

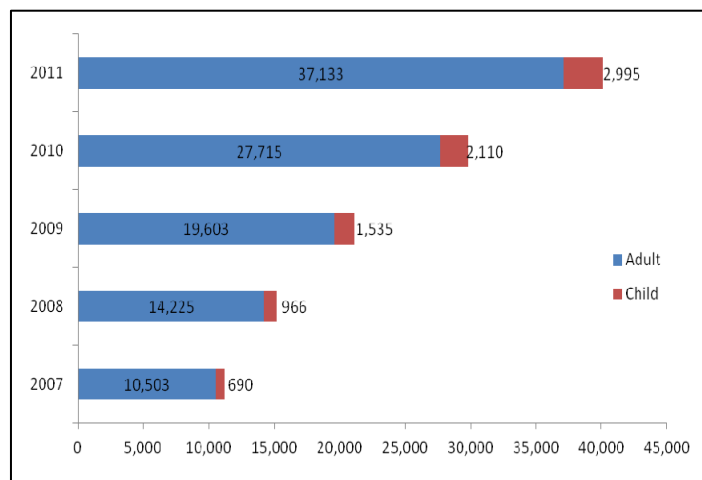
THE SITUATION

While the achievement of ARV treatment has been short of the targets of NSP I (2006-2010), the scale up has nevertheless been impressive. The five years from 2006 to 2010 have seen an increase of 25,000 people provided with ARV treatment. Patients continue to show up with low CD4 counts indicating that there remains substantial potential for further scaling up the treatment response. The change to an access criteria of less than 350 CD4 count will further enlarge the pool of potential beneficiaries of ARV treatment. In 2010, the estimated number of people living with HIV needing ARV was 76,000. The change to the new treatment guidelines in 2012 will increase to estimated number of eligible patients to over 100,000.

THE RESPONSE

More than 27,956 people were reported having received Cotrimoxazole prophylaxis. While this number seems high and it is likely to represent treatment episodes rather than individuals that are on regular and medically followed prophylaxis, it indicates nevertheless that the waiting list for ARV treatment is long. Scaling up ARV treatment seems to be therefore mainly an issue of organisational capacity and available resources. Over 10,000 additional people have started ARV in 2011. This was the highest yearly increase recorded so far in Myanmar. 44% of the patients on ARV medication were female. A total of 2,995 children are part of the people on treatment. The geographical distribution of ARV treatment remained focused on Yangon, Kachin, Mandalay and Shan.

