

Progress of HIV Response in Myanmar

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Outline of the presentation

- **HIV epidemic at a glance**
- **Learnings from mitigating COVID-19 impact, community engagement**
- **HIV services delivery mechanisms and achievement**
- **HIV NSP HIV/AIDS (2021-25); Innovations and Strengthening National response;**

Myanmar HIV epidemic at a glance



First HIV (+) ve in 1988



First AIDS case in 1991



Estimate PLHIV – 240,000

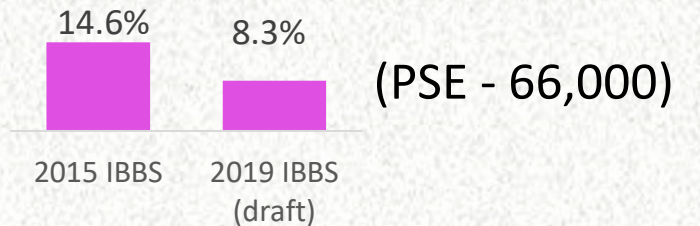
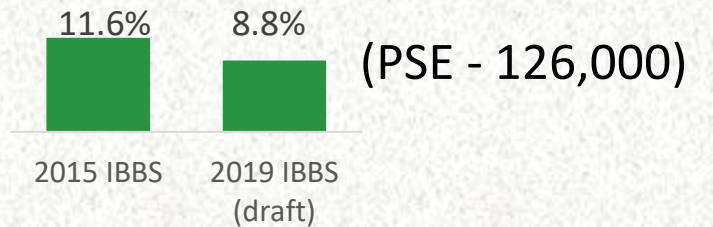
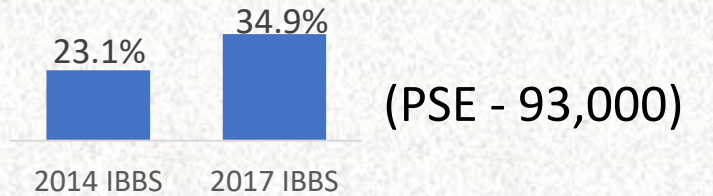


