NATIONAL AIDS PROGRAMME

NATIONAL STRATEGIC PLAN FOR HIV & AIDS IN MYANMAR

PROGRESS REPORT

2006

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ACKOWLEDGEMENT

"Response to HIV/AIDS in Myanmar Progress Report 2006" is the second output produced to highlight the coordinated efforts of all implementing partners in the response to HIV and AIDS in Myanmar during 2006. It is also a documentation of the implementation status of National Strategic Plan on HIV/AIDS (2005 2010) and of the efforts towards achieving the "Three Ones" principle, especially to consolidate under one Monitoring and Evaluation system.

First of all, National AIDS Programme would like to express its sincere gratitude to H.E. Professor Kyaw Myint, Minister for Health and Chairman of the National AIDS Committee for all his valuable vision in guiding HIV and AIDS response in Myanmar. Our heartfelt thanks also goes to H.E. Professor Mya Oo and H.E. Professor Paing Soe, Deputy Ministers for Health and the late Dr. Tin Win Maung, Director General of the Department of Health for their encouragement and support in preparation of this reportWe would also like to thank Dr. Kyaw Nyunt Sein, Deputy Director General and Dr. Saw Lwin, Director, Disease Control of the Department of Health for their efforts in editing this progress report.

Special thanks go to Dr. Min Thwe, former Programme Manager of the National AIDS Programme for his leadership not only on the preparation of this progress report but on his overall efforts and contributions towards the National Response to HIV and AIDS in Myanmar. We would also like to acknowledge Dr. Aye Myat Soe, Assistant Director and Dr. Tin Aung, Medical Officer of the National AIDS Programme who are in charge of Monitoring and Evaluation as well as UNAIDS Myanmar country office Monitoring and Evaluation Team for their team spirit and their tireless efforts towards the entire process in preparation and production of this progress report.

Last but not the least, the National AIDS Programme would like to express our heartfelt gratitude to all the stakeholders and health workers who have make this progress report a reality. We are also quite convinced that this report "Response to HIV/AIDS in Myamnar Progress Report 2006" will be very informative on National Response to HIV and AIDS which is being implemented in Myanmar though coordinated efforts of all stakeholders and members of the civil society.

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Acronyms of organisations reporting on HIV and AIDS interventions

AHRN	Asia Harm Reduction Network
Alliance	International HIV/AIDS Alliance
AMDA	Association of Medical Doctors in Asia
AMI	Aide Medicate International
ADRA	Adventist Development and Relief Agency
ARHP	Asia Regional HIV/AIDS Project
Burnet	Burnet Institute
Care	Care International
Consortium	Myanmar NGO Consortium
FXB	Francois Xavier Bagnoud International
KMSS	Karuna Myanmar Social Services
Malteser	Malteser International
MANA	Myanmar Anti -Narcotics Association
MBCA	Myanmar Business Coalition on AIDS
MDM	Medecins du Monde
MHAA	Myanmar Health Assistant Association
MMA	Myanmar Medical Association
MMCWA	Myanmar Maternal and Child Welfare Association
MNA	Myanmar Nurses and Midwifes Association
MRCS	Myanmar Red Cross Society
AZG	Médecins Sans Frontieres Holland
MSF CH	Médecins Sans Frontieres Switzerland
MSI	Marie Stopes International
NAP	National AIDS Programme
PACT	Pact Institute
Partners	Partners NGO
PC	Progetto Continenti
PDO	Phaung Daw Oo Monastery Education
PGK	Pyi Gyi Khin
PSI	Population Services International
SC	Save the Children
UNDP	United Nations Development Program

UNOPS	United Nations Office for Project Services
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNODC	United Nations Office on Drugs and Crime
UNAIDS	Joint United Nations Programme on HIV/AIDS
Union	International Union Against Tuberculosis and Lung Diseases
IOM	International Organization of Migration
IFRC	International Federation of Red Cross and Red Crescent Societies
DEPT	Department of Education, Planning and Training
MRT	Myanma Railway Transports
WC	World Concern
WFP	World Food Program
WHO	World Health Organization
WV	World Vision International

INTRODUCTION

Key events and principal achievements

- National Strategic Plan for HIV and AIDS in Myanmar 2006-2010 developed and agreed
- Operational Plan 2006-2008 for the implementation of the National Strategic Plan developed and implemented
- Technical and Strategy Group (TSG) as the multi stakeholder coordination mechanism for AIDS established
- External review of the National AIDS Programme by a team of national and international experts carried out
- Memorandum of Understanding with Three Diseases Fund signed and first round of applications launched

This report reflects the combined reported achievements of stakeholders engaged in HIV and AIDS activities in Myanmar. The period of reporting covers January to December 2006 and tries to embrace all activities conducted during that period regardless of funding source. Responses were received from 35 partners who are contributing to one or several areas of HIV interventions.

2006 has been a crucial one for the further expansion of the national response on AIDS. The finalization of the National Strategic Plan 2006-2010 has been complemented with the development of a three year Operational Plan as well as with the establishment of enhanced coordination structures under the leadership of the Ministry of Health.

The year 2006 constitutes the first year of the implementation of the National Strategic Plan on HIV and AIDS in Myanmar. This is the first national progress report that makes reference to the progress achieved against the agreed targets of the 13 Strategic Directions of the National Strategic Plan (Table 1). The report also explained and expanded upon the progress of HIV and AIDS response of the year 2005.

Table 1: Priority ranking of the Strategic Directions of the National Strategic Plan

Priority	Strategic Directions
Highest priority	1. Reducing HIV-related risk, vulnerability and impact **among sex workers and their clients**
	2. Reducing HIV-related risk, vulnerability and impact among **men who have sex with men**
	3. Reducing HIV-related risk, vulnerability and impact among **drug users**
	4. Reducing HIV-related risk, vulnerability and impact among **partners and families of people living with HIV**
High priority	5. Reducing HIV-related risk, vulnerability and impact among **institutionalized populations**
	6. Reducing HIV-related risk, vulnerability and impact among **mobile populations**
	7. Reducing HIV-related risk, vulnerability and impact among **uniformed services personnel**
	8. Reducing HIV-related risk, vulnerability and impact among **young people**
Priority	9. Enhancing prevention, care, treatment and support in the **workplace**
	10. Enhancing HIV prevention among **men and women of reproductive age**
Fundamental overarching issues	11. Meeting the needs of people living with HIV for **comprehensive care, support and treatment**
	12. Enhancing the **capacity of health systems, coordination and capacity of local NGOs & community based organisations**
	13. **Monitoring and Evaluating**

STRATEGIC DIRECTION 1: SEX WORKERS AND THEIR CLIENTS

Impact/Outcome Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
% of sex workers that are HIV infected	40,000	31.98% (2005)	30.5	33.5%
% of sex workers that have a STI (syphilis)	40,000	25% (2005)	23%	29%
% of sex workers that report the use of condom with most recent client	40,000	62%(2003)	70%	Not reported in 2006
% of clients of sex workers that are HIV infected (1)	1,361,000	2.44% (2005)	2.4%	2.91%
Output/Coverage Targets				
Sex workers reached by package of BCC prevention and STI prevention /treatment	40,000	25,500 (2005)	30,000	26,000
Number of sex workers accessing VCCT	40,000		10,000	Reports not complete (1)
Condoms distributed (in million)		41(2005)	46	49

Source: Operational Plan M & E table; HIV prevalence data from HIV Sentinel Surveillance, two sex workers sites in Yangon & Mandalay

(1) 60% of HIV prevalence of male STD patients from HIV sentinel surveillance as a proxy estimate for clients of sex workers

(2) Some partners provide a breakdown by type of risk-group, gender and age for VCCT

Key achievements

- Increasing geographical coverage of outreach and peer education programmes
- number of sex workers reached through outreach workers and peer educators has further increased
- Condoms distribution increased by 20%
- 100% Targeted condom promotion program is expanded and implemented in 170 townships

Partners working with sex workers:
AMI, AZG, ARHP, CARE, Malteser, MANA, MDM, MRCS, MSI, MSF-CH, National AIDS Programme, PACT, PSI, SC, WVI, UNFPA, WHO

Sex workers

The number of sex workers reached in 2006 ranged from 26,000 to 36,000. The total, number of sex workers reached by non-governmental organisations in 2006 was reported to be about 36,000. However, some of the sex workers sought services from more than one providers in a given geographic area(town). The exact proportion of this overlapping nature is not known. But after consultation with significant stakeholders, it was believed that the number of sex workers reached by intervention might be about 26,000 sex workers.

The NAP reported that 5,100 peer educators received training during 2006 in 170 townships. These peer-educators are in turn disseminating prevention messages as well as training their peers for the condom use skills. In 2006, these peer educators have met 25,500 of their peers. The complete information is still in the analysis stage as the time required for the data entry, cleaning and validation process take time particularly with limited manpower at the head quarter. Currently, absence of sustainable support for these trained peer educators, workload of the some of focal persons at the township level particularly the Township Medical Officers has made the program somehow difficult to sustain in some of the intervention sites. An external review of implementation of 100% TCP activities was conducted with the initiation of WHO during 2006 (see below for recommendations from the mission).

Recommendation from 100% TCP review

Key recommendations on 100% Targeted Condom Promotion Programme made by external review team (July, 2005)

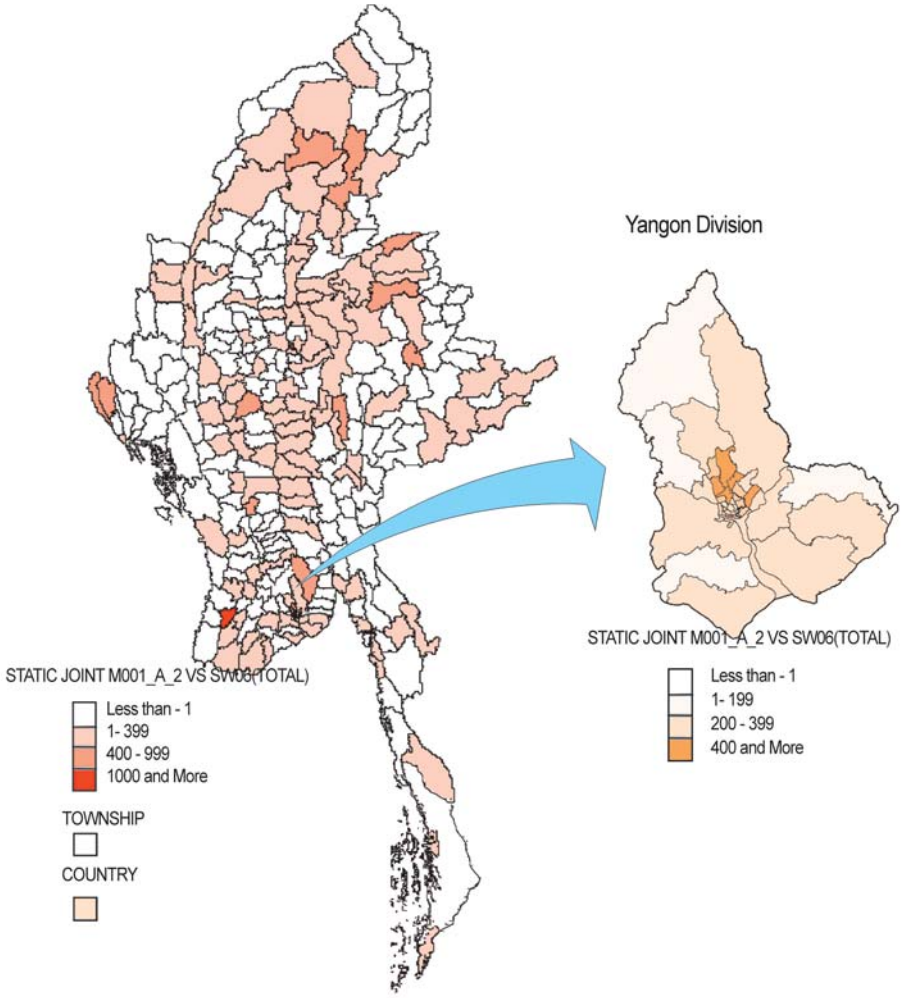
1. Build and nurture partnerships around the 100% TCP programme with other key stakeholders in the government sector (especially the police and general administrative departments) and the NGO sector (especially around INGOs that are implementing progrmmes in sex work settings). Consider setting up a Task Force to guide policy and programme development at national level.
2. Foster ownership of the programme at township level and set up mechanisms to facilitate multisectoral collaboration at that level (through the setting up of a township Task Force that would report to the CCG).
3. Intensify advocacy efforts at all levels that emphasize the critical importance of reducing HIV transmission in sex work settings for the effective control of the HIV/AIDS epidemic in Myanmar.
4. Purposively move beyond condom promotion activities to the next stage of implementation of the 100% TCP programme. This implies a series of activities to develop an enabling environments for the “no condom, no sex rule”. Owners/managers fully engaged in this effort, and an incentive and disincentive scheme for performing/non performing establishments and guest houses need to be developed and applied.
5. Intensify efforts to reach out and support sex workers through peer outreach, to empower them to negotiate with clients and brokers. Create a cadre of peer educators and peer leaders, and involve them in policy development as well as programme planning and implementation.
6. In preparation for scale up, simplify and standardize monitoring and evaluation procedures for the 100% TCP programme in order to inform decision making at local level, and, at national level, facilitate quality implementation and timely scale-up, guide technical support, and track changes in key behaviours and HIV prevalence.
7. Resource and strengthen coordination activities and intensify capacity building at all levels (to develop tools and skills for important activities such as advocacy, peer education, outreach, monitoring and evaluation).
8. Convene informal technical working groups to discuss improved programme approaches and tools in key areas identified in this report, namely: advocacy, partnerships, coordination and management, peer education, monitoring and evaluation.

With regards to the NGO sector, a total of 16 non-governmental organisations reported on the implementation of sex worker programmes including the provision of outreach services, drop-in centres and peer education. It was also noted that there was a tendency of geographic concentration of service providers that results in gaps in the services available for the beneficiaries in different geographic areas. Sex workers are reported to be highly mobile. Thus, they may be reached by different programmes in a given townships and/or may have accessed to services in various townships during the reporting period. This would lead to some overlapping in counting. Research should be undertaken to better understand the mobility of sex workers as it affects both the effectiveness of peer education programmes as well as referral services.

Services provided for sex workers include the provision of STI treatment and VCCT. There were indications that the prevalence of STI (and notably syphilis) is decreasing (NAP and AZG). Access to quality STI treatment is an important element of a prevention strategy. There are increasing choices for sex workers to seek diagnosis and treatment in clinics run by government, non-governmental organisations as well as NGO supported general practitioners.

The services coverage in the different states and divisions varied to a great degree (see Map 1) according to its urbanisations, economic activity and population density as well as accessibility. In most states and divisions the majority of sex workers were reached in a few townships in each state and division.

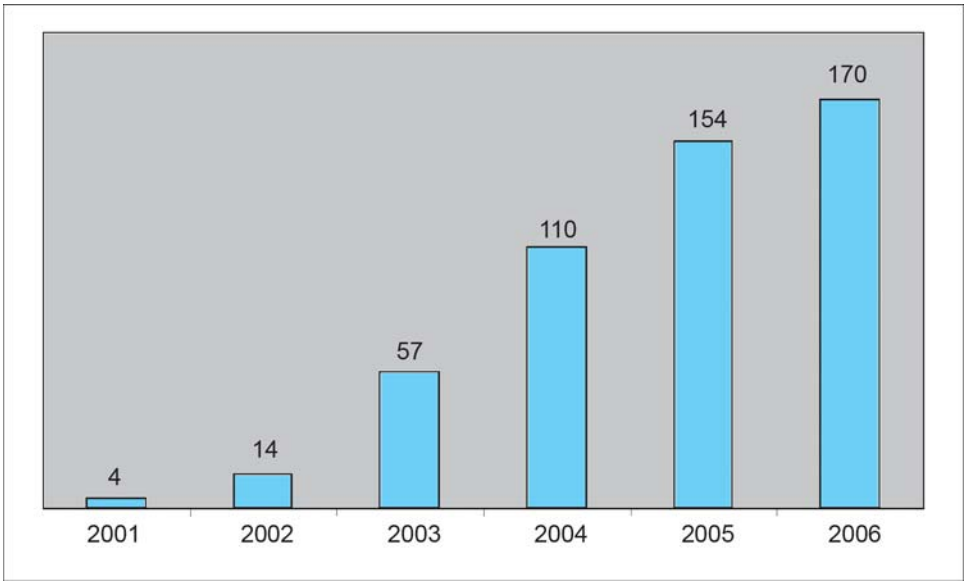
Map 1: Sex workers reached by township (total n=36,000 reached as reported by NGOs)



Condom distribution

As part of the implementation of the 100% Targeted Condom Programme (TCP) in 170 townships by the National AIDS Programme(Figure 1), with the support of FHAM, the Global Fund, UNFPA and WHO, condom use has been actively promoted in the country. NAP alone had distributed a total of 13.75 million condoms: about 30% of the total of distribution in 2006. This also indicates that 57% of total free distribution of condoms was done through NAP. The condoms were distributed through STD team leaders, township medical officers and non-governmental organisations.

