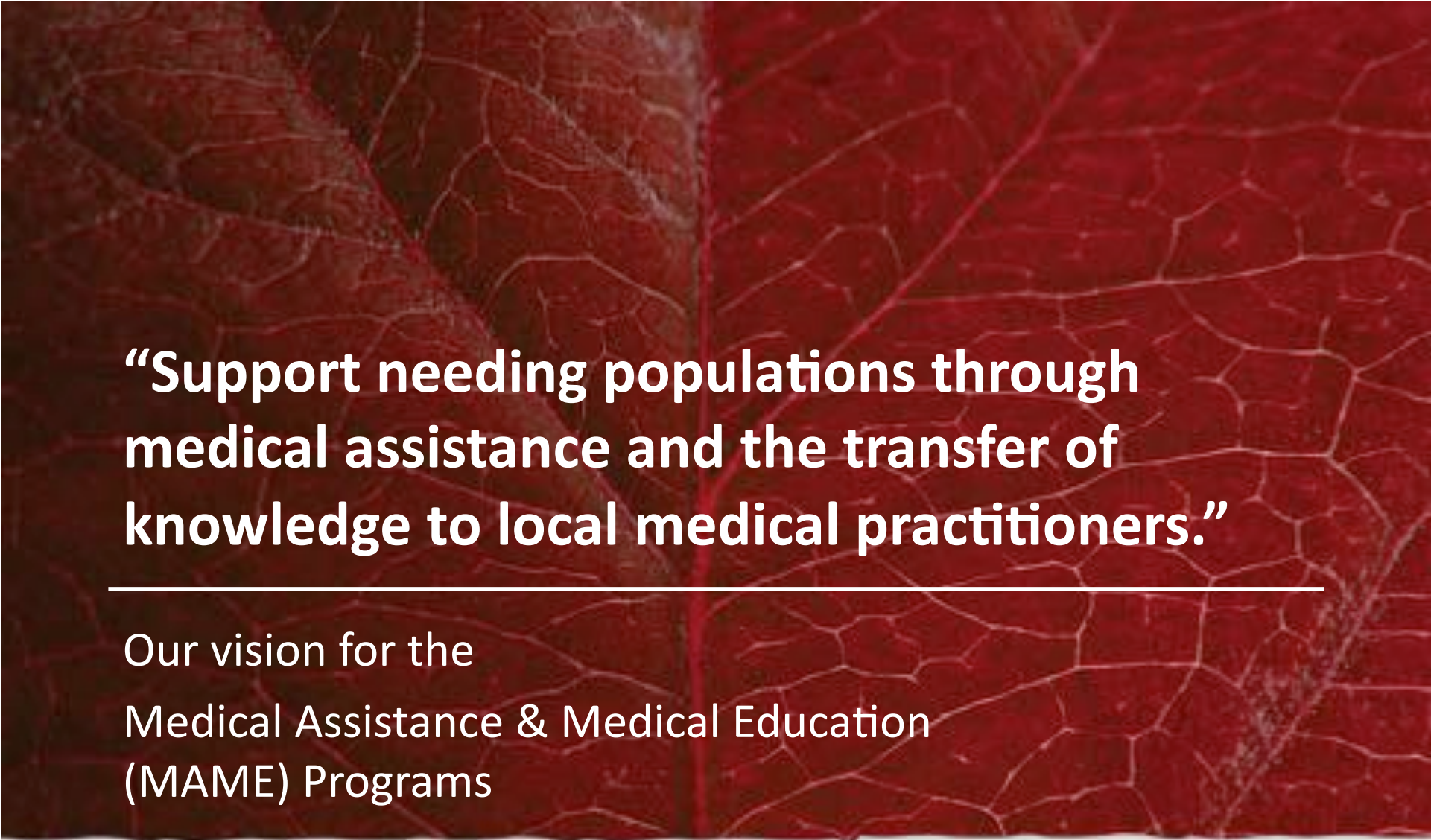


The HIV Epidemics and current situation update in Myanmar

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

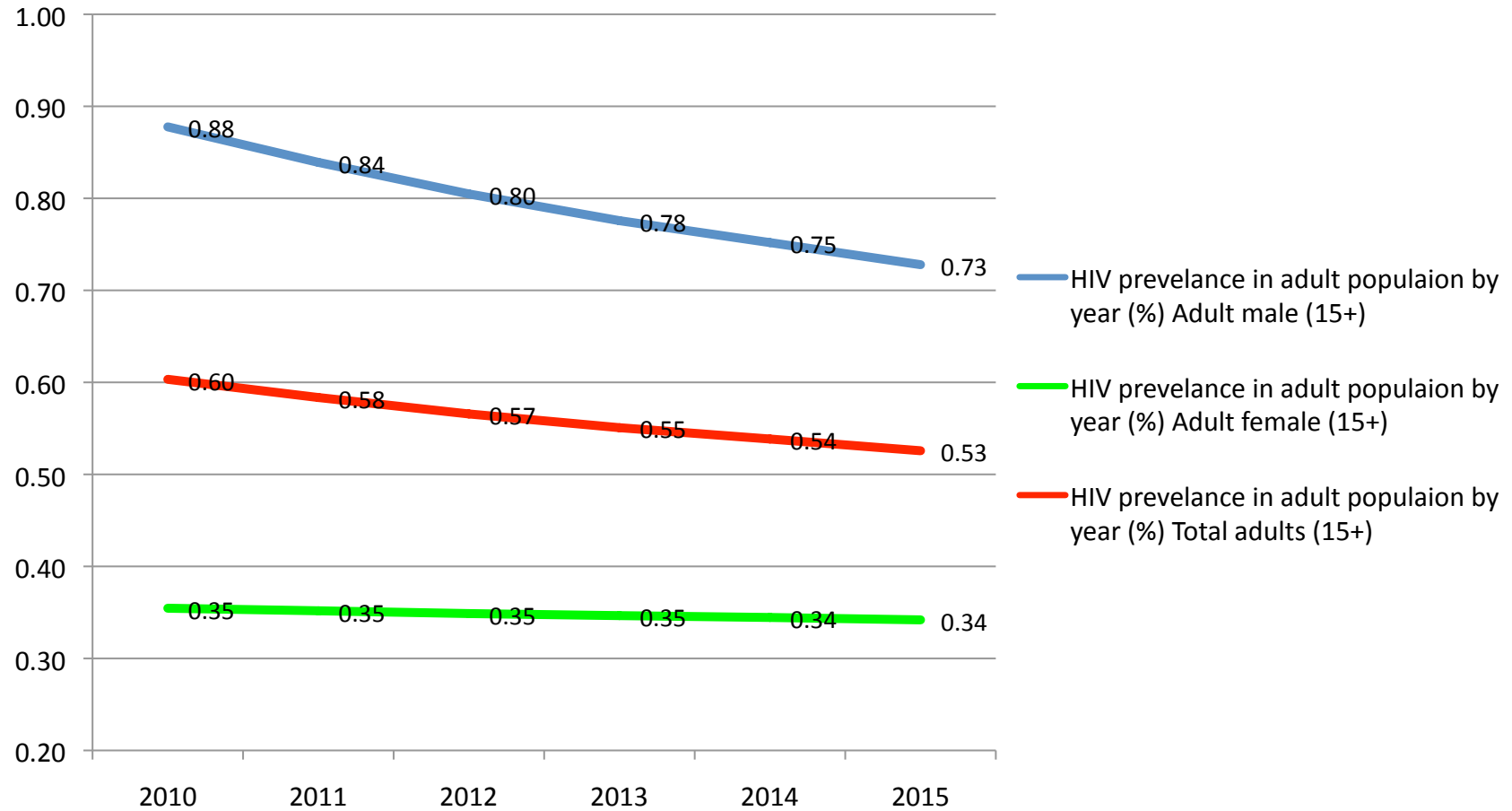
First AIDS case reported : 1991

ART Provision was started in 2005

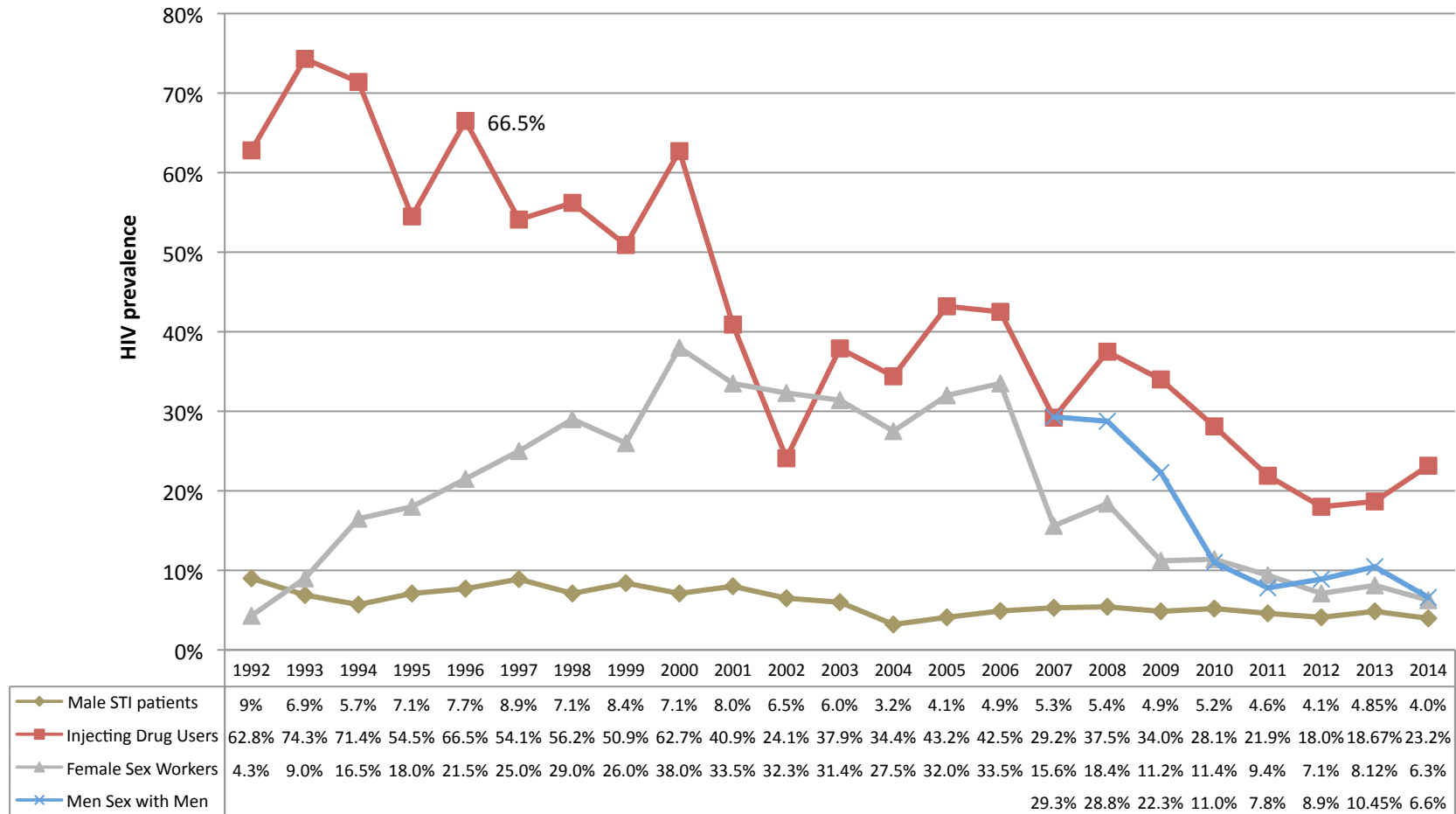
2014

- 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

