



# National Strategic Plan for HIV & AIDS in Myanmar

National AIDS Programme

**PROGRESS REPORT**  
**2007**



## Acknowledgment

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## Acronyms of organizations 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 Myanmar
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
MMT	Methadone Maintenance Therapy
MNMA	Myanmar Nurses and Midwives Association
MPG	Myanmar Positive Group
MRCS	Myanmar Red Cross Society
AZG	Médecins Sans Frontieres Holland
MSF CH	Médecins Sans Frontieres Switzerland
MSI	Marie Stopes International
MPG	Myanmar Positive Group
NAP	National AIDS Programme
PACT	Pact Institute
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
WC	World Concern
WFP	World Food Program
WHO	World Health Organization
WV	World Vision International

## Overview of Strategic Directions

Table 1 Priority setting of the National Strategic Plan on AIDS – Myanmar 2006-2010

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

## Resource needs and availability

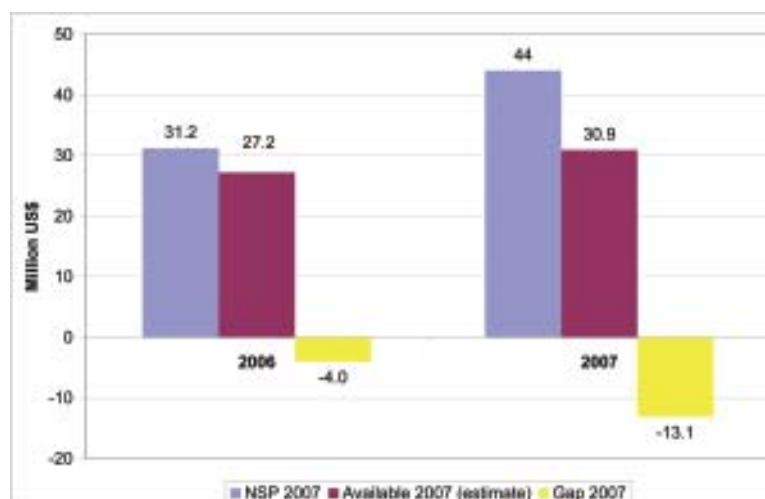
### Government allocation

The government of Myanmar allocated a total of 1,488 million kyats for HIV and AIDS in the health sector (UNGASS Report 2008). Of these, 65% were spent for prevention activities ranging from blood safety, prevention of mother to child transmission and behaviour change education for sex workers to voluntary confidential counselling and testing. 20% were allocated to care and treatment. This included treatment of opportunistic infections, anti-retroviral treatment and home-based care. The remaining 15% were spent on programme management.

### External Resources

As expected in 2007 the growth of resources available for HIV was flattened with only a very slight increase in external resources available to the national response to HIV. Although the total resources had increased slightly, the resource need of the operational plan had still widened. Without additional resources, it was unlikely that further scale-up could be achieved.

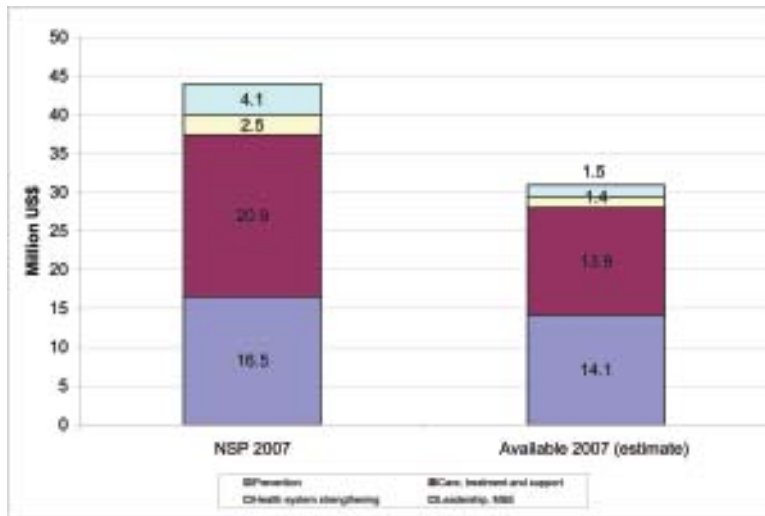
**Figure 1 Resource needs as per Operational Plan and actual resources – 2006 and 2007**



Generally, the Operational Plan for 2007 was underfunded. The major areas of programme were affected in different degrees due to shortage of funding. However, it was learnt that the large portion of the total resources available were allocated according to the Operational Plan. This indicates that the Operational Plan provides a valid planning framework for investments in the response to HIV.

Prevention was comparably most funded with about 85% of planned resources being made available. Care, treatment and support received only 67% of the total resources required per Operational Plan. 56% of funds was available for health system strengthening. The lowest proportion of funding was allocated to leadership and monitoring & evaluation. In this area, only 36% of the requested amount in the operational plan were available.

**Figure 2 External resources per area of intervention as planned and available - 2007**

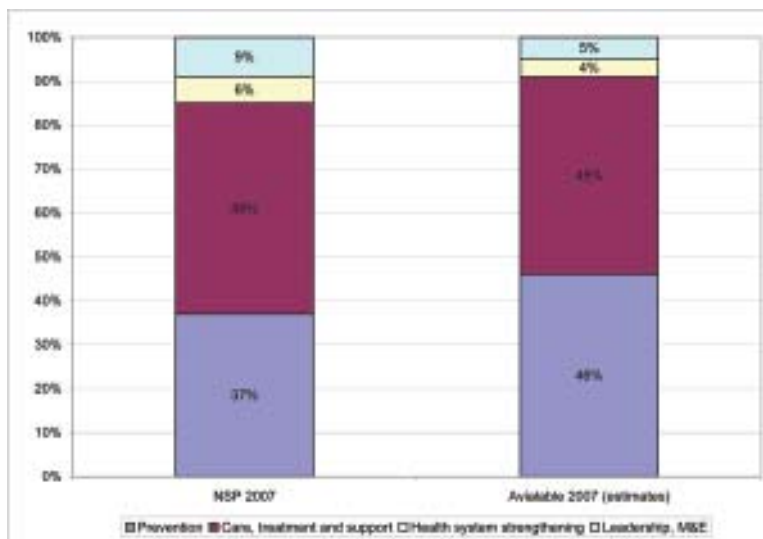


### Resource allocation

In 2007, about 46% of the total resources were allocated to prevention activities. Care, treatment and support programmes received 45%. The areas of health systems strengthening and leadership and M&E have received a smaller fraction of available funds with 4% and 5% respectively.

Principally, the allocation of resources followed the distribution of the operational plan. However, prevention activities were proportionally better funded. The lack of investment in public health systems, capacity building as well as monitoring and evaluation is of particular concern for the long term sustainability of the national response.

**Figure 3 Planned and allocated resources – distribution by area of intervention**

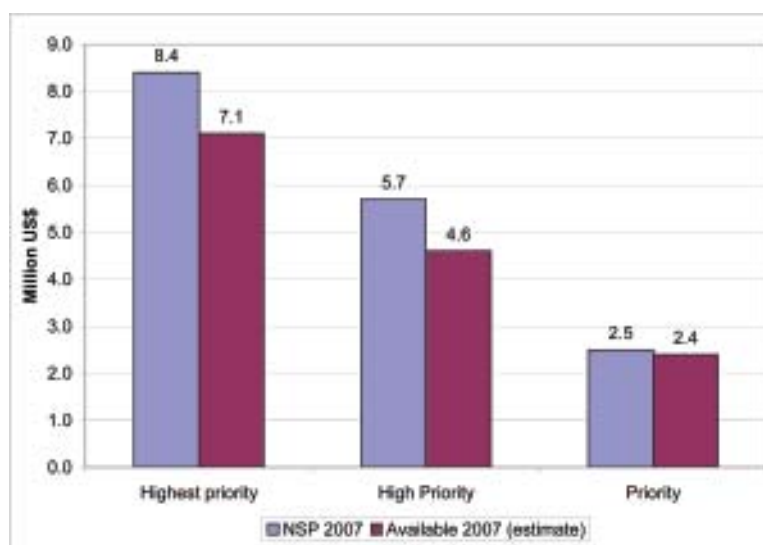




### Prevention – allocation by priority area

The highest priority prevention areas absorbed 50% of all resources available for prevention. Incidentally, this corresponds exactly to the planned financial needs. High prioritized interventions received 30% of available resources, thus nearly equivalent to the planned proportion. The same percent were utilized for the prioritized prevention activities which accounted for the remaining 20% of available resources.

**Figure 4 Planned and allocated resources for prevention interventions**



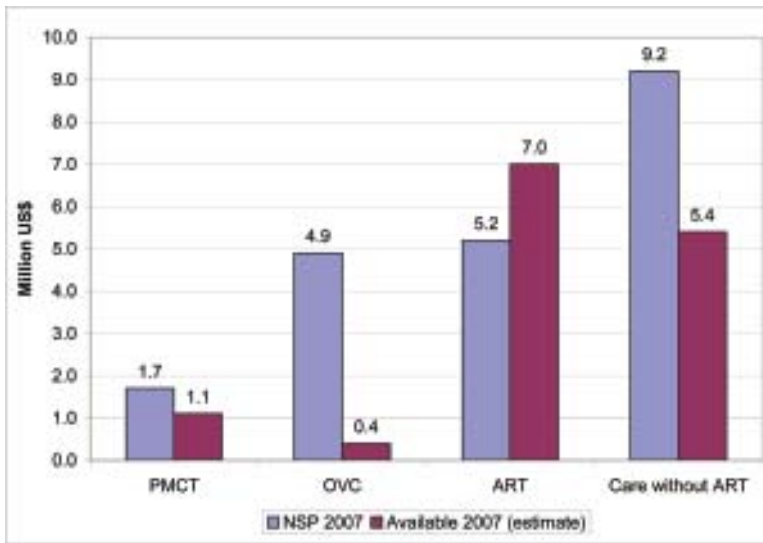
### Care, treatment and support – allocation by area of intervention

Care, treatment and support showed a large gap between initially planned and allocated resources. The year 2007 observed a substantial shift from people receiving treatment without ART (i.e. provision of treatment for opportunistic infections) to people receiving ART. Although, the estimated cost of ART is quite similar with those of treatment without ART, lack of additional resources would also result in very few new entrants with advanced AIDS could be enrolled by service providers.

Support to orphans and vulnerable children (OVC) were the most significantly underfunded in all areas of interventions. Only 10% of the requested resources through the Operational Plan was materialised. While the initial Operational Plan was probably highly optimistic about resource availability and service delivery capacity, support to vulnerable children and orphans received so little attention.

The prevention of mother-to-child transmission has seen a reduced scale up compared to previous years.

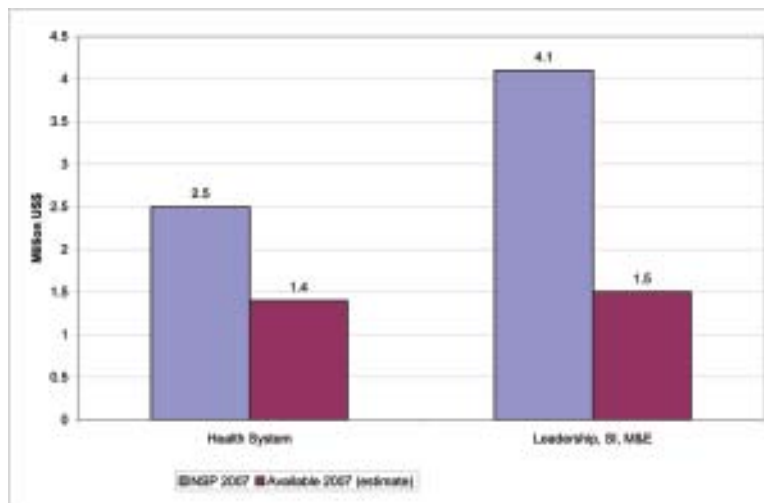
**Figure 5 Planned and allocated resources for care, treatment and support**



Still, investments continued to be low in the area of strengthened capacity of the health system for a country. The majority of funding was invested in blood safety, universal precautions and procurement and supply management.