Figure 1: Number of townships covered by 100% Targeted Condom Promotion programme (n=324)



Eventually, when compared to 2005, condom distribution has increased by 20%. This provides for a total of over 49 million condoms distributed. About 25 million are distributed as part of the social marketing programme of PSI. The remaining 24 million condoms were destined for free distribution.

Map 2 shows number of condoms distributed through social marketing programmes notably by PSI and PACT. The coverage of social marketing is wide with PSI reporting condom distribution in 280 townships. Since PSI works with retail outlets as well as wholesalers, the actual distribution and availability may differ from the map.

The areas of free condom distribution as shown in Map 2 spread over 170 townships. The average amount of condoms per township provided by free distribution was higher than through social marketing.

Table 2: Condoms distributed by partners

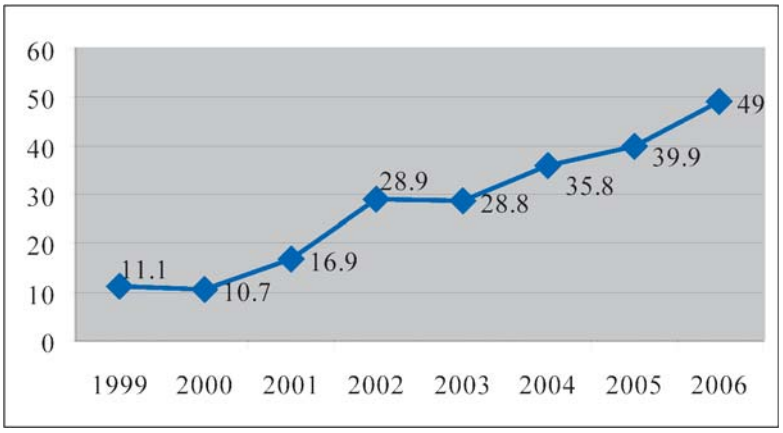
AHRN	60,616
AMI	429,719
AZG	2,706,496
FXB	180,000
ARHP	70,936
Alliance	101,487
Burnet	38,400
CARE	1,643,637
IOM	12,186
MSF-CH	143,934
Malteser	58,680
MSI	1,463,893
MDM	349,674
PACT	28,663

PC	7,180
PARTNER	177,566
SC	490,566
WVI	124,686
WC	7,815
MANA	65,868
MBCA	35,309
MRCS	610,722
MMA	63,360
MHAA	61,822
PGK	138,994
NAP	13,747,216
UNODC	71,936
UNDP	1,384,260

Condoms were usually distributed through education sessions, peer educators, outreach workers, gatekeepers, basic health staff (BHS), workplace, guesthouses and pimps to different targeted population. While PSI's outreach program targets high risk population, MBCA and PARTNERS distributed condoms free of charge in their workplace projects. Some partners such as CARE, WV, Pact and IOM distributed condoms to mobile and migrant population through the mobility network. MRCS and Save the Children had reported distribution of condom especially to young people in the context of their efforts to improve knowledge on safer sex and practices among young people.

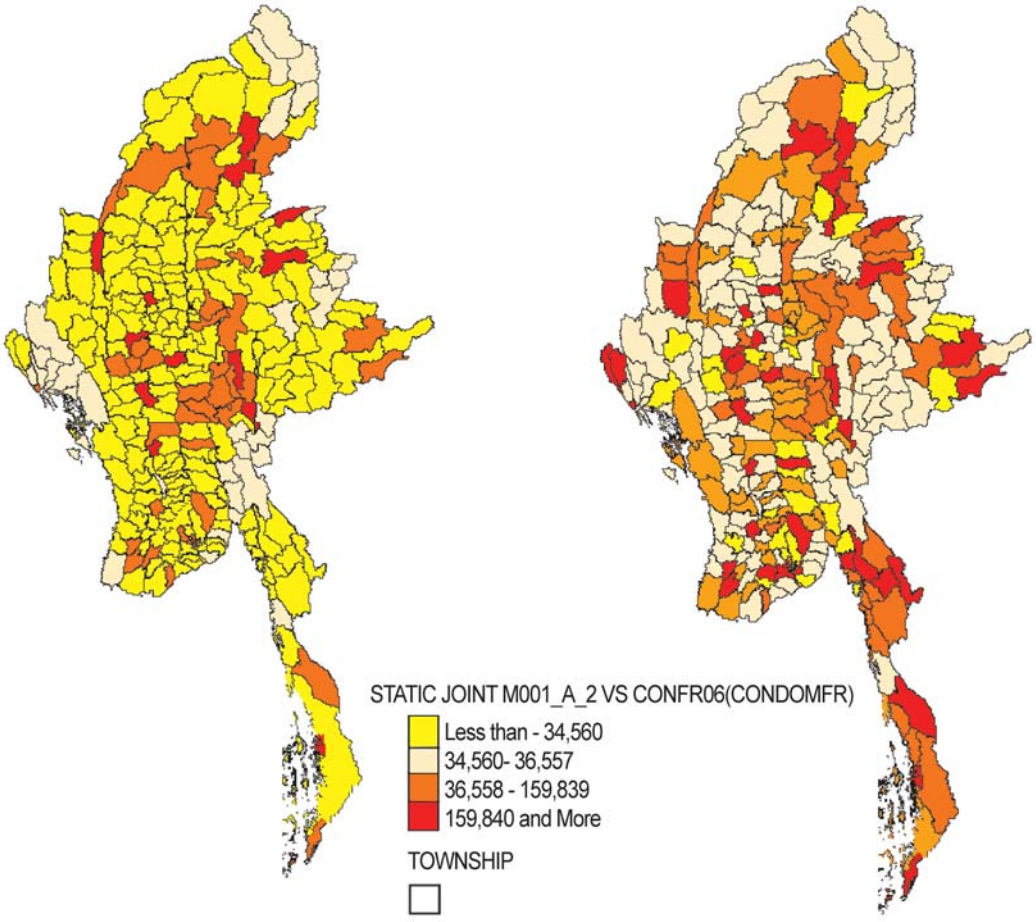
The promotion of use of female condoms had started in 2002. In 2006, total sales were 161,000. Female condoms were directly sold to sex workers through peer outreach activities. The peers demonstrated how to use the female condom and in what type of situations to make use of it.

Figure 2: Male condom distribution (free and social marketing) 1999-2006 - Myanmar



Map 2: Condoms distributed throughSocial Marketing

Map 3: Condoms for free distributed bytownship



Issues and Challenges

- Size of sex worker population remains a rough estimate and improved estimates should be established
- Sex workers still remained marginalized and hidden
- Coverage of prevention activities urgently need to be stepped up
- Condom distribution is well documented, but less is known about condom use
- Condom distribution was still low compared to benchmark of condom availability notably 1 condom per person per year

STRATEGIC DRIECTION 2: MEN WHO HAVE SEX WITH MEN (MSM)

Impact/Outcome Targets	Size estimate	Baseline (Year)	Target 2006	Result 2006
% of MSM that are HIV infected	267,208	33% (1) (1996)	33%	Not reported in 2006
% of MSM that have a STI (syphilis)		35.12% (2005) (2)	35%	Not reported in 2006
% of condom use by MSM at last anal sex	267,208	67.0% (3)	70%	Not reported in 2006
Output/Coverage Targets				
MSM reached by package of BCC prevention and STI prevention/treatment	267,208	17,850	21,420	28,566
Number of MSM accessing VCCT	267,208		5,355	Reports not complete (4)

Source: Operational Plan M & E table; HIV prevalence data from HIV Sentinel Surveillance
(1) MOH, 1996
(2) NAP, Mandalay 2005
(3) NAP, Mandalay 2005
(4) Some partners provide a breakdown by type of risk-group, gender and age for VCCT

Key achievements

- Consideration of men who have sex with men as one of the highest priority group in the National Strategic Plan
- Increased numbers of men who have sex with men reached through health education programmes as well as facility based services
- Participants form NAP, UN and civil society has attended in regional conference on men who have sex with men in India
- Myanmar participants were invited to join Greater Mekong Regional MSM Interventions network
- Female condom was adapted and launched for use by men who have sex with men

Partners working with MSM:
AMI, AZG, ALLIANCE, CARE, IOM, MSF CH, MSI, MDM, MRCS, National AIDS Programme, PACT, PGK, PSI, SC, UNFPA, UNODC

A total of 16 organisations reported prevention activities for men who have sex with men adding up to a total of 28,566 men reached. The two main service providers reached nearly 90% of all men who sex with men. Over 80% (24,105) of the men reached are reported by PSI while MDM reached 7% (1,872). The reminder is split among the other 14 organisations each one reaching a few dozen to several hundred men. Table 5 shows the 10 townships with the highest reported numbers of men who sex with men reached.

The activities were also largely carried out in Yangon (62% of people reached), Mandalay (18% of people reached) and Ayeyarwaddy (9% of people reached). Other states and divisions had reached a small number of men, whereas in Kayin and Chin states there were no reported activities at all.

The establishment of drop in centres provided access to HIV information, condoms, HIV counselling and testing and health services in the centres as well as through targeted outreach programmes.

The access to STI treatment is an important part of HIV prevention services for men who sex with men. In order to treat anal STIs some specialised knowledge is required. The year of 2006 also saw the launch of a new condom. 'Feel for Men' is a female condom that is marketed to men. Almost 50,000 'Feel for Men' condoms were reported being sold to men who have sex with men in 2006.

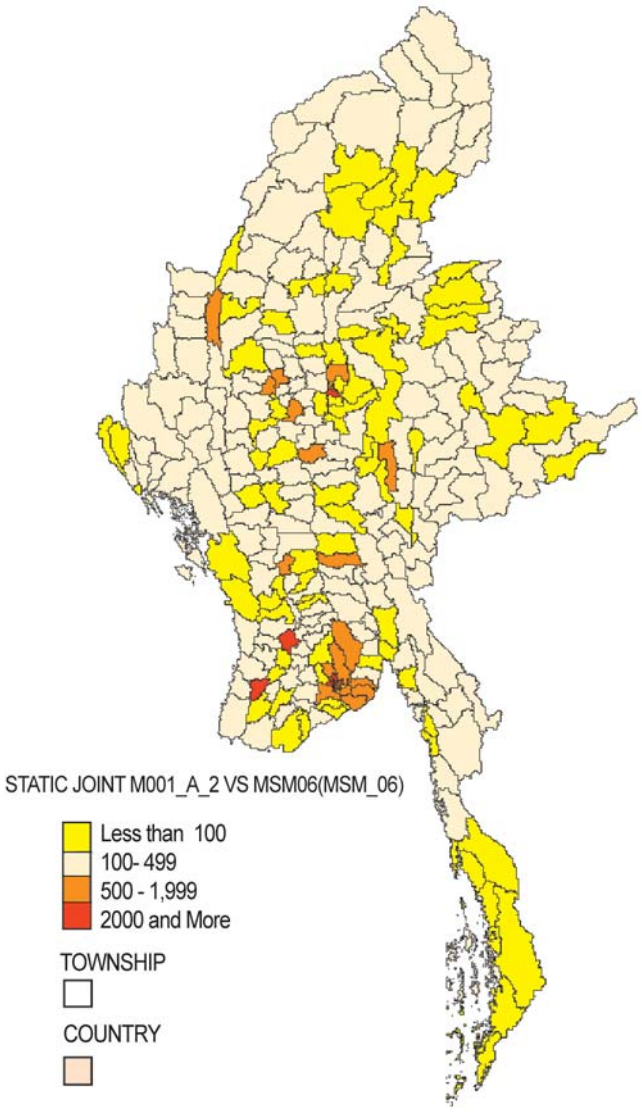
NAP provided STI treatment and VCCT services to men who have sex with men through STD clinics in 45 STD teams townships. In 2007 HIV sentinel surveillance was planned to introduce new sentinel groups, including men who have sex with men. It was also envisaged to include this sub-population group in the behavioural surveillance. However, the BSS planned for 2007 will concentrate on out of school youth, drug users and sex workers. Meanwhile, it is crucial to reach a better understanding of the specific risk to transmission of HIV that this group has in the context of Myanmar.

Drop in centres
for men who have sex with men
Yangon, Mandalay, Meikhtila, Pathein, Hinnthada, Kalay and Taunggyi

Table 3: Men who have sex with men reached in top 10 townships - 2006

Townships	Total men who have sex with men reached	Remark
Pathein	1,556	Drop in centre established
Mayangone	1,345	Drop in centre established
Chan Aye Thazan	1,252	Drop in centre established
Kyauktada	1,171	
Hinnthada	1,085	Drop in centre established
Mingaladon	1,044	
Aung Myay Thazan	892	
Insein	818	
Panpedan	681	
Shwepyitha	656	

Map 4: Men who have sex with men reached by township (n=28,566) - 2006



Issues and challenges

- Epidemiological data and behavioural data on men who have sex with men is scarce.
- Studies on men who have se with men is required to better understand the degree of interaction between men who have sex with men
- Coverage of prevention activities need to be scaled up
- Few partners working on men who have sex with men and geographic coverage is still limited

STRATEGIC DIRECTION 3: DRUG USERS

Impact/Outcome Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
% of IDU that are HIV infected	60,000	43.24% (2005)	41.00	42.5%
% of IDU that avoid sharing injecting equipment in last month		65% (2004)	67%	Not reported in 2006
% of condom use by IDU at last sex		34% (2005)	40%	Not reported in 2006
Output/Coverage Targets				
Drug Users reached by Harm Reduction programme		6 DU for 1 IDU(2)	75,000	8,023
IDU reached by Harm Reduction programme	60,000	11,500	12,500	21,050
% of IDU accessing VCCT	60,000		4,375	Reports not complete (1)
Needles distributed to IDUs (in million)		1,2 (2005)	2	1.9
Number of IDU on MMT			300	264

Source: Operational Plan M & E table; HIV prevalence data from HIV Sentinel Surveillance
(1) Some partners provide a breakdown by type of risk-group, gender and age for VCCT
(2) Assumption carried from unit costing calculation in Operational Plan

Key achievements

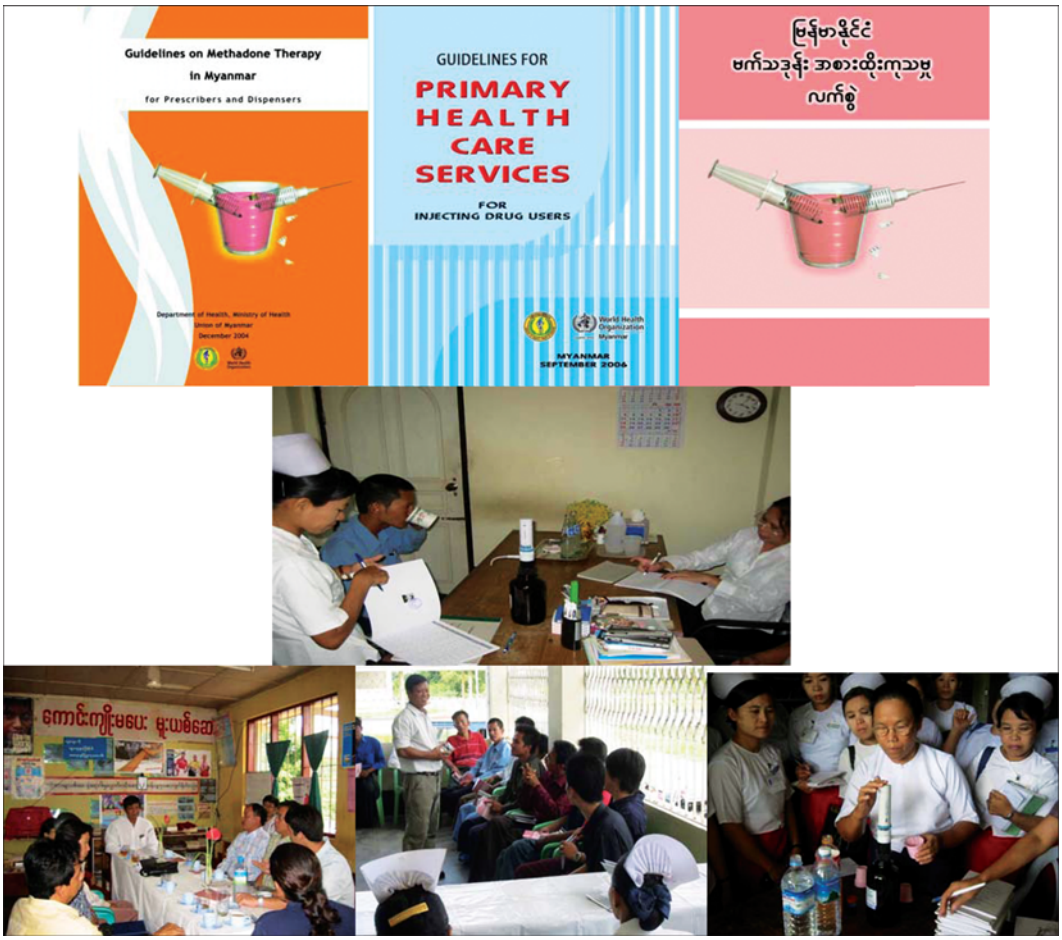
- Additional drop in centres opened bringing the total to 19
- Continuing increase in injecting drug users reached with harm reduction services
- Methadone maintenance treatment successfully started and expanded
- Needle and syringe exchange continues to grow

Partners working with drug users:
AHRN, ARHP, AZG, Burnet Institute, CCDAC, Drug Treatment Centres, MANA, National AIDS Programme, UNODC, WHO

HIV prevalence among injecting drug users is still very high although it showed declining trends over years. The prevalence declined slightly from 43.2% in 2005 to 42.5% in 2006. This high prevalence indicates that increasing harm reduction efforts are still needed and need to expand to potential hot spot area.