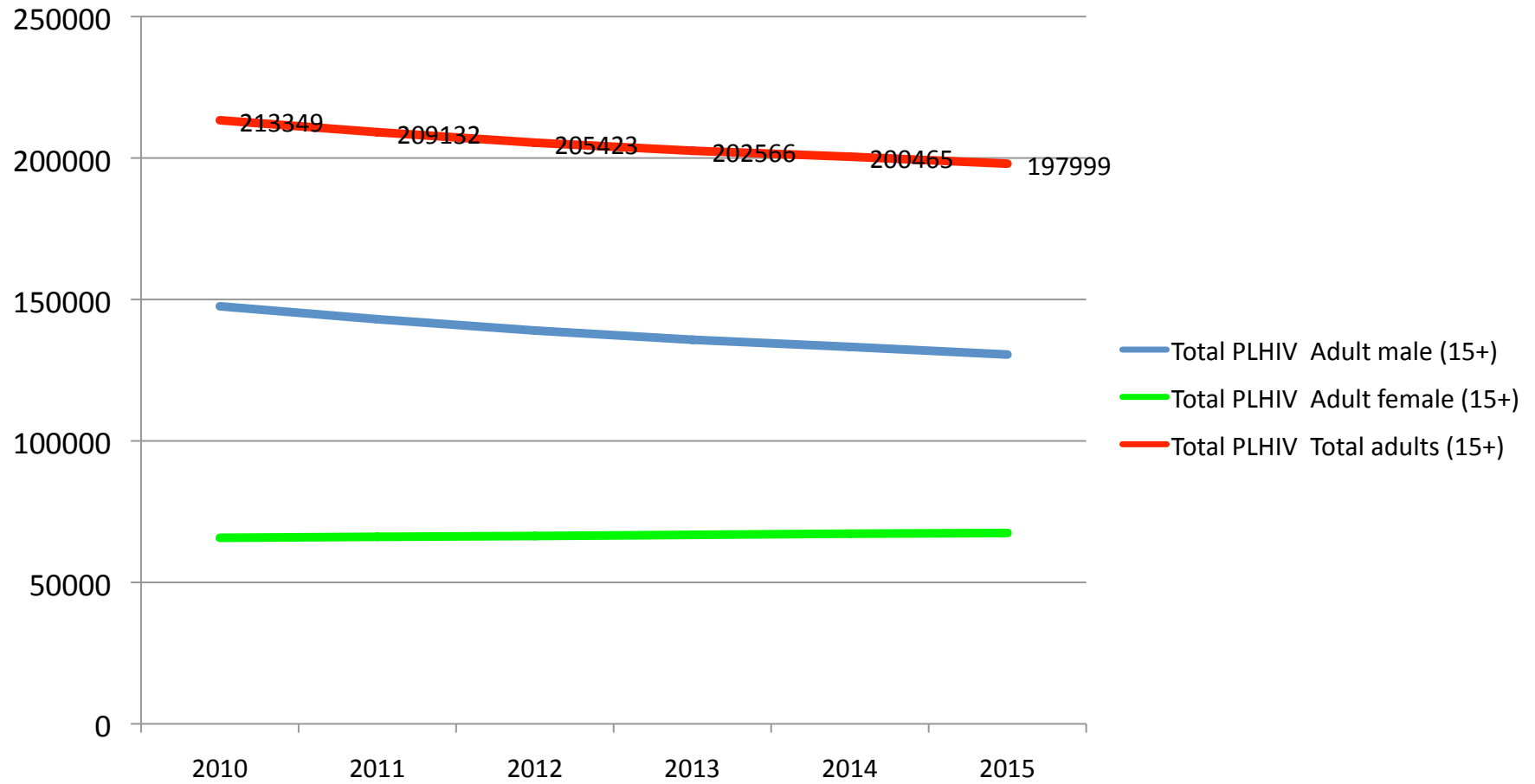
HIV Prevalence in Adult Population by Year (%), (AEM 2014)



Trends of HIV prevalence among most at risk population, HSS 1992-2014



Total Number of PLHIV (AEM 2014)



National Strategic Plan for HIV/AIDS (2011-2016)



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



**47 -AIDS/STD
Team at the
district level**

INGO/NGO

- WHO & UN(7)
- Local NGO & INGO (22)

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

International/National NGOs providing ANTIRETROVIRAL THERAPY

1. **MSF (Holland)** • (Yangon, Lashio, Muse, Myitkyina, Bamaw, Phakant)
2. **MSF (Swiss)** • (Dawei)
3. **MDM** • (Yangon, Myitkyina, Moegaung)
4. **AFXB** • (Yangon)
5. **AMI** • (Yangon)
6. **Consortium** • (Save The Children , CARE ,MSI, MNA)
7. **IOM** • (Mon, Kayin)
8. **Malteser** • (Kyaing ton, Tachileik, Mong Lar, Pangkham)
9. **Alliance** • (Yangon, Thanphyuzayat, Kawthaung)
10. **PSI** • (Yangon, Ayarwaddy, Mon? Kayin?)
11. **AHRN** • (Myitkyina)
12. **Pyigy Khin** • (Taungyi , Pathein, Myingyan)
13. **Ratanamyitta** • (Yangon)
14. **MAM** • Yangon, Mon
15. **UNION** • (Mandalay-7, Taungyi, Lashio ,Pakokku ,Monywa, Meikhtila, Myingyan)