The resources available for leadership, strategic information, surveillance and M&E remained limited. About 60% of the resources were allocated for capacity building of civil society. The remainder was split between surveillance, operational research, routine monitoring and capacity building.

**Figure 6 Planned and allocated resources for health systems strengthening and strategic information / surveillance / M&E**



## STRATEGIC DIRECTION 1: SEX WORKERS AND THEIR CLIENTS

Impact/Outcome Targets	Size estimate	Baseline or latest figure (Year)	Target 2007	Results 2007
% of sex workers that are HIV infected	60,000	33.5% (2005)	28.5%	15.6% <sup>(1)</sup>
% of sex workers that have a STI (syphilis)	60,000	25% (2005)	21%	6% <sup>(1)</sup>
% of sex workers that report the use of condom with most recent client	60,000	62% (2003)	80%	
% of clients of sex workers that are HIV infected <sup>(2)</sup>	980,000	4.86%	3.5%	5.3%
<b>Output/Coverage Targets</b>				
Sex workers reached by package of BCC prevention and STI prevention /treatment	60,000	up to 36,000 (2006)	35,000	High 44,648 Low 33,512
Number of sex workers accessing VCCT	60,000		15,000	5,017 <sup>(3)</sup>
Condoms distributed (in million)	60,000	49 million (2006)	51 million	27.9 million

Source: Operational Plan 2008-2010, M&E table; HIV prevalence data from HIV Sentinel Surveillance, 5 sites.

(1) HISS, 2007

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

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

### Partners working with sex workers:

AMI, AHRN, Alliance, AZG, CARE, FXB, Malteser, MANA, MDM, MNMA, MRCS, MSI, National AIDS Programme, PGK, PSI, UNFPA, WHO, WVI

### Key messages

- HIV sero-sentinel surveillance showed a considerable decline in prevalence among female sex workers (33.5% for 2006)
- Scale up continued, but coverage remained low; thus, a better understanding of the population size per townships is required
- Package of services required to achieve behaviour change requires clearer definition
- Harmonization of programmes in the same township still need to be understood
- Operational guidelines for sex worker programmes should be envisaged setting out minimal standards for behaviour change

### Resources

Table 2 Planned and estimated actual unit costs for comprehensive prevention package – Sex workers

Resources planned in NSP 2007	Unit cost per sex worker reached NSP 2007	Resources budgeted 2007	Unit cost per sex worker reached (achievements/budget)
2,062,850	59	2,225,043	50

Resources budgeted in 2007 exceeded the amount requested in the Operational Plan. The targets were also overachieved. As a result the unit costs per sex worker reached are roughly in line with the unit costs used for planning.

In 2007 it costs an average amount of US\$50 to reach one sex worker reported. This is slightly under the budgeting costs of US\$57. The difference may be explained by several factors:

- organizations have actually higher costs than assumed
- not all organizations deliver the full package of services that is costed
- any combination of the above factors

The expenditure data for 2006 suggested that organizations have very different unit costs for reaching sex workers. Unit costs ranged from \$32-82. The weighted average was \$74. This indicates that in 2007 some efficiency gains were made, probably linked to economies of scale.

### Reach

Considerable increase in number of sex workers reached with behaviour change interventions was reported. Due to the uncertainty about double-counting where several organizations are active as well as the lack of knowledge about the extent of migration of sex workers during the reporting period, the range of highest and lowest figures were reported. The high estimate represented the totals of all organizations in all townships. The low estimate added up the highest reported numbers of service providers in a township.

The numbers reached by different organisation vary widely. The largest provider of services, PSI, provides over 50% of the available services.

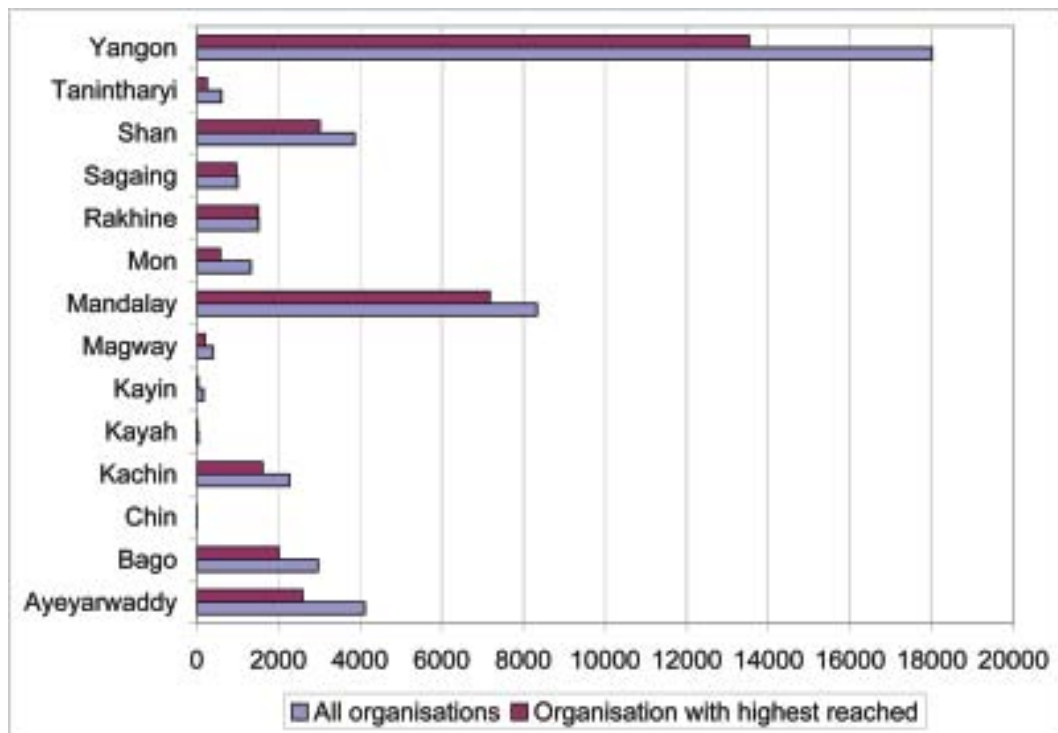
Table 3 Number of sex workers reached by organization in 2007 – Myanmar

The organizations reported a total of 6,387 STI treatments provided for sex workers. Since some organizations did not provide treatments themselves or did not report disaggregated figures for their STI treatments, the actual figure of treatment was likely to be substantially higher.

The provision of services for sex workers were seemed to a large extent in Mandalay and Yangon. In Figure 7 the extent of service delivery for sex workers was listed by state and division. In this figures the information by township is added up. The blue bar represents the total number of sex workers reached by all service providers. The red bar shows the highest number of sex worker reached in township. It is assumed that the second aggregation ensures that all double counting is excluded. The difference between the two bars is therefore to eliminate the potential overlap among different service providers in the same locality. The highest difference was showed particularly in Yangon and Ayeyarwaddy. There may need to further investigate the harmonization among service providers.

Organisation	Numbers of sex workers reached
AHRN	10
AMI	416
Alliance	846
AZG	7,037
CARE	1,516
FXB	30
Malteser	134
MSI	2,886
MDM	2177
PSI	25,032
WVI	78
MNMA	287
MANA	47
MRCS	495
PGK	429
NAP	3,228
<b>Total</b>	<b>44,648</b>

**Figure 7 Service delivery by state / division by all organizations and most active organization 2007 – Sex workers**



Map 1 showed the distribution of service provision for sex workers by township. It also showed the number of sex workers reached in these townships. The gaps in service provision showed in some border areas and remote areas where population density and degree of urbanisation would be relatively low.

**Map 1 Distribution of services for sex workers by township**



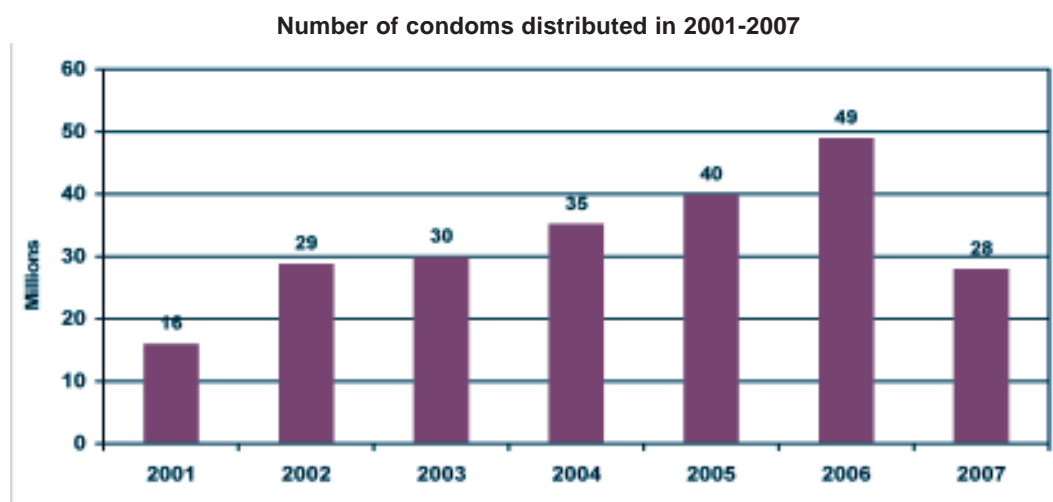
## Condom distribution

Condom distribution was considerably dropped in 2007. PSI, the main provider for socially marketed condoms, had a major shift in its pricing and targeting policy which contributed to about half of the reduction. The National AIDS Programme received a substantially lower number of condoms during the reporting period. This accounted for a drop in free distribution of condoms.

