of sex work. The Narcotics Drugs and Psychotropic Substance Law requires mandatory registration for drug treatment.
Those under the age of 18 require consent to have an HIV test.

Meaningful involvement of the Community

Partnership Approach, Service Delivery and the Community are components of the Operational Model for the Strategic Plan.
This will include social contracting of community organisations to deliver services.

Overview of the National Strategic Plan

The vision of the National Strategic Plan is "By 2030, end HIV as a public health threat in Myanmar through fast-tracking access to a continuum of integrated and high-quality services that protect and promote human rights for all without financial hardship." [1]

The four objectives of the Myanmar National Strategic Plan on HIV and AIDS are as follows [2]:

1. Reduce HIV incidence among priority populations and their partners
2. Improve quality of care and increase accessibility for ART
3. Ensure viral suppression for all People Living with HIV
4. Improve the enabling environment to support the national HIV response

The strategic directions are [3]:

1. Reducing new HIV infections
2. Improving health outcomes for all people living with HIV
3. Strengthening multisectoral Integration; gender and human rights based, people-centered community and health systems
4. Strengthening the use of strategic information and evidence to guide service delivery, management and policy
5. Promoting accountable leadership for the delivery of results and financing a sustainable response through advocacy, fundraising and a multisectoral approach in line with universal health coverage.

Key Populations

Priority Populations are:

- People living with HIV (PLHIV)
- People who inject drugs (PWID)
- Men who have sex with men (MSM)
- Transgender persons (TG)
- Sex workers and their clients
- People in closed settings (including prisons, detention and rehabilitation centers)
- Sexual partners of priority populations
- Young priority populations and children
- Migrants

The strategy prioritises implementation in geographic areas with the highest HIV burden and potential risk. In 2017, 75% of the total number of people living with HIV lived in 5 states/regions including Kachin, Shan North, Sagaing, Mandalay and Yangon [4].

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HIV Epidemic and Behavioural Data

In 2019 there were an estimated 240,000 people living with HIV, including 10,800 children. Among approximately 230,000 adults living with HIV, some 38% were women and 62% were men. National HIV prevalence among adults (15+ years) was approximately 0.57% with higher and concentrated HIV prevalence among priority populations, including PWID, MSM, FSWs and the intimate partners of all these priority populations in key geographic regions.

Annual new infections peaked in 2000, declining steadily since, with an estimated national incidence of 0.2 per 1000 population in 2018. Among the 11,000 new infections in 2018, needle sharing represented 33% and sex work related represented 26% of new infections. "Husband to wife" sexual transmission represented 25% of new infections, generally described to be intimate partners, including regular sexual partners and wives of HIV (+) clients of sex workers, regular sexual partners and wives of people who inject drugs and female partners of men who have sex with men. Male to male sexual transmission of HIV represented 11% of new infections nationally. [5]

Proportion of new HIV infections by mode of transmission 2018 [6]

Risk	Proportion of new HIV infections
Husband to wife" sexual transmission	25%
Sex Work	26%
Needle Sharing	33%
Male to Male sex	11%
Casual Sex	3%
Wife to Husband	2%

HIV Sentinel Surveillance (HSS) has shown sustained declines in HIV prevalence among female sex workers and men who have sex with men nationally since the mid-2000s. Yangon is an exception to the national HSS trend with increased HIV incidence among young men who have sex with men. Among young people who inject drugs, there has been an increase in HIV prevalence since 2014, suggesting increasing HIV incidence in this population nationally. [7]

Among PWID, MSM and FSWs, HIV prevalence is higher among those aged over 25 then those younger.

The table below provides population size estimates for PWID, FSWs and MSM. No estimates are available for transgender persons or male sex workers. However, targets set for reaching Transgender women in the 2020-2022 Global Fund proposal are approximately 10,000. [8]

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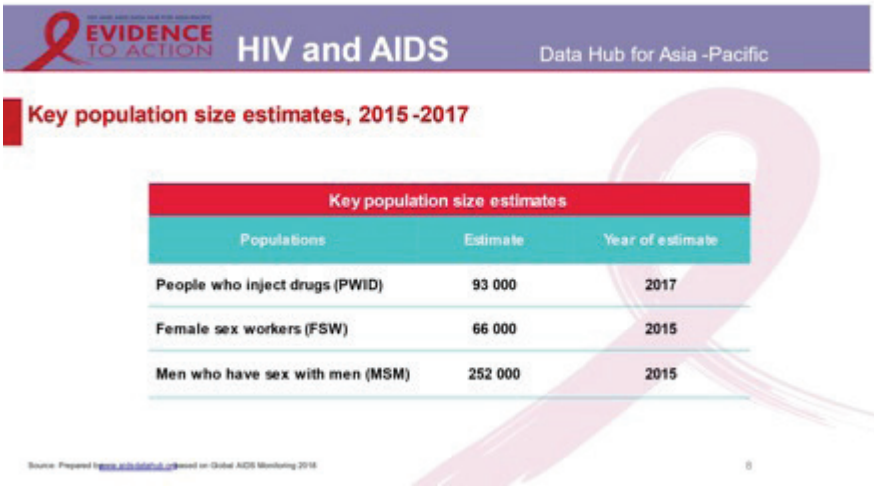
EVIDENCE TO ACTION HIV and AIDS Data Hub for Asia -Pacific