Antiretroviral Therapy in Myanmar

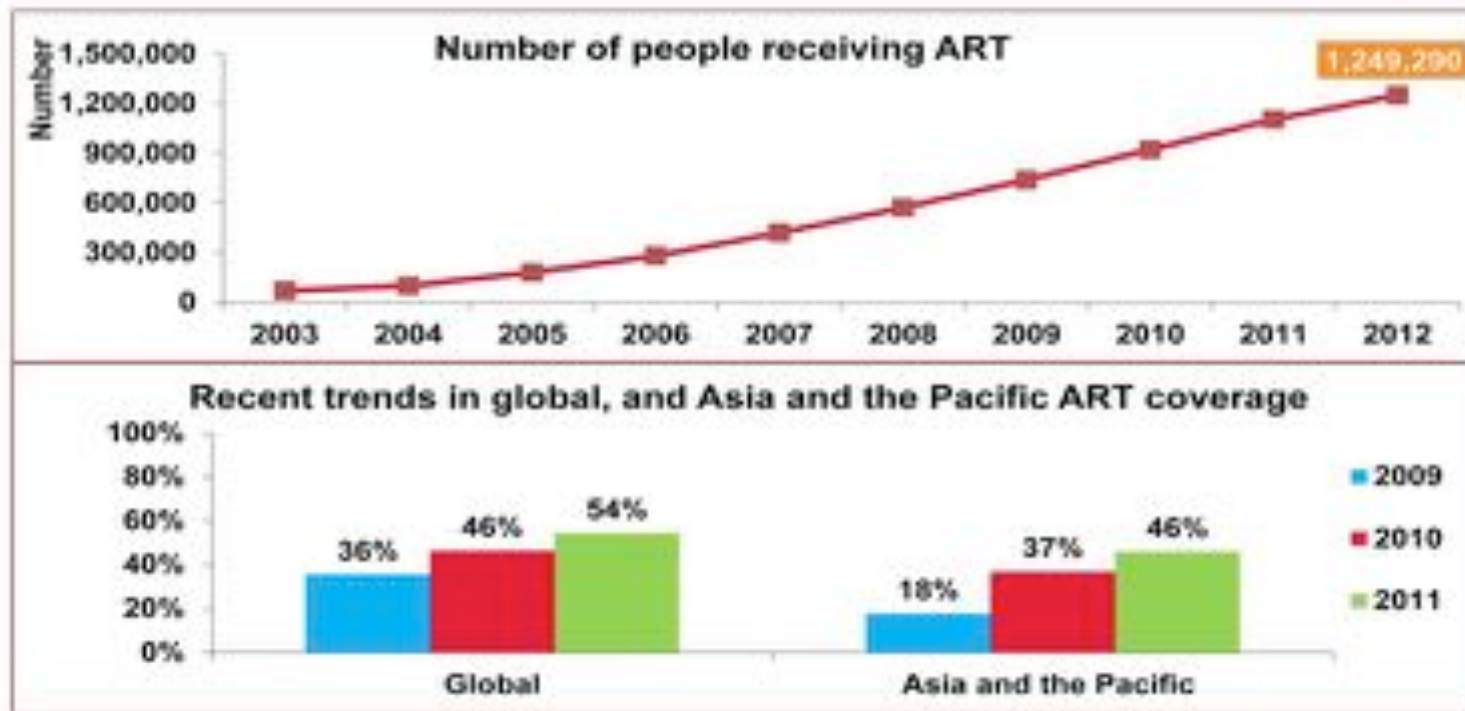
HIV is now a treatable condition and the majority of people who have HIV remain fit and well on treatment.

As part of the Department of Health,

- NAP linked to public health hospitals at the regions/state and 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;**