Prevalence – 0.58%

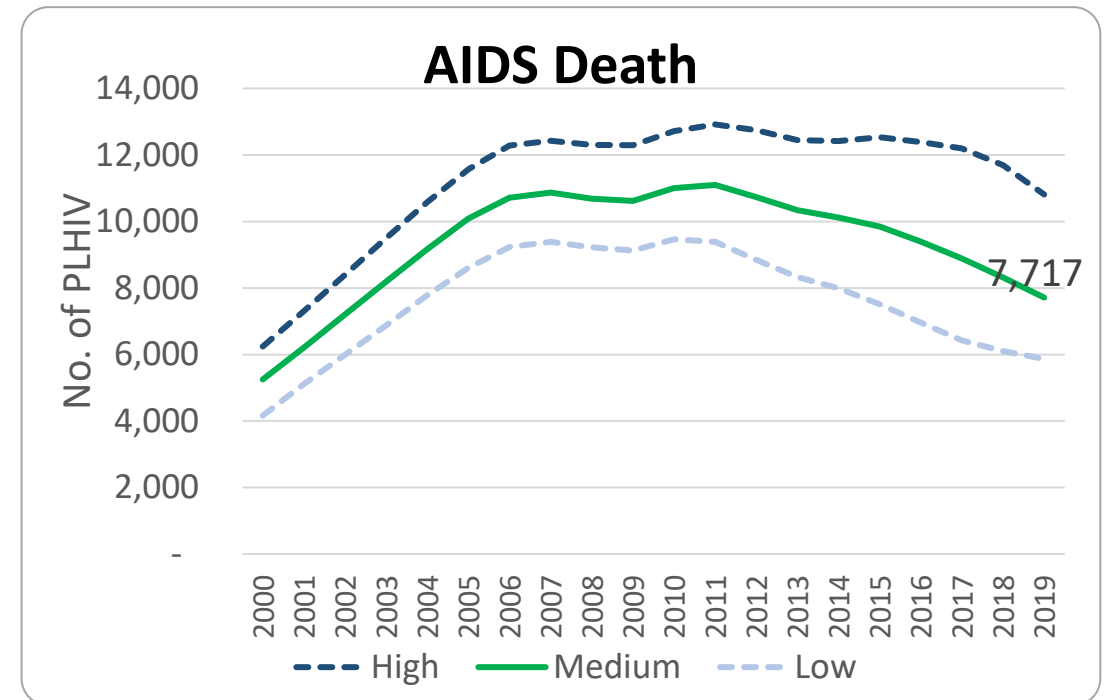
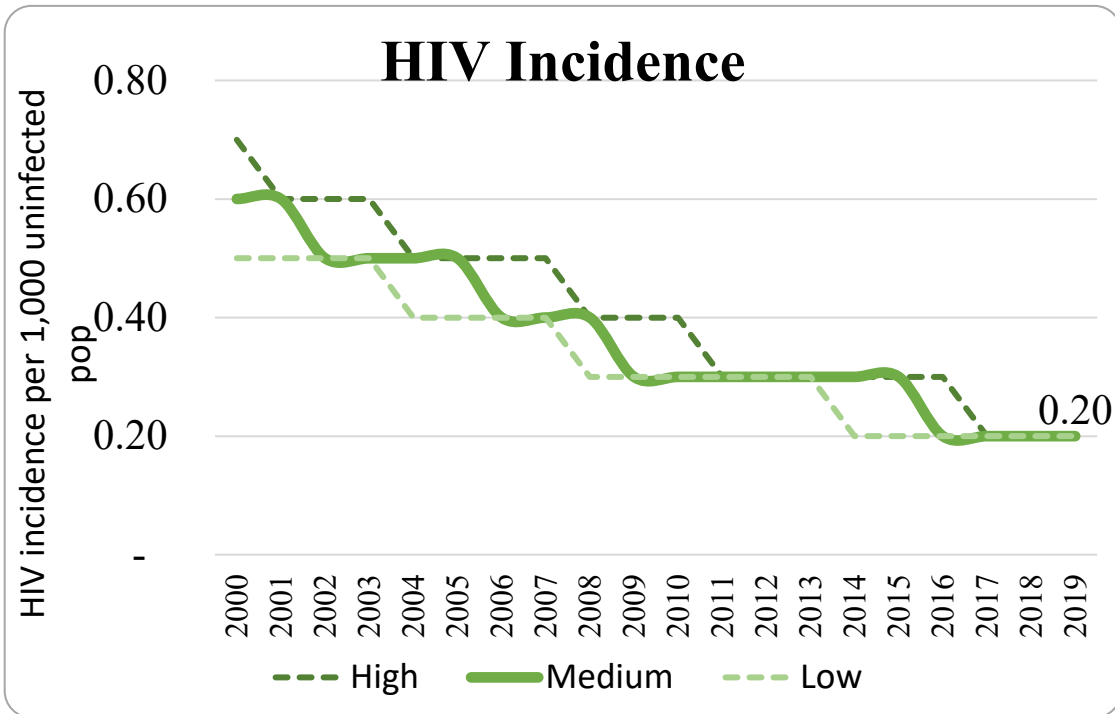


Concentrated epidemic among key populations

- HIV prevalence among key population



Estimated HIV incidence and Mortality (2000-2019)



- *At the national level, the HIV epidemic has declined.*
- *However, the Epidemic at sub-national level is quite different from region to region. HIV new infections among PWID remain high in high burden states in particular Kachin and Shan- N*

Source: AEM-Spectrum Estimate April 2020

Mitigation on COVID-19 impact

Impact

➤ HIV services

- Outreach HIV prevention and testing
- Routine follow up of ART patients due to restriction of movement
- Delay arrival and shipment of some ARVs and Viral Load reagents