Key population size estimates, 2015 -2017

Key population size estimates		
Populations	Estimate	Year of estimate
People who inject drugs (PWID)	93 000	2017
Female sex workers (FSW)	66 000	2015
Men who have sex with men (MSM)	252 000	2015

The following table provides data reported to UNAIDS for condom use, safe injecting practices, ART coverage and HIV testing and status awareness for key populations [9].

Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	56.8%		44.1%	31.3%
Transgender people	NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR	NO COUNTRY DATA FOR THIS INDICATOR
Sex workers	89.9%		59.1%	41%
People who inject drugs	21.9%	90.8%	14.1%	27.9%
Casual Sex				3%
Wife to Husband				2%

Program Coverage

In 2019 it was estimated that 77% of PLHIV received ART [10]. The latest data available for viral load testing is from 2015. In that year less than 10% of PLHIV who were on ART had a viral load test. among those tested for viral load, 86.6% had achieved viral suppression.

ART services are provided through Government/NGO partnership (34% fully Government supported and 22% collaborative Government/NGO) and the remaining 44% of ART is provided in the NGO sector.[11]

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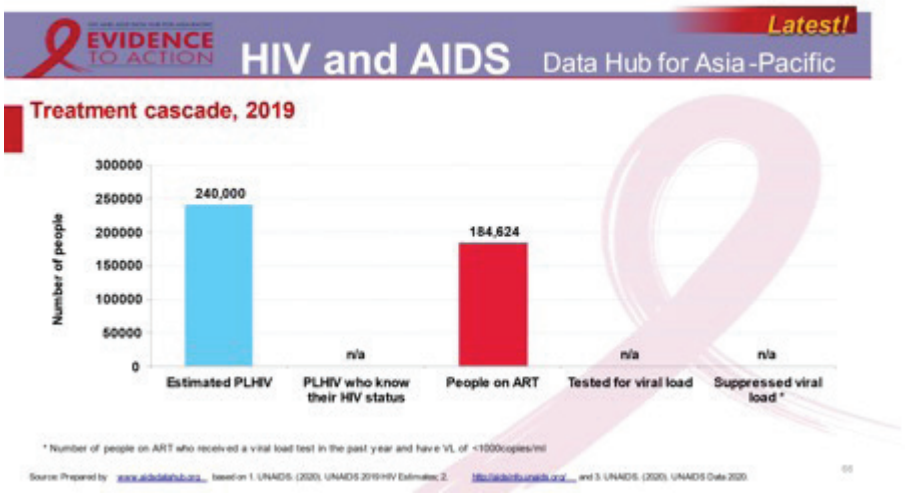
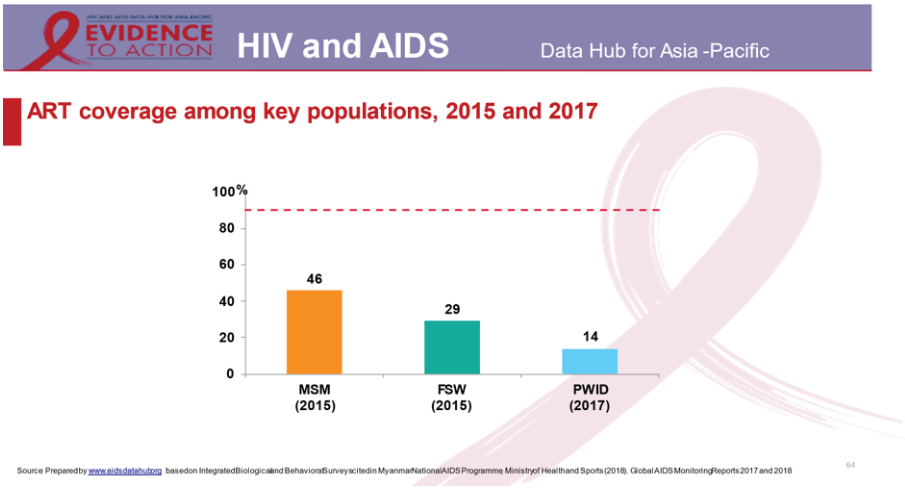


The following table indicates that ART coverage of FSWs and PWID has been significantly below that of all PLHIV. In 2015, 29% of FSWs living with HIV were on ART compared to between 44% and 51% of all PLHIV. In 2017, 14 % of PWID living with HIV were on ART compared to between 54% and 61% of all PLHIV [12].