The services providers offer a range of services from outreach and peer education to the provision of STI referrals and treatment, health education, primary health care and methadone maintenance therapy. There had been a increasing of drop-in centres catering for drug users reported. Additional 3 drop-in centres have opened in 2006 bringing the total to 19 centres (see Map 5). Many of the centres that had opened earlier had been able to attract more clients, while outreach workers have also substantially increased their reach. In 2006, the partners operating drop-in centres, outreach or peer programmes reported a cumulative 21,050 injecting drug users reached (see Figure 3). This constituted an 80% increments from 2005. However, 11,970 (57%) injecting drug users were reached in the Drop-in Centres, while the others were reached through outreach workers and peers (see Figure 4). The partners reported also an additional 4,048 drug users reached in the Drop-in Centres and 3,957 drug users reached with outreach programmes. The higher attendance numbers also indicates that the level of trust in the target groups is growing, a fundamental issue when working with normally hidden groups engaged in illegal activities (i.e. drug use).

Methadone treatment was launched in 5 pilot sites in 2006. By mid 2007 a total of 260 former drug users were enrolled in the methadone maintenance therapy programme The Ministry of Health also released guidelines for “Primary Health Care Services for Injecting Drug Users” (see below).



The reported numbers of female drug users remained relatively small. About 2% of the injecting drug users reached were females. Slightly more female drug users were reached compared to injecting drug users (4% of the drug users).

Needles and syringes distribution has increased by 50% and is reported to be more than 1.9 million in 2006. The majority of needles continue to be distributed in Kachin state where the local conditions are particularly suited to reach injecting drug users in shooting galleries with clean injecting equipment.

Apart from the expansion of service delivery points and consequently the number of drug users reached, other activities were also organised to strengthen either the technical capacity of service providers engaged in these services or the enabling environment. A temporary consortium of UNODC and AHRN conducted central level advocacy, a 2 day seminar in Nay Pyi Taw and visits to harm reduction programmes in the region. Several agencies were also involved in capacity building activities for service providers. Topics ranged widely including drug addiction counselling, outreach activities, HIV and drug use, managing overdose, monitoring and evaluation, **among others**.

Figure 3: Number of Injecting Drug Users reached by Drop in Centre and outreach program

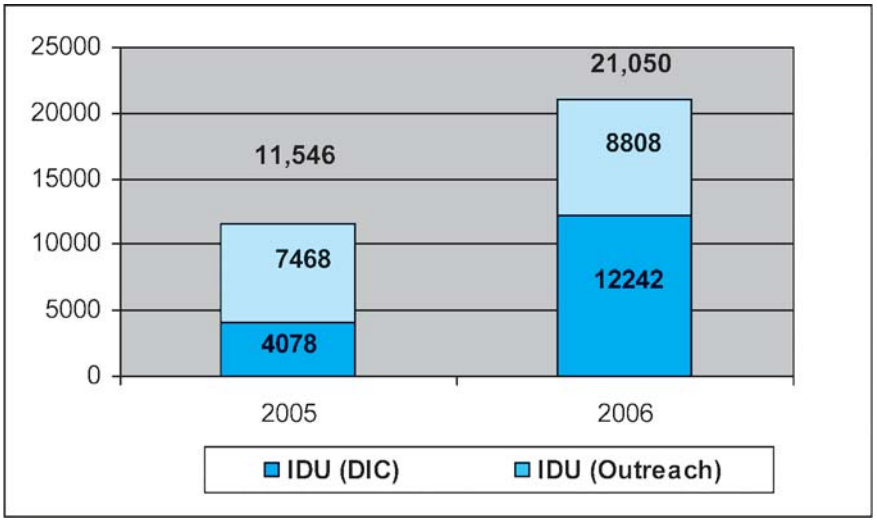


Figure 4: Number of drug users reached in 2006

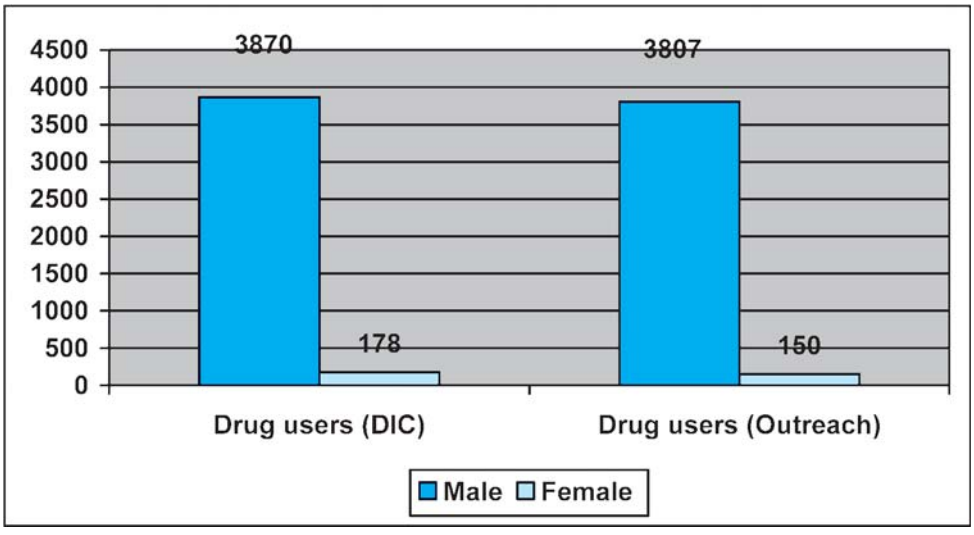
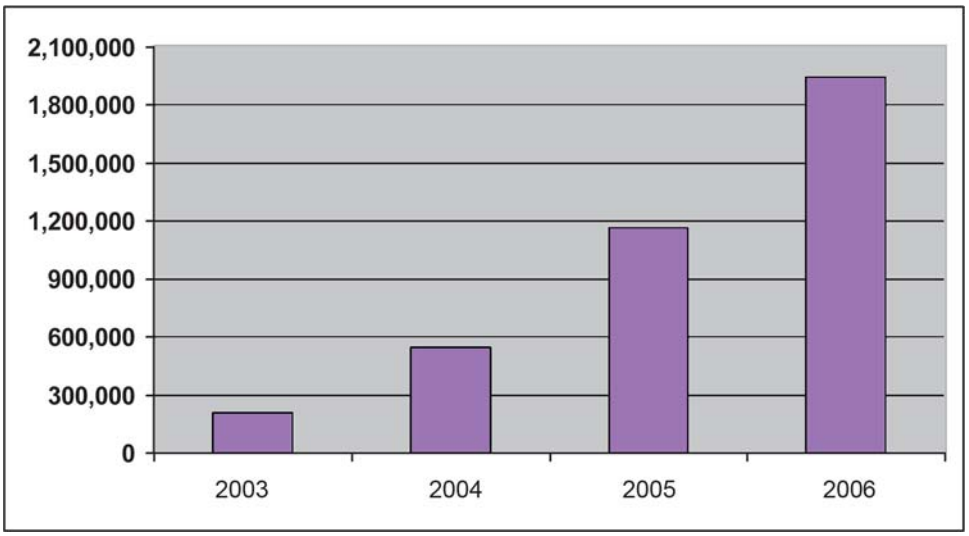
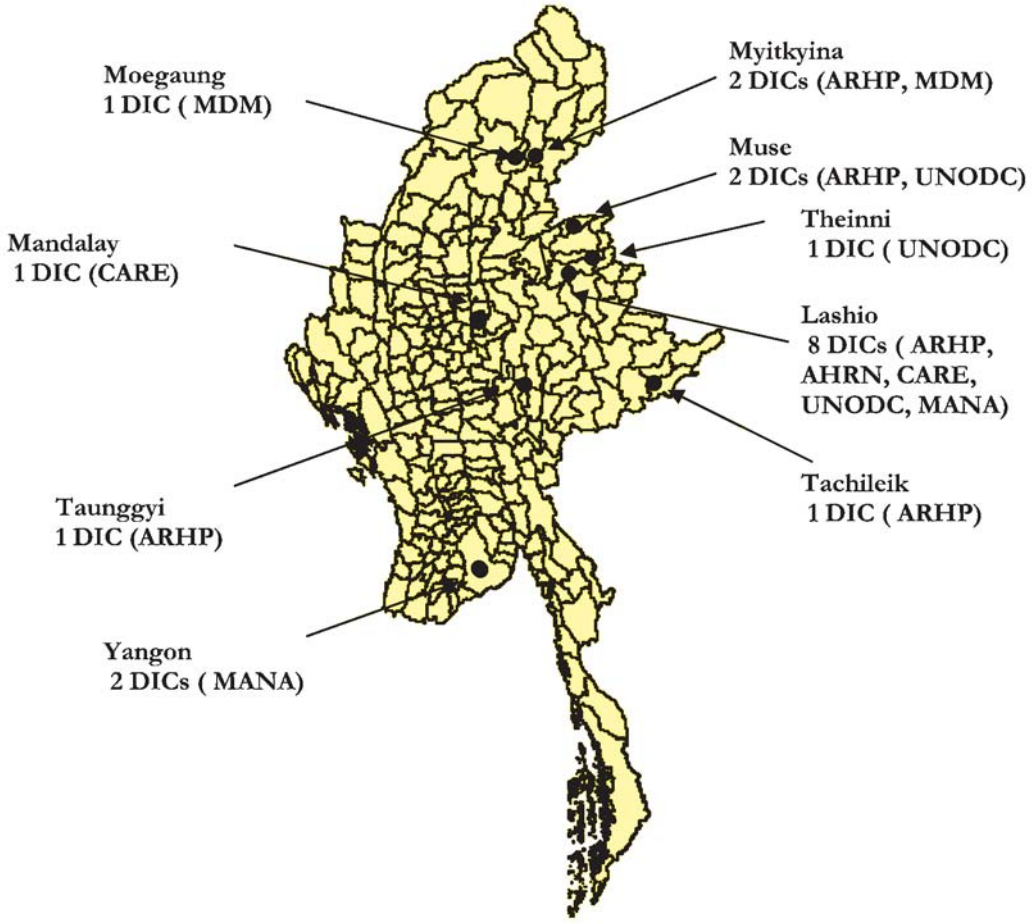


Figure 5: Number of needles and syringes distributed to IDUs in 2006



Map 5: Location of Drop-in Centres for drug users - 2006



Issues and challenges

- National coverage is still limited - there are still a significant number of townships, emerged as potential hot spot area due to economic situation for drug use, very limited services are available

- Low accessibility within a township reflects a limited range of services available in certain townships
- Limited availability of methadone maintenance therapy - although the implementation and scaling up of methadone programmes is commendable, the number of drug users reached remains very limited compared to the needs;
- Limited knowledge and information available on the situation of female drug users;
- Although national guideline on ART does not exclude providing ART treatment for drug users, few drug users or ex-drug users receive ART in both public sector and NGO clinics
- Emerging use of amphetamine type substances (ATS) - the upward trend of ATS use and the links to possible high risk sexual behaviour is a new challenge to address;
- Engagement of law enforcement for the implementation of needle and syringe exchange programmes is still limited and need to be motivated

Story of an ex-drug user living in Lashio

I have been addicted to drugs for more than 10 years. I did experiment with injecting and smoking different drugs including opium, heroin and very recently Yama. My family and friends, including wife and children told me many times to stop injecting drugs. Personally I admitted drugs were more powerful than these advices. My first priorities in life were “drugs”, “drugs” and “drugs”.

In May 2006, I was contacted by an outreach worker associated to one of the NGO’s who talked to me about harm reduction. Through their Drop-in-Centre I was introduced to Methadone Program. It started with 14 days hospitalization at the DTC to stabilize my addiction parameters. I like the program and its impact on my drug using behaviour. Now I think how stupid I was in those 10 years, roaming around in small circle of drug use, withdrawal and getting drugs for the next use. …

Being on Methadone for 3 months things have changed for me. I neither have fear of police harassment, nor money worries for drugs. I go everyday to the dispensation centre in time to get my dose. The impact lasts for 24 to 26 hours; it gives me a normal life style. Heroin lasted only for 4 to 6 hours and to maintain it I needed to inject 3 to 4 times daily.

Methadone also helps to prevent diseases like HIV, which can easily be transmitted through sharing of injecting equipment.

Under Methadone I can still be functional and do other things in life. I am sure one day I will take up my family responsibilities which I have been ignoring for a long time in my life and get back the respect I lost badly.

Stories from clients of a drop-in-centre

Male 62 y.o

“I come to the DIC because my friends are here. We sit and talk and drink tea together. And I really like listening to English songs. The staff here are generous and give me lots of support. I feel better because of this. It’s really good to have this programme, they are very supportive.”

Male 48 y.o.
"Sometimes I go and see the counsellor here when I have personal problems. She also told me about HIV and AIDS. I see the doctor when I am sick. He gives me vitamins and other medicines. Now I am taking medicine for TB. I have a good relationship with the staff here."

Male 28 y.o.
"I am HIV positive and the staff here support me because of this. They not only support me, they support my family as well. They give me rice and beans and oil for myself and for my family to eat."

STRATEGIC DIRECTION 4: PEOPLE LIVING WITH HIV, THEIR PARTNERS AND FAMILIES

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
Number of PLHIV involved in self-help groups	338,911	3000 (2005)	5,000	2,604

Source : Operational Plan M & E table

Partners working with self help groups: ALLIANCE, CARE, FXB, MANA, MDM, MSF CH, MNA, MRCS, National AIDS Programme, PACT PGK, WV

People living with HIV, their partners and families of people living with HIV are included in the National Strategic Plan as one of the most vulnerable population.

One area of work under this strategic direction includes the concept of positive prevention. This includes working with HIV positive people to understand their prevention needs and to prevent further transmission. The Alliance and the GIPA Group have been conducting sessions on this topic with their partners. The sessions explore prevention among discordant couples, reproductive health including contraception and PMCT, basic information on how the virus affects the body, possibilities for re-infection and super-infection, as well as stigma and disclosure (as this is important for discordant couples). The sessions provide basic information as well as help participants think through the choices that they have.

Another aspect of work for people living with HIV and their partners and families is the support to self-help groups. Last year's report quoted a NAP review that identified 24 Support Groups with more than 2,200 members. An assessment undertaken in 2006 by the International HIV/AIDS Alliance (IHAA) found 1,788 members of self-help groups in 5 states and divisions..

For this report, 8 organisations reported a total of 2,604 people involved in self-help groups at the end of 2006. Many of the self-help groups are small and in some cases with minimal contacts and support to other organisations. The number of people involved in self-help groups remains small but this is reflected world wide with a small percentage being actively involved in groups. However, some people may be members of networks and occasionally participate in activities of the network without setting up their own groups. Groups in turn reach out to other PLHIV who are not their members. NAP provided peer education training to people living with HIV. A total of 33 people living with HIV who received training are working as peer educators in Yangon and Mandalay. These trainings are planned to expand to Taunggyi and Lashio in next year.