➤ Human resources

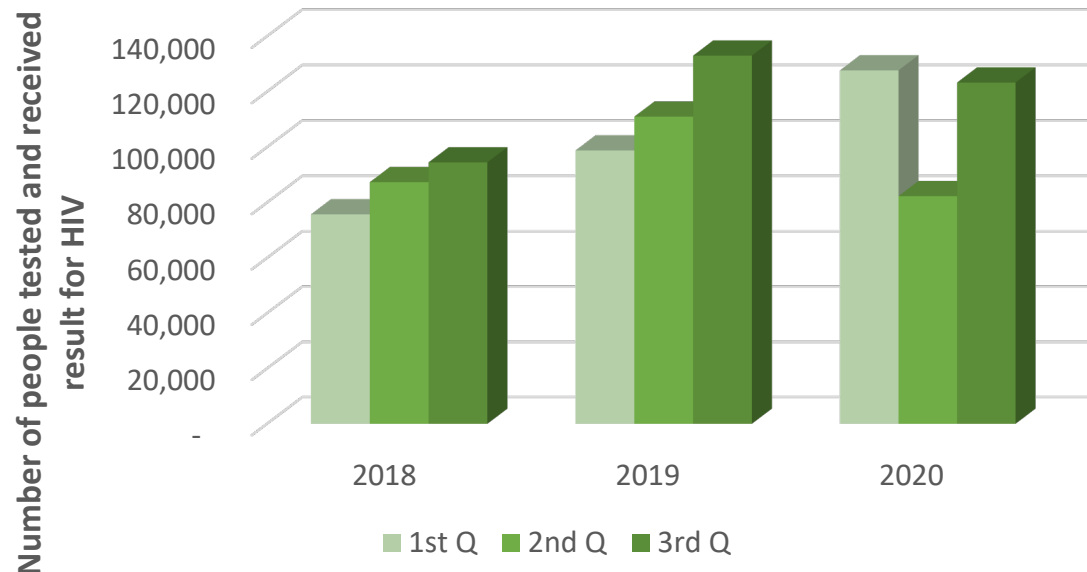
- Mobilizing of staff and lab technicians for COVID-19 response

Mitigation measures

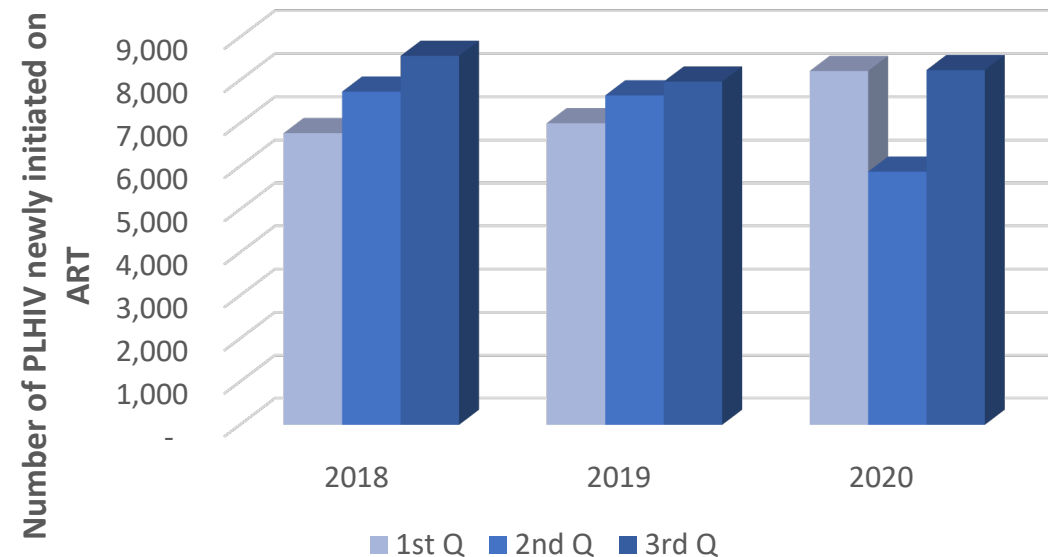
- ✓ Develop **HIV Contingency Plan in response of COVID-19** in March even before first case of COVID-19 in Myanmar
- ✓ **Rapid Response Team for COVID-19 and HIV** to coordinate and facilitate the implementation of the contingency plan
- ✓ **Virtual platforms, social media and hotline services** are used for service delivery such as HIV counselling and dissemination of updates on service accessibility
- ✓ **Multi-month dispensing of ARV** for 6-months (70% of ART patient) and **MMT Take home dose** up to 14 days (90% of clients)
- ✓ **Community Networks** – PLHIV and KP groups are actively facilitating for HIV service accessibility during COVID-19 pandemic

Situation and impact

Number of people tested for HIV and received post-test counselling, Myanmar, 2018-2020 by quarter