HIV service provision is differentiated based on risk categorisation of townships. Myanmar has designated 85 high priority townships, including 33 within Yangon and Mandalay; 151 medium priority; and 94 low priority townships [13].

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High Risk & Burden Townships

- Routine hotspot mapping and size estimation
- Intensified outreach (tailored to KP), social media and network recruitment, community-based services
- Comprehensive, one-stop services at selected sites (tailored to KP)
- KSC or mobile services (tailored to KP)
- Active case tracking, partner referrals and linkages
- Commodity distribution (needles/syringes, condoms, lubricants, STI drugs, PEP etc)
- Integrate and formalize linkages between outreach, MMT, HTS, HIV care, PMTCT and ART sites at all levels
- Integrate HIV into TB, STI, RH/FP, ANC Services
- Coordination through partnership models
- Model new approaches - peer navigation - Model PrEP
- Intense focus on creating enabling environment to ensure uptake and retention in services

Medium Risk & Burden Townships

- Basic Mapping at Township level
- Tailor peer education, social support & social networking
- Outreach
- Integrated HTS and PMTCT available
- Focused case tracking
- Integrate MMT, HIV care and ART at township levels (and sub-township levels as required)
- Commodity distribution (needles/syringes, condoms, lubricants, STI drugs, PEP etc)
- Coordination through partnership models

Low Risk & Burden Townships

- Periodic monitoring for emergence of KP and/or increase of HIV case reports
- Integrate IEC into existing health messaging
- Provide HTC and PMTCT services or referral
- Provide HIV care and ART by referral or linkages

Myanmar has established one of the more successful Needle and Syringe Programs in the world. From 2013 to 2015, there was a 67% increase in the number of needles and syringes distributed (from around 11 million to 18.5 million), equivalent to an increase,by 2015, from 147 to 223 per person who injects drugs. [14] The National strategy aims to increase this to 30 million needles and syringes distributed to PWID (providing approx. 360 clean needles per year per PWID). It also aims for 32,000 PWID receiving methadone maintenance therapy (MMT) or oral substitution therapy (OST).

Myanmar plans a trial of PrEP but has no plans to facilitate self-testing.

The national strategy classifies 126,000 MSM as undisclosed. These men are not included in the setting of target for program coverage. However, the Global Fund Request for 2020 to 2022 states that "An expanded prevention initiative will be implemented through innovative social media and a social networking strategy aimed at hidden, undisclosed and unreached MSM to raise demand for information, HIV testing, and link them to tailored services [15].

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The table below identifies current service coverage, coverage targets and projected gaps in service coverage (in 2023) taking account of domestic budget allocations and other funding sources.

Population group	Target Population Size	Baseline Coverage		Target for 2023 from all funding sources (domestic and external) and % of target population	Coverage % of target	Gap in coverage target
Percentage of Key Populations reached with prevention programs- defined package of services						
People who inject drugs and their partners	95264 in 2019 100,502 in 2023	78,186 (82%)		91,194	91%	9%
men who have sex with men and TGW	136,601 (this number are 126,000 MSM defined as reachable and approximately 10,000 TGW. A further 126,000 MSM are considered not reachable. In 2023 the target population of reachable MSM and TGW increases to	86512 (63% of reachable 32.9% of all MSM and TGW)		122,440	85% of reachable 45.4% of overall target population	15% of reachable 54.6% of total target population not reached
Female Sex Workers	88,460 in 2019 93,473 in 2023	77,509 (88%)		85,980	92%	8%
Percentage of the key population that have received an HIV test during the reporting period and who know their results						
People who inject drugs and their partners	95,264 (2019) 100,502 (2023)	47,889 (50%)		76,088	76%	24%
men who have sex with men	136,601 143,934 *(projected population MSM and TGW in 2023)*	65,288 (47.8%)			81% *(of reachable MSM)* 43.2% of all MSM and TGW	19%
transgender people						
Female sex workers	93,473 (estimate number in 2023	56,182 64% of estimated 88,460 FSWs in 2019		70,934	76%	24%