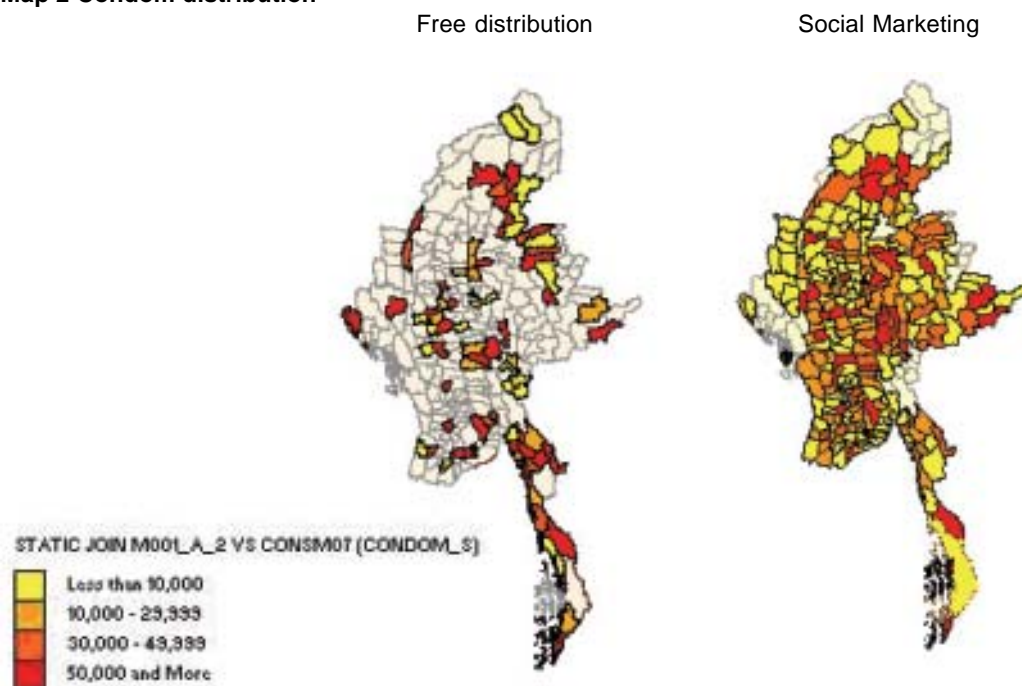
The coverage of townships with free condoms subsequently dropped as well, since the distribution of the National AIDS Programme was linked to the 100% Targeted Condom Promotion programme but it was only partially funded in 2007.

The social marketing of condoms continued to reach large parts of the country albeit with fewer condoms per township.

Figure 8 Condom distribution – free and social marketing



Map 2 Condom distribution



## STRATEGIC DIRECTION 2: MEN WHO HAVE SEX WITH MEN (MSM)

Impact/Outcome Targets	Size estimate	Baseline (Year)	Target 2007	Result 2007
% of MSM that are HIV infected	240,000	33% (1996) <sup>(1)</sup>	32%	29.3% <sup>(2)</sup>
% of MSM that have a STI (syphilis)	240,000	35.12% <sup>(3)</sup>	34%	7.0% <sup>(2)</sup>
% of condom use by MSM at last anal sex	240,000	67% <sup>(4)</sup>	72%	NA
Output/Coverage Targets				
MSM reached by package of BCC prevention and STI prevention/treatment	240,000	28,566 <sup>(4)</sup>	29,988	High 39,180 Low 31,546
Number of MSM accessing VCCT	240,000	2,931(2006)	16,000	13,180

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

(1) MOH, 1996

(2) HSS, 2007

(2) NAP, Mandalay 2005

(3) NAP, Mandalay 2005

(4) NAP, Progress Report 2006

### Partners working with MSM:

AMI, AZG, ALLIANCE, CARE,  
MANA, MDM, MNMA, MRCS, MSI,  
National AIDS Programme, PGK, PSI, UNFPA

### Key messages

- HIV sero-sentinel surveillance showed the prevalence of 29.3% among men who have sex with men
- Scale up of prevention activities continues, but high prevalence calls for urgent action
- More partners implementing programme on men who have sex with men
- Need to define the target population most vulnerable to infection which should determine the extent and intensity of programmes

### Resources

**Table 4 Planned and estimated actual unit costs for comprehensive prevention package – Men having sex with men**

Resources planned in NSP 2007	Unit cost per men who have sex with men reached NSP 2007	Resources budgeted 2007	Unit cost per men who have sex with men reached (achievements/budget)
1,788,603	57	1,773,380	45

The collective budget from all stakeholders implementing the programme on men who have sex with men revealed that it reached the estimated cost needed in the operational plan to response HIV. The unit costing in the operational plan was \$57 to reach one men who have sex with men. The actual unit cost of \$45, implied that implementing partners are not providing the full package of services.

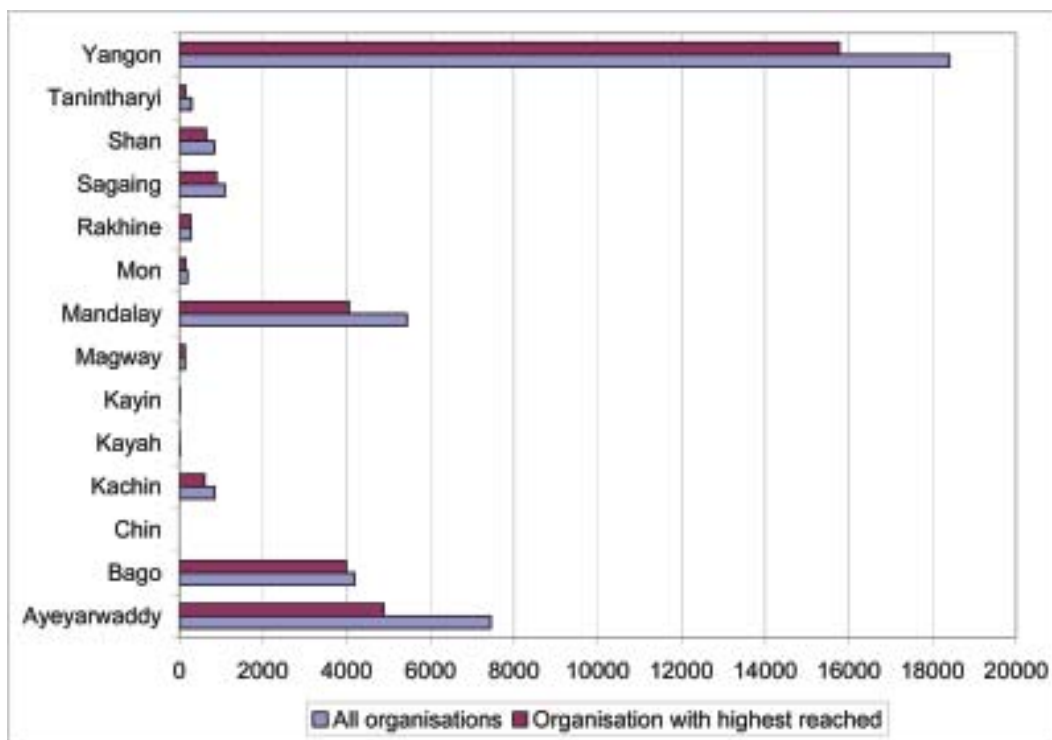
## Reach

Increased in number of men who have sex with men reached with behaviour change interventions were reported. The programme concentrated mostly in Yangon and Mandalay. Higher number of men who have sex with men reached in townships where the drop in centres existed. Outreach activities are mainly directed to the behaviour change programme whereas drop in centres facilitate in supporting the welfare of men who have sex with men. Two estimates showed the maximum and minimum reached in the respective townships representing total number of men who have sex with men reached by all implementing partners and highest number reached by one of those implementing partners in that township. Overall 90% of achievement reached in the priority townships.

A total of 3,432 STI treatments were reported for men who have sex with men. However, a few organizations provided disaggregated data for their treatments. Referral was made by some organizations to other service providers including the private sector. The actual figure was therefore likely to be higher.

The distribution of services for men who have sex with men were largely concentrated in Mandalay, Yangon, Ayeyarwaddy and Bago. In Figure 9 the extent of service delivery for men who sex with men was listed by state and division. The blue bar represented the total number of reported sex workers reached in respective townships. The red bar showed the highest number of sex workers reached in particular township. It is assumed that the second aggregation might remove the possibility of double counting. The difference between the two bars was therefore showed the potential overlap between different service providers in the same locality.

**Figure 9 Service delivery by state / division for all organizations and most active organization 2007 – Men who have sex with men**





In total, 12 organizations had reported prevention activities with men who have sex with men. Over 85% of the men who have sex with men reached were reported by one organisation. A continuing increase of coverage for this high risk group was observed in 2007. The result of HIV Sero-sentinel survey (2007) found that 29% of the men who sex men tested were positive. Thus, an urgent need for continued scale up of services for men who have sex with men is to be considered.

**Table 5 Number of men who have sex with men reached by organisation in 2007 - Myanmar**

Organisation	Numbers of men who have sex with men reached
AMI	863
AZG	1,108
Alliance	968
CARE	549
MSI	3,281
MDM	1,088
PSI	30,040
MANA	38
MNMA	4
PGK	237
MRCS	93
NAP	911

## STRATEGIC DIRECTION 3: DRUG USERS

Impact/Outcome Targets	Size estimate	Baseline (Year)	Target 2007	Results 2007
% of IDU that are HIV infected	75,000	42.5% (2005)	39%	29.2%
% of IDU that avoid sharing injecting equipment in last month	75,000	65% <sup>(1)</sup>	69%	
% of condom use by IDU at last sex	75,000	34% (2005)	50%	
Output/Coverage Targets				
Drug Users reached by Harm Reduction programme	2 drug users for 1 IDU <sup>(2)</sup>	-	120,000	7,057 <sup>(4)</sup>
IDU reached by Harm Reduction programme	75,000	21,050 <sup>(3)</sup>	20,000	10,813 <sup>(4)</sup>
IDU accessing VCCT	75,000		7,000	1,151
Needles distributed to IDUs (in million)		1.9 million <sup>(3)</sup>	3 million	2.1 million
Number of IDU on MMT	75,000	0 (2005)	1,000	390

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

(1) UNODC, 2002

(2) Assumption used in the calculation of the unit costs in the Operational Plan

(3) NAP, Progress Report 2006 (included outreach and drop-in centres)

(4) Drop-in centres only

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

### Key messages

- HIV sero-sentinel surveillance found prevalence of 29.2% among injecting drug users; the decline was considerably lower than in previous years (42.5% in 2006), but was still high
- The number of injecting drug users reached through drop in centres was lower than in 2006; however, this is mainly due to improved recording
- The issue of double counting of IDU and drug users reached through outreach and in drop-in centres remains an issue that requires attention.
- Needles and syringes distribution was increased, but the distribution was relatively low in few townships
- Increased in enrolment of IDU in Methadone Maintenance Therapy, but a very few number were benefited to MMT

### Resources

Table 6 Planned and estimated actual unit costs for comprehensive prevention package – Injecting drug users

Resources planned in NSP 2007	Unit cost per injecting drug user reached NSP 2007	Resources budgeted 2007	Unit cost per injecting drug user and drug user reached in drop-in centre (achievements/budget)	Unit cost per injecting drug user reached in drop-in centre (achievements/budget)
4,558,089	213	2,629,852	147	242

Only half of the planned funding for harm reduction programme in National Strategic Plan was mobilized in 2007. This represented a 20% increment compared to 2006 reported expenditures.

Calculation of unit costs is difficult, since the different organizations utilized harm reduction services in different approaches. The potential overlaps between people reached with outreach and through drop in centres renders difficulty in calculations. Furthermore, many organizations also reached out to families and friends of drug users as well as injecting drug users.

The unit cost amounted to \$242 per year for a injecting drug user provided with services. If the drop-in centres also support the injectors, the unit cost per person/year sinks to \$147.

The unit cost of harm reduction programme will require further review in order to more accurately predict programme costs.

### Reach

In this report, a total of drug users and injecting drug users reached through outreach activities as well as in drop-in centres was shown. It is assumed that there is a possibility of overlap between the people reached with outreach activities and the people coming to drop-in centres for services. Thus, the organizations also tried to organize in registering individuals attending the drop-in centres in a systematic way. This explained that there was a drop in injecting drug users reached through drop-in centres compared to 2006. Table 8 showed an overview of people reached in different locations.

The gender disaggregated data showed that an increasing proportion of drug users and injecting drug users reached were female. The proportion ranged from 1% of the injecting drugs users seeking services in drop-in centres to 5% of drug users reached by outreach activities. Although relatively small proportion was female, there was clearly a need to better understand the female drug users.