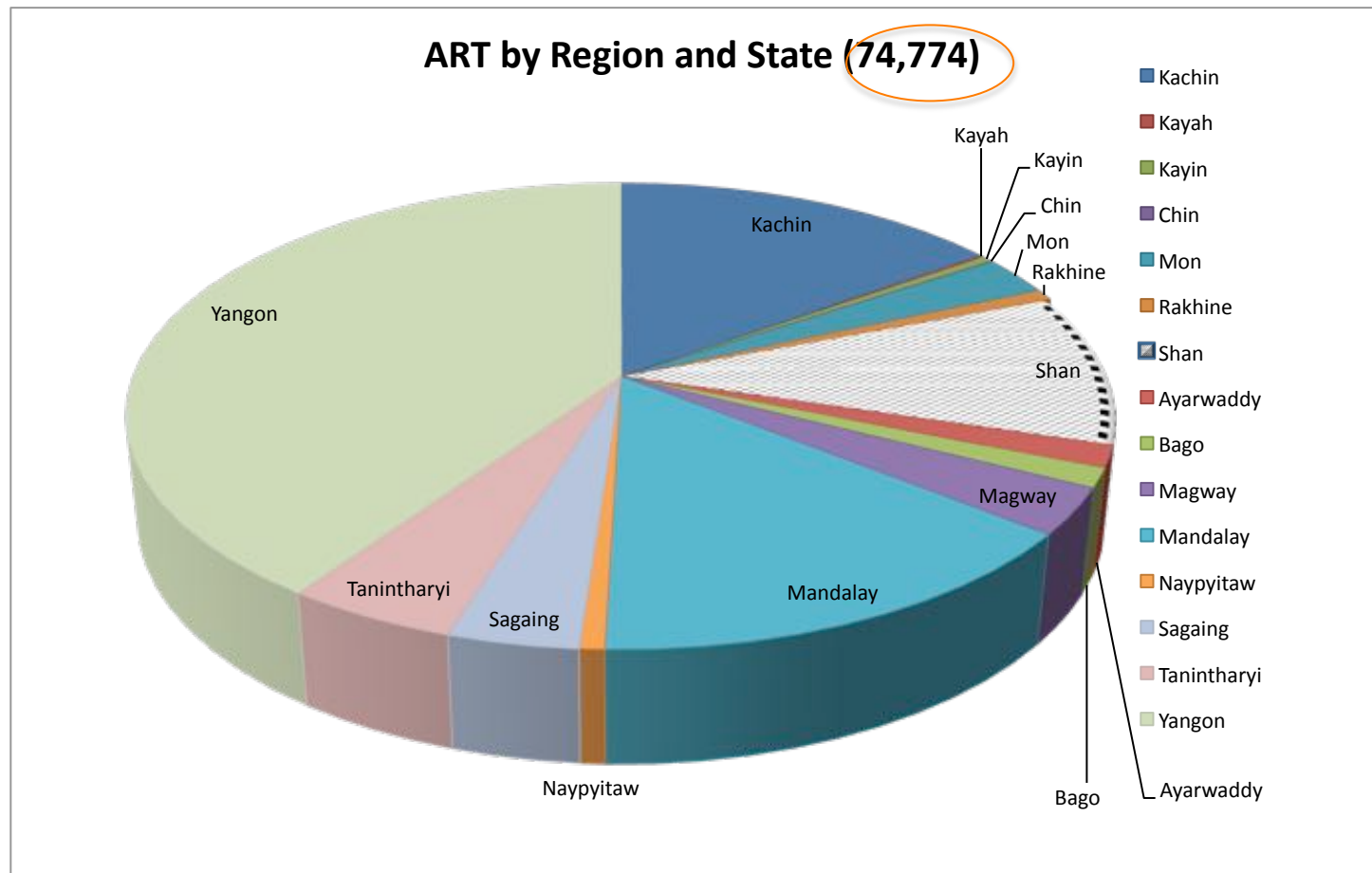
Zero deaths in Asia and the Pacific Region

Zero deaths... 1.25 million people receiving ART – but lagging behind global trend



Source: Prepared by www.aidsdatahub.org based on 1) UNAIDS, (2012), Global Report: UNAIDS Report on the Global AIDS Epidemic 2012; 2) www.aidsinfo.org; 3) Country Global AIDS Response Progress Report s 2013

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



ART target	2013	2014	2015	2016
CD4 count	< 350	< 350	< 500	< 500
ART need*	120,032	123,550	162,012	161,100
ART Target	67,643	76,668	100,265	110,370

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 +**).