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Population group	Target Population Size	Baseline Coverage		Target for 2023 from all funding sources (domestic and external) and % of target population	Coverage % of target	Gap in coverage target
Number of needles and syringes distributed						
	Target Population Size 95,264 (2019) 100,502 (2023)	Number of Needles needed *(based on 449/ PWID/year in 2019)* 42773536	Number of needles distrib-uted in 2019: 35,100,000 (82% of need)	2023 target 45,125,319	40,946,106 (90.7% of need)	Gap (%) 9.3%
People who inject drugs and their partners	4,136 *(estimated number of PWID from 2017 IBBS)*	4,528,920	1,565	1,216,709	1,028,205	15%
Percentage of PWID on opioid substitution therapy						
PWID	92,798		19,991	33,599	66,903	67%

Percentage of eligible key populations who initiated oral antiretroviral PrEP in the last 12 months
(gaps in coverage are based on different levels of acceptance of PrEP among target populations)

	Population Size in need	Target Population	Baseline	Number and % to be reached in 2023 from all funding sources	% Gap in coverage	
MSM and Transgender People who are not HIV positive	24,786 in 2023 [16]			1,616	89%	
PWID	16,512 in 2023 [17]			,	75%	
Female Sex workers	13,951 in 2023 [18]			594	91%	

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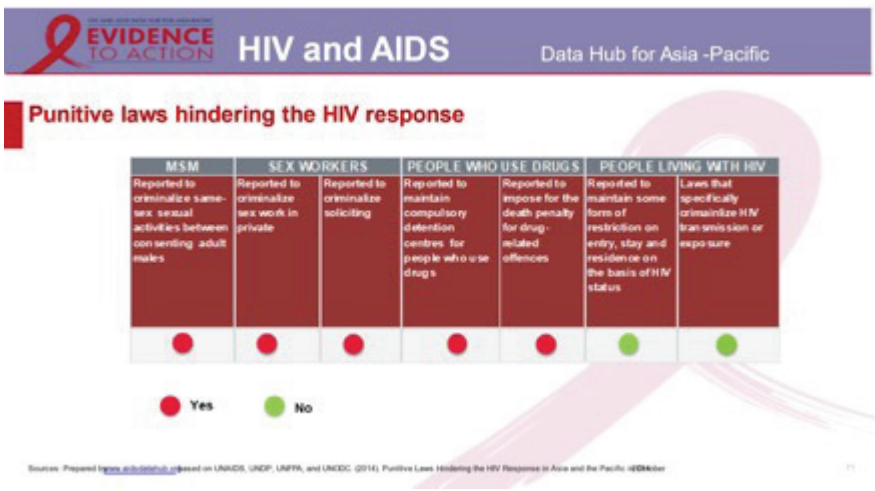
National Strategy Funding

Myanmar is largely dependent on external funding to implement its national strategy. In 2021, 66% of funding will be from external sources increasing to 78% in 2023. This is despite a priority intervention area in the national strategy to "Mobilize resources and ensure sustainability". [19]

Funding required and anticipated funding and sources [20]				
Population	**2021**		**2023**	
Total Funding needs for the National Strategic Plan	74,180,607		83,662,967	
Domestic source: Government revenues	16,000,000	22%	16,000,000	19%
External Resources	48,955,756		64,995,736	78%
Total anticipated resources (annual amounts)	64,955,756	90.8%	80,995,736	
Annual anticipated funding gap	9,224,851		2,667,232	3%

Policy Environment in relation to HIV, SOGI and Sexual Behaviour

There are punitive laws in Myanmar that hinder the HIV response. They include criminalisation of same sex sexual activities between men and sex work.
The Narcotics Drugs and Psychotropic Substance Law requires mandatory registration for drug treatment. Furthermore, age of legal capacity (18 years) to consent to an HIV test, prevents all priority populations from receiving an HIV test without parent, guardian or competent officer, discouraging youth from knowing their status.



A guiding principle of the national strategy is "Protection and promotion of human rights, gender equity and favourable policy and laws to eliminate stigma, discrimination and violence and remove obstacles to ensure access and uptake of HIV services and social protection." [23]

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Recommended activities in the national strategy to address legal barriers are:

- Conduct training on HIV, reproductive rights, gender based violence reduction (focus on female police officers) for law enforcement agencies, media and other key stakeholders including Ministry of Home Affairs, Ministry of Social Welfare, Relief and Resettlement, Ministry of Education and Ministry of Labour, Immigration and Population
- Provide legal support services for priority populations through hotlines, counselling and linkages to legal aid programmes
- Monitor HIV-related human rights violations and advocate for changes to existing policies and laws
- Reform existing policies and laws to protect priority populations and OVC from violence, stigma and discrimination and enhance access to HIV services
- Develop and enact a protective HIV law to cover rights of people living with HIV and key populations

Meaningful involvement of the Community

Given the political situation in Myanmar, we hope every effort is made to ensure safe and meaningful involvement of the community working to end AIDS in Myanmar.