**Table 7 Number of drug users and injecting drug users reached**

	Drug users	Injecting drug users
Outreach	5,910 (5%)	5,774 (7%)
Drop-in Centres	7,057 (4%)	10,813 (1%)

Services are provided for drug users and injecting drug users in 35 drop-in centres in 17 townships. While this was a considerable achievement was seen, there is a need to expand the geographical coverage of services for drug users and injecting drug users.

**Table 8 Location of drop-in centres**

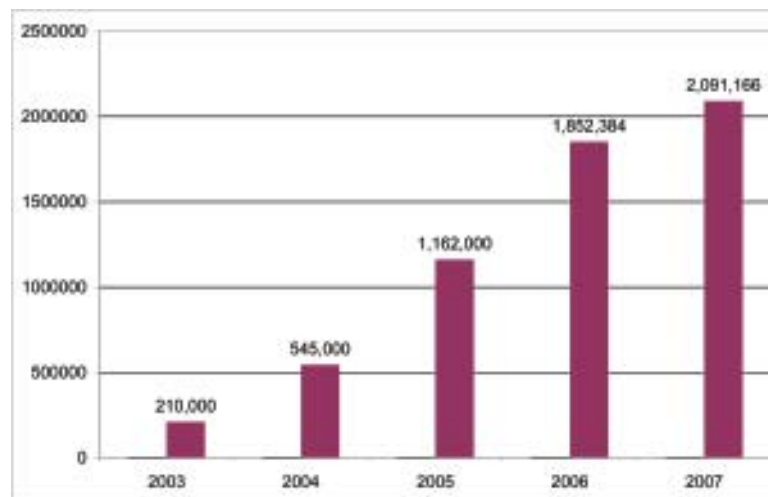
Townships	Drop in Centers
Hpakant	4
Moegaung	1
Myitkyina	3
Mandalay	1
Pyi Gyi Takonn	1
Kalay	1
Tamu	1
Lashio	9
Laukkai	1
Muse	4
Nam Kham	1
Tachileik	2
Tantyan	1
Taunggyi	2
Theinni	1
Tamwe	1
Yankin	1
<b>Total</b>	<b>35</b>

Needles and syringes distribution continued to increase, but a slower pace than in earlier years (Figure 10). 80% of total number of needles and syringes were distributed particularly in 4 townships (Myitkyeena, Hpakant, Lashio and Muse).

**Table 9 Needles and syringes distributed by organisation and state / division**

State & Division	AHRN	AZG	ARHP	CARE	MDM	MANA	UNODC	TOTAL
Ayeyarwaddy								
Bago								
Chin								
Kachin		910,903	36,873		555,103			1,502,879
Kayah								
Kayin								
Magway								
Mandalay				169,000		6,660		175,660
Mon								
Rakhine								
Sagaing								
Shan	61,301	52,026	166,329	20,585		66,710	45,573	412,524
Tanintharyi								
Yangon						103		103
<b>TOTAL</b>	<b>61,301</b>	<b>962,929</b>	<b>203,202</b>	<b>189,585</b>	<b>555,103</b>	<b>73,473</b>	<b>45,573</b>	<b>2,091,166</b>

**Figure 10 Needles and syringes distributed – 2002-2007**



There had been an increase enrolment of the injecting drug users in Methadone Maintenance Therapy. The programme has been started in 2005 and by mid 2007, a total of 260 former drug users were enrolled. By the end of 2007 this number had reached to 390.

#### **Box – Services of a drop-in centre**

##### **Comprehensive activities in Drop in center**

IDUs will receive

- health care services include PHC and pain management
- medical care for HIV positive drug users
- health education relate t drug use and health issues
- providing needles/syringes and condom
- referral of positive IDUs to TB, ART program

##### **Quality services for MMT**

Prescription/screening of IDU linking with DTC  
Providing partial support (food, refreshment)  
Medical support

##### **Self help group session**

Capacity building on peer support group

##### **Counselling for IDU**

Pre and post test counselling  
Psychosocial support  
Treatment adherence

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

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2007	Results 2007
Number of PLHIV involved in self-help groups	242,000	2,604	8,000	8,257

Source : Operational Plan M & E table

**Partners working with self help groups:**  
Alliance, AHRN, CARE, FXB, IOM, MANA, MDM, MNMA, MPG, MSF-CH, MRCS, PGK, National AIDS Programme, Ratana Metta

### Key messages

- Growing number of self-help groups were formed at the local level compared to last year and more self help groups were attached to ART sites.
- Women leading self help groups were increasing
- More people living with HIV engage in PLHIV network

### Reach

An increased number of self-help groups of people living with HIV are networking across the country. Most partners had opportunities to undertake service provision using participatory approaches at community level. About half of the people living with HIV in the self-help groups were member of Myanmar Positive Group and about 2,000 people living with HIV in the network were supported by NAP. The Myanmar Positive Group has 78 groups registered in its network. The proportion of women participating in these groups was 45%.

**Table 10 The Number of PLHIV networking by organisation and state / division**

	Alliance	AHRN	CARE	FXB	IOM	MSF-CH	MDM	MANA	MNMA	MRCS	PGK	Ratana Metta	NAP	Total (2007)
Ayeyarwaddy									233		9		20	262
Bago			12						290				0	302
Chin													0	0
Kachin	112						69						50	231
Kayah													0	0
Kayah									214				255	469
Magway													47	47
Mandalay	227							5	271	60	11		822	1,396
Mon	21		839	207	28				272	25			27	1,419
Rakhine													0	0
Sagaing	40		87						264				132	523
Shan		14	106					62	32		8		582	804
Tanintharyi						345							70	415
Yangon	484			1,341			39	33	415				77	2,389
	884	14	1,044	1,548	28	345	108	100	1,991	85	28	19	2,082	8,257

## STRATEGIC DIRECTION 5: INSTITUTIONALIZED POPULATIONS

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2007	Results 2007
Prisoners reached by health education	62,300 <sup>(1)</sup>	5,951 <sup>(2)</sup>	20,000	160
Number of prisoners having access VCCT				

Source : Operational Plan M & E table  
 (1) Statistical Yearbook 2001  
 NAP Progress Report 2006

**Partners working with Institutionalised populations:**  
 CARE, Malteser, National AIDS Programme, UNODC

### Key messages:

- Fewer health education activities for prisoners were implemented in the prison
- On-going advocacy is necessary to re-engage with prisons department and gain access to institutionalised population

### Resources

Table 11 Planned and estimated actual unit costs for comprehensive prevention package – Institutional population

Resources planned in NSP 2007	Unit cost per institutional population reached NSP 2007	Resources budgeted 2007	Unit cost per institutional population reached (achievements/budget)
153,187	7.66	14,494	90.5

Obviously, there were some limited activities provided for institutionalized populations. Activities include health education sessions to prison staff, their families.

UNODC reports access in the following prisons: 1. Myin Chan 2. Tharyarwady 3. Kalay 4. Kyangtone 5. Myaung Mya 6. Thayet 7. Taungoo 8. Myitkyina 9. Pyay 10. Sittwe

## STRATEGIC DIRECTION 6 : MOBILE POPULATION

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2007	Results 2007
Mobile and migrant population reached by package of prevention programme	-	427,717 (1)	110,000	183,380

Source : Operational Plan M & E table  
(1) NAP Progress Report 2006

**Partners working with Mobile population:**  
AMI, AZG, FXB, CARE, IOM, MANA, MNMA,  
National AIDS Programme, PGK, PSI, Ratana Metta, WV

### Key messages

- Total number of mobile population reached was exceeded the national target, but still substantially lower than those of 2006
- Among 12 organizations providing services for mobile population, four implementing partners contributed more than half of the mobile population reached
- Definition of mobile population requires further improvement to better targeted prevention activities

### Resources

Table 12 Planned and estimated actual unit costs for comprehensive prevention package –Mobile population

Resources planned in NSP 2007	Unit cost per mobile population reached NSP 2007	Resources budgeted 2007	Unit cost per mobile population reached (achievements/budget)
1,304,538	11.86	731,641	3.9

In 2007, only half of the funding requested in the NSP was allocated for mobile population. Actual unit costs to each mobile population were found to be only one third of the unit cost used for the national resource planning. This would indicate that most organizations did not care for providing the complete package of services.

### Reach

The Operational Plan calls for the provision of a package of services ranging from behaviour change education to condom promotion and demonstration and STI management. Mobility ranges from those travelling overnight within the country to those migrating to neighbouring countries. The majority of mobile population received services from implementing partners in non-transit area. Most people reached are men (98% of those reported gender disaggregated data) indicating that organizations are targeting only male dominated occupational groups.



Table 13 Number of mobile population reached – by organisation

Organization	Total (2007)
AZG	34,752
AMI	39,023
FXB	4,748
CARE	1,871
IOM	3,760
PSI	65,667
WVI	1,121
MANA	662
MNMA	21
PGK	4,076
Ratana Metta	42
NAP	27,637
<b>Total</b>	<b>183,380</b>

Table 14 Number of mobile population reached – by state and division

	Male	Female	Total (2007)	Total (2006)
Ayeyarwaddy	8,644	321	8,965	76,046
Bago	6,445	98	6,559	9,695
Chin	64	0	64	2,982
Kachin	2,547	665	22,966	48,246
Kayah	151	2	153	1,486
Kayin	3,843	852	4,695	2,534
Magway	2,227	142	2,369	8,361
Mandalay	10,490	1,956	12,446	34,697
Mon	5,242	1,897	8,669	7,566
Rakhine	510	0	5,388	8,987
Sagaing	4,593	132	4,725	34,335
Shan	7,128	764	13,882	70,662
Tanintharyi	14,850	1,671	16,521	16,118
Yangon	67,495	1,169	75,978	69,046
<b>Total</b>	<b>134,229</b>	<b>9,667</b>	<b>183,380</b>	<b>421,717</b>

## STRATEGIC DIRECTION 7: UNIFORMED SERVICES

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2007	Results 2007
Uniformed personnel reached by package of prevention programme		14,909 <sup>(1)</sup>	200,000	490 <sup>(2)</sup>

Source : Operational Plan M & E table

(1) NAP Progress Report 2006

(2) Partial reporting

**Partners working with uniformed services:**  
CARE, National AIDS Programme, UNODC

### Key messages

- HIV health education sessions so far mainly conducted for police forces
- Important to advocate with authority at different level

### Resources

Table 15 Planned and estimated actual unit costs for comprehensive prevention package –Uniformed services

Resources planned in NSP 2007	Unit cost per uniformed services reached NSP 2007	Resources budgeted 2007	Unit cost per uniformed services reached (achievements/budget)
1,059,008	5.3	63,238	NA

Scaling up prevention activities for uniformed services continues to be a challenge. Organizations start engaging to provide support to armed forces.

UNODC provided trainings in HIV prevention to the police force. The objectives of the interventions were to improve knowledge on HIV/AIDS and to prevent HIV transmission among police personnel and their families, especially new recruits in order to protect themselves.

The project from 2006 to 2008 established a Network of Trainers, Educators and Counselors 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 educators and counselors conducted Multiplier training courses, education talks and meetings at their respective units for personnel and family members.

Team Leaders of the National AIDS Programme have conducted awareness raising activities and provided VCCT to members of the armed forces and the police force in selected townships.