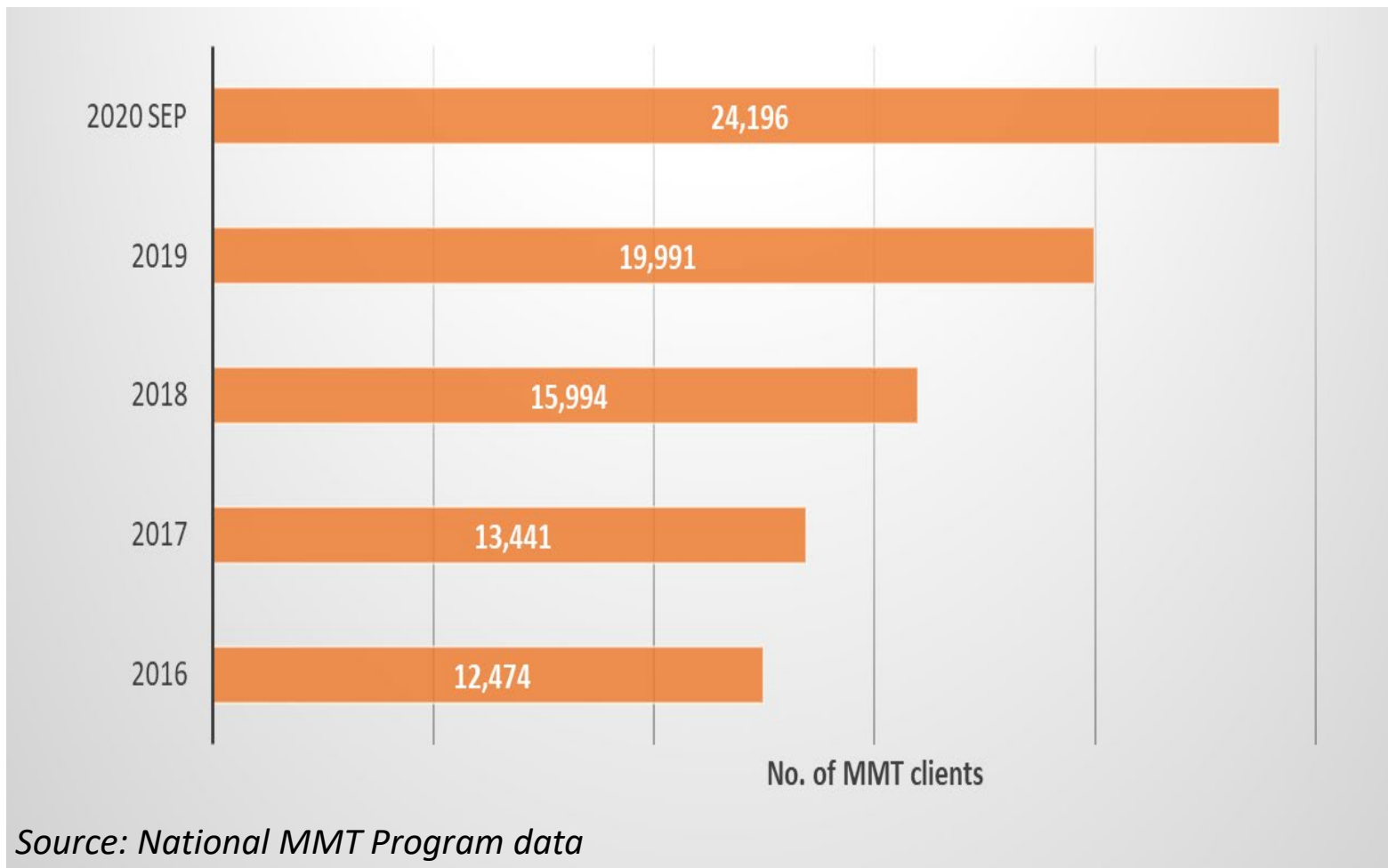
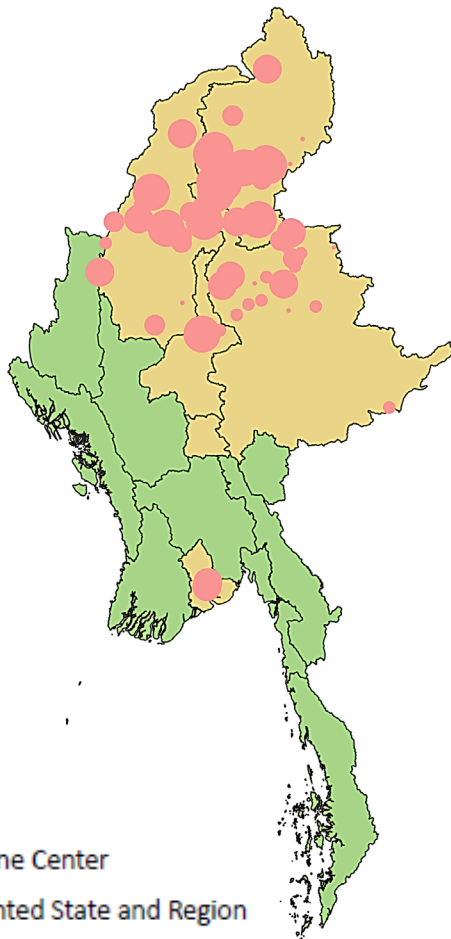
Number of new PLHIV started on ART, Myanmar, 2018-2020 by quarter