Self-help groups form an essential part in the support package for people living with HIV by providing socio-economic assistance such as small loans for income generation,

educational support for children and nutritional support. Members also often provide mutual support such as visiting each other when a member is sick and accompanying a member to the hospital if necessary. Many of the support groups are formed and supported by non-governmental organisations. Continuing and significant capacity building is required for these self help groups to grow. For more information on community home based care see Section 10.

Ensuring that people living with HIV are meaningfully involved in the design and implementation of programmes is important for improving the quality of programmes. The involvement of the people living with HIV is also expected to have an impact on the way society sees HIV positive people. In 2006 people living with HIV had opportunities to participate in international conferences. Even more importantly, in line with the National Strategic Plan a Technical and Strategic Group was established that includes 2 people living with HIV alongside representatives from government, United National agencies and non-governmental organisations.

Issues and challenges

- Limited services available for positive prevention
- Stigma of people living with HIV remains high
- Forming groups is challenging as the necessary approvals are difficult to obtain
- Communication facilities for networking are still required

Income generation

Ko M. is 40 years old. He has 6 children. In December 2003, he and his wife came to know that their youngest son was HIV positive. When they undertook HIV testing, the results for both parents were also positive. A spiral of depression, bad health and lack of regular income led to a quickly deteriorating economic situation of the entire family.

With the assistance of the Waibagi Specialist Hospital and the Association François-Xavier Bagnoud (FXB) all three family members receive now ART. At first, the social worker from FXB worried about Mr. Ko's adherence to ART because of his economic situation and his lack of self-awareness. However, his health improved and his body weight increased from 101 lbs to 118 lbs.

At the same time, he and his family joined a self-help group under the auspices of FXB. As his health improved, FXB provided him a small loan of kyats 20,000. He started selling snacks and toys for children at schools nearby. Ko M. not only fully paid back the loan, but received a second loan of kyats 50,000. He has now enough daily income to buy nutritious food for the entire family.

In a situation of deteriorating health and income, the access to treatment is essential. However, for many people additional support can be beneficial or is even required. The mutual support of self-help groups provides the opportunity talk to peers and exchange ideas. Assistance to have a sustainable and steady source of income is ensuring that the benefits of treatment can be fully exploited.

STRATEGIC DIRECTION 5 : INSTITUTIONALIZED POPULATIONS

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
Prisoners reached by health education	62,300 (1)	5,000	6,000	5,951
Number of prisoners having access VCCT			Target to be defined after feasibility study	

Source : Operational Plan M & E table
(1) Statistical Yearbook 2001

Partners working with Institutional population: FXB, CARE, Malteser, MMA, National AIDS Programme

Institutionalised populations form a heterogeneous group ranging from inmates in prisons to people in drug treatment centres and people with disabilities in residential centres. Both sexes and people of all ages including children are concerned. Reaching these populations requires a wide range of partnerships with government as well as non-governmental organisations.

The nature and characteristics of populations groups involved under the institutionalized population varies a lot under many circumstances. Their risk related to HIV and AIDS also varies under these circumstances. Since institutionalized population have risk related to getting HIV and the impact of AIDS, it has been recognized as one of the high priority groups under the strategic plan. The intervention programmes targeting the institutionalized population need to tailor in accordance with specific nature of the relevant institutions, the most frequent intervention program turn out to be health education programs.

AIDS/STD Teams of the National AIDS/STD Control Program providing services at the township level has reached to a certain number of prison populations and had provided education sessions on STI, HIV and AIDS, treatment services for STIs and sometimes arrangements for the OI treatment, PMCT services, and VCCT services, along with . While there is a need to develop programmes in many of the specialised institutions, health education programmes reached only people in prisons. A total of 5 organisations reported on health education activities in prisons. These programmes reached 5,951 people including prisoners, their families and prison staff. Special health talks, health education and IEC materials were provided in 5 prisons mostly by CARE. The breakdown is provided below (see Table 4).

Table 4: Number of persons in institutions reached by health education programmes

State & Division	FXB	CARE	Malteser	MMA	TOTAL
Ayeyarwaddy		1,000			1,000
Mandalay		600			600
Mon		600			600
Sagaing		500			500
Shan			191		191
Yangon	900	1,700			2,600
Total	900	4,400	191	460	5,951

Issues and challenges

- Limited access to prison population with health education only
- Lack of knowledge of STI and HIV and sexual behaviour of institutionalized population
- Need to collaborate with line ministries like Ministry of Relief, Resettlement and Social Welfare and Ministry of Home Affairs

STRATEGIC DIRECTION 6 : MOBILE POPULATION

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
Mobile and migrant population reached by package of prevention programme			100,000	427,717

Source : Operational Plan M & E table

Partners working with Mobile population:
AZG, AMI, FXB, CARE, IOM, Malteser, MANA, MBCA, MRCS, National AIDS Programme, PACT, PGK, PSI, SC, WV, UNODC

The definition of mobile populations is complex. It includes people engaged in mobile livelihoods (truck and taxi drivers, trishaw men, fishermen etc.) as well as people on the move for longer periods of time, such as seasonal migrants seeking work. Mobility and migration lead to increasing the health vulnerability of several groups including: mobile workers and migrants themselves, the communities that they originate from and eventually come back to, the transit communities, and the host communities at their destination.

When migrants move into new environments, either in-country or cross-border, they often lose their traditional support systems and social networks. They may have limited access to health education and services and are more vulnerable to contracting communicable diseases due to changes in their living and work conditions, lifestyle and behaviours. Other factors linking to migration and health vulnerabilities include poverty and a lack of awareness of communicable diseases.

16 partners reported that they had reached 421,717 people with health education sessions. From the reports received, it appears that most people reached are internal migrants or mobile. Little has been reported on cross border migration. One organisation (PSI) accounts for 66% of the reported mobile population reached. As per PSI reported figure, clients of sex workers which are denoted here as mobile population are reported. Ayeyarwaddy, Shan state and Yangon reported the highest numbers of mobile population reached. Over 50% of mobile population is reached in these three areas (see Figure 6).

The numbers reported for 2006 are considerably higher than the target of 100,000 set in the National Strategic Plan. This indicates that the targets were set too low during the planning process. It may be as well that organisations had reported under this activities that were reported as workplace interventions in previous years were (see Strategic Direction 8, a drop in reported numbers of people reached through workplace programmes supports this view). Whatever the reasons, the fact that large differences between the planned and the achieved exist confirms the need for yearly reviews of the targets of the rolling operational plan. Likewise, there is a need to agree on definitions for mobile and migrant

population in order to be able to plan and report systematically on the coverage for these populations. A mobility working group has been formed and is expected to work on these issues, including a working definition of mobile population.

Figure 6: Number of mobile population reported by prevention activities in different states and divisions

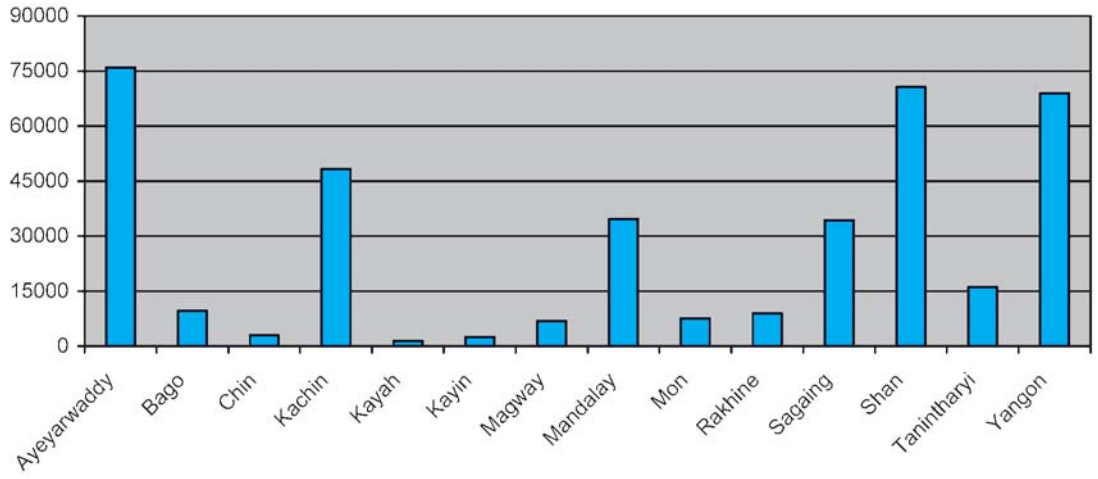


Table 5: Number of mobile population reached by organisation - 2006

Organisation	Total
AZG	47,634
AMI	34,784
FXB	800
Care	6,324
IOM	293
Malteser	166
PACT	2,292
PSI	279,193
WV	1,311
MANA	126
MBCA	1,599
MRCS	12,600
PGK	2,158
NAP	30,956
UNODC	58

Issues and challenges

- Definition of mobile population is necessary for better targeting, monitoring and reporting
- Better understanding of patterns of mobility and migration required for effective programming in a resource constraint setting

STRATEGIC DIRECTION 7: UNIFORMED SERVICES

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
Uniformed personnel reached by package of prevention programme		100,000	50,000	14,909

Source : Operational Plan M & E table

Partners working with uniformed services:
CARE, UNODC

Continuing efforts are being undertaken to reach members of the uniformed services and their families. The National Strategic Plan recognized that uniformed services personnel are at risk of HIV transmission.

During 2006, HIV prevention activities, harm reduction education for Myanmar police force and the prison department were carried out. These interventions also addressed the attitude and behaviour towards injecting drug users and sex workers. CARE reports 5 information and advocacy packages that were developed targeting police, prison, Pwe (traditional theatrical groups) troupes and injecting drug users. Families around uniformed personnel were also provided with information sessions. UNODC reports the establishment of a network of trainers, educators and counsellors who attended the Central Training Institute for Training of Myanmar Police Force (Police Academy-Zeebingyi) and within a pilot site - Military Medical Corp (Northern Shan State - Lashio). Trained trainers, educators and counsellors had conducted multiplier training courses, prevention education talks and meetings at their respective units for personnel and family members.

CARE reported that 13 trainings for 176 police personnel were carried out. It also reports 5 advocacy and training sessions for 320 prison staff and 4,780 prisoners. In addition, 679 health education sessions covering 14,909 police from 80 townships of different project sites and 204 information sessions for police were implemented. There were 15 booth shows to disseminate information about HIV/AIDS prevention and harm reduction where 344,805 condoms were distributed during the project period.

Issues and challenges

- Few partners with limited programmes
- Programme activities limited to police and prison department

STRATEGIC DIRECTION 8: YOUNG PEOPLE

Impact/Outcome Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
% of young people that are HIV infected	9,572,450	2.2% (2005)	2.09%	1.29%
% of condom use by young people at last paid sex		78.34% (2003)	80%	Not reported in 2006
% of youth who correctly identify the three common ways of preventing HIV transmission	9,572,450	21% (2003)	30%	Not reported in 2006
% of youth who reject misconceptions	9,572,450	27% (2003)	30%	Not reported in 2006
% of youth expressing accepting attitudes	9,572,450		20%	Not reported in 2006
Output/Coverage Targets				
Out of school youth (15-24) reached by prevention programme		200,000 (2005)	250,000	137,854
Young people (15-24) having access to VCCT (at least pre-testing counselling)	9,572,450	20,000	30,000	Data not complete (1)
In-school youth (10-16) reached by life-skills programme	2,450,000	900,000	900,000	Not reported in 2006
% of schools with teachers who have been trained in life-skills-based HIV education and who taught it during the last academic year	39,405	36.3% (2004)	50%	Not reported in 2006

Source : Operational Plan M & E table; HIV prevalence data from HIV Sentinel Surveillance
(1) Some partners provide a breakdown by type of risk-group, gender and age for VCCT

Key achievements

- Life skill programme with a revised curriculum for primary level student was added in school curriculum and launched in 144 townships (existing and new townships)

Partners working with Youth:
AHRN, FXB, CARE, Department of Educational Planning and Education, IOM, Karuna, MANA, Malteser, MRCS, MMA, MHAA, MSI, National AIDS Programme, PACT, SC, WC, WV, UNOPS/UNDP, UNODC, UNICEF

Out-of-school youth

In 2006, a total of 19 partners reported that they reached 137,854 out of school youth with prevention programmes for at least one session. Among out of school youth, 59% of youth were female. The total numbers were fewer than in 2005 when 18 partners reported 216,000 out of school youth reached. It could be possible that partners reported prevention activities with youth under other strategic directions, such as mobile population or workplace. Peer education programs for out of school youth are provided by AIDS/STD teams in various townships

Table 6: Out of school youth reached by all partners by state and division – 2006

State & Division	Male	Female	Total
Ayeyarwaddy	811	2,734	3,545
Bago	2,979	3,577	6,556
Chin	799	985	1,784
Kachin	2,128	1,964	4,092
Kayah	0	0	0
Kayin	7,436	11,964	19,400
Magway	1,967	1325	3,292
Mandalay	8,266	12,791	21,057
Mon	12,887	18,701	31,588
Rakhine	700	3,500	4,200
Sagaing	645	562	1,207
Shan	8,940	9,691	18,631
Tanintharyi	1,053	1,158	2,211
Yangon	8,350	11,941	20,291
Total	56,961	80,893	137,854
	41%	59%	100%

School youth

There are total of 2.4 million children aged between 10 to 16 years who attend school. In 2006, the Ministry of Education incorporated the revised national primary life skills curriculum into the school curriculum for primary level students in 144 townships. Department of Educational Planning and Training under the Ministry of Education reported about 37,000 primary school teachers from 16,181 schools were trained to teach life skills. This constitutes about 70% of all primary school teachers in the 144 townships. The life skills teach a number of topics during usually one session per week. HIV is one of these topics and is included for grades four and five. Altogether, 2,143,000 primary students are reached by the life skill programme.

The life skills programme for secondary schools is the continuation of the previous SHAPE program. It operates in about 3,500 located in 137 townships. A revision of the curriculum is underway.

There are some continuing challenges linked to the implementation of life skills programme. Life skills are taught in participatory learning style contrast with the traditional teaching style. The teaching of life skills poses therefore extra work on teachers. Life skills also compete with other subjects and continuing government commitment is required to further expand the schools teaching life skills.

This year's report aimed **to report** for the first time the number of youth accessing VCCT services. However, the data received is not complete as some organisations could not provide a breakdown by age. Monitoring systems will need to be amended to capture youth accessing VCCT.

Youth Centres

A Youth Centre is a social space for young people which provides friendly, accessible, supportive and safe environment. It is also used for information dissemination as well as platform for providing necessary services for young people. In Myanmar, a number of organizations have established youth centres under different names such as "Youth Friendly Centre", "Youth Information Corner", and "Youth development centre". They function as the hub for the community youth response to HIV.

Health talk at Youth Centre

Main activities implemented in the eight youth centres run by the Myanmar Red Cross Society:

- Life skills training and talks on health and various other topics (art, moral values and knowledge development)
- Recreation (Indoor and outdoor sports and games)
- Library (Health, computer, English, others) and edutainment video shows
- Counselling and referral services for VCCT, reproductive health and STI treatment - Youth friendly services interface with AIDS/STD teams in respective areas
- Parent participation session
- Youth gathering excursions and field trip for team building.
- Regular advocacy and coordination

Issues and challenges

- out of school youth is a large, heterogeneous group that is difficult to reach with targeted interventions
- behavioural information on youth is limited
- coverage for youth is difficult to assess as few partners can report on age of people reached

STRATEGIC DIRECTION 9 : WORKPLACE

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
Number of people in workplace reached by package of prevention programme	25,000,000	200,000	100,000	104,164
Number of large enterprises practicing workplace policies			5	Not reported in 2006
% of large enterprises who have HIV/AIDS workplace policies and programme (1)				No longer reported for UNGASS

Source : Operational Plan M & E table
(1) This indicator is no longer part of UNGASS reporting and needs to be reviewed

Partners working with workplace:
AZG, FXB, CARE, IOM, MBCA, MHAA, MRT, MRCS, National AIDS Programme, PARTNERS, SC, UNODC

A total of 12 partners reported having reached 104,164 people at the workplace with prevention interventions. This constitutes a considerable drop compared with 2005 when 225,000 people were reported to be reached. It is possible that the new National Strategic Plan encouraged partners to report under mobile and migrant population (see Strategic Direction 6) thus simply shifting the reporting under another heading. This emphasizes the need to clarify the definitions of workplace interventions and distinguish them from other targeted prevention interventions for mobile population or out of school youth.