## STRATEGIC DIRECTION 8: YOUNG PEOPLE

Impact/Outcome Targets	Size estimate	Baseline (Year)	Target 2007	Results 2007
% of young people that are HIV infected	10,648,000 <sup>(1)</sup>	1.29% (2006)	1.98%	1.27% <sup>(2)</sup>
% of condom use by young people at last paid sex		78.34% (2003)	85%	
% of youth who correctly identify the three common ways of preventing HIV transmission	10,648,000 <sup>(1)</sup>	21% (2003)	40%	
% of youth who reject misconceptions	10,648,000 (1)	27% (2003)	40%	
% of youth expressing accepting attitudes	10,648,000 <sup>(1)</sup>		30%	
<b>Output/Coverage Targets</b>				
Out of school youth (15-24) reached by prevention programme		137,854 <sup>(3)</sup>	400,000	175,936
Young people (15-24) having access to VCCT (at least pre-testing counselling)	10,648,000 <sup>(1)</sup>	20,000	50,000	NA
In-school youth (10-16) reached by life-skills programme	2,450,000	900,000	1,300,000	NA
% of schools with teachers who have been trained in life-skills-based HIV education and who taught it during the last academic year	37,124	36.3% (2004)	60%	100% <sup>(4)</sup>

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

(1) Spectrum, generated with 2007 estimation file

(2) HSS 2007, prevalence of pregnant women could be used as an proxy

(3) NAP Progress Report 2006

(4) UNGASS 2008

### Partners working with Youth:

AHRN, AMI, FXB, CARE, Department of Educational Planning and Education, MANA, Malteser, MCTF, MNMA, MRCS, MSI, National AIDS Programme, PGK, SC, WC, UNOPS/UNDP, UNICEF

### Key messages

- Only 50% of the target reached by out of school youth programme (target was considered overly ambitious and has been corrected for following years)
- BSS of general population implemented in three townships by NAP reported that about 8% of youth received HIV test and post-test counselling
- Few organizations reported percentage of youth accessing VCCT

## Resources

**Table 16 Planned and estimated actual unit costs for prevention package –Out of school youth (OSY)**

Resources planned in NSP 2007	Unit cost per OSY reached NSP 2007	Resources budgeted 2007	Unit cost per OSY reached (achievements/budget)
<b>2,173,876</b>	<b>5.43</b>	<b>1,884,729</b>	<b>10.7</b>

About 85% of the planned resources out-of-school youth were available in 2007. The unit cost for the actual service provision was nearly double the planned figure. This suggested that the unit costing should be reviewed.

## Reach

A total of 175,963 youth were reached by some sort of prevention activities. The female proportion of beneficiaries was nearly half of the total. 16 organizations reported out-of-school activities.

The services for youth included peer education activities and referral to services. In some townships the services were provided in the youth friendly centers.

**Table 17 Out-of-school youth reached – by organisation and percent of female reached**

Organization	Total (2007)	% female
AHRN	784	42%
AMI	3,588	33%
FXB	1,817	42%
CARE	1,637	46%
Malteser	819	45%
MSI	60,282	48%
SC	51,176	53%
WC	751	42%
WV	640	45%
MANA	860	28%
MRCSS	24,995	49%
MNMA	1,079	35%
MCFT	553	49%
PGK	3,708	13%
NAP	10774	30%
UNOPS/UNDP	12,473	50%
<b>Total</b>	<b>175,936</b>	<b>47%</b>

**Table 18 Out-of-school youth reached – by state and division comparing 2007 and 2006 data**

	2007	2006
Ayeyarwaddy	16,186	3,545
Bago	10,399	5,998
Chin	2,400	1,784
Kachin	2,227	4,092
Kayah	15	0
Kayin	12,983	19,049
Magway	22,775	3,292
Mandalay	25,276	21,057
Mon	38,339	31,588
Rakhine	27	4,200
Sagaing	2,210	1,207
Shan	15,152	18,631
Tanintharyi	4,748	2,211
Yangon	23,199	20,291

## STRATEGIC DIRECTION 9 : WORKPLACE

Output/Coverage Targets	Size estimate	Baseline (Year)	Target 2007	Results 2007
Number of people in workplace reached by package of prevention programme	25,000,000	104,164 (2006)	200,000	61,258
Number of large enterprises practicing workplace policies			10	

Source : Operational Plan M & E table

**Partners working with workplace:**  
AZG, CARE, MANA, Malteser, MBCA, MNMA, MRCS, National AIDS Programme

### Key messages

- Only a third of planned targets were reached
- 40% decline in number of people reached from 2006

### Resources

**Table 19 Planned and estimated actual unit costs for comprehensive prevention package – Workplace**

Resources planned in NSP 2007	Unit cost per workers reached NSP 2007	Resources budgeted 2007	Unit cost per workers reached (achievements/budget)
1,239,875	6.2	368,054	6.0

Only a third of the planned resources were available for workplace programmes in 2007. The actual unit costs corresponded to the costs used in the operational plan.

### Reach

8 organizations reported workplace activities in 2007. Three organizations provided over 80% of the services. The proportion of women was 22%. However, there was a big difference in the approaches of different organizations. Some targeted exclusively on women while others targeted to large majority of male beneficiaries. This explained by the type of workplace and occupation. There was a wide variety of those ranging from garment factories to construction and mining sites. In addition to Yangon and Mandalay, partners implemented workplace activities in 40 different townships.

**Table 20 Number people reached through workplace programmes – by organizations and percent of female reached**

		% female
AZG	9,595	0%
CARE	2,916	93%
MANA	488	44%
Malteser	819	45%
MBCA	5,703	41%
MNMA	263	69%
MRCS	20,273	6%
NAP	21,201	31%
<b>Total</b>	<b>61,258</b>	<b>22%</b>

**Table 21 Number people reached through workplace programmes – by state and division**

State & Division	TOTAL
Ayeyarwaddy	481
Bago	3,452
Chin	0
Kachin	1,547
Kayah	43
Kayin	485
Magway	2,394
Mandalay	31,318
Mon	153
Rakhine	510
Sagaing	64
Shan	1,643
Tanintharyi	3,550
Yangon	15,618
<b>TOTAL</b>	<b>61,258</b>

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

Impact/Outcome Targets	Size estimate	Baseline (Year)	Target 2007	Results 2007
% of men and women of reproductive age infected by HIV	31,865,669 <sup>(1)</sup>	-	-	0.67% <sup>(1)</sup>
<b>Output/Coverage Targets</b>				
Men and women of reproductive age reached by prevention programme	31,865,669 <sup>(1)</sup>	637,966 (2006)	800,000	738,273
Reproductive age accessing VCCT each year (excluding targeted pop. )	31,865,669 <sup>(1)</sup>	91,000 <sup>(2)</sup>	170,000	87,306
Number of patients treated for STI		112,000 <sup>(2)</sup>	170,000	90,166

Source : Operational Plan M & E table

(1) Technical report of estimation and projection workshop, 2007, Myanmar; prevalence for 15-49 years of age

(2) NAP Progress Report 2006

### Key messages

- Increased number of people treated for STI
- Number of people accessing VCCT showed plateau
- People of reproductive age reached with prevention message was increased, but the targets had not been achieved

### Prevention for women and men of reproductive age

#### Partners working with men and women of reproductive age:

ARHN, Alliance, AMI, ARHP, AZG, CARE, IOM, Malteser, MANA, MNMA, MRCS, MSF CH, MSI, National AIDS Programme, PACT, PGK, Progetto Continenti, UNOPS/UNDP, UNODC, WFP, WC

### Resources

**Table 22 Planned and estimated actual unit costs for comprehensive prevention package – men and women of reproductive age**

Resources planned in NSP 2007	Unit cost per general pop reached NSP 2007	Resources budgeted 2007 (include general awareness raising)	Unit cost per general pop reached (achievements/budget)
1,235,323	0.58	1,991,741	3.2

Substantially more resources were available for general population programmes as it was anticipated in the Operational Plan. However, the targets were basically not met. As a result the actual unit costs were considerably higher. This may partly be due to some organizations have reported expenditures for mass media under this heading. These were, however, not included in the unit costing of the Operational Plan. A review of the unit costing and package of services for men and women of reproductive age will need to be carried out.

## Reach

21 organizations reported activities for men and women of reproductive age. However, the four organizations reached nearly 80% of the total, and the other 17 organizations shared the remaining 20% among them.

**Table 23 Men and women of reproductive age reached by prevention programme – by organisation and percent of female reached**

	Total (2007)	Female
AHRN	881	64%
Alliance	1,074	58%
AMI	928	62%
ARHP	17,518	4%
AZG	326,489	na
CARE	1,979	47%
IOM	8,882	56%
MSI	60,108	48%
Malteser	4,351	53%
MSF-CH	6,112	na
World Concern	1,287	49%
MANA	7,338	52%
MNMA	596	63%
MRCS	84,048	50%
PACT	13,711	na
PGK	25,022	61%
Progetto Continenti	45,672	na
UNOPS	22,169	53%
UNODC	333	88%
WFP	2,059	45%
NAP	107,716	38%
<b>Total</b>	<b>738,273</b>	

In Rakhine state, Mandalay division and Kachin state, about 50% of the men and women had reached by prevention programme. The programmes in other states and divisions were considerably smaller.

**Table 24 Men and women of reproductive age reached by prevention programme – by state and division**

State & Division	TOTAL
Ayeyarwaddy	26,012
Bago	10,116
Chin	5,556
Kachin	81,971
Kayah	0
Kayin	2,065
Magway	60,664
Mandalay	106,955
Mon	29,863
Rakhine	172,915
Sagaing	361
Shan	62,993
Tanintharyi	8,577
Yangon	62,509
<b>TOTAL</b>	<b>738,273</b>

## Voluntary confidential counselling and testing (VCCT)

### Partners working with VCCT:

AHRN, Alliance, AMI, ARHP, AZG, FXB, CARE, IOM, MANA, MBCA, MNMA, MRCS, MSF-CH, Malteser, MSI, MDM, National AIDS Programme, PACT, PGK, PSI, SC, UNODC

### Reach

23 organizations reported people received VCCT services. Most of the organizations provided counseling services only, as HIV testing was referred to other providers.

The uptake of VCCT had not yet increased. The comparison with 2006 data showed that a limited increase in number of people tested. Besides that, national targets appeared to be highly ambitious for Myanmar it had been reached only about half.

The number of most-at risk populations received VCCT service was slightly increased, but it was still low. It was noted that the group of most-at-risk population, notably sex workers, men who have sex with men and drug users, was likely to have under reported since a number of organizations could not categorize data in risk groups.

**Table 25 Number of people receiving VCCT**

	2006	2007
Adults pre-test (excluding MARPs)	80,920	87,306
MARP pre-test		
Sex worker	3,913	5,017
Men who have sex with men	2,391	13,180
Injecting drug user	1,516	1,151
TB	1,405	144

## Treatment of sexually transmitted infections

### Partners working with STI:

AMI, AZG, ARHP, CARE, FXB, MSF-CH, Malteser, MANA, MNMA, MSI, MDM, PSI, SC, National AIDS Programme, PGK, WHO

A total of 90,166 people were treated for sexually transmitted diseases. Not all organizations provided disaggregated data on gender of people treated. However, the partially disaggregated data indicated an equal proportion of men and women were treated.