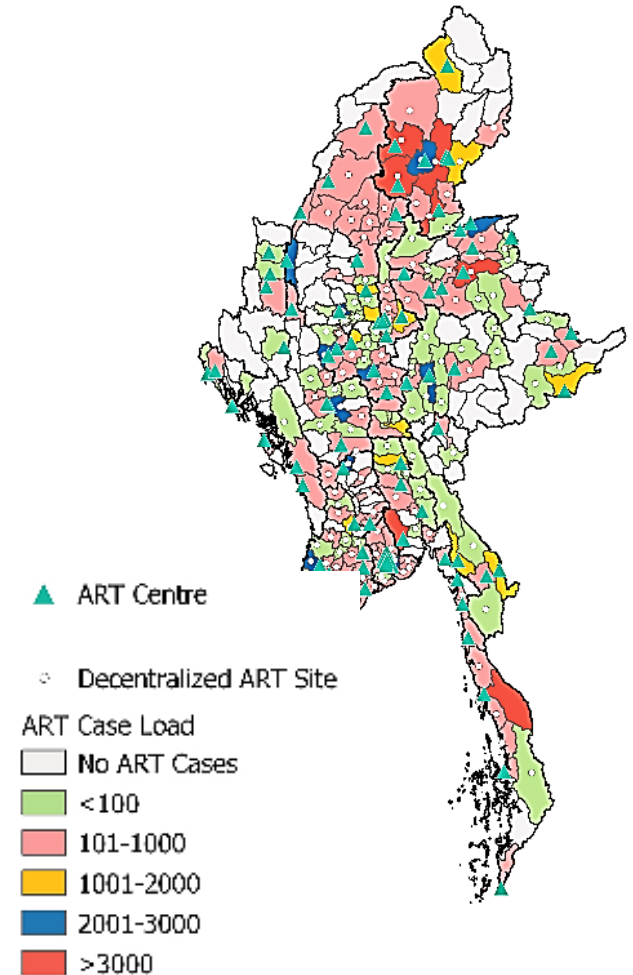
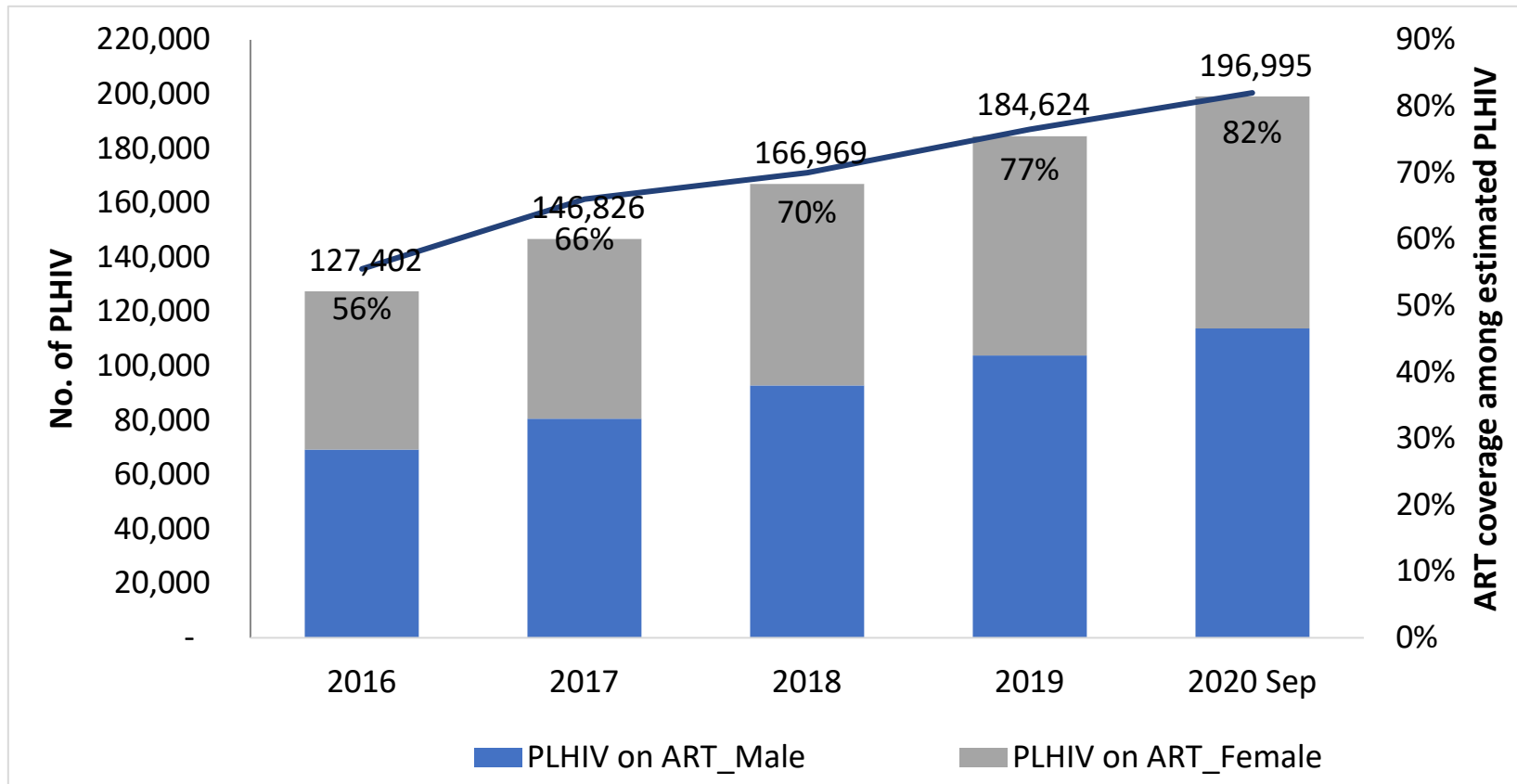
- During 2020 first quarter, the achievement in HIV testing, treatment and care activities surpassed previous years
- Achievement dropped during the second quarter due to restrictions in COVID-19 response
- Activities regained momentum in 2020 third quarter matching the previous year's achievements,
- Overall achievement in 2020 is still maintained compared to previous years

