WHO estimate of number of people requiring treatment - end 2004: 46 500
Antiretroviral therapy target declared by country: 10 000 by the end of 2005

1. Demographic and socioeconomic data

<table>
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<tr>
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<th>Estimate</th>
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<tr>
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2. HIV indicators

<table>
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<th>Date</th>
<th>Estimate</th>
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<tr>
<td>2003</td>
<td>0.6% - 2.2%</td>
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</tr>
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3. Situation analysis

Epidemic level and trend and gender data
With national estimated prevalence of between 0.6% and 2.2%, Myanmar is experiencing a generalized epidemic, considered one of the most serious in Asia. The Ministry of Health estimates that 338 911 adults aged 15-49 years old were living with HIV/AIDS in September 2004, of which 96 834 (28.6%) were women, indicating a total adult prevalence rate of 1.3%. HIV infection rates vary among regions, with the central and delta regions showing the highest prevalence rates among less vulnerable populations. According to the Ministry of Health, in 2003, 12 of 29 sentinel sites for pregnant women showed a prevalence of HIV infection exceeding 2%. At Pyay and Hpa-an, prevalence rates among pregnant women were as high as 5% and 7.5% respectively. Officially reported AIDS cases attribute 30% to intravenous drug use and 68% to heterosexual transmission. Intravenous drug users have exceptionally high rates of HIV infection, with rates among drug users tested in Yangon and Mandalay in 2003 ranging from 50% to 85%. HIV infection among sex workers has also risen significantly, from about 5% in 1999 to 31% in 2003. The Ministry of Health reported that the proportion of men and women who are sexually transmitted infection clinics testing positive for HIV rose to 6% and 9% respectively, in 2003. Among military recruits tested in Yangon and Mandalay, the prevalence of HIV infection increased from 0.5% in 1992 to 2.1% in 2003. The annual number of AIDS deaths in Myanmar was estimated to be close to 20 000 in 2003. AIDS deaths are expected to constitute a major cause of deaths among young adults over the next decade. Geographical mapping of officially reported AIDS cases indicates that eastern provinces are most affected. The central and delta regions show moderate rates of infection, with the lowest rates found along the western border. Infection rates among pregnant women in rural areas are significantly below those for urban areas. Myanmar's national prevalence is close to that of Cambodia and Thailand, nearby peninsular countries that have the greatest burden of disease in Asia and have begun national mobilization to tackle prevention and care. Internal migration for employment along well-established trade routes to areas with both unsafe injecting and unprotected sex with multiple partners is common. There are about 1 million migrants from Myanmar in Thailand, a country with a generalized epidemic, with which Myanmar shares a long border. Myanmar's HIV patterns and prevalence are similar to those in Thailand, with several differences. In particular, HIV prevalence peaked among female sex workers in Thailand in the mid-1990s and has since been decreasing. In Myanmar, HIV prevalence among female sex workers working in brothels still appears to be increasing. The available data indicate that the reduction in HIV prevalence among female sex workers in Thailand was a result of the country's "100% condom" programme started in the early 1990s. In late 2000, a similar programme was begun on a pilot basis in four townships in Myanmar. The prevalence of heightened vulnerability and risk factors such as poverty, internal and external mobility, risk behaviour and a generalized lack of response capacity, coupled with an acknowledged high prevalence rate of HIV infection, means that this very serious epidemic may grow out of control unless an effective coordinated response is urgently implemented.

Major vulnerable and affected groups
In Myanmar, surveillance for HIV started as early as 1985, and regular (yearly) HIV sentinel surveillance rounds have been organized since 1992. Vulnerable groups include: female sex workers, intravenous drug users, and clients of sexually transmitted infection clinics. High HIV prevalence among younger groups of female sex workers is common, with which Myanmar shares a long border. Myanmar's HIV patterns and prevalence are similar to those in Thailand, with several differences. In particular, HIV prevalence peaked among female sex workers in Thailand in the mid-1990s and has since been decreasing. In Myanmar, HIV prevalence among female sex workers working in brothels still appears to be increasing. The available data indicate that the reduction in HIV prevalence among female sex workers in Thailand was a result of the country's "100% condom" programme started in the early 1990s. In late 2000, a similar programme was begun on a pilot basis in four townships in Myanmar. The presence of heightened vulnerability and risk factors such as poverty, internal and external mobility, risk behaviour and a generalized lack of response capacity, coupled with an acknowledged high prevalence rate of HIV infection, means that this very serious epidemic may grow out of control unless an effective coordinated response is urgently implemented.