About 60% of the total people reached in workplace interventions program are reported by NAP and MRCS (see Table 7). The majority of people in workplace reached were in Yangon and Mandalay (see Table 8). The programme of MRCS is located in Mandalay division and operates in 3 mining areas. The National AIDS Programme reported especially on the construction sites in Nay Pyi Taw where large numbers of workers are employed as well as in various AIDS/STD teams townships.

Table 7: Number of people reached through workplace interventions by partner – 2006

	Total reached
AZG	8,416
FXB	3,625
CARE	920
IOM	872
PARTNER	15,973
SC	180
MBCA	6,822
MHAA	2,653
MRT	500
MRCS	33,917
NAP	30,184
UNODC	102
Total	**104,164**

Table 8: People reached through workplace interventions by state and division – 2006

State/Division	Total
Ayeyarwaddy	133
Bago	313
Chin	133
Kachin	166
Kayah	0
Kayin	62
Magway	307
Mandalay	31,258
Mon	1,698
Rakhine	1,005
Sagaing	197
Shan	3,358
Tanintharyi	2,653
Yangon	32,197
Unspecified townships	30,684
Total	**104,164**

Issues and challenges

- Access to workplace sites still limited
- Definition of workplace interventions requires clarification with regard to mobile populations and out of school youth
- Few organisations providing services

STRATEGIC DIRECTION 10 : PREVENTION FOR WOMEN AND MEN OF REPRODUCTIVE AGE

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
Men and women of reproductive age reached by prevention programme	27,180,000	450,000	600,000	637,966
Reproductive age accessing VCCT each year (excluding targeted pop,)	27,180,000	81,674	150,000	91,000
% of people with STI appropriately diagnosed, counselled and treated (1)			40%	Not reported in 2006
Number of patients treated for STI		130,000 (2005)	150,000	112,000

Source : Operational Plan M & E table
(1) Previous UNGASS indicator; as of 2008 excluded from UNGASS

Key achievements

- More partners provide VCCT services, including on-site laboratory services which increase proportion of people receiving test results and post-test counselling
- Decline in syphilis prevalence among pregnant women attending anti-natal care services
- Increase in number of service delivery points for STI treatment run or supported by partners

Prevention for women and men of reproductive age

Partners working with men and women of reproductive age: ARHN, Alliance, AZG, Burnet Institute, CARE, FXB, IOM, Karuna, Malteser, MANA, MCFT, MMCWA, MRCS, MSI, National AIDS Programme, PACT, PGK, PDO, Partners, SC, WV

20 partners reported prevention activities for the general population. The total number of people reached was reported as 637,966. Details for condom distribution, including social marketing are included under Strategic Direction 1 as the majority of the condoms are aimed at sex workers and their clients.

Educational activities are being carried out by NAP with two approaches. General population approaches and targeted population approaches. For general population, advocacy meetings, health talks, distribution of IEC materials such as posters, stickers, pamphlets and billboards

were done. During 2006, over 2 millions educational materials of 70 types had been distributed to different population group. These IEC materials were available in ten major ethnic languages. The MMCWA, MRCS and other nongovernmental organisations provided life skills training and AIDS education to women of reproductive age throughout the country.

World AIDS Day corporative activities were carried out at central, state and divisional and district level. At central level, the Chairman of the National Steering Committee, Secretary (1) of the State Peace and Development Council delivered the opening address. Through mass media, there were 40 HIV related articles on the average appeared in the private media – journals and magazines every month.

Voluntary confidential counselling and testing (VCCT)

Partners working with VCCT:
AHRN, Alliance, AMI, ARHP,AZG, CARE, IOM, MANA, MBCA, MHAA, MNA, MRCS, MSF-CH, Malteser, MSI, MDM, National AIDS Programme, PACT, PGK, PSI, SC, WV, UNODC

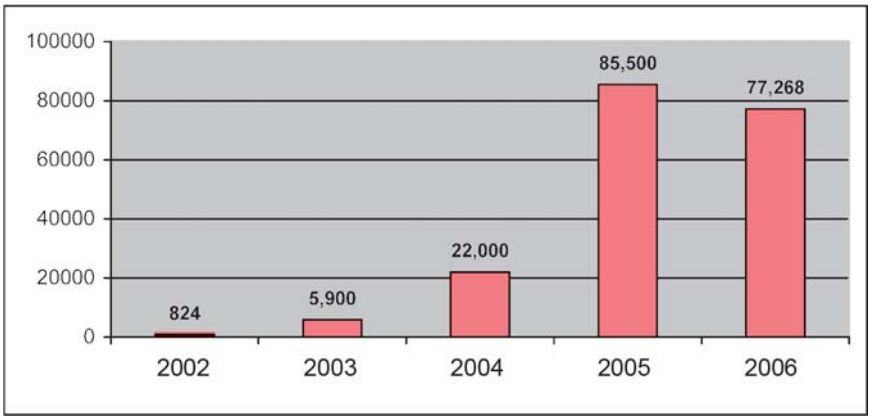
Provision and expansion of voluntary and confidential counselling and testing (VCCT) for HIV is included as a key strategy in National Strategic Plan. The plan calls for an increase in the provision of VCCT services for most-at-risk populations. Specific targets are included in the respective strategic directions (see Strategic Directions 1, 2, 3 and 9). However, the data received for this first report against the National Strategic Plan does not allow for a complete breakdown of testing services provided for individual groups, with the exception of pregnant women undergoing VCCT as part of their antenatal care (see section on PMCT).

VCCT is provided through a network of partners providing counselling and referral services. All 45 AIDS/STD teams of the National AIDS Programme provide counselling as well as laboratory services. The laboratory services are extended to partners who provide counselling and send blood samples to teams for HIV testing. In 2006, the laboratory service for VCCT was available in PSI VCCT clinics Yangon and Mandalay. Partners reported a total of 291 service delivery points for VCCT including the sites for PMCT (125 for the NAP, the non-governmental organisations usually do not distinguish between different target groups with the exception of specialised drop-in centres). In 2005 only 122 service delivery points were reported.

Partners reported a total of 90,145 clients accessing pre-test counselling. This includes men and women of reproductive age as well as high risk population. Of those, 77,268 received their test results and post-test counselling. This corresponds to 85% acceptance rate.

Few partners provided a breakdown by age and gender. Since only the partial data was received from many partners, limited conclusions on the age groups or gender accessing testing services can be drawn. However, the gender breakdown data received from some partners suggest that more men than women receive test results (this excludes ANC data as these are all women). This indication came from data comprised of 28,206 male and 17,448 female reported for accessing VCCT from 17 partners. More information on gender and age will be required to better understand which sub-population is accessing VCCT services.

Figure 7: People received test results and post-test counselling



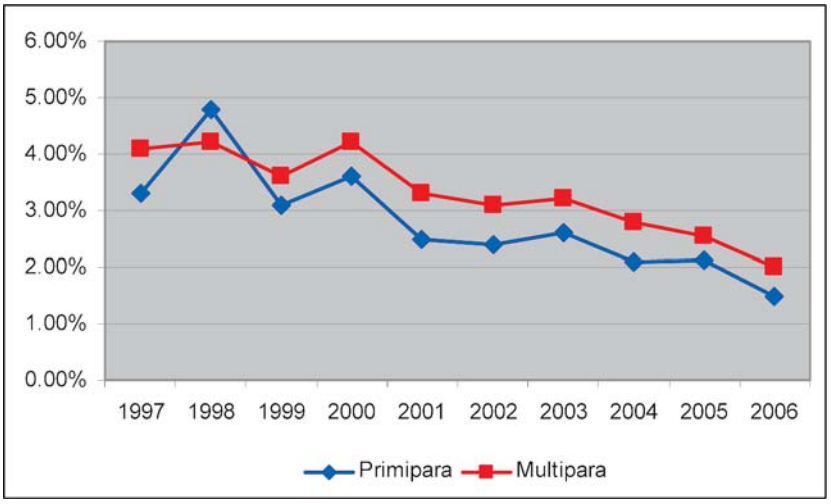
Treatment of sexually transmitted infections

Partners working with STI:
AMI, AZG, ARHP, CARE, FXB, MSF-CH, Malteser, MSI, MDM, PSI, SC, MANA, MMA, National AIDS Programme, PGK, WHO

In 2006, the National AIDS Programme could develop not only National Technical Guideline of STI, but also National Treatment Guideline on syndromic management of STD in English as well as in Myanmar. The National Guideline has been published, made available for easy use who is working in STI treatment.

The National AIDS Programme reported declining of syphilis among pregnant women tested at selected ANC sites of the Department of Health. The prevalence had further fallen from 2% in 2005 to 1.5% in 2006. This trend also coincided with data from AZG clinics (data presented at ICAAP Colombo).

Figure 8: Syphilis prevalence from ANC data – 1997-2006

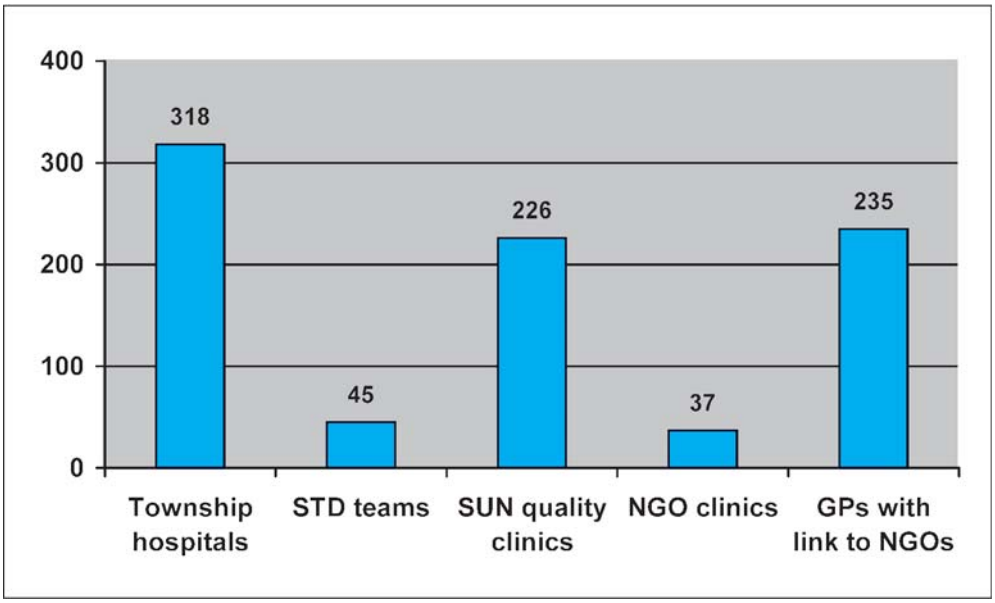


At least 110,000 people were reported having received treatment for sexually transmitted infections during 2006 from all partners. While the number of treatments reported for 2006 are lower than for 2005, it is likely that this is due to more consistent reporting of individuals treated rather than treatments provided (which allows for one person being treated repeatedly and thus reported several times). The NAP only reports on new clients to the AIDS/STD teams and township hospitals. This in turn leads to an

underreporting of individuals accessing treatment during a reporting period. It will be necessary to align the reporting systems in order to have a consistent count of people treated for sexually transmitted infections in the public and not-for profit sector.

Behavioural surveillance undertaken in 2003 suggested that most people seeking treatment for STI either resort to self-treatment or consult private practitioners. The numbers captured by this report are therefore likely to represent only a portion of the people treated. However, public and non-governmental providers of STI treatment have been successful in increasing the number of service delivery points that provide treatment according to guidelines. The partners reported a total of 538 service delivery points that are either run, supported or associated with a government or non-governmental organisation. This figure includes 318 township hospitals. This network of service providers includes private general practitioners that joined the PSI supported Sun Quality Health Clinics, government clinics as well as non-governmental clinics (see Figure 9). Some non-governmental organisations refer patients to trusted private sector practitioners. Some of these non-governmental organisations provide training and supervision. There is a lack of data on the quality of services provided through these different types of service delivery.

Figure 9: Service Delivery Points run and supported by partners



Issues and challenges

- VCCT services still available only for a limited part of the population; the declining numbers from last year require continuing attention and improvement to the monitoring systems for VCCT are essential
- The change in reporting of STI treatments makes trends analysis difficult; the available data would suggest that there has not been a substantial increase in the number of treatments provided or numbers of people receiving treatment
- Behavioural data is required to confirm earlier findings most people seek treatment in the private sector or resort to self treatment; appropriate programmatic responses will be needed
- Type and extent of general population activities require better monitoring and impact evaluation

STRATEGIC DIRECTION 11: COMPREHENSIVE CARE, SUPPORT AND TREATMENT

Package of care and support with or without ARV				
Impact/Outcome Targets	**Size estimate**	**Baseline (Year)**	**Target 2006**	**Results 2006**
% of TB patients that are HIV infected		10.3% (2005)	9.8%	11.3%
% People still alive at 1 year after initiation of ARV		94.6% (2005)	95%	Not reported in 2006
Output/Coverage Targets				
Number of People Living with HIV in need receiving ARV (including package of support)	67,000	3.7%	6,000	6,476
Number of people receiving Cotrimoxazole as prophylaxis		7,000 (2005)	10,000	27,523 (1)
Number of people receiving CHBC package of support (without ARV)	67,000	10,000 (2005)	15,000	10,650
Number of TB/HIV co-infected patients referred to HIV care services			800	5,390 (2)

Source : Operational Plan M & E table; HIV prevalence data from HIV Sentinel Surveillance

Prevention of Mother to Child Transmission				
Impact/Outcome Targets	**Size estimate**	**Baseline (Year)**	**Target 2006**	**Results 2006**
% of infant born to HIV infected mother that are HIV infected	8,000	24.78% (2005)	24%	Not reported in 2006
Output/Coverage Targets				
Pregnant women having access to VCCT	1,283,382	138,885	208,327	182,692
% of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	7,700	629 (8%) (2005)	12%	969 (13%)
Number of orphans receiving support	1,700,000	27800 (2005)	34,000	10,344 (3)
Number of children in need provided with ARV	1,960		150	317

Source : Operational Plan M & E table

(1) Includes people treated for Opportunistic Infections

(2) Indicator definition will need to be reviewed (potential double counting, different interpretation of indicator)

(3) All types of orphans included

Key achievements

- AIDS patients receiving ART increased from 2,527 (2005) to 6,577 (2006)
- Expansion of treatment and prophylaxis of opportunistic infections
- Continuing expansion of PMCT services including treatment for mother-baby pairs
- Children (under 13 years old) receiving ART increased from 136 (2005) to 317 (2006)

Partners working with Care, Treatment and Support: Alliance, AMI, AZG, FXB, CARE, MANA, MHAA, MNA, MRCS, MSF-CH, MDM, National AIDS Programme, PACT, PGK, UNODC, WHO, WV

Care and treatment

In 2006 a continuing and substantial increase in people receiving antiretroviral drugs has occurred. Both government and non-governmental provision of ARV treatment increased. The total number of people on ARV drugs by December 2006 was 6,577. This exceeded the targets set for 2006 significantly. However, it still represents only a small proportion of the number of people in need of ART. In 2006 it was estimated that approximately 67,000 people were in need of ARV treatment.

Figure 10: Total number of people receiving ART – 2002-2006

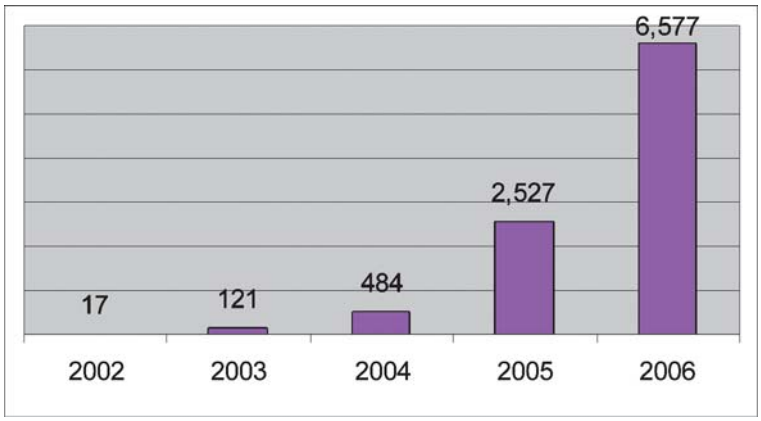
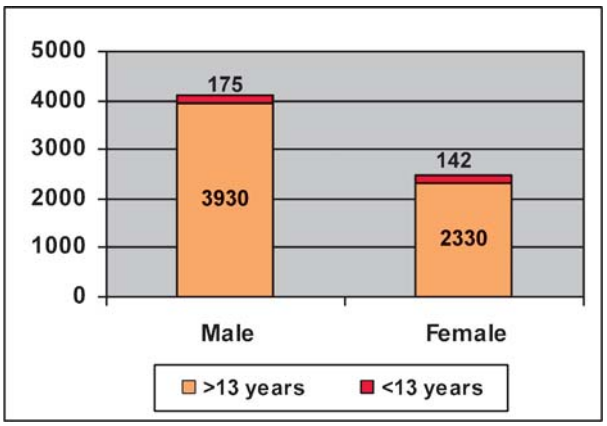


Figure 11: Number of people receiving ART by age and gender - 2006



By the end of 2006 a total of 39 service delivery points were providing ARV drugs (see Map 6), whereof 14 were government sites. However, the majority of people receive ARV through non-governmental organisations, as many of the government sites have been established in 2006 and have few patients yet. About 60 % of the patients receive their treatment from government and non-governmental clinics in Mandalay and Yangon. The longer established clinics all report long waiting lists for people who are in principle eligible for ART. The partners will need additional funds to provide ART to already identified clients with advanced AIDS. A geographical expansion, which would ensure better equity in accessing ART, would require even more funds.