People on Methadone Maintenance Therapy (2016 – 2020)

Methadone centers with client load in Myanmar, 2020

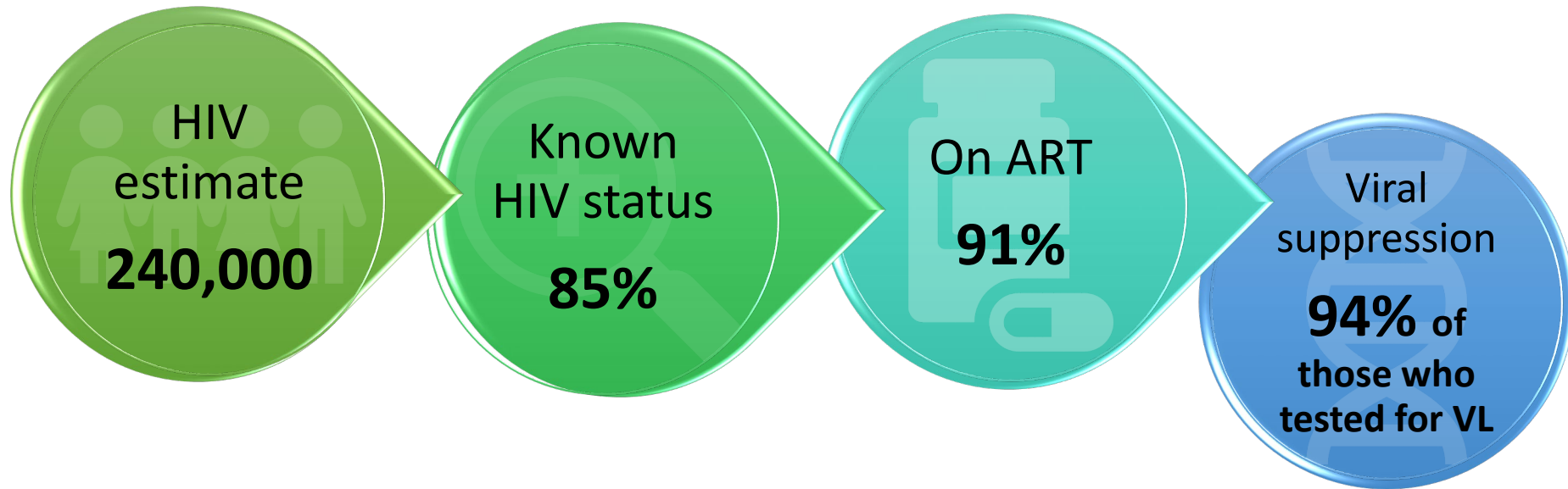


Scaling up of ART (2016 – Sep 2020)



Source: ART program report: NAP and IPs, HIV estimates 240,000

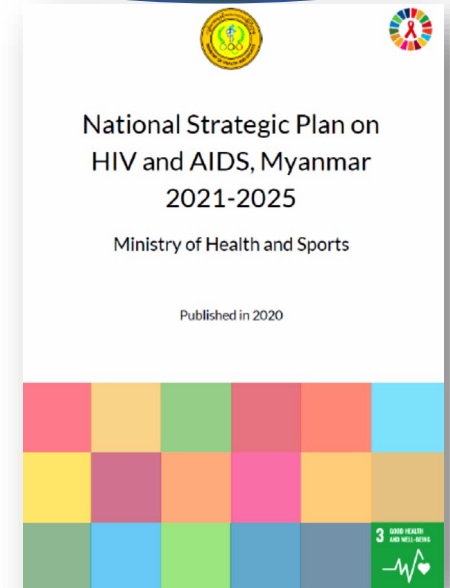
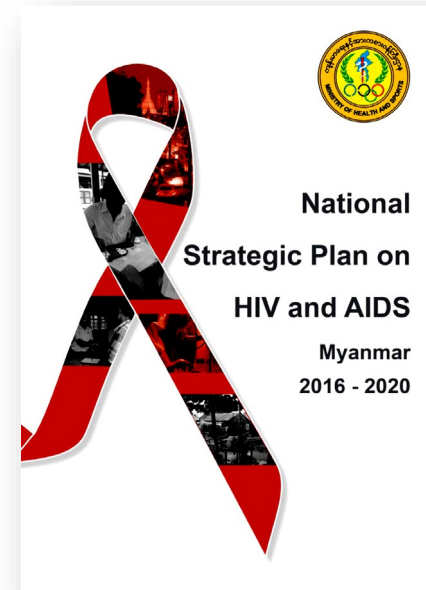
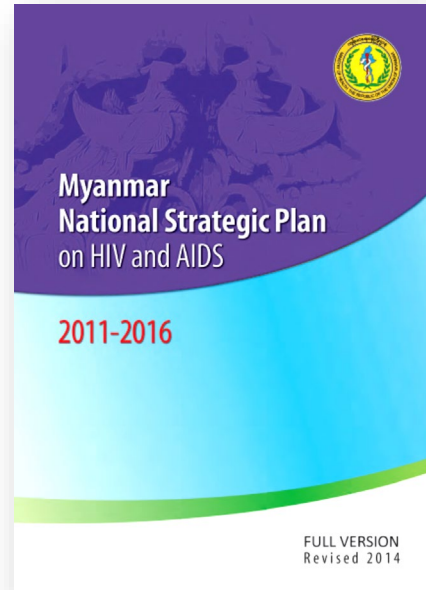
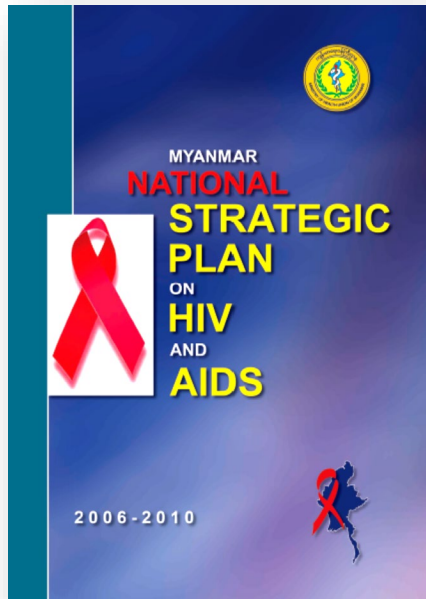
Progress to 90-90-90 targets (End Dec 2019)



Remark: As viral load testing in 2019 is more than 70% of PLHIV on ART (72%), based on recommendation from Global AIDS Monitoring report guideline, the % of viral suppression is generalized to all PLHIV on ART (assumed that levels of suppression in the untested on ART population are the same as those in the tested population).