**Table 26 Number of people receiving STI treatment – by state and division**

	<b>Total</b>
Ayeyarwaddy	5,118
Bago	13,625
Chin	0
Kachin	6,525
Kayah	0
Kayin	1,062
Magway	1,510
Mandalay	13,577
Mon	3,704
Rakhine	4,354
Sagaing	1,590
Shan	6,242
Tanintharyi	363
Yangon	32,496
<b>TOTAL</b>	<b>90,166</b>

About 50% of STI patients were received by one organisation. Three organizations provided 46% of STI treatment, whereas the remaining 7 organizations provided 4%. However, most importantly, the quality assurance of STI management is the great concern.

**Table 27 Number of people receiving STI treatment – by organization**

	<b>Total</b>
AMI	788
AZG	18,513
AHRP	26
MSF-CH	100
Malteser	569
MSI	16,140
MDM	1228
PSI	45,337
MANA	63
PGK	305
NAP	7,097

## STRATEGIC DIRECTION 11: COMPREHENSIVE CARE, SUPPORT AND TREATMENT

Package of care and support with or without ARV				
Impact/Outcome Targets	Size estimate	Baseline or latest (Year)	Target 2007	Results 2007
% of TB patients that are HIV infected		10.9% (2006)		9.8% <sup>(1)</sup>
% People still alive at 1 year after initiation of ARV		94.6% (2005)	95%	93% <sup>(2)</sup>
Output/Coverage Targets				
Number of People Living with HIV in need receiving ARV (including package of support)	75,537 <sup>(4)</sup>	6,476 (2006)	9,000	11,193
Number of people receiving Cotrimoxazole as prophylaxis		27,523 <sup>(3) (4)</sup>	30,000	43,577
Number of people receiving CHBC package of support (without ARV)		10,650 (2006)	20,000	12,356
Number of TB/HIV co-infected patients referred to HIV care services		5,390 <sup>(5)</sup>	1,040	

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

(1) HSS, 2007

(2) UNGASS Report 2008

(3) Includes people treated for Opportunistic Infections

(4) NAP Progress Report 2006

(4) Indicator definition should be reviewed (potential double counting, different interpretation of indicator)

(5) Calculated with Spectrum 2007 Estimation data

Prevention of Mother to Child Transmission				
Impact/Outcome Targets	Size estimate	Baseline or latest (Year)	Target 2007	Results 2007
% of infant born to HIV infected mother that are HIV infected	4,600 <sup>(1)</sup> (2007)	24.4% <sup>(4)</sup> (2005)	23%	21.5% <sup>(1)</sup>
Output/Coverage Targets				
Pregnant women having access to VCCT	1,283,382	182,692 <sup>(3)</sup>	347,212	294,992
% of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	4,600 <sup>(1)</sup> (2007)	969 <sup>(3)</sup>	20%	1,403
Number of orphans receiving support	1,573,676 <sup>(1)</sup> (2007)	10,344 <sup>(2) (3)</sup>	59,500	8,423
Number of children in need provided with ARV	2,199 <sup>(1)</sup>	317 <sup>(3)</sup>	350	690

Source : Operational Plan M & E table

(1) The estimated percent of HIV positive infants born to HIV positive mothers is based on the PMTCT program in countries. Myanmar indicates that the PMTCT program in place is single dose Niverapine, that women practice mixed feeding of infants, and that they breastfeed on average 7-17 months. Based on these program practices, the estimated transmission from HIV positive mothers to their infants is 21.5%. This assumption is based on research that has been conducted in the field.

(2) All types of orphans included

(3) NAP Progress Report 2006

(4) UNGASS 2005 Report

### Key messages

- More AIDS patients (including children) received ART than planned in the Operational Plan
- Coverage of ART was still low with only 15% of people in need
- Once a site was established need to set up the system to provide the package of care and treatment within a network of public and NGOs sector. Continuum of care must be strengthened.
- Expansion of care needs a strong referral system with functioning public health system
- Since initiation of new ART site needs all kind of investment such as training, drug supply and good monitoring and recording, low number of intake patients create higher cost
- Nearly 80% of the target was reached for pre-counselling of pregnant women
- PMCT program expanded to an additional 15 townships and 2 general hospitals in 2007 through hospital and community
- 1,403 HIV positive mothers received ARV before giving birth

### Care, treatment and support - Package of support with ART

#### Partners working with Care, Treatment and Support:

Alliance, AMI, AZG, FXB, CARE, MANA, MNA, MRCS, MHAA, MSF-CH, MDM, National AIDS Programme, PACT, PGK, UNODC, WHO, WV

### Resources

**Table 28 Planned and estimated actual unit costs for comprehensive prevention package – Care and support with ART**

Resources planned in NSP 2007	Unit cost per Care and support with ART reached NSP 2007	Resources budgeted 2007 (include general awareness raising)	Unit cost per Care and support with ART reached (achievements/budget)
5,166,763	574	6,987,026	629

The resource allocation to ARV was higher than planned. The number of people receiving ART is also higher than planned. The resulting unit cost per person year is slightly higher than the unit cost used in the Operational Plan. The unit cost should be reviewed. It will be of interest whether the higher unit costs are related the fact that organizations started ART during the reporting period and had start up costs that pushed up the unit costs or whether the unit cost has been underestimated.

### Reach

The total of 11,193 people receiving ART was comprised of 55% males and 45% females. The AIDS patients have doubled from 2006. 6% of the patients were children under the age of 13. The government provided 14% of the ARV by the end of 2007. The government sites are located in 23 hospitals. In line with the increase of number of people receiving ARV, the number of sites providing ARV has increased to 60 in 2007 from 30 in 2006. These sites are located in 11 of the 17 states and divisions. However, a number of sites operates still have small numbers of people enrolled in their programmes. Sites located in Yangon continue to provide about 50% of all ARV in the country.

The provision of ARV remains concentrated in Yangon, Kachin and Shan where 80% of the services are located. The total number of 11,193 people on ART corresponds to only 15% of the total need being covered.

**Table 29 Number of people receiving ART – by state and division**

State / division	Number of people treated	as % of total
Ayeyarwaddy	13	<1%
Bago	20	<1%
Chin	0	0%
Kachin	1,896	16%
Kayah	0	0%
Kayin	23	<1%
Magway	53	<1%
Mandalay	768	6%
Mon	51	<1%
Rakhine	227	2%
Sagaing	37	<1%
Shan	1,629	14%
Tanintharyi	973	8%
Yangon	5,502	49%
<b>Total</b>	<b>11,193</b>	

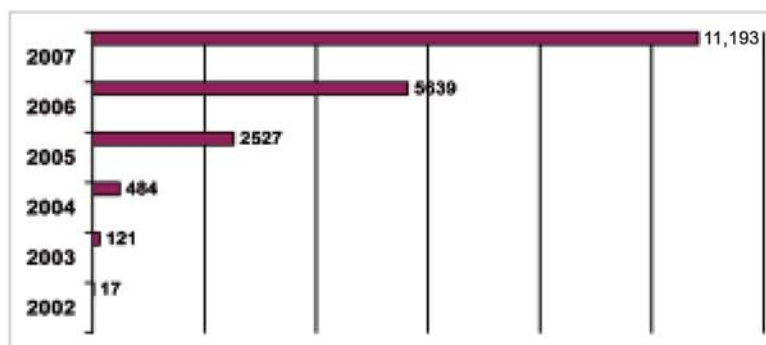
Service provision remained dominated by one organisation providing 70% of the total. The second and third biggest provider delivered another 25%. The remaining 5% is split among 6 organizations treating relatively small numbers of people.

**Table 30 Number of people receiving ART – by organization**

Organisation	Number of people treated	as % of total
AZG	7,871	70%
AMI	61	<1%
FXB	122	1%
IOM	6	<1%
Malteser	18	<1%
MDM	295	2%
MSF-CH	914	8%
PGK	8	<1%
NAP	1,898	17%
<b>Total</b>	<b>11,193</b>	

The total coverage has doubled every year since 2005. Despite this impressive expansion, the total coverage remains low, at 15%. Further growth at that speed can only be realised if substantial investments in ARV occurs.

**Figure 11 Number of people receiving ARV – 2002-2007**



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

**zPartners working with PMCT:**  
AMI, AZG, MSF-CH, MMCWA,  
National AIDS Programme

### Resources

**Table 31 Planned and estimated actual unit costs for comprehensive prevention package – Prevention of mother to child transmission**

Resources planned in NSP 2007	Unit cost per pregnant women reached NSP 2007	Resources budgeted 2007 (include general awareness raising)	Unit cost per pregnant women (tested and received post test counselling) reached (achievements/budget)
1,680,262	4.84	1,068,238	7.7

The PMCT programme received less funding than requested in 2007. It was underfunded down to 40%. The unit cost calculated from the allocated resources and the results for 2007 indicated that the costs per pregnant women reached are higher than planned. These unit costs should be reviewed and calculated again. It will be of interest to understand whether higher unit cost result from the start up costs during the introduction of new sites or whether the general programme costs were underestimated.

### Reach

PMCT is one of the programmes under responsibility of the National AIDS Programme that has seen a gradual scale up. The progress in expansion of townships has been seen in 2007 as there were 151 sites providing prevention of mother-to-child transmission services. A total of 294,992 pregnant women attending antenatal care services received pre-test counseling. Of those, a total of 125,403 received a post-test counseling and the results of the test. The government sector provided PMCT services in 106 townships and 37 hospitals in 2007.

The average acceptance rate for testing was 49%, but the rate varied widely among different townships. The reported figures showed half of the townships had acceptance of over 70%. At the same time there are about one third of the sites reported acceptance rates of less than 30%. It will be important to understand the reasons for these differences in uptake of VCCT.

Overall, 42% of the women who received pre-test counselling had undergone a HIV test and post-test counselling. Among those who tested, 85% came back for post test counselling. A total of 1,403 mother received a full course of ARV prophylaxis.

Figure 12 Number of women receiving pre-test and post-test counseling – 2003-2007

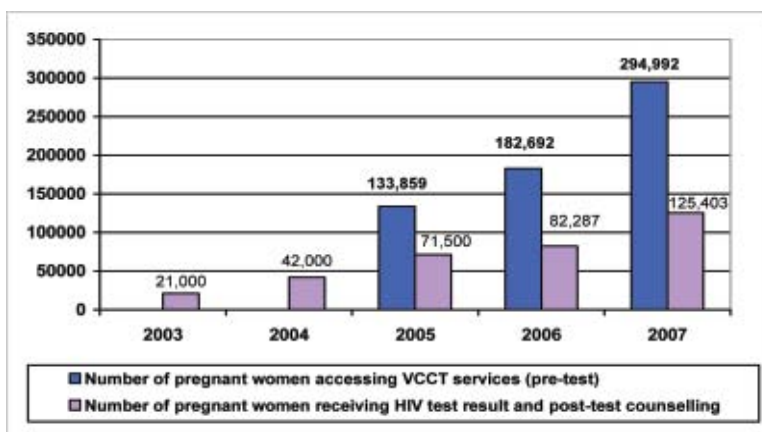
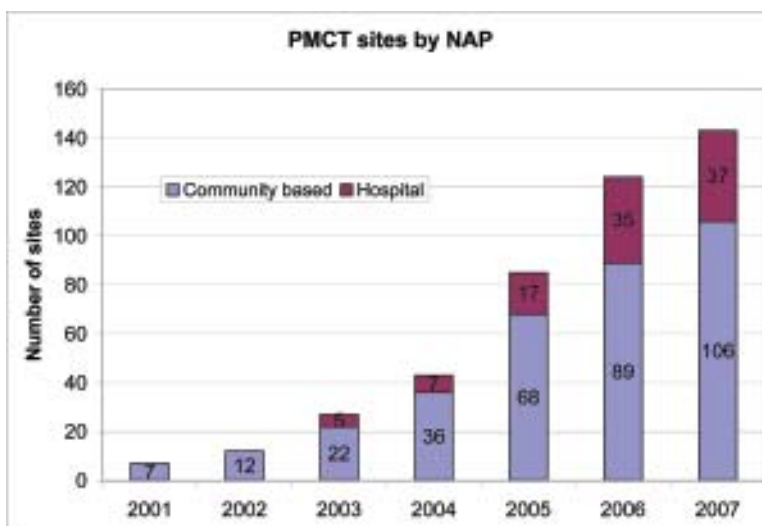