Policy on HIV testing and treatment
National guidelines for counselling and testing are available. HIV testing for commercial drivers (taxi, bus and truck) and for new police and military recruits is carried out using a confidential testing and counselling approach under the sentinel surveillance programme for HIV/AIDS prevention and control. Guidelines for the clinical management of HIV/AIDS among adults and adolescents have been developed and distributed nationally. Until recently, many potential programmatic entry points were not providing or referring people at risk to counselling and testing, as pre-existing policies restricted the diagnosis of HIV status to AIDS and sexually transmitted infection centres and hospitals and excluded nongovernmental organizations and the private sector. These policies were intended to regulate and assure the quality of testing procedures but had the effect of limiting access to and uptake of voluntary counselling and testing within the public and nongovernmental organization sectors. Now, the availability of WHO-approved rapid testing technologies has enabled a recent policy change that will allow a more decentralized approach to the delivery of voluntary counselling and testing in a wider variety of service delivery points. Unregulated HIV testing is widely conducted in the private sector. National care and treatment guidelines are being revised in accordance with WHO recommendations.
Antiretroviral therapy: first-line drug regimen, cost per person per year

Access to treatments for opportunistic infections and antiretroviral combination therapy is currently very limited due to limited resources. Antiretroviral therapy is not currently available in all parts of Myanmar. First-line treatment therapy is GPV (a fixed-dose combination of stavudine, lamivudine and nevirapine produced by the Government Pharmaceutical Organization of Thailand), which is procured by MSF Holland. Antiretroviral drugs are available in the public sector from about US$ 500 to US$ 1 800 for WHO-recommended first-line regimens. Currently seven antiretroviral drugs (from all three classes of drugs) are registered in Myanmar. The main source of drugs is generic supplies from India.

Assessment of overall health sector response and capacity

The Government of Myanmar has exhibited strong political commitment to combating HIV/AIDS and has created an extensive national policy and programmatic framework. HIV/AIDS is now considered as a national priority to be addressed by the Ministry of Health. Some public health sites in urban areas are ready to immediately introduce antiretroviral therapy to people with advanced HIV disease.

The National AIDS Programme was created in 1991 under the Department of Health and combined with the Sexually Transmitted Infections Programme in 1991. The Department of Health established a National Strategic Plan for Expansion and Upgrading of HIV/AIDS Activities in Myanmar (2001–2005); this plan is now under review and updated for 2005–2009 with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The National AIDS Programme has recently developed a draft National Action Plan for Scaling Up Antiretroviral Therapy with five strategic elements: policy commitment, an uninterrupted supply of drugs and diagnostics, capacity-building within antiretroviral therapy delivery services, ensuring treatment adherence, monitoring and evaluation, surveillance and operational research.

The National AIDS Programme in Mandalay has developed and is implementing a community-oriented behaviour change communication strategy.

The National AIDS Programme in Myanmar has developed 40 HIV/AIDS and sexually transmitted infection offices in the country, covering 30 townships. These offices are usually located at the district level in the hospital. The team is composed of one leader (physician), one nurse, one investigator (social worker), one laboratory technician and 4-5 administrative and supporting staff. The team were trained by WHO and UNICEF and are supported by UNICEF (drugs and HIV tests). All 40 HIV/AIDS and sexually transmitted infection centres are delivering testing and counselling services. HIV tests are performed in the provinces and in district laboratories. Positive samples are confirmed in the HIV/AIDS and sexually transmitted infections clinic in the two national health laboratories in Yangon and Mandalay. Rapid tests and ELISA (enzyme-linked immuno-absorbant assay) can be performed in private laboratories throughout the country.

Critical issues and major challenges

Scaling up antiretroviral therapy will be a major challenge. In February 2004, the Ministry of Health announced the target of scaling up antiretroviral therapy to 10 000 people by 2005.

The funding gap is one of the main challenges to scaling up antiretroviral therapy, especially for financing drugs and commodities. Another major potential bottleneck to scaling up antiretroviral therapy is the lack of capacity to deliver antiretroviral therapy; and strengthening community involvement and development of support networks for people living with HIV/AIDS, including comprehensive support and protection for people at risk of HIV/AIDS.

The Ministry of Health provides leadership in policy, programming and planning within the public sector. The National AIDS Programme provides overall leadership and management for the national antiretroviral therapy program, and is responsible for the overall planning and implementation of the national antiretroviral therapy program. The National AIDS Programme is responsible for the development of national drug procurement plans and commitments, and is responsible for the procurement and distribution, strengthening national regulations and procurement systems, ensuring that the national essential drug list is updated to include both first- and second-line antiretroviral drugs, ensuring the procurement of quality HIV drugs and diagnostics at low cost, developing a supply chain management system and establishing an inventory system to monitor stocks of drugs and diagnostics. Successfully scaling up antiretroviral therapy will also require expanding the capacity of the National AIDS Programme with regard to treatment and care-related activities and improved coordination between the public sector, private sector, nongovernmental organizations and civil society sector.