Only 37% of the people receiving ARV drugs were female. All together a total of 317 (4.8%) children under 13 years of age received antiretroviral drugs. While it is known that ARV drugs are available in the private sector, the actual number of AIDS patients could not be known as these patients purchased the drugs by their own under the prescription of a general practitioner.

Table 9: Number of PLHIV receiving ARV

Organizations	Number	Percentage
AZG	5132	78%
AMI	28	0.4%
FXB	70	1.1%
MDM	101	1.5%
MSFCH	308	4.7%
NAP	938	14.3%

Map 6: Location of ART sites

There were 8 sites equipped with automatic CD4 counting machines. Five of those were located in public hospitals or laboratories, while 3 were with non-governmental partners. The public health system reported that a further 6 manual CD4 machines were located in townships with ART programmes.

There are three selection criteria for ART treatment in the national programme which are clinical criteria based on WHO staging, geographical criteria and social criteria including adherence counselling. The first line drug regime used in the national AIDS programme are stavudine plus lamivudine plus nevirapine or zidovudine plus lamivudine plus nevirapine. Alternative first line regime is stavudine plus lamivudine plus effaviraenz or zidovudine plus lamivudine plus effavirenz. The second line drugs are abacavir, tenofovir, didanosine and lopinavir boosted ritonavir.

In 2006, National AIDS programme provided 1,070 ART trainings for physicians, medical officers, nurses and private practitioners from different states and divisions. The training includes introductory training of health care providers on ART, scaling up of ART, OI management for basic health staff, supply management, adherence counselling, ART training for private sector and training of OI diagnosis for laboratory pathologist and laboratory technicians.

In 2006 a total of 27,523 patients received either cotrimaxozole prophylaxis or treatment for opportunistic infections (see Table 10). This was an increase of 35% from 2005. In addition, it is thought that a large number of people received treatment in the private sector, but no data is available on the extent and quality. Estimation on people living with HIV who need cotrimaxazole prophylaxis or treatment for opportunistic infections suggest 203,347 need OI treatment. The estimation is calculated based on the 20% of PLHIV (338,991) required OI treatment for 3 times per year.

Some partners have indicated that the provision of treatment to people with AIDS related illnesses, which includes the treatment of opportunistic infections and food is becoming relatively expensive compared to antiretroviral treatment. The continuing decline in prices for first line ARV drugs therefore offers an opportunity to move more people on ART instead of treating them for opportunistic infections.

Table 10: Treatment and prophylaxis of opportunistic infections – 2006

Organizations	Male	Female	Total
NAP	1,424	2,598	4,022
AMI	139	218	357
AZG			9,369
FXB	1,299	958	2,257
CARE	840	1,623	2,463
MDM	0	3,468	3,468
MSF CH	560	559	1,119
PACT	9	9	18
MANA	2	56	58
MRCS	40	42	82
MHAA	2	1	3
MNA	1,970	1,942	3,912
PGK	233	151	384
UNODC	2	11	13
Total			**27,523**

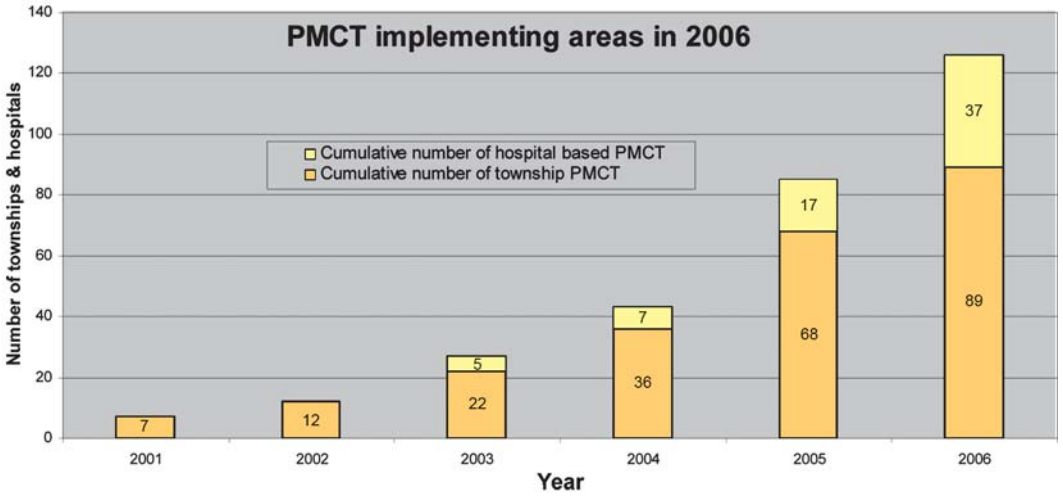
Issues and challenges

- The scaling up treatment is a major priority – lack of resources is at this moment the key constraining factor
- Geographical coverage is limited and needs to be expanded
- Paediatric ART programme needs to be scaled up
- Lab services in the hospitals need to be upgraded
- Encourage more partners to become involved
- Clarify the role of general practitioners in the provision of ART and necessary supervision and quality control systems

Preventions of mother-to-child transmission of HIV (PMCT)

The PMCT program has expanded from 2 townships in 2000 to 89 townships in 2006. There are two types of approaches – community based and hospital based programmes. The hospital based programmed implemented in 37 hospitals in 2006. Some townships have both community and hospital based PMCT.

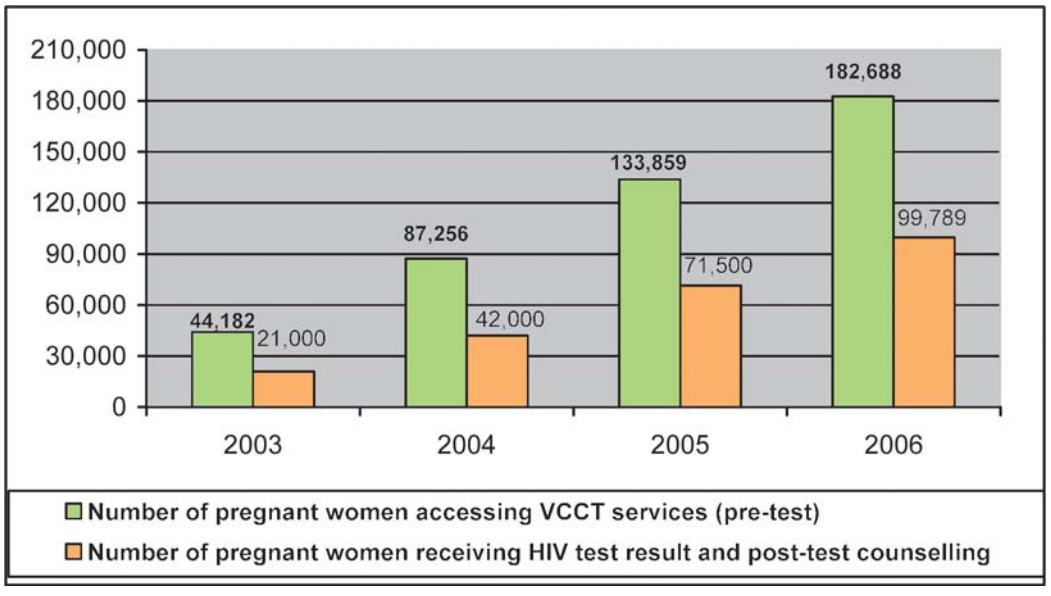
Figure 12: PMCT implementing areas in 2006



In 2006, a further increase in the numbers of pregnant women accessing the pre-test counselling offered through the PMCT programme. A total of 182,688 women received pre-test counselling during 2006. This corresponds to a 36% increase over 2005. In selected townships, there is a plan to start continuum of care for PMCT.

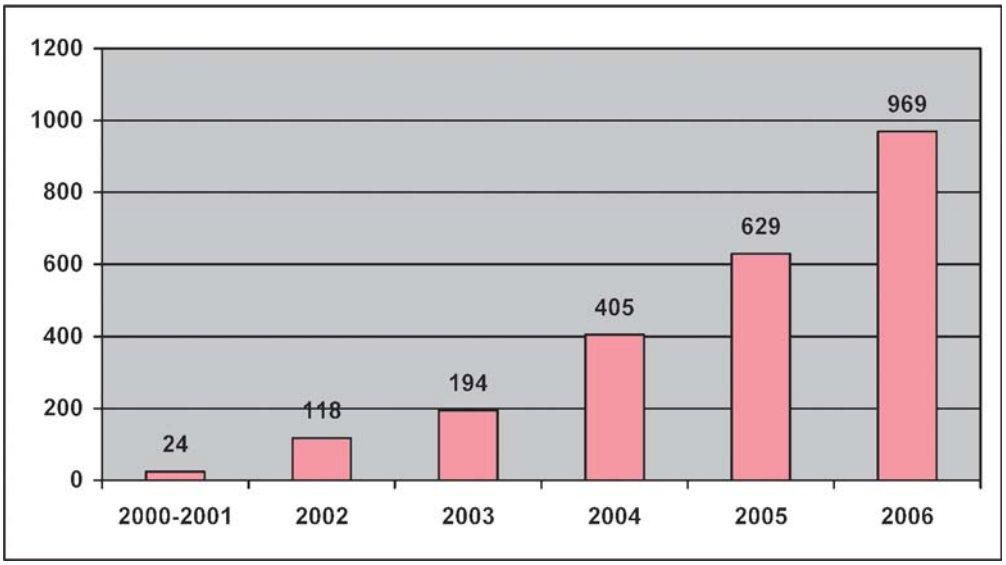
54% of the women who underwent pre-test counselling decided to undertake a HIV test. The pre-test counselling were provided on a individual basis as well as in group settings. The acceptance rate varied slightly among different townships. 99,789 pregnant women received HIV testing and post-test counselling after the pre-test counselling.

Figure 13: Number of pregnant women accessing VCCT 2003-2006

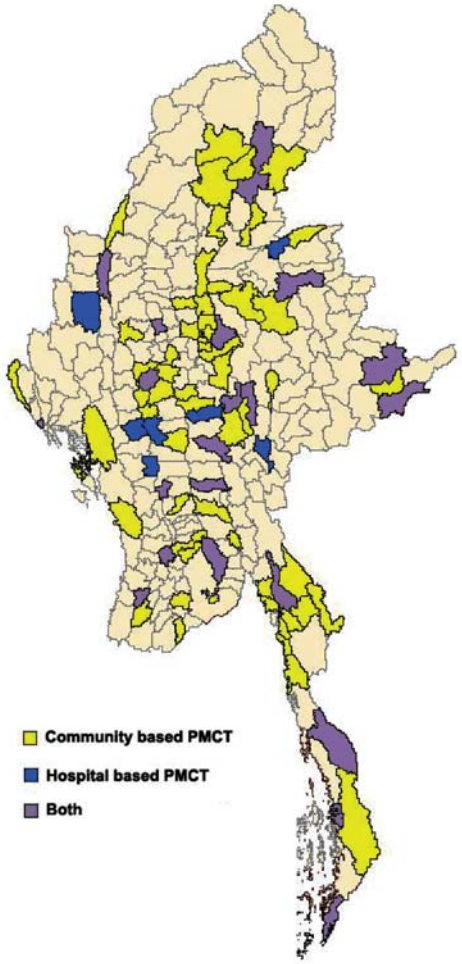


In 2006, a total of 969 mothers and their babies received Nevirapine. Some of this takes place in clinics of non-governmental clinics. However, 85.6% of the total prophylaxis takes place in public setting.

Figure 14: Number of mother-baby pairs receiving Nevirapine 2000-2006



Map 7: Geographical location of PMCT sites - 2006



Tuberculosis and HIV

The implementation of the TB/HIV programme was started in Mandalay, Taunggyi and Myitkyina. At first, departmental referral was practiced between the National AIDS Programme and the National TB Programme. TB patients received counseling and testing through STD teams and if they were positive, they were referred to the HIV programme. Dual infected patients received cotromoxizone prophylaxis in addition to TB treatment. In 2006, some TB health personals received VCCT training and they started providing counseling and testing in TB campaign. TB patients who were HIV positive received ART in Mandalay in collaboration with UNION.

Home-based care

In total, 10,650 PLHIV received community home based care (see Figure 15) which included psychological and social support as well as food, material and financial support, and basic medical care (this included health education). A total 13 organisations have reported home based care activities (see Table 11). One half of the people reached were women.

Figure 15: Number of people receiving home based care – 2000-2006

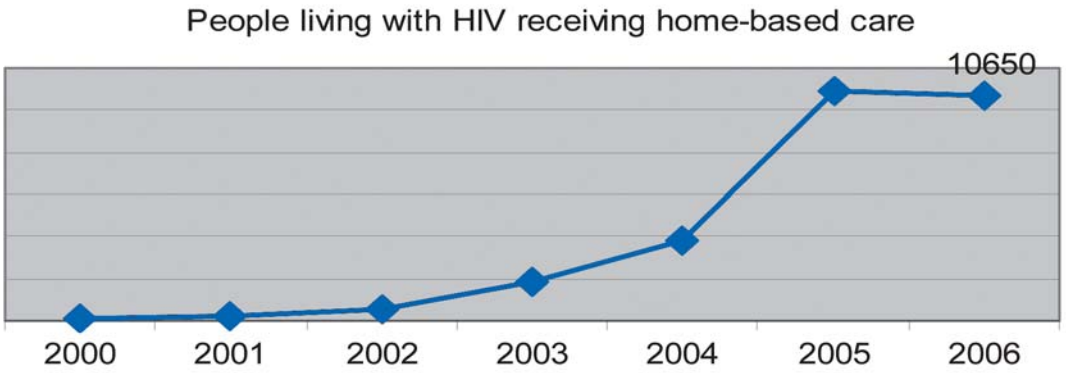


Table 11: People receiving home based care

Organizations	Male	Female	Total
AZG	202	200	402
FXB	968	1261	2229
AMI	33	35	68
Alliance	345	296	641
Care	915	934	1849
MDM	129	0	129
PACT	10	12	22
WV	469	599	1068
MANA	59	2	61
MNA	1707	1934	3641
MRCS	70	73	143
PGK	151	233	384
UNODC	11	2	13
Total	5069	5581	10650

Orphans and vulnerable children (OVC)

Partners working with OVC:
ARHP, ALLIANCE, CARE, Department of Social Welfare, FXB, MRCS, MNA, PGK, SC, UNICEF, WV

The 10 partners working with orphans and vulnerable children reported a total of 10,344 children that received support, such as nutritional support, assistance for schooling and others. The partners reported that 2,516 of these children were affected by HIV or AIDS. This corresponds to about 25% of all the children supported. Several states and divisions had no programmes at all (see Table 12). There is no trend available since this was the first year that partners reported on OVC.

While most of the children were reached through community based programmes, the Department of Social Welfare reported that they cared for a total of 1,388 children in 19 centres under their responsibility. These children included 208 maternal, 290 paternal and 890 double orphans.

Table 12: Orphans and vulnerable children supported by state and division - 2006

State & Division	TOTAL
Ayeyarwaddy	108
Bago	0
Chin	0
Kachin	0
Kayah	0
Kayin	107
Magway	0
Mandalay	697
Mon	1,423
Rakhine	0
Sagaing	321
Shan	1,317
Tanintharyi	1,018
Yangon	2,151
Total	**10,334**
Number of orphans affected by AIDS	**2,516**

Issues and challenges

- Limited access to PMCT and further expansion of PMCT programme – the epidemic is affecting increasingly women who are infected by their partners or husbands;
- The coverage of PMCT is still low as all pregnant women should undergo counselling and testing which put in emergence need
- Private sector involvement for PMCT needs to be strengthened
- Limited numbers of orphans and vulnerable children are reached, a substantial scale up is needed to ensure children's rights to health care, education and protection from abuse;
- Involvement of government as well as non-government organisations delivering social services needs to be strengthened to assist in efforts to mitigate the impacts of HIV and AIDS;
- Collaboration and linkage between intervention programmes, such as health care providers, social welfare organisations, training institutions and income generation programmes, need to be established.