Figure 13 Number of PMCT sites of National AIDS Programme – 2001-2007



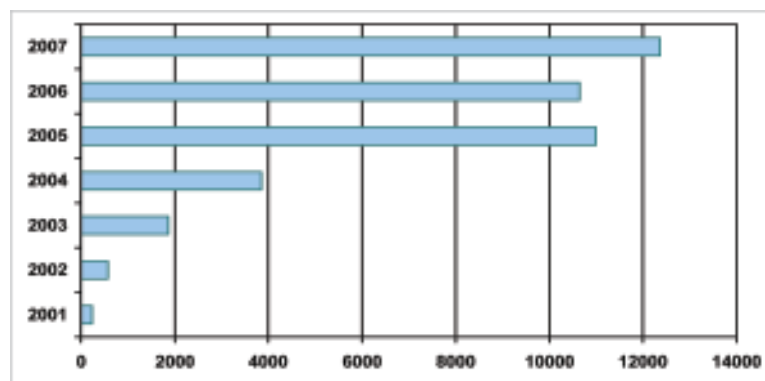
**Community home-based care**

Community home based care activities were implemented by 19 organizations. The total number people reached in 2007 amounted to 12,356. Out of them, 54% of people receiving services were females. This corresponded to a 20% increment of 2006.

Table 32 People receiving home based care services – by organization

Organizations	Male	Female	Total
AZG			404
AFXB	365	697	1,062
AMI	43	25	68
Alliance	590	510	1,100
Care	775	945	1,720
IOM	117	137	254
Malteser	17	20	37
MDM	54	50	104
PACT	12	48	60
WC	27	19	46
WV	265	384	649
MANA	18	3	21
MNA	1,058	1,084	2,142
MRCS	181	164	345
PGK	314	422	736
MMCWA	44	75	119
NAP	851	777	1,628
Rattana Myitta	92	95	187
WFP	890	784	1,674
<b>Total</b>	<b>5,713</b>	<b>6,643</b>	<b>12,356</b>

Figure 14 People receiving community home base care services – 2001-2007



### Orphans and vulnerable children (OVC)

#### Partners working with OVC:

ALLIANCE, CARE, Department of Social Welfare,  
 FXB, IOM, Malteser, MRCS, MNMA, PGK,  
 Ratana Myetta, SC, UNICEF, WV, National AIDS Programme

## Resources

**Table 33 Planned and estimated actual unit costs for comprehensive prevention package – Orphan and vulnerable children**

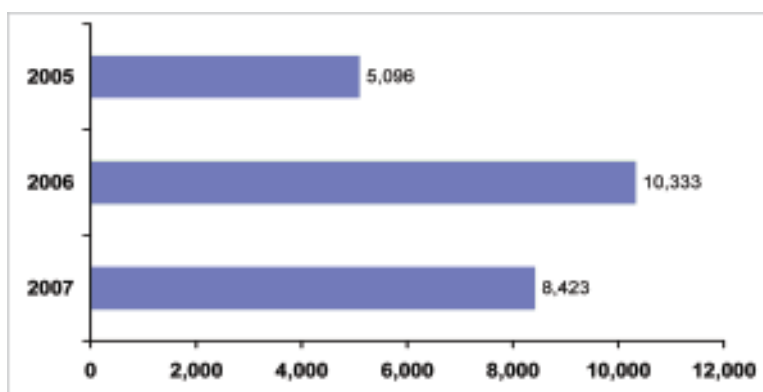
Resources planned in NSP 2007	Unit cost per general pop reached NSP 2007	Resources budgeted 2007	Unit cost per general pop reached (achievements/budget)
4,858,751	81.66	419,059	49.75

Less than 10% of the planned funding was available in 2007 for programmes related to orphans and vulnerable children. The actual unit cost was half of the planned unit cost. This implied that many children were not provided with the support planned in the package. The gap in funding and reduction in intervention is a cause of concern.

## Reach

In 2007, fewer orphans and vulnerable children were provided with support compared to 2006. The reported number of orphans and vulnerable children was dropped by nearly 2,000 from 2006. 42% of the supported children were reported to be infected or affected by HIV. Programmes for orphan and vulnerable children programme include medical, educational and psychosocial support. Programmes were implemented in 38 townships in 10 states and divisions.

**Figure 15 Orphans and vulnerable children receiving support – 2005-2007**





## STRATEGIC DIRECTION 12 : ENHANCING THE CAPACITY OF THE HEALTH SYSTEM

Output/Coverage Targets	Size estimate	Baseline or latest (Year)	Target 2007	Results 2007
% of townships implementing HIV test with no stock out of HIV test kits	325	95%	100%	100%
Number of HIV testing laboratories participating to NEQAS for HIV serology				128 labs
Proportion of transfused blood units screened for HIV in a quality assured manner <sup>(1)</sup>	200,000	-	100% <sup>(2)</sup>	72.9% <sup>(3)</sup>
Number of Service Delivery Points offering VCCT		291(2006)	295	260
% of need for PEP that is met				Not reported in 2007
Amount of national funds disbursed by government		78.05 MK (2005)		1,488 million K <sup>(3)</sup>

Source : Operational Plan M & E table

- (1) Indicator amended to reflect UNGASS indicator
- (2) For old indicator definition without quality assurance
- (3) UNGASS Report 2008

The National Health Laboratory has implemented a national external quality assurance system (NEQAS) for three years with the technical support of JICA. The participating laboratories were being expanded year by years especially taken part by the international non-government laboratories. 85 public health laboratories, 39 laboratories of AIDS/STD teams, 13 laboratories from international non-government organizations were included in 2007 NEQAS round. Excluding the 9 laboratories who did not contribute to NEQAS by providing reports, a total of 128 laboratories were an active partner of the system.

## STRATEGIC DIRECTION 13 : MONITORING AND EVALUATION

### HIV sentinel surveillance (HSS)

The National AIDS Programme carries out yearly HIV sentinel sero-surveillance survey (HSS) of selected subpopulation groups in Myanmar since 1992. The sentinel groups included in general are pregnant women attending antenatal clinics, new military recruits, blood donors as low risk population, injecting drug users and commercial sex workers as high risk population and new tuberculosis patients as moderate risk population. However, in 2007 the additional group of men who have sex with men participated in HSS.

The methodology of sentinel surveillance survey was updated in 2007 and the protocol for sentinel surveillance survey was approved and adopted in the same year with the technical support of WHO.<sup>1</sup> HSS is conducted through facility-based sampling, in which consecutive eligible individuals are recruited until the sample size is achieved. The sampling method used is anonymous unlinked sampling after obtaining the informed consent verbally from participants.

HSS was conducted in 34 sentinel sites where AIDS/STD teams are located. It lasted from May to July 2007. At the same time, TB/HIV surveillance, i.e. the screening for HIV among newly diagnosed TB patients in 10 townships took place.

In 2007, a new sentinel group, men having sex with men was added in two sites and the list of male STI sites was expanded to include Pyinmana and Pyin Oo Lwin townships. The sample size for each sentinel groups were readjusted using a standard formula. Table 1 shows the sentinel groups, number of sentinel sites, and target sample size for each site. The sentinel group, new TB patients, has been included for three consecutive year, which allows trend analysis to be done for this group for the first time in 2007.

**Table 34 The sentinel groups, sample sites and sample sizes**

Sentinel groups	Number of sentinel sites	Sample size per site
Pregnant women attending ANC clinics	32	400
Male STI patients	34	150
New TB Patients	10	150
Female sex workers	6	200
Injecting drug users	6	200
Men who have sex with men	2	200
New military recruits	2	400
Blood donors	2	Not specified

Following the above methodology, the HSS 2007 round included over 33,000 participants in 34 sentinel sites all over the country. The HIV prevalence among different populations is shown in Table 2. In the HSS 2007 the highest prevalence was observed among men who have sex with men followed by injecting drug users.

<sup>1</sup> HIV Sentinel Sero-Surveillance Manual, Myanmar. National AIDS Programme, Department of Health. 3<sup>rd</sup> version March 2007

**Table 35 HIV prevalence among sentinel populations – HSS 2007**

Sentinel groups	# of HIV tested (n)	#of sites (n)	# of HIV positive (n)	HIV prevalence across sites				
				Median (%)	Minimum (%)	Maximum (%)	Mean (%)	95% CI (%)
Male STI patients	4,451	33	236	4.6	0.0	19.6	5.3	(4.6-6.0)
FSW	945	6	147	15.8	1.2	22.7	15.6	(13.3-17.9)
IDU	932	6	272	30.4	6.5	48.5	29.2	(26.3-32.1)
MSM	400	2	117	29.3	23.5	35.0	29.3	(24.8-33.8)
Pregnant women	12,639	32	173	1.3	0.3	3.5	1.4	(1.2-1.6)
New military recruits	1,200	2	15	1.3	1.2	1.3	1.3	(0.7-1.9)
New TB patients	1,499	10	147	9.0	3.3	16.1	9.8	(8.3-11.3)
Blood donors	10,987	2	46	0.4	0.4	0.4	0.4	(0.3-0.4)
Total	33,053	34	1,153					

Presence of syphilis was tested for all sentinel groups. The results show that the prevalence of acute syphilis (VDRL+) was high in the group of men who have sex with men, female sex workers and male clients of STI clinics affecting 7%, 6% and 5% respectively.

**Table 36 Prevalence of syphilis (VDRL+) among sentinel population**

	sample(n)	VDRL+ (n)	VDRL + (%)
Male STI patients	4,450	218	4.9
FSW	813	49	6.0
IDU	766	32	4.2
MSM	400	28	7.0
Pregnant women	12,628	251	2.0
urban	8,088	138	1.7
rural	4,038	99	2.5
New military recruits	1,200	13	1.1
New TB patients	1,407	68	4.8

### Behaviour Surveillance Survey

The major aim of BSS is to monitor levels of HIV-related risk in selected population groups and, over time, to assess and evaluate the overall impact of the National AIDS Programme and partner efforts. In conjunction with data from the HSS, these behavioural data provide an evidence base from which to inform ongoing policy development, programme initiatives and advocacy.

In 2007/2008, BSS was conducted among four groups of IDU (in Yangon, Mandalay, Lashio, and Myitkyeena), two groups of FSW (in Yangon and Mandalay), and five sites of both female and male out of school youth (OSY) (in Yangon, Mandalay, Lashio, Monywa, and Meikhtila.). The OSY survey was carried out during August-October 2007. But the other two surveys took place between December 2007 and March 2008. The inclusion of FSW and IDU represents the first time probability-based samples of high risk groups have been included in the Myanmar HIV surveillance system. The data analysis is still in process.

