The HIV Epidemics and current situation update in Myanmar

Dr. HTUN NYUNT OO

National AIDS Programme
“Support needing populations through medical assistance and the transfer of knowledge to local medical practitioners.”

Our vision for the Medical Assistance & Medical Education (MAME) Programs
Outline

• The HIV epidemics

• Current situation and where the epidemic is evolving

• Updated trend of Treatment, Care and Support: ART & PMTCT

• Way forward
The HIV epidemics

**Global update**
- According to the 2013 Global AIDS Report,
- there were a total of estimated 35 million people living with HIV/AIDS globally.
- In South and South-East Asia, epidemics are concentrated
- High HIV prevalence detected among KAP including
  - SWs, MSMs and PWIDs with higher risk.

**Myanmar update**
- The HIV Epidemics in Myanmar is in declining phase,
- HIV prevalence among General population and pregnant women is below 1%,
- However, the HIV epidemics is largely concentrated and still high prevalence among KAP with higher risk
- Myanmar Adopts a strategies to maintain dual focus on scaling up of access to prevention as well as treatment and care
Epidemiology: Burden
Myanmar - Brief Background

**First HIV positive case reported:** 1988

**First AIDS case reported:** 1991

**ART Provision was started in:** 2005

**2014**

- HIV Prevalence in general population 15+ projected at **0.54 %** in 2014
  - Prevalence higher in KAPs
    - (PWID 23%; MSM 6.6 % and FSW 6.3 %)
  - An estimated 7,065 new HIV infections to occur in 2014
- More than **200,000** people 15+ are living with HIV in Myanmar
HIV Prevalence in Adult Population by Year (%), (AEM 2014)
Trends of HIV prevalence among most at risk population, HSS 1992-2014

- **Male STI patients**: 9% 6.9% 5.7% 7.1% 7.7% 8.9% 7.1% 8.4% 7.1% 8.0% 6.5% 6.0% 3.2% 4.1% 4.9% 5.3% 5.4% 4.9% 5.2% 4.6% 4.1% 4.85% 4.0%
- **Injecting Drug Users**: 62.8% 74.3% 71.4% 54.5% 66.5% 54.1% 56.2% 50.9% 62.7% 40.9% 24.1% 37.9% 34.4% 43.2% 42.5% 29.2% 37.5% 34.0% 28.1% 21.9% 18.0% 18.67% 23.2%
- **Female Sex Workers**: 4.3% 9.0% 16.5% 18.0% 21.5% 25.0% 29.0% 26.0% 38.0% 33.5% 32.3% 31.4% 27.5% 32.0% 33.5% 15.6% 18.4% 11.2% 11.4% 9.4% 7.1% 8.12% 6.3%
- **Men Sex with Men**: 29.3% 28.8% 22.3% 11.0% 7.8% 8.9% 10.45% 6.6%
National Response to HIV/AIDS

• Myanmar is currently responding to HIV and AIDS with *National Strategic Plan II* and its operation Plans.

• The NSP II includes *three strategic priorities* and a series of cross-cutting interventions

• It aimed at providing:
  – HIV prevention,
  – Treatment, Care and Support for people living with HIV (PLHIV) and
  – Creating an enabling environment to achieve the Three Zeros –
    • Zero new HIV infections,
    • Zero AIDS-related deaths and
    • Zero stigma and discrimination.
NAP activities

Activities

- Advocacy & awareness raising (HE)
- Prevention of sexual transmission of HIV/STD
- Prevention of HIV transmission through IDU
- PMTCT
- Blood safety
- Provision of Care & Support (ART)
- Enhancing the multi-sectoral collaboration & cooperation
- Special intervention programme (TB-HIV, Cx border intervention)
- Supervision, monitoring and evaluation

47 - AIDS/STD Team at the district level

INGO/NGO

- WHO & UN (7)
- Local NGO & INGO (22)
### International/National NGOs providing ANTIRETROVIRAL THERAPY

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<tr>
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<td>MSF (Holland)</td>
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<td>15</td>
<td>UNION</td>
<td>(Mandalay-7, Taungyi, Lashio, Pakokku, Monywa, Meikhtila, Myingyan)</td>
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HIV is now a treatable condition and the majority of people who have HIV remain fit and well on treatment.