A partnership approach involving the community is a component of the Operational Model for the strategic Plan. [24] This will include social contracting of community organisations to deliver services. However, despite many years of capacity building by International NGOs, only one domestic community organisation is a sub recipient of the current Global Fund Grant (Myanmar Positive Group – MPG). [25] The national strategy envisions an increase in transition of implementation from INGOs to CBOs and KP networks.

At a governance level, the strategy aims to involve key populations in service management committees in partnership with community leaders (e.g., village leaders, business and religious leaders). As noted in the strategy "This is already occurring in some key places including in Kachin State where Drug User Committees (including MMT clients, PWID/MMT clients on ART and PWID support groups) are involved in management of services with an Organizing Committee (including village leaders, business and religious leaders) and NGO/CBO staff." [26]

1. Myanmar Ministry of Health and Sports. Myanmar National Strategic Plan on HIV and AIDS 2021-2025. P31
2. Ibid. p31
3. Ibid p32
4. Ibid p37
5. Ibid p21
6. Ibid p22
7. Myanmar Ministry of Health and Sports. *Myanmar National Strategic Plan on HIV and AIDS 2021-2025 p22*
8. Myanmar CCM. Funding Request Form Allocation Period 2020-2022. Programmatic Gap annex
9. UNAIDS 'AIDSinfo' https://kpatlas.unaids.org/dashboard (accessed May 2021)
10. https://www.aidsdatahub.org/country-profiles/Myanmar (accessed May 2021)
11. Myanmar Ministry of Health and Sports. *Myanmar National Strategic Plan on HIV and AIDS 2021-2025. P82*
12. Data for percentage of all PLHIV from: https://www.aidsdatahub.org/country-profiles/Myanmar (accessed May 2021)
13. Myanmar Ministry of Health and Sports. *Myanmar National Strategic Plan on HIV and AIDS 2021-2025* p58
14. Myanmar Ministry of Health and Sports. *Myanmar National Strategic Plan on HIV and AIDS 2021-2025* p36
15. Myanmar CCM. Funding Request Form Allocation Period 2020-2022. P25
16. Assumption: Estimated number of MSM/TGW eligible for PrEP are calculated based on the following assumptions:
    1. Out of total MSM reached, 88.4% will be HIV negative (based on 11.6% HIV prevalence from 2015 IBBS); and
    2. Out of the HIV negative reached MSM who report inconsistent use of condoms will be prioritized for PrEP (estimated at 23%, based on 2015 IBBS report of condom use at last sex).
17. Estimated number of PWID eligible for PrEP are calculated based on the following assumptions:
    1. Out of PWID reached, 76.4% will be HIV negative (based on 23.6% HIV prevalence from AEM modeling); and
    2. Out of HIV negative PWID who report unsafe injection practices will be prioritized for PrEP (estimated at 24%, based on 2019 IBBS report of needle sharing).
18. Assumption: Estimated number of FSW eligible for PrEPare calculated based on the following assumptions:
    1. Out of FSW reached, 85.4% will be HIV negative (based on 14.6% HIV prevalence from 2015 IBBS); and
    2. Out of the HIV negative FSW who report inconsistent use of condoms will be prioritized for PrEP (estimated at 19%, based on 2015 IBBS report of condom use at last sex).
19. Myanmar Ministry of Health and Sports. Myanmar National Strategic Plan on HIV and AIDS 2021-2025 p44
20. CCM. Funding Request Form Allocation Period 2020-2022. Funding Landscape Annex
21. Myanmar Ministry of Health and Sports. Myanmar National Strategic Plan on HIV and AIDS 2021-2025 p99
22. Myanmar Ministry of Health and Sports. Myanmar National Strategic Plan on HIV and AIDS 2021-2025 p99
23. Ibid p42
24. Myanmar Ministry of Health and Sports. Myanmar National Strategic Plan on HIV and AIDS 2021-2025 p46
25. Myanmar CCM. Funding Request Form Allocation Period 2020-2022. P58
26. Myanmar Ministry of Health and Sports. *Myanmar National Strategic Plan on HIV and AIDS 2021-2025* p46

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