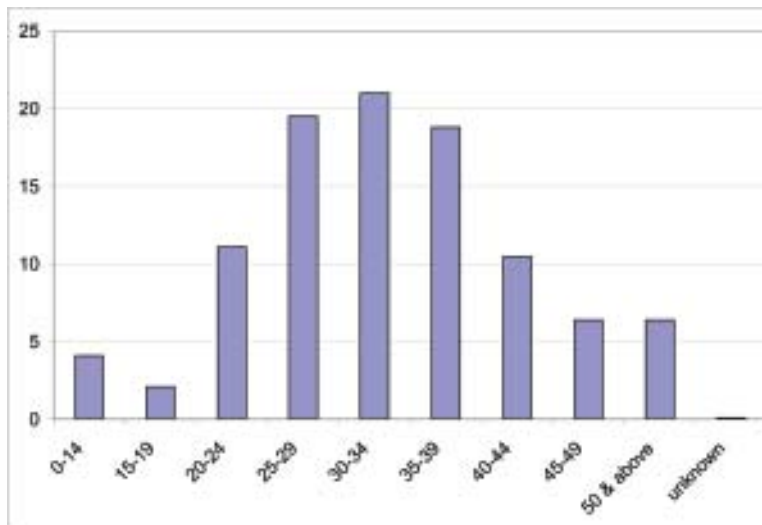
### AIDS case reporting

In 2007, the 1,680 adult AIDS cases were reported from the hospitals all over the country. Out of them, 32% (537/1680) were females and the 68%(1143/1680) were males. Only 40 cases of paediatric AIDS cases were reported. Based on the AIDS cases report, it has been estimated that 68% of AIDS cases were attributable to sexual transmission and 7.5% to injecting drug use. 1.8% was due to blood transfusion, 2.3% was due to mother to child transmission and the remaining 20.3% were accounted for other causes.

### HIV case reporting

A total of 3,978 HIV positive cases were reported during 2007. The male and female ratio were found to be 2.4:1. The highest mode (21% ) (830/3978) of HIV positive cases was seen in 30-34 age group and followed by 25-29 age group.

**Figure 16 The age distribution of HIV positive cases in percent**





# Coverage on National Response

## State and Division

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Source :

Population - Handbook on HDI 2005  
Area - Handbook on HDI 2005  
Coverage data - Annual Progress Report 2007  
+ (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	%change from 2006
1	Sex workers and their clients	Sex workers reached by package of BCC prevention and STI prevention /treatment	44,648	19% ↑
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI pre/treatment	39,180	27% ↑
3	Drug users	IDU reached by Harm Reduction programme	10,813	Not comparable
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	8,257	217% ↑
5	Institutionalized populations	Prisoners reached by health education	160	(3619%) ↓
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	183,380	(130%) ↓
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	175,936	(22%) ↓
9	Workplace	Number of people in workplace reached by package of prevention programme*	61,258	(70%) ↓
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	630,557	(1%) ↓
		Reproductive age accessing VCCT	106,798	16% ↑
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	11,193	41% ↑
		Number of people receiving CHBC package of support	12,356	14% ↑
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	1,403	19% ↑



<b>Ayeyarwady Division</b>	
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, MSI, PSI, MNMA, PGK, 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	4,117	9.2
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	7,439	18.9
3	Drug users	IDU reached by Harm Reduction programme	0	0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	262	3.1
5	Institutionalized populations	Prisoners reached by health education	14	8.8
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	8,965	4.9
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	16,186	9.2
9	Workplace	Number of people in workplace reached by package of prevention programme*	481	0.8
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	26,012	4.1
		Reproductive age accessing VCCT	3,283	3.0
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	13	0.05
		Number of people receiving CHBC package of support	921	7.4
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	35	2.5

<b>Bago Division</b>	
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, MSI, PSI, MBCA, MNMA, MRCS



### 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	2,969	6.6
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	4,188	10.7
3	Drug users	IDU reached by Harm Reduction programme	0	0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	302	3.6
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	6,559	3.8
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	10,399	5.9
9	Workplace	Number of people in workplace reached by package of prevention programme*	3452	5.6
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	10,116	1.6
		Reproductive age accessing VCCT	3,050	2.8
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	20	0.2
		Number of people receiving CHBC package of support	401	3.2
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	56	4.0

<b>Chin State</b>	
Area :	36,019 sq Km
Population :	1510,268
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	PSI, UNDP



### 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	12	0.02
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI previtreatment	0	0
3	Drug users	IDU reached by Harm Reduction programme	0	0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	0	0
5	Institutionalized populations	Prisoners reached by health education	0	
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	64	0.03
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	2,400	1.3
9	Workplace	Number of people in workplace reached by package of prevention programme*	0	0
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	5,556	0.9
		Reproductive age accessing VCCT	166	0.01
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	0	0
		Number of people receiving CHBC package of support	0	0
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	0	0

<b>Kachin State</b>	
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, AZG, MDM, PSI, UNDP, 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	2,279	5.1
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	850	2.1
3	Drug users	IDU reached by Harm Reduction programme	2177	20.1
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	231	2.8
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	22,966	12.5
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	2,227	1.2
9	Workplace	Number of people in workplace reached by package of prevention programme*	1,547	2.5
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	81,971	12.9
		Reproductive age accessing VCCT	14,243	13.3
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	1,896	17.0
		Number of people receiving CHBC package of support	445	3.6
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	166	11.8

<b>Kayar State</b>	
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	38	0.08
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	15	0.03
3	Drug users	IDU reached by Harm Reduction programme	0	0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	0	0
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	153	0.06
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	15	0
9	Workplace	Number of people in workplace reached by package of prevention programme*	43	0.07
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	0	0
		Reproductive age accessing VCCT	232	0.2
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	0	0
		Number of people receiving CHBC package of support	13	0.1
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	0	0

<b>Kayin State</b>	
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	Alliance, PSI, SC, UNDP



### 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	168	0.4
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	14	0.03
3	Drug users	IDU reached by Harm Reduction programme	0	0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	469	5.6
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	4,695	2.5
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	12,983	7.3
9	Workplace	Number of people in workplace reached by package of prevention programme*	485	0.8
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	2,065	0.3
		Reproductive age accessing VCCT	3,791	3.5
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	23	0.2
		Number of people receiving CHBC package of support	186	1.5
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	21	1.5

<b>Magway Division</b>	
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	Alliance, MBCA, PACT, Progetto continenti, PSI, SC, UNDP, WFP



### 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	406	0.9
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	133	0.3
3	Drug users	IDU reached by Harm Reduction programme	0	0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	47	0.5
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	2,369	1.3
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	22,775	12.9
9	Workplace	Number of people in workplace reached by package of prevention programme*	2394	3.9
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	60,664	9.6
		Reproductive age accessing VCCT	2,335	2.2
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	53	0.5
		Number of people receiving CHBC package of support	758	6.1
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	38	2.7

<b>Mandalay Division</b>	
Area :	37,935 sq Km
Population :	7,571,010
No of townships :	31
No of AIDS/STD team :	8
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, Care, MBCA, MSI, MANA, MRCS, PACT, PSI, PGK, SC, UNDP



### 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	8,329	18.6
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	5,433	13.8
3	Drug users	IDU reached by Harm Reduction programme	4973	46.0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	1,369	16.5
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	12,446	6.7
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	25,276	14.3
9	Workplace	Number of people in workplace reached by package of prevention programme*	31,318	51.1
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	106,955	16.9
		Reproductive age accessing VCCT	11,264	10.5
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	768	6.8
		Number of people receiving CHBC package of support	1,573	12.7
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	186	13.3



<b>Mon State</b>	
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, Care, FXB, IOM, MSI, PSI, WV, MNMA, SC, 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	1,328	2.9
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	191	0.5
3	Drug users	IDU reached by Harm Reduction programme	0	0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	1,419	17.1
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	8,669	4.7
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	38,339	21.8
9	Workplace	Number of people in workplace reached by package of prevention programme*	153	0.24
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	29,863	4.7
		Reproductive age accessing VCCT	3,595	3.3
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	51	0.45
		Number of people receiving CHBC package of support	2,136	17.2
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT*	46	3.3

<b>Rakhine State</b>	
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, 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	1,520	3.4
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	282	0.7
3	Drug users	IDU reached by Harm Reduction programme	72	0.7
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	0	0
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	5,388	2.9
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	27	0
9	Workplace	Number of people in workplace reached by package of prevention programme*	510	0.8
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	172,915	27.4
		Reproductive age accessing VCCT	4,375	4.0
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	227	2.0
		Number of people receiving CHBC package of support	171	1.4
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	11	0.8

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, 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	1,004	2.2
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI previtreatment	1,086	2.8
3	Drug users	IDU reached by Harm Reduction programme	30	0.3
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	523	6.3
5	Institutionalized populations	Prisoners reached by health education	32	20
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	4,725	2.5
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	2,210	1.2
9	Workplace	Number of people in workplace reached by package of prevention programme*	64	0.1
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	361	0.05
		Reproductive age accessing VCCT	2,128	1.9
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	37	0.3
		Number of people receiving CHBC package of support	1,126	9.1
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	59	4.2

<b>Shan State</b>	
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	AHRN, AZG, Care, Malteser, PSI, WV, MANA, MRCS, PGK, SC, UNODC, UNDP, WC, WFP



### 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	3,881	8.6
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	843	2.1
3	Drug users	IDU reached by Harm Reduction programme	3387	31.3
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	804	9.7
5	Institutionalized populations	Prisoners reached by health education	54	33.7
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	13,882	7.5
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	15,152	8.6
9	Workplace	Number of people in workplace reached by package of prevention programme*	1,643	2.7
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	62,993	9.9
		Reproductive age accessing VCCT	12,406	11.6
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	1,629	14.5
		Number of people receiving CHBC package of support	2,161	17.5
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	176	12.5

<b>Tanintharyi Division</b>	
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	MSF CH, 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	610	1.3
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	297	0.75
3	Drug users	IDU reached by Harm Reduction programme	0	0
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	415	5.0
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	16,521	9.0
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	4,748	2.7
9	Workplace	Number of people in workplace reached by package of prevention programme*	3,550	5.8
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	8,577	1.3
		Reproductive age accessing VCCT	5,355	5.0
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	973	8.7
		Number of people receiving CHBC package of support	535	4.3
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	26	1.9

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	AMI, Alliance, AZG, Care, FXB, MBCA, MSI, MDM, PSI, MNMA, MANA, 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	18,007	40.3
2	Men who have sex with men (MSM)	MSM reached by package of BCC prevention and STI prev/treatment	18,409	46.9
3	Drug users	IDU reached by Harm Reduction programme	174	1.6
4	People living with HIV, their partners and families	Number of PLHIV involved in self-help groups	2,389	28.9
5	Institutionalized populations	Prisoners reached by health education	0	0
6	Mobile populations	Mobile and migrant population reached by package of prevention programme	75,978	41.4
7	Uniformed services	Uniformed personnel reached by package of prevention programme	No data break down by State/Division	
8	Young people	Out of school youth (15-24) reached by prevention programme	23,199	13.1
9	Workplace	Number of people in workplace reached by package of prevention programme*	15,618	25.4
10	Prevention for women and men of reproductive age	Men and women of reproductive age reached by prevention programme*	62,509	9.9
		Reproductive age accessing VCCT	40,575	37.9
11	Comprehensive care, support and treatment	Number of People Living with HIV in need receiving ARV	5,502	49.1
		Number of people receiving CHBC package of support	1,624	13.1
		Number of mother- baby pair receiving a complete course of ART prophylaxis for PMCT	523	37.3