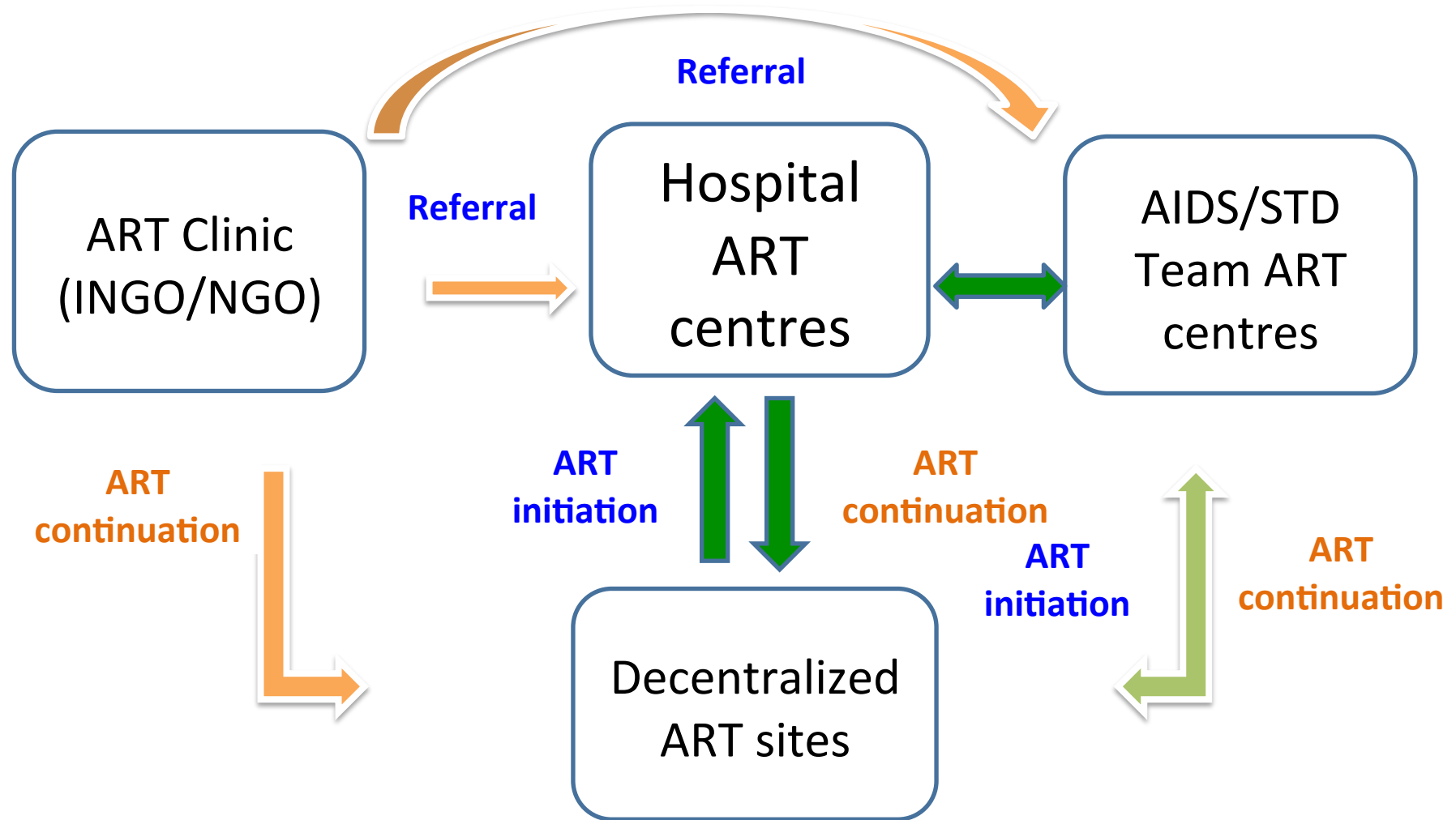
Children

- 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 coinfecting individuals irrespective of CD4 count
- HIV/HBV coinfection – Provide ART to HBV/HIV coinfecting 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.

ART Decentralization concept.



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

- All states and regions will have ART center as well as decentralized sites by 2015.



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

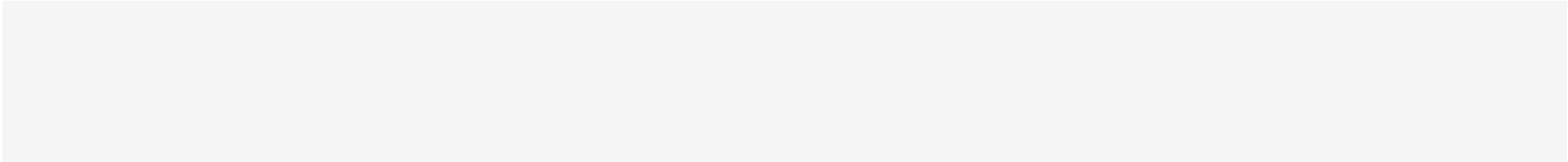
Decentralization process- Myanmar

- 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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