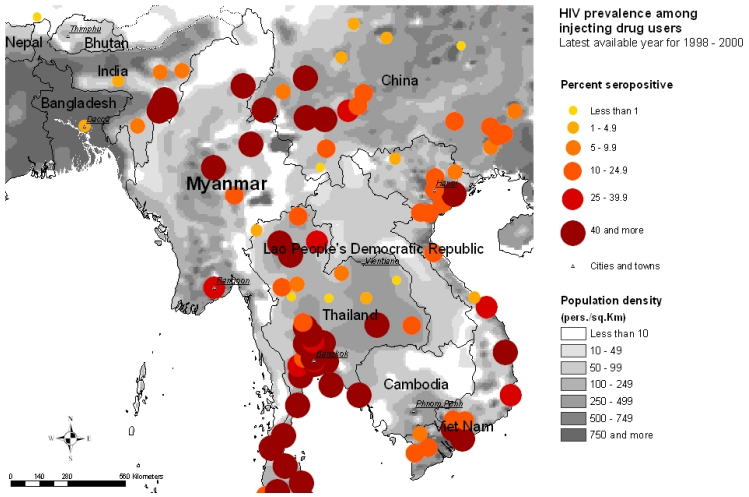
MYANMAR

June 2005

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



Map Data Source:
WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	50.1	United Nations
Population in urban areas (%)	2003	29.3	United Nations
Life expectancy at birth (years)	2002	58.9	WHO
Gross domestic product per capita (US$)	2002	14356	IMF
Government budget spent on health care (%)	2002	1.9	WHO
Per capita expenditure on health (US$)	2002	226	WHO
Human Development Index	2002	0.551	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.6% - 2.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	170 000 - 620 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	Dec 2004	1 500	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	46 500	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	40	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	10.9%	WHO

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 across the country, with several regions showing considerable increases in 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 1992 to 31% in 2003. The Ministry of Health reported that the proportion of men and women at 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 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.

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 of particular concern. The follow-up of their prevalence will be an important indicator of the impact of targeted prevention interventions such as a 100% condom use programme. Led by the National AIDS Programme, the 100% Targeted Condom Promotion has targeted female sex workers and their clients in entertainment establishments. Implemented in 2001 as a pilot project in four townships, it was extended to 11 additional townships in 2002 and to 43 others in 2003 (total of 58). The National AIDS Programme expanded the number of free condoms distributed to these townships to 5 million last year. Through dissemination of information on the successes of this programme, funding was secured for further expansion to 100 townships, one-third of the number in the country. The final objective is nationwide coverage in 2008.

Policy on HIV testing and treatment

National guidelines for counselling and testing are available. HIV testing for commercial drivers (taxi, bus and trucks) 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.

World Health Organization

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

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 the public sector, except in a small-scale project in Yangon implemented in collaboration with MSF Holland. First-line treatment therapy is GPOvir (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 private sector. Prices range from about US$ 500 to US$ 1000 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 reponse 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 in need. The National AIDS Programme was created in 1989 under the Disease Control Division of 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 not multisectoral, with only the Ministry of Health being involved. This plan is being revised and updated for 2005-2009 with the support of WHO. The National AIDS Programme has recently developed a draft National Action Plan for Scaling Up Antiretroviral Therapy with five strategic elements: political 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.
HIV/AIDS services are now provided at the 750 government hospitals, 346 dispensaries, 84 primary and secondary health centres, 348 maternal and child health centres, 1402 rural health centres and 80 school health teams. The National AIDS Programme 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 teams 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 clinics or in the two national health laboratories in Yangon and Mandalay. Rapid tests and ELISA (enzyme-linked immuno-absorbent assay) can be performed in private laboratories throughout the country.