Myanmar National Strategic Plans on HIV

VISION
By 2030, end HIV as a
public health threat in
Myanmar



2006-2010

2011-2016

2016-2020

2021-2025

Myanmar is responding to HIV epidemic with five-year National Strategic Plans (NSP) and its Operational Plans. The NSP is the strategic guide for the country's response to HIV at national and sub-national levels.

Setting the targets

Current NSP (2016-2020)

Next NSP IV (2021-2025)

90%

Priority population have access to combination **prevention services**

95%

90%

People living with HIV that **know their status**

95%

90%

People living with HIV who know their status, **receive treatment** and get tested for viral load

95%

90%

People on treatment that have achieved **viral suppression**

95%

90%

People living with, at risk of and affected by HIV report **no discrimination**, especially in health, education and workplace settings

All

Key Operational Model in next 5 Years



Geographic Prioritization

- 167 townships are high priority, out of total 330 townships



Integration of Essential and Comprehensive HIV service packages into Universal Health Coverage (UHC)

- Essential Package in all 330 Townships
- Comprehensive Package in 167 high priority townships

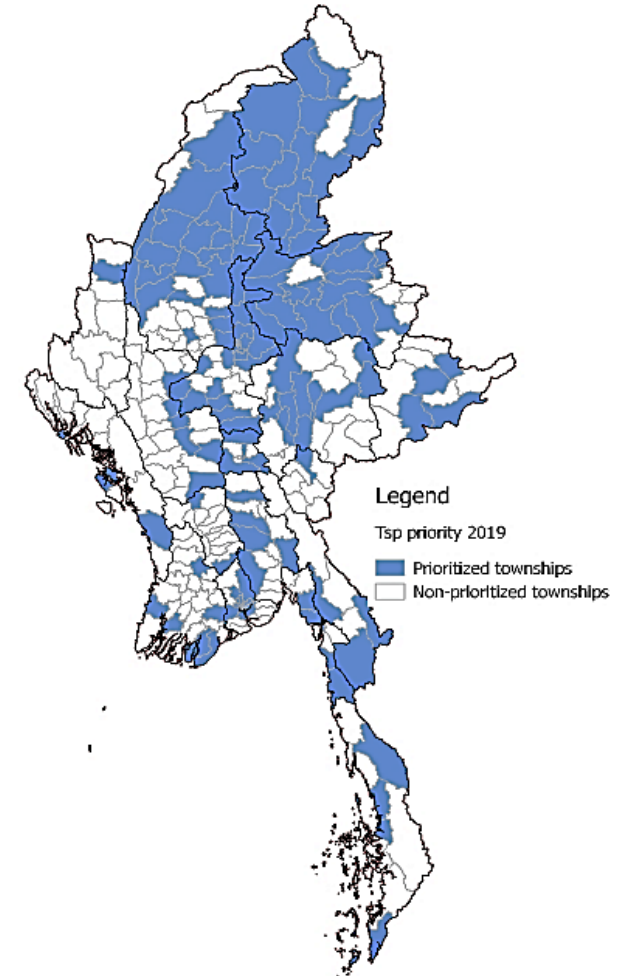


Integration of the services

- For accessibility and cost efficiency



Partnership and community involvement



Way forward



- HIV Essential Package for Health Services including Basic **HIV Prevention**, **HIV testing**, **ART treatment**, **Integration with other health services**, **Enabling Environment**
- Enhance **HIV combination prevention intervention** introducing innovative approaches such as PrEP, HIV Self-testing, index testing and online based prevention platform
- Expanded **multi-stakeholder partnerships** with policy makers, parliamentarians, Ethnic Health Organizations (EHO) and private sector
- **Domestic financial support from the Government of Myanmar covers 100% of Methadone and more than 80% of Antiviral Drugs procurement- To sustain the domestic contribution.**
- **Enabling legal and policy environment** for HIV infected and affected people – HIV Law, Law on sex work and Drug Law

“အားလုံးညီညွတ် ပေါင်းစည်းလို့ တာဝန်ကိုယ်စီမျှယူစို့”

It is time for Solidarity

Keep safe and well

Thank you