STRATEGIC DIRECTION 12 : ENHANCING THE CAPACITY OF THE HEALTH SYSTEM

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2006	Results 2006
% of townships implementing HIV test with no stock out of HIV test kits	325	95%	100%	Not reported in 2006
Proportion of HIV testing laboratories participating to NEQAS for HIV serology		25%	50%	13%
Proportion of transfused blood units screened for HIV	200,000	95.2% (2004)	100%	100%
Number of Service Delivery Points offering VCCT		122 (2005)	211	291
% of need for PEP that is met			100%	Not reported in 2006
Amount of national funds disbursed by government		78.05 MK	206 MK	

Source : Operational Plan M & E table

Key achievements

- equipment for the cold chain of test kits delivered and installed in X townships
- increase in number of points delivering VCCT including non-governmental organisations providing one-stop services

In 2006, the investments in the public health system have been substantial. Notably the Global Fund had both made funds available to improve the infrastructure of public health facilities. Much needed equipment, such as solar powered and ice-line fridges, were installed in decentralised service delivery points to ensure an uninterrupted cold chain. Renovation work was undertaken in a number of STD team sites.

Test kits are consumed by STI, TB, IDU, blood safety as well as VCCT and PMCT services. Test kits were funded from several sources making the procurement planning more challenging. The increase in test kits and the improved cold chain highlighted the need to improve the supply management. Technical assistance in procurement and supply management has been available to the public health system.

There have been no official reports on stock outs. However, informal feedback from decentralised levels suggested that shortages of test kits for some purposes occurred in some locations. The testing of blood donations remained the priority. For this purpose test kits destined for VCCT are lent to the blood banks. The test kits are then given back when the new stock arrives. While this arrangement has the benefit of being flexible, it is necessary to address the underlying issues in the procurement and supply management system. Notably, it is necessary to have improved procurement planning which requires donors collaborating closely with the National AIDS Programme

in the procurement. The supply management needs to be strengthened to ensure the timely availability of test kits. This will require moving from a push system (where the central level decides on the number of test kits given to service providers) to a pull system (where service providers request the estimated amounts of test kits).

The number of service delivery points for the provision of VCCT has greatly increased to 291 from only 122 in 2005.

Issues and challenges

- quality control, including for non-governmental service providers and for-profit providers
- lack of clearly defined budget for government HIV services

STRATEGIC DIRECTION 13 : MONITORING AND EVALUATION

HIV Sentinel surveillance

The National AIDS Programme carries out yearly HIV surveillance of selected sub-population groups. The data of the 2006 HIV sentinel survey suggested that the prevalence among the sentinel groups were either stabilising or moderately fluctuating (Figures 16 and 17). The 2006 data showed a continuing decrease among military recruits, blood donors and injecting drug users; increases were noted for male patients with sexually transmitted infections, sex workers and pregnant women attending antenatal care. TB patients were included as a new sentinel group.

There were ongoing efforts to further improve the national HIV surveillance system in 2007. It was expected that the HIV sentinel surveillance for 2007 would provide more precise data on the specific surveillance groups at national level as well as for the individual surveillance sites.

Figure 16: HIV prevalence trends for injecting drug users, male patients with sexually transmitted infections, female sex workers and tuberculosis patients

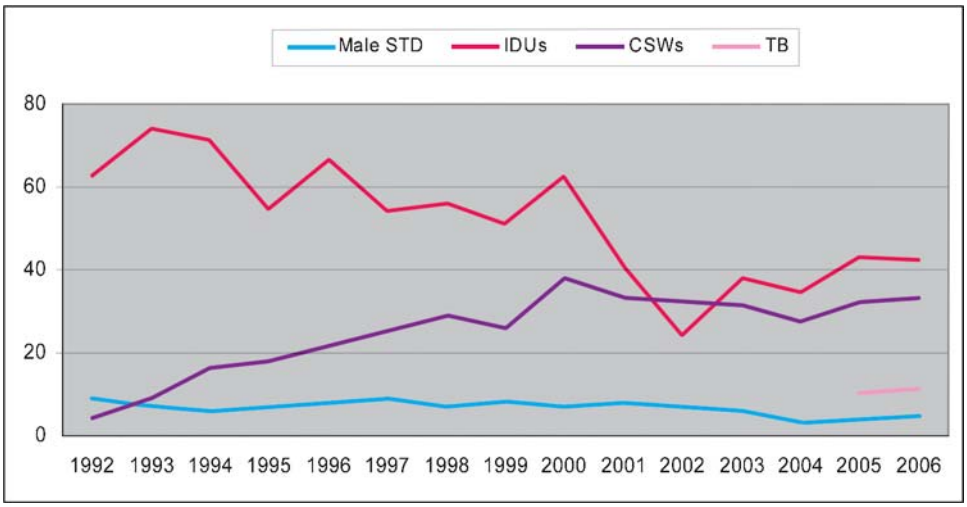
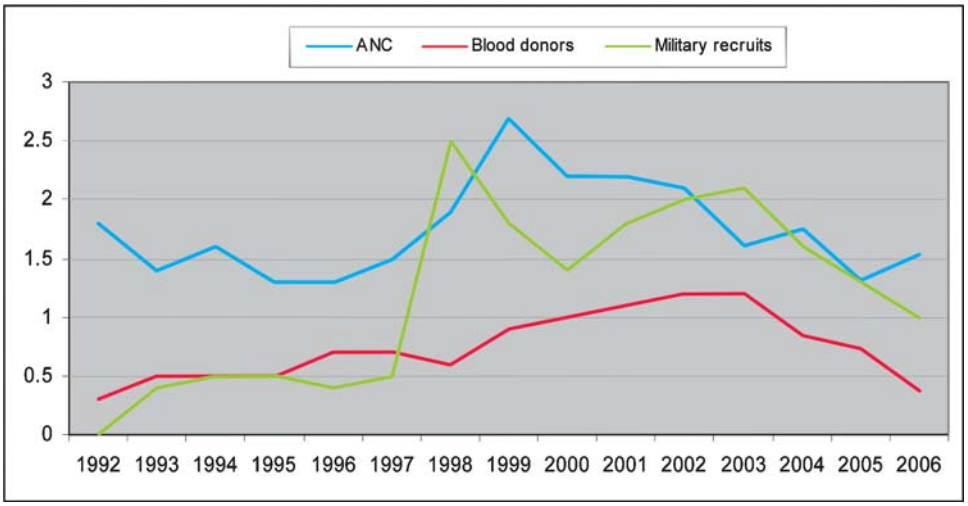


Figure 17: HIV prevalence trends for pregnant women attending antenatal care, blood donors and military recruits



Behaviour Sentinel Surveillance

The only available behaviour data stems from a general population and youth behavioural survey of 2003. While some non-governmental organisations carried out studies after 2003, these have not been published. A new protocol for national BSS was developed.

There is a continuing need for more and better behaviour data to better understand the impact of prevention programmes and to triangulate with data coming from the HIV sentinel surveillance and other research.

Routine Monitoring

The National Strategic Plan provided the opportunity to develop a monitoring framework with coverage indicators that are being shared by all partners. The year 2006 was the first year that the partners reported against the indicators and targets of the Operational Plan of the National Strategic Plan. The data collected aimed to collect and analyse data at the township level. In addition, partners were asked to provide data disaggregated by gender and age for selected indicators. The data received was generally of sufficient quality. However, the gender and age specific data were not consistently reported and substantial gaps remain in the data set. The analysis for age and gender specific coverage is therefore limited. Nevertheless, the data collected for 2006 provided for an extensive data set with data from all partners, including details on geographical area of intervention and target population.

With view to the above it will be necessary to further refine the definitions of the indicators to be used for the monitoring of the national response. It is expected that some partners will have to adopt their monitoring system to meet the demands of the national monitoring framework.

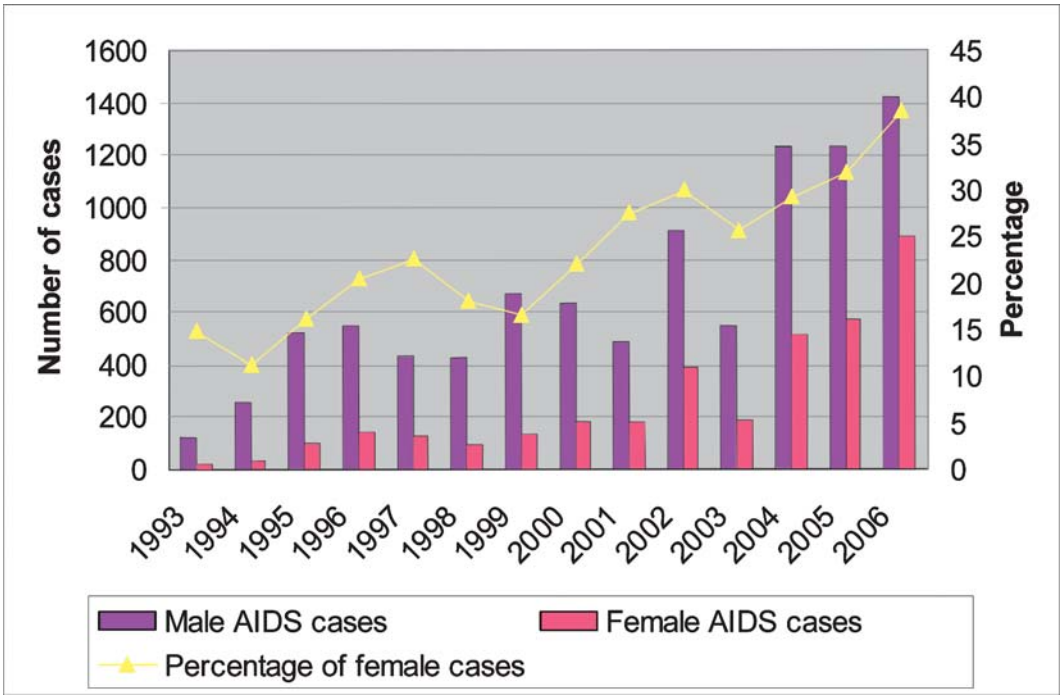
AIDS case reporting

AIDS case reporting has been in place since 1993. The number of people recorded in the AIDS case reporting system have increased over the years. It is assumed that this reflects the growing number of AIDS cases as well as the increased capacity of health care staff to identify AIDS related illnesses and undertake appropriate diagnosis. It is understood that the AIDS cases captured are only a part of the total cases expected in Myanmar. The statistics provide nevertheless an additional data set to triangulate with other sources of information, notably on the male to female ratio of AIDS cases.

In line with other Asian epidemics, the data suggest that women in stable relationships are increasingly affected by HIV infection through their husbands or partners. The 2006 data showed a female to male ratio of 0.63. This corresponds to approximately 38% of the reported cases being women.

The National AIDS Programme also receives reports on AIDS deaths. These cases are reported form the township level through the township medical officer and from other hospitals through the medical superintendent.

Figure 18: Percentage and number reported AIDS cases – 1993-2006

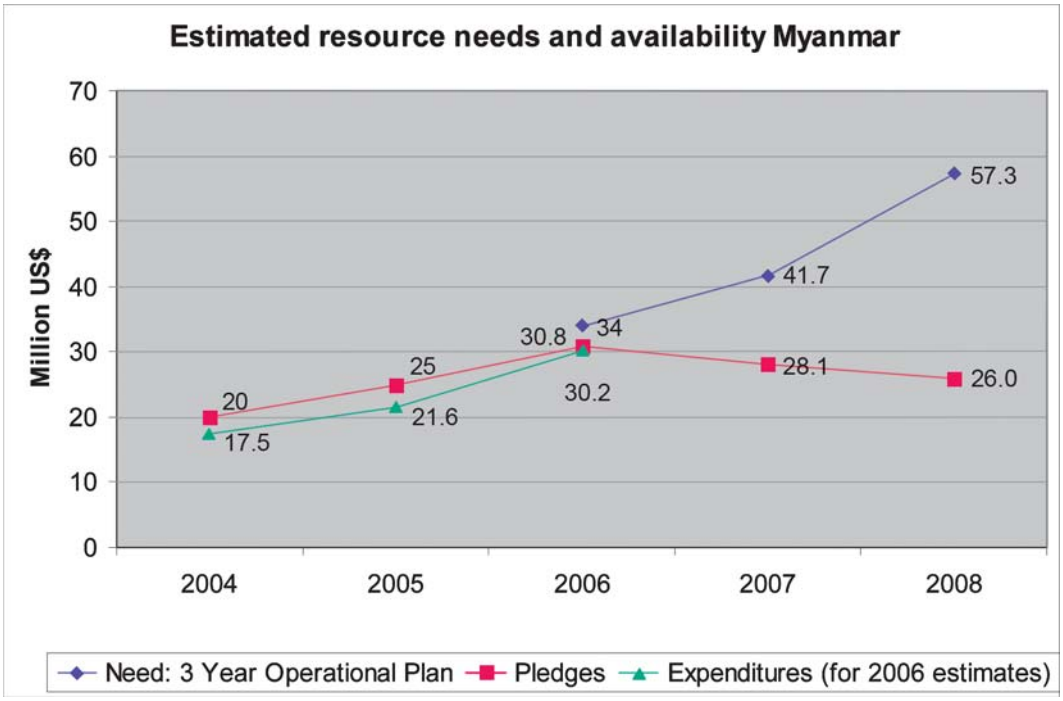


FINANCIAL RESOURCES AND EXPENDITURES

The year 2006 has seen the highest ever recorded expenditures on HIV and AIDS in Myanmar (see Figure 19). The estimated expenditures in 2006 amounted to US$30.2 million. This was only slightly lower than the recorded commitments of US$30.8 million. However, it still fell short of the overall estimated resource needs from the Operational Plan which amounted to US$34 million.

The Operational Plan projected an increase in resources required in order to meet the intended scale up in services. However, wit the presently available data, there is an anticipated drop of resources for 2007 as well as 2008. Despite the 3 Diseases Fund being operational, there is at present not sufficient funding allocated to the fund to cover the gaps left by the end of the FHAM and the Global Fund. There is furthermore some anecdotal evidence that other funds are no longer available as the 3 Diseases Fund is now operational. There is no evidence that the present funding volume of the 3 Diseases Fund will be able to assume additional funding responsibilities (see Figure 18).