Critical issues and major challenges
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 in Myanmar is the lack of access to voluntary counselling and testing. Priority actions for scaling up treatment include: developing a national plan on drug 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 service 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 services including antiretroviral therapy 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 resources 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: US$ 22.0 million from the Fund for HIV/AIDS in Myanmar, US$ 17.3 million from bilateral donors, US$ 4.7 million from United Nations agencies, US$ 2.0 million from nongovernmental organizations and US$ 2.7 million from private foundations. In 1993, funds allocated to care and support represented 28% of funds other than those of the Fund for HIV/AIDS in Myanmar and 13% of the first-year Fund for HIV/AIDS in Myanmar funds.
• The Fund for HIV/AIDS in Myanmar was created as a basket funding mechanism for additional funding, administrated by UNDP and coordinated by UNAIDS. Three donors (the United Kingdom Department for International Development, the Swedish International Development Cooperation Agency and the Government of Norway) have confirmed US$ 22 million for the period 2003-2005, of which US$ 7 million has been allocated and US$ 4.5 million disbursed to date (US$ 1.8 million to the National AIDS Programme proposal). Other funding sources for the Joint Programme for HIV/AIDS in Myanmar include bilateral agencies, core funds from the United Nations and nongovernmental organizations and private foundations. The proposal submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 3 focused on expanding the 100% condom use programme, developing harm reduction interventions for injecting drug users and capacity-building 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 for starting treatment scale-up in the public sector. The target population and entry point is people with HIV and TB coming to the TB clinic in Mandalay for treatment.
• Between 2003 and 2004, the Government of Myanmar more than doubled its contribution to HIV/AIDS, from US$ 5.6 million to US$ 13 million. However, national authorities have very restricted resources available for HIV/AIDS work, and absorptive capacity for care and treatment is limited. The government increased funding for the HIV/AIDS programme five-fold between 2000 and 2003 to US$ 4.0 million and plans to increase this figure to US$ 13.1 million by 2007. Antiretroviral therapy provision is a component of some of the programmes supported by these funds.
• WHO estimates that about US$ 46.0 million is required to support scaling up of antiretroviral therapy to reach the “3 by 5” target of 21 000 by 2005. Taking into account expected Global Fund disbursements of about US$ 2.0 million and support of about US$ 22 500 expected from bilateral agencies, WHO estimates the total funding gap for Myanmar to reach 21 000 people by 2005 will be about US$ 44.0 million.

5. Antiretroviral therapy coverage

• Access to antiretroviral drugs is limited. In 2003, WHO/UNAIDS estimated Myanmar’s total antiretroviral therapy need to be about 42 000 people, and the WHO “3 by 5” treatment target was calculated as 21 000 people (based on 50% of estimated need). In 2004, WHO/UNAIDS estimated that the treatment need in Myanmar had risen to 46 500 people. The government has declared a national treatment target of 10 000 for 2005.
• WHO estimated that 1200 people were started on antiretroviral therapy through the public and private sectors in 2003 and that 1500 people were receiving antiretroviral therapy at the end of 2004.
• In Yangon, an innovative pilot programme has been initiated at Waibagi Specialist Hospital in collaboration with MSF Holland. People are referred from MSF Holland clinics in Hlaing Tharyar to the hospital for HIV testing and counselling and assessment of need for antiretroviral therapy. Treatment is initiated as indicated in the hospital and continued in the clinics, with regular clinical monitoring and CD4 count provided by the hospital. Drugs are provided free of charge. Expansion of the project to Lashio General Hospital is planned in collaboration with the State Health Department, Northern Shan State and MSF Holland. Antiretroviral therapy has also been introduced on a limited scale in other specialist public health hospitals in the country and is available in a few other projects run by nongovernmental organizations.
• In 2004, the government provided treatment for about 450 people in Yangoon and Mandalay in collaboration with MSF Holland with funding from the Fund for HIV/AIDS in Myanmar in Round 1. Other projects, including those of MSF Switzerland and Association François-Xavier Bagnoud, covered about 35 people in 2004. About 300 people initiated antiretroviral therapy in Waibagi Hospital and 115 at MSF Holland clinics in Yangon; 15 initiated antiretroviral therapy in North Shan State and 10-20 at the Association François-Xavier Bagnoud clinic in Yangon. MSF Switzerland provided treatment for 20 people in 2004 and is expected to expand to 300 people in 2005.
• Antiretroviral therapy provision through the public sector in 2005 is expected to reach 800 people with support from the Fund for HIV/AIDS in Myanmar; and 500 people with the implementation of the Global Fund Round 3 grant. The Global Fund Round 3 grant was signed in January 2005 and proposes providing antiretroviral therapy in 80 townships over five years, to reach 500 people living with HIV/AIDS in the first year of the programme, expanding to 6500 people in need by the fifth year (or 25% of the estimated number of cases of advanced AIDS). Funding has not been disbursed yet, but implementation is expected to start in 2005.
• An additional 1000 people are expected to be covered by the National AIDS Programme (Ministry of Health) in collaboration with MSF Holland in 2005. Médecins Du Monde is expected to provide antiretroviral therapy to 150 people in 2005, and 200 people are expected to be covered under the Thai-Myanmar Collaboration Project. Finally, under the public-private initiative of TOTAL and the International Union against Tuberculosis and Lung Diseases, 200-300 people are expected to receive antiretroviral therapy in 2005.
• Many private practitioners have been reported to provide antiretroviral therapy in private clinics, but the sector is unstructured and unregulated.