Specific recommendations for scaling up HIV/AIDS care and treatment are: developing policy and carrying out strong advocacy at the highest level among decision-makers; facilitating management systems for scaling up antiretroviral therapy and developing tools for mobilizing resources; standardizing and scaling up HIV counselling and testing services, including the development of key public and private (nongovernmental organization) partnerships for providing services; building national human resource capacity to deliver antiretroviral therapy; and strengthening community involvement and development of support networks for people living with HIV/AIDS, including comprehensive support services for injecting drug users.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

• The budget necessary for the Joint Programme for HIV/AIDS in Myanmar for 2003-2005 was broadly estimated at US$ 51 million. As of October 2003, US$ 48.7 million was committed or already allocated for the period 2003-2005 under the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in Myanmar, US$ 17.3 million from bilateral donors, US$ 4.7 million from United Nations agencies, US$ 2.0 million from non-governmental organizations and US$ 2.7 million from private foundations. In 1993, funds allocated to care and support represented 23% of funds other than those of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

• The Global Fund to Fight AIDS, Tuberculosis and Malaria in Myanmar has committed funding to scale-up antiretroviral therapy in Myanmar. The Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 3 focused on expanding the 100% condom programme, developing harm reduction interventions for injecting drug users and commodities, building capacity for testing and counselling, care and support services. This proposal was approved for the US$ 54.3 million requested for five years, and US$ 19.2 million was approved for the first two years.

• The Total oil company has donated US$ 200 000 per year for the next five years through a nongovernmental organization, the International Union against Tuberculosis and Lung Diseases, to provide antiretroviral therapy to IDUs in Yangon.

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5. Antiretroviral therapy coverage

• Access to antiretroviral drugs is limited. In 2003, WHO/UNAIDS estimated that 5 000 people had started antiretroviral therapy in Myanmar.

• About 3000 people have been treated for antiretroviral therapy in private clinics, but the sector is unstructured and unregulated.

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6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management

The Ministry of Health provides leadership in policy, programming and planning within the public sector. The National AIDS Programme provides overall leadership and management for the development of the national plan, financial management, implementation coordination and programme evaluation. In 2002 the United Nations Expanded Theme Group on HIV/AIDS in Myanmar was formed to coordinate the efforts of the various partners. The theme group continued to coordinate the efforts of the various partners.

The Expanded Theme Group on HIV/AIDS in Myanmar has developed the Joint Programme for HIV/AIDS in Myanmar for 2003-2005 as the result of an ongoing process of consultation undertaken since 2000 by working groups under the direction of the United Nations Theme Group on HIV/AIDS in Myanmar. To support the implementation and development of the Joint Programme, a Technical and Management Co-ordinating Committee (TMCC) was established in 2003 to play a significant role in supporting the implementation of the Joint Programme, and to provide support for strengthening the health sector and institutional development.

The National AIDS Programme in Myanmar is responsible for delivering antiretroviral therapy to people living with HIV/AIDS. The National AIDS Programme in Myanmar also provides support for partners involved in scaling up antiretroviral therapy.
7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a joint mission with UNICEF and MSF Myanmar for assessing and developing systems for procuring and distributing drugs
- Providing support for a technical forum on home-based care
- Supporting the development of national guidelines on the diagnosis and treatment of children living with HIV/AIDS
- Supporting the development of draft operational guidelines for adults living with HIV/AIDS
- Supporting the finalization of the National Strategic Plan for Expansion and Upgrading of HIV/AIDS Activities in Myanmar (2005-2009) and the development of a policy on HIV/AIDS treatment and care
- Supporting the assessment of human resource capacity and preparing a plan for developing human resource capacity for scaling up antiretroviral therapy
- Providing technical support for the development of Wai Bago Hospital and Mandalay Hospital as HIV/AIDS training centres for clinical staff and community-based staff
- Supporting the development of a national communication strategy on HIV/AIDS
- Supporting dialogue on harm reduction activities by supporting the Third Biennial Partners Meeting on Harm Reduction among Injecting Drug Users held in conjunction with the 15th International Conference on the Reduction of Drug Related Harm
- Providing training to develop a funding proposal for Global Fund Round 5

Key areas for WHO support in the future

- Holding a training workshop for and revising guidelines on voluntary counselling and testing and supporting the development of operational procedures for HIV testing and counselling and related quality assurance systems
- Supporting the development of operational guidelines for adults
- Supporting the registration of first- and second-line antiretroviral drugs and including them in the national essential medicines list
- Providing support for assessing the demographic and economic impact of scaling up antiretroviral therapy
- Supporting the development and finalization of a five-year plan for scaling up antiretroviral therapy, including analysing costs
- Supporting the mid-term review of the Joint Programme for HIV/AIDS in Myanmar 2003-2005
- Providing technical support for developing training materials to be used in scaling up antiretroviral therapy at the national level and support for developing and implementing training activities for private practitioners
- Providing support for monitoring and evaluation activities to assess clinical and programme effectiveness

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS include one National Programme Officer for HIV/AIDS, an HIV/AIDS Medical Officer and an international "3 by 5" Country Officer.
- Additional Country Office staffing needs identified include a National Programme Officer for essential drugs management.