Figure 19: Estimated resource needs and availability – 2004-2008



Issues and challenges

- resource gap between estimated needs to meet operational targets and donor commitments is widening
- donor funds available are the lowest per capita in South-East Asia, despite facing one of the most serious epidemics
- government contribution towards national response is low and mainly through human resources and infrastructure

Coverage on National Response

State and Division

Table of Contents

Source :

Population	- Handbook on HDI 2005
Area	- Handbook on HDI 2005
Coverage data	- Annual Progress Report 2006
+ (in map)	- Hospitals

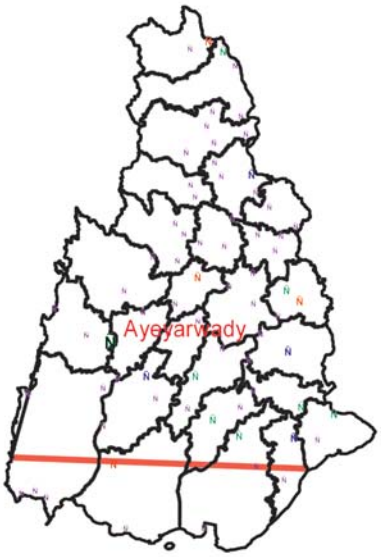
* *- indicates that not all data could be allocated to State and Division because not all organizations reported achievement broken down by township*

Myanmar	
Area :	676,578 sq Km
Population :	54,299,493
No of townships :	324
No of AIDS/STD team :	45
No of HIV sentinel sites :	ANC(30), Male STD (30), IDU(4), SW(2), Blood donor(2), TB(11), Military recruit(1)
NGOs working in state/division	Alliance, AZG, AHRN, AMI, ARHP, CARE, FXB, IOM, Malteser, MDM, MBCA, MSI, MANA, MNA, MMA, MHAA, MRCS, MSF – CH, PACT, Partners, PGK, Progetto Continenti, PSI, SC, WV,WC

Coverage

Strategic Direction		Indicator	Reached
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	36339
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	28566
3	Drug users	IDU reached by Harm Reduction programme	21050
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	2601
5	Institutionalized populations	Prisoners reached by health education	5951
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	421717
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available
8	Young people	Out of school youth (15-24) reached by prevention programme	136945
9	Workplace	Number of people in workplace reached by package of prevention programme*	104164
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	637966
		Reproductive age accessing VCCT	90145
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	6577
		Number of people receiving CHBC package of support	10650
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	969

Ayeyarwady Division	
Area :	35,137 sq Km
Population :	7,455,279
No of townships :	26
No of AIDS/STD team :	4
No of HIV sentinel sites :	ANC(3), Male STD (3)
NGOs working in state/division	CARE, MBCA, MSI, MCFT, PGK, PSI, WV



Coverage

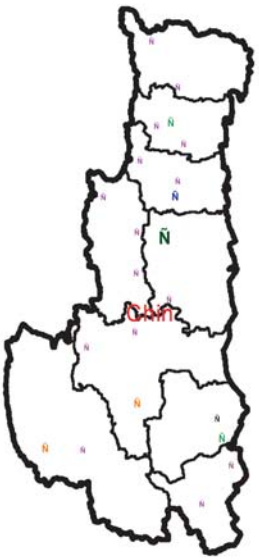
Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	1,597	4.4%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	2,693	9.4%
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	8	0.3%
5	Institutionalized populations	Prisoners reached by health education	1,000	16.8%
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	76,046	18.0%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	3,545	2.6%
9	Workplace	Number of people in workplace reached by package of prevention programme*	133	0.1%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	9,379	1.5%
		Reproductive age accessing VCCT	2,520	2.8%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	-	-
		Number of people receiving CHBC package of support	144	1.4%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Bago Division	
Area :	39,404 sq Km
Population :	5,513,771
No of townships :	28
No of AIDS/STD team :	3
No of HIV sentinel sites :	ANC(2), Male STD (2), TB(1)
NGOs working in state/division	Alliance, CARE, Karuna, MBCA, MSI,

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	1,143	3.15%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	640	2.2%
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	-	-
5	Institutionalized populations	Prisoners reached by health education	-	-
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	9,695	2.3%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	5,998	4.4%
9	Workplace	Number of people in workplace reached by package of prevention programme*	313	0.3%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	1,988	0.3%
		Reproductive age accessing VCCT	2,450	2.7%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	-	-
		Number of people receiving CHBC package of support	50	0.5%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

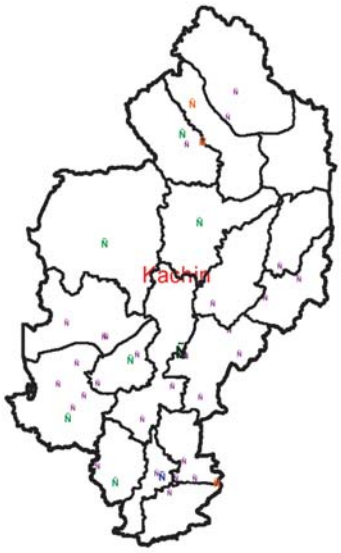
Chin State	
Area :	36,019 sq Km
Population :	1510,266
No of townships :	9
No of AIDS/STD team :	1
No of HIV sentinel sites :	ANC (1), male STD (1)
NGOs working in state/division	Care, MBCA, WV



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	34	0.09%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	-	-
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	-	-
5	Institutionalized populations	Prisoners reached by health education	-	-
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	2,928	0.7
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	1,784	1.3%
9	Workplace	Number of people in workplace reached by package of prevention programme*	133	0.1%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	1,124	0.2%
		Reproductive age accessing VCCT	132	0.1%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	-	-
		Number of people receiving CHBC package of support	-	-
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

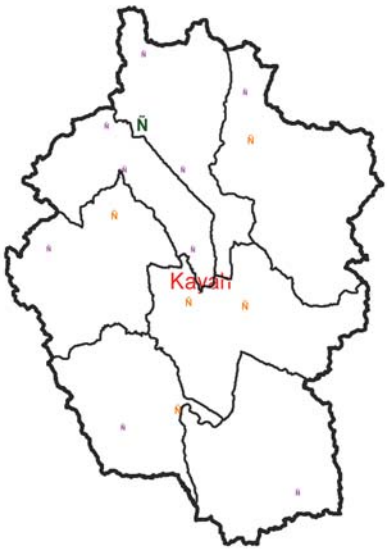
Kachin State	
Area :	89,042 sq Km
Population :	1,422,890
No of townships :	18
No of AIDS/STD team :	2
No of HIV sentinel sites :	ANC (2), IDU (1), male STD (2)
NGOs working in state/division	Alliance, ARHP, AZG, MBCA, MDM, MRCS, PSI, WC



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	1,961	5.4%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	180	0.96%
3	Drug users	IDU reached by Harm Reduction programme	11,637	55.3%
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	-	-
5	Institutionalized populations	Prisoners reached by health education	-	-
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	48,246	11.4%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	4,092	3.0%
9	Workplace	Number of people in workplace reached by package of prevention programme*	166	0.2%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	59,550	9.3%
		Reproductive age accessing VCCT	10,351	11.5%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	1,042	15.8%
		Number of people receiving CHBC package of support	318	3.0%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Kayar State	
Area :	11,732 sq Km
Population :	309,820
No of townships :	7
No of AIDS/STD team :	1
No of HIV sentinel sites :	ANC (1), male STD (1)
NGOs working in state/division	PSI



Coverage

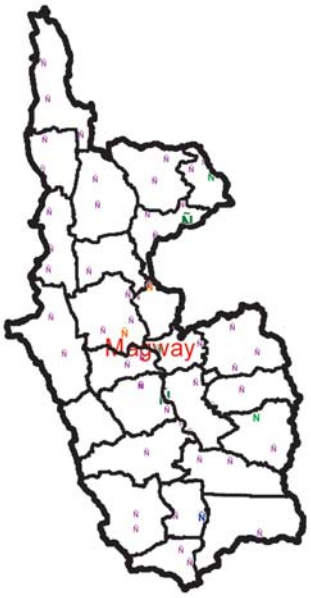
Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	24	0.06%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	5	0.01%
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	-	-
5	Institutionalized populations	Prisoners reached by health education	-	-
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	1,486	0.4%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	-	-
9	Workplace	Number of people in workplace reached by package of prevention programme*	-	-
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	-	-
		Reproductive age accessing VCCT	360	0.4%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	-	-
		Number of people receiving CHBC package of support	-	-
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Kayin State	
Area :	30,383 sq Km
Population :	1,640,719
No of townships :	7
No of AIDS/STD team :	2
No of HIV sentinel sites :	ANC (2), male STD (2), TB(1)
NGOs working in state/division	Karuna, MBCA, MRCS, SC

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	3	-
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	-	-
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	-	-
5	Institutionalized populations	Prisoners reached by health education	-	-
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	2,534	0.6%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	19,049	13.9%
9	Workplace	Number of people in workplace reached by package of prevention programme*	62	0.1%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	674	0.1%
		Reproductive age accessing VCCT	3,050	3.4%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	-	-
		Number of people receiving CHBC package of support	-	-
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Magway Division	
Area :	44,821 sq Km
Population :	5,080,302
No of townships :	26
No of AIDS/STD team :	2
No of HIV sentinel sites :	ANC(2), Male STD (2)
NGOs working in state/division	PSI, PACT, SC



Coverage

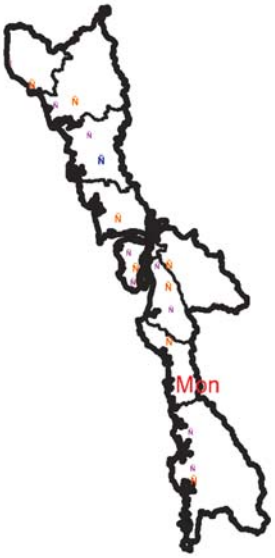
Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	523	1.4%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	177	0.6%
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	-	-
5	Institutionalized populations	Prisoners reached by health education	-	-
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	-	-
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	3,292	2.4%
9	Workplace	Number of people in workplace reached by package of prevention programme*	307	0.3%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	8,492	1.3%
		Reproductive age accessing VCCT	1,037	1.2%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	-	-
		Number of people receiving CHBC package of support	7	0.1%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Mandalay Division	
Area :	37,935 sq Km
Population :	7,571,010
No of townships :	31
No of AIDS/STD team :	6
No of HIV sentinel sites :	ANC(4), Male STD (4), IDI (1). SW(1), Blood donor(1), New military recruit(1)
NGOs working in state/division	Alliance, Burnet, CARE, MSI, MBCA, MRCS, MMA, PACT, PGK, PSI, PDO, WV

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	6,992	19.2%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	5,250	18.4%
3	Drug users	IDU reached by Harm Reduction programme	3,074	14.6%
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	832	32%
5	Institutionalized populations	Prisoners reached by health education	600	10.1%
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	34,697	8.2%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	21,057	15.4%
9	Workplace	Number of people in workplace reached by package of prevention programme*	31,258	80%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	54,245	8.5%
		Reproductive age accessing VCCT	8,750	9.7%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	450	6.8%
		Number of people receiving CHBC package of support	1,112	10.4%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

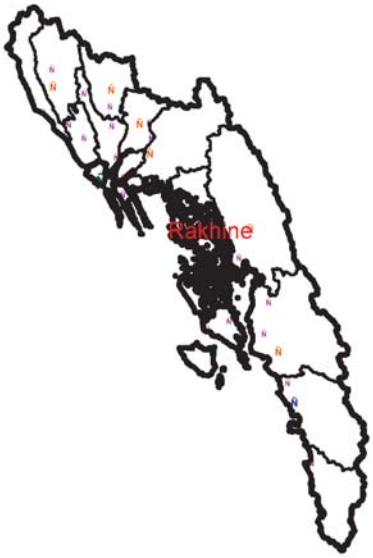
Mon State	
Area :	12,297 sq Km
Population :	2,800,928
No of townships :	10
No of AIDS/STD team :	1
No of HIV sentinel sites :	ANC(1), Male STD (1)
NGOs working in state/division	Alliance, FXB, CARE, IOM, MBCA, MSI, MHAA, MRCS, PSI, SC, WV, WC



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	611	1.7%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	108	0.4%
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	233	9%
5	Institutionalized populations	Prisoners reached by health education	600	10.1%
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	7,566	1.8%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	31,588	23.1%
9	Workplace	Number of people in workplace reached by package of prevention programme*	1,698	1.6%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	3,505	0.5%
		Reproductive age accessing VCCT	2,646	2.9%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	-	-
		Number of people receiving CHBC package of support	1,812	17%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT*	no data by state / division available	

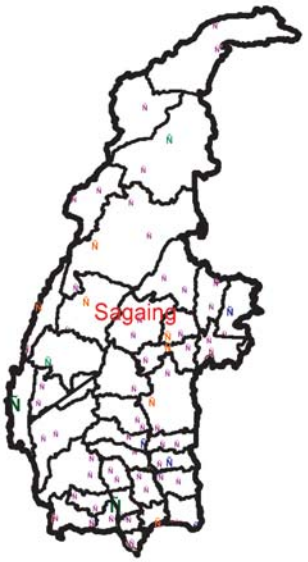
Rakhine State	
Area :	36,778 sq Km
Population :	3,022,558
No of townships :	17
No of AIDS/STD team :	2
No of HIV sentinel sites :	ANC(1), Male STD (1)
NGOs working in state/division	AZG, MBCA, PSI



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	1,223	3.4%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	169	0.6%
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	-	-
5	Institutionalized populations	Prisoners reached by health education	-	-
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	8,987	2.1%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	4,200	3.1%
9	Workplace	Number of people in workplace reached by package of prevention programme*	1,005	1%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	258,124	40.5%
		Reproductive age accessing VCCT	4,012	4.5%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	136	2.1%
		Number of people receiving CHBC package of support	21	0.2%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Sagaing Division	
Area :	93,713 sq Km
Population :	5,901,274
No of townships :	37
No of AIDS/STD team :	3
No of HIV sentinel sites :	ANC(2), Male STD (2)
NGOs working in state/division	Alliance, CARE, PSI,MBCA, MRCS, PACT



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	580	1.6%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	1,110	3.9%
3	Drug users	IDU reached by Harm Reduction programme	150	0.71%
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	55	2.1%
5	Institutionalized populations	Prisoners reached by health education	500	8.4%
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	34,335	8.1%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	1,207	0.9%
9	Workplace	Number of people in workplace reached by package of prevention programme*	197	0.2%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	198	0.03%
		Reproductive age accessing VCCT	1,141	1.3%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	-	-
		Number of people receiving CHBC package of support	314	2.9%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Shan State	
Area :	155,801 sq Km
Population :	5,223,133
No of townships :	59
No of AIDS/STD team :	6
No of HIV sentinel sites :	ANC(5), Male STD (5), IDU(3),
NGOs working in state/division	AZG, AHRN, ARHP, Burnet, CARE, PSI, Malteser, MANA, MBCA, MRCS, PGK, SC, WC, WV

Coverage

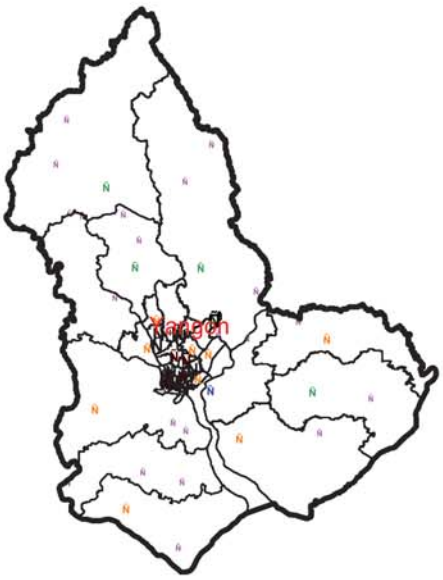
Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	3,087	8.5%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	418	1.5%
3	Drug users	IDU reached by Harm Reduction programme	5,982	28.4%
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	55	2.1%
5	Institutionalized populations	Prisoners reached by health education	191	3.2%
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	70,662	16.8%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	18,631	13.6%
9	Workplace	Number of people in workplace reached by package of prevention programme*	3,358	3.2%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	57,558	9%
		Reproductive age accessing VCCT	11,031	12.2%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	926	14.1%
		Number of people receiving CHBC package of support	55	2.1%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Tanintharyi Division	
Area :	43,345 sq Km
Population :	1,525,311
No of townships :	10
No of AIDS/STD team :	3
No of HIV sentinel sites :	ANC(3), Male STD (3)
NGOs working in state/division	PSI, MSF-CH, MRCS, WV, MHAA

Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	402	1.11%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	135	0.5%
3	Drug users	IDU reached by Harm Reduction programme	-	-
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	164	6.3%
5	Institutionalized populations	Prisoners reached by health education	-	-
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	16,118	3.8%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	2,211	1.6%
9	Workplace	Number of people in workplace reached by package of prevention programme*	2,653	2.5%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	-	-
		Reproductive age accessing VCCT	6,569	7.3%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	308	4.7%
		Number of people receiving CHBC package of support	-	-
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	

Yangon Division	
Area :	10,171 sq Km
Population :	6,322,232
No of townships :	43
No of AIDS/STD team :	7
No of HIV sentinel sites :	ANC(1), Male STD (1), IDU(1), SW(1), Blood donor(1), TB(1), Military recruit(1)
NGOs working in state/division	AZG, AFX, AMI, Alliance, CARE, MDM, MBCA, MSI, MANA, MNA, MMA, MHAA, PSI, Partners, WV



Coverage

Strategic Direction		Indicator	Reached	% of total reached nationally
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	18,159	50%
2	Men who have sex with men (msm)	MSM reached by package of BCC prevention and STI prev/treatment	17,681	61.9%
3	Drug users	IDU reached by Harm Reduction programme	205	0.97%
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	972	37.4%
5	Institutionalized populations	Prisoners reached by health education	2,600	43.7%
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	69,046	16.4%
7	Uniformed services	Uniformed personnel reached by package of prevention programme	no data by state / division available	
8	Young people	Out of school youth (15-24) reached by prevention programme	20,291	14.8%
9	Workplace	Number of people in workplace reached by package of prevention programme*	32,197	30.9%
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	105,017	16.5%
		Reproductive age accessing VCCT	34,395	40.6%
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	3,687	56.1%
		Number of people receiving CHBC package of support	6,222	58.4%
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	no data by state / division available	