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 established to include other strategic partners (government, donors and nongovernmental organizations) active in fighting the HIV/AIDS epidemic in Myanmar. The United Nations 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 Working Group on HIV/AIDS was established to provide technical guidance. UNAIDS plays a significant role in supporting the coordination and resource mobilization activities as manager of the Fund for HIV/AIDS in Myanmar process. WHO provides support for strengthening the health sector and institutional development. UNAIDS, WHO and other members of the United Nations Expanded Theme Group on HIV/AIDS in Myanmar provide support for developing a national plan.

Antiretroviral therapy service delivery

The Ministry of Health provides overall leadership and management for antiretroviral therapy service delivery including human resource capacity-building, laboratories, guideline development and the process of entry into treatment with support from WHO. The National AIDS Programme plays a key role in managing testing and counselling activities as well as supply chain management, with support from UNICEF. The National AIDS Programme offers voluntary confidential counselling and testing, diagnosis and treatment of opportunistic infections, home-based care and prevention of mother-to-child transmission. Prevention acceleration activities are also supported by UNICEF, the United Nations Office on Drugs and Crime, UNFPA and WHO. UNICEF plays a key role in procurement processes, with support from WHO and UNDP. Care, treatment and support for people living with HIV/AIDS, including access to antiretroviral therapy, are covered under the Joint Programme for HIV/AIDS in Myanmar. All organizations in Myanmar involved in implementing HIV/AIDS activities are represented in the Technical Working Group on HIV/AIDS, which is chaired by UNAIDS. UNICEF plays a key role in supporting drug and diagnostic procurement and distribution and is planning support for prevention of mother-to-child transmission (MTCT-Plus) projects in addition to current PMTCT projects in several townships. The Japan International Cooperation Agency supports the procurement of HIV test kits, reagents and laboratory equipment. International nongovernmental organizations such as MSF Holland and MSF Switzerland support treatment and care activities in targeted communities. Harm reduction initiatives are supported by the United Nations Office on Drugs and Crime and the Asian Harm Reduction Network. Médecins Du Monde and Médecins Sans Frontières are the main nongovernmental organizations offering medical services for sex workers. The three Médecins Du Monde drop-in centres treat 3000 female sex workers each year.

Community mobilization
A range of nongovernmental organizations and multilateral and bilateral agencies work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. UNDP provides support for communication on behaviour change as well as HIV/AIDS programmes in the community and run by nongovernmental organizations. Nongovernmental organizations such as CARE Myanmar and Save the Children UK are active in community education and targeted education. Nongovernmental organizations support other community mobilization initiatives, including Aide Médicale Internationale, the Myanmar NGO Consortium on HIV/AIDS and the Association of Medical Doctors of Asia. The World Food Programme provides material and nutritional support for people living with HIV/AIDS and their families.

Strategic information
The National AIDS Programme provides overall leadership and management in strategic information activities, especially in monitoring and patient tracking systems. WHO plays an important role in providing technical guidance.

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 Waibagi 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 Biregional 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.

This country profile was developed in collaboration with national authorities, the WHO Country Office for Myanmar and the WHO Regional Office for South-East Asia.