As part of the Department of Health,

• NAP linked to public health hospitals at the regions/state nad district level, which provide specialized clinical services such as ART provision, and hospital based Prevention of Mother to Child Transmission since 2005

• Nationwide ART Provision at Partner’s clinics also started in 2005

• Moreover, Decentralization at the township level has been practiced by NAP with reducing the barriers for individuals seeking HIV testing and treatment in 2013.

• Future interventions are with more focus on the KAP with high prevalence, PWID, FSWs and MSMs especially. Increasing access for the marginalized pop;
Zero deaths in Asia and the Pacific Region
Achievement: PLHIV receiving ART by Organization in 2014

Number of People on ART by June, 2014

~ 75,000 people on ART
ART Provision by Regions/State at the end of June, 2014
ART targets to be provided with MOH & GF new funding

Increasing availability of ART

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<td>CD4 count</td>
<td>&lt; 350</td>
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<td>ART need*</td>
<td>120,032</td>
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<td>162,012</td>
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<td>ART Target</td>
<td>67,643</td>
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Summary of key recommendations for ART in the new guidelines

Adults and Adolescents

• **HIV positive individuals** – CD4 $\leq$ 500 cells/mm3; priority to those with CD4 less than 350/cmm

• **HIV positive symptomatic ARV naïve individuals** - WHO clinical stage 2 if CD4 $\leq$ 500 cells/mm3 *OR* WHO clinical stage 3 or 4 irrespective of CD4 cell count

• **HIV positive pregnant women** – CD4 $\leq$ 500 cells/mm3 irrespective of clinical symptoms *OR* WHO clinical stage 3 or 4 irrespective of CD4 cell count

Deciding on Duration of ART started to pregnant women:

If the CD4 count $>500$/cmm,

– the ART should be continued and stopped after 1 week of cessation of breast feeding. This is same as the **Option B** that was recommended.

– In certain conditions, continue the ART started in a pregnant women even if the CD4 count is more than 500/cmm at the time of initiation (*Option B +*).

Children

• Initiate ART in all HIV infected children < 5 years

• For children > 5 years, follow same criteria as adults.
Summary of key recommendations for ART in the new guidelines

• Special Populations
• HIV/TB coinfection – Treat all HIV/TB coinfected individuals irrespective of CD4 count
• HIV/HBV coinfection – Provide ART to HBV/HIV coinfected if ALT level more than 2.5 times the normal
• Sero discordant couples – Treat all sero discordant couples irrespective of CD4 count.
• Key populations (FSWs, MSMs and PWIDs) – Treat all irrespective of CD4 count.
Decentralized sites will not be initiating ART but will maintain stable patients on ART. However, as they gain experience and the patient load increases, they can be graduated to an ART prescribing site after assessment by NAP.
Geographic coverage with ART centers & decentralized sites

2014 onwards
• Decentralization started at 30 sites

2015
• Over 100 decentralized sites plus 75 main ART centers

2016
• 150 decentralized sites plus 80 main ART centers

Sites selected take into account expected patient load, ANC sero positivity from PMCT data, topography and the availability of human resource / level of health care facility
Decentralization process- Myanmar

• Decentralization of ART services: To be made available at township level in a phased manner

• Initiation will be done at a ART center- maintenance and referral at decentralized sites

• Explore new service models for
  – collaborations with partners undertaking prevention packages for key populations
  – modified decentralization: ART maintenance and continuation site to enhance adherence to ART and strengthen community involvement and referral
Thank for your kind attention
Summary of key recommendations for ART in the new guidelines 2014
Thank you

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