People receiving ARV 2007 - 2011



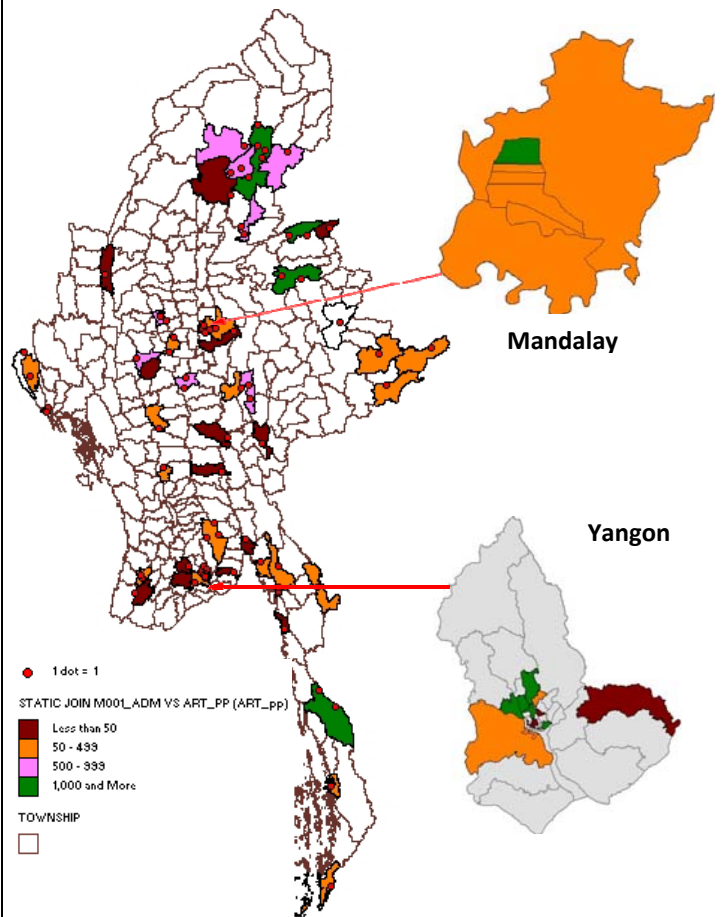
People receiving ARV by organization

State & Region	Children		Adults		People on ART	As % of total
	Male	Female	Male	Female		
AHRN	0	1	19	13	33	0.08%
Alliance			239	204	443	1.10%
AMI	31	15	291	232	569	1.42%
Burnet	3	3	83	85	174	0.43%
Consortium	12	15	157	114	298	0.74%
FXB	15	8	167	163	353	0.88%
IOM	25	20	169	203	417	1.04%
Malteser	11	14	94	102	221	0.55%
MDM	10	15	832	361	1,218	3.04%
MSF-CH	96	121	1,216	956	2,389	5.95%
MSF-H	775	661	10,555	8,732	20,723	51.64%
NAP	257	250	2,240	1,730	4,477	11.16%
PSI			82	30	112	0.28%
Pyi Gyi Khin			118	129	247	0.62%
Rattana Metta			134	105	239	0.60%
UNION	324	313	4,541	3,037	8,215	20.47%
Total	1,556	1,436	20,937	16,196	40,128	100.00%

Nearly 90% of the ART is delivered by 4 organisations. Two of those delivered their programmes from clinics operated by NGO staff. The two others, one of them being the National AIDS Programme, delivered their treatment through the public health facilities. At the end of 2011, the public sector cared for over 25% of the total patients.

GEOGRAPHIC COVERAGE

ART services in 2011





Weight monitoring at AFXB before the patient boards a bus to Waibargi Hospital for ART drugs. AFXB offers free bus service for HIV patients.

CHALLENGES

- HIV associated stigma in communities and discriminatory practices in some health care settings
- Weak linkages among related sectors for continuum of care
- Lack of sustainable financing especially for ART scale up
- Limited multisectoral approach
- Limited availability of quality services: necessary technical training for the partners who will be involved both Public and Private (eg, Health, Education, Social welfare, general practitioners)
- Data gaps in care and support interventions (Public/Private)

RECOMMENDATIONS

- Human resource could be increased with the involvement of private hospitals and general practitioners who are widely presented in all urban areas
- Increase training and supervision by MoH to promote correct use of ART and OI treatment and prevention of early drug resistance
- Improve quality of services, with emphasis on friendly and continuous provision of ART services to at-risk stigmatised groups that do not access services due to mobility or fear of discrimination by health staff
- Improve capacity of clinical staff in HIV case management in order to contribute to improving overall health service quality, and hence strengthening the health system.
- Decentralization of VCCT/HCT: quality Rapid test and counseling, link with follow-up services
- Carry-out more research on priority topics to achieve targets for universal access to HIV prevention, care and treatment (i.e. treatment outcome, drug resistance study and clinical research)
- Integrate HIV services to achieve high coverage of programmes (eg, ART/PMCT integrated in Medical care, MCH and reproductive health services, TB programme)

THE NEW NSP (2011-2015)

Coverage targets for 2015

Output/Coverage Targets	Size estimate	Baseline 2009	Target 2015
Number of adults with advanced HIV infection receiving ART	76,631	19,603	70,000
Number of children in need provided with ART		1,535	3,200
Number of people living with HIV receiving Cotrimoxazole prophylaxis who are not on ART	50,428		20,000
Number of TB patients who are tested positive for HIV and have started ART during the reporting period	7,596	NA	4,519

RESOURCE NEEDS

The new National Strategic Plan estimates the costs of key ART services for people living with HIV as follows:

Resource Needs for ART Key Services up to 2015 (in US\$)

2011	2012	2013	2014	2015
14,780,485	19,738,123	24,894,284	30,062,570	34,830,938

IMPLEMENTING PARTNERS

Government:	MoH (NAP)
INGO:	AFXB, AHRN, Alliance, AMI, AZG, Burnet, CARE, Consortium, IOM, Malteser, MDM, MSI, MSF-CH, PSI
Local NGO:	MANA, MNMA, PGK, RMO
UN:	UNODC