



NATIONAL AIDS PROGRAMME

DEPARTMENT OF HEALTH
MINISTRY OF HEALTH
MYANMAR

2004



NATIONAL AIDS PROGRAMME IN MYANMAR

2004

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NATIONAL AIDS PROGRAMME IN MYANMAR

Introduction

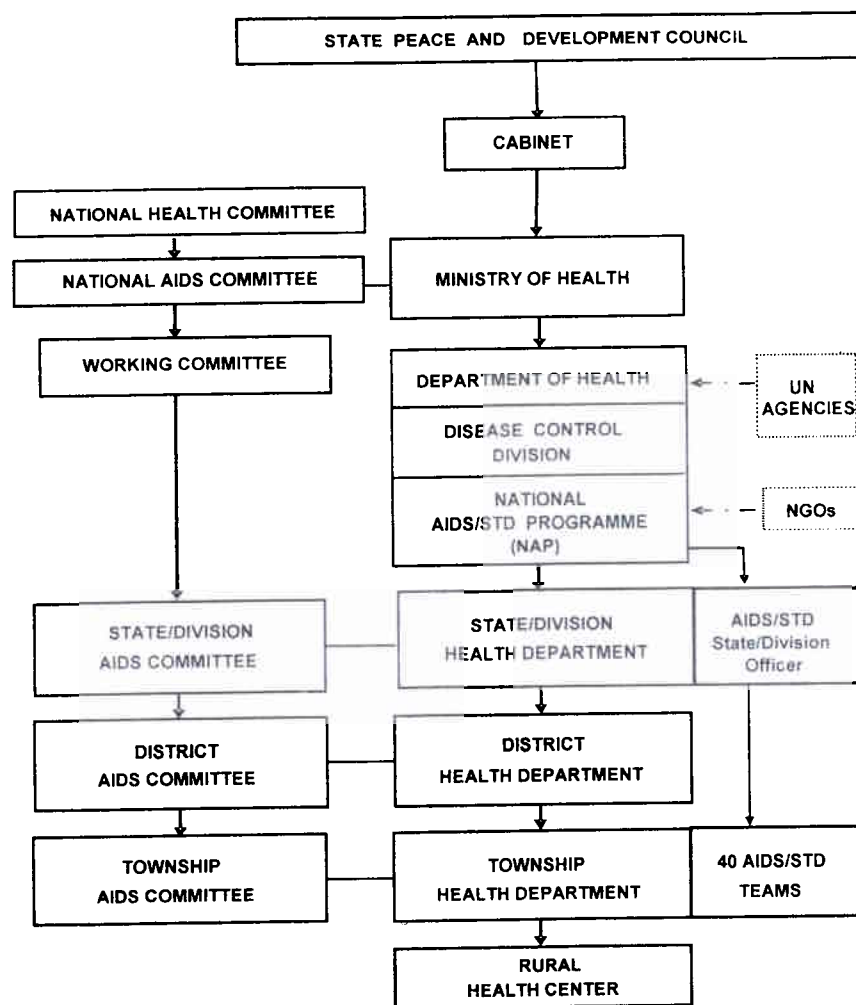
AIDS is one of the priority diseases of the National Health Plan of Myanmar. The National Health Committee has laid down clear guidelines to fight AIDS as a national concern. The National AIDS Committee, founded since 1989 is an active multisectoral body for formation of National Strategic Plan to prevent and control HIV/AIDS in Myanmar.



Country profile

- 14 states and divisions, 63 districts, and 324 townships
- Population in 2002 was 52.17 million (estimate)
- 70% of the population resides in rural areas
- Population growth rate was 2.02 (2000)

ADMINISTRATION OF NATIONAL AIDS POLICY AND NATIONAL AIDS PROGRAMME



I. National AIDS Programme

The National AIDS Programme (NAP) consists of the Programme Manager's Office, Central AIDS/STD Clinic, and Central AIDS Counselling Team at central level, 4 State/Divisional AIDS/STD Offices at State/Divisional level, and 40 AIDS/STD

Control Teams at the District level. AIDS/STD control teams are strategically located in all States and Divisions.

The National AIDS Programme established under the Disease Control Division of the Department of Health is responsible for prevention and control of HIV/AIDS and Sexually Transmitted Diseases (STDs). Both HIV/AIDS and STD prevention and control activities have been identified in the National Health Plan as priority diseases.

The AIDS/STD prevention and control activities of the National Health Plan are supported by the Ministry of Health and other related ministries, UN agencies, national and international NGOs and the private sectors.

The surveillance for HIV/AIDS started in Myanmar during 1985 by HIV testing among individuals with risk activities. The first case of AIDS was reported in 1991. A reporting system was established since then to collect HIV situation among blood donors and adult and paediatric AIDS cases diagnosed in the public hospitals. Later, reporting of AIDS deaths was added to the reporting system.

HIV sentinel surveillance started in Myanmar since 1992 in (9) selected sites. It was expanded later to 30 sites (townships) where AIDS/STD Control Teams exist. In 1997, behaviour surveillance and STD (syphilis) surveillance were introduced and integrated into on-going surveillance system.

Second generation surveillance that emphasized on the behaviour component, started in 2003 at (7) townships with the support of UNAIDS and UNICEF. Extended behaviour surveillance has been planned as part of the monitoring and evaluation under UN joint plan of action.

2. Situation Analysis of HIV/AIDS/STD

A cumulative total of 53,015 HIV-positive individuals (among hospital patients and blood donors), 7174 AIDS patients, and 3324 AIDS-related deaths were recorded by the National AIDS Programme during the period of 1988 to December 2003. The reports were from hospitals in different parts of the nation. Most of the AIDS patients and HIV-positive individuals detected were in the 20-40-year age group, with a male to female ratio of four to one.

The Ministry of Health, Myanmar, and UNAIDS Headquarter, Geneva, jointly held a workshop during 11th-12th March, 2002 to estimate number of people living with HIV/AIDS in the country. The group has estimated that there were a total of 177,279 people living with HIV and AIDS by the end of 2001 in Myanmar. Ministry of Health has already planned to conduct another estimation workshop in May 2004.

With regard to the trend of HIV, the following trends were observed among different sub population groups of HIV sentinel surveillance covering urban population for the period of 1992 through 2003. The rates of HIV prevalence among the **lower risk groups** (women attending antenatal clinics, new military recruits, and blood donors) have remained low (Figure 1). The prevalence among men attending STD clinics has also remained steady, at a relatively higher level. A decreasing trend was observed among IDUs at detoxification centers. An increasing trend was observed among commercial sex workers (CSWs) attending the STD clinics in Yangon and Mandalay. The prevalence of syphilis among pregnant women was found to be decreasing in both primipara and multipara pregnant women attending AN clinics in sentinel sites (Figure 2).

Figure 1. Trends of HIV prevalence among the urban institution-based subpopulation group of the HIV sentinel surveillance, Myanmar, 1992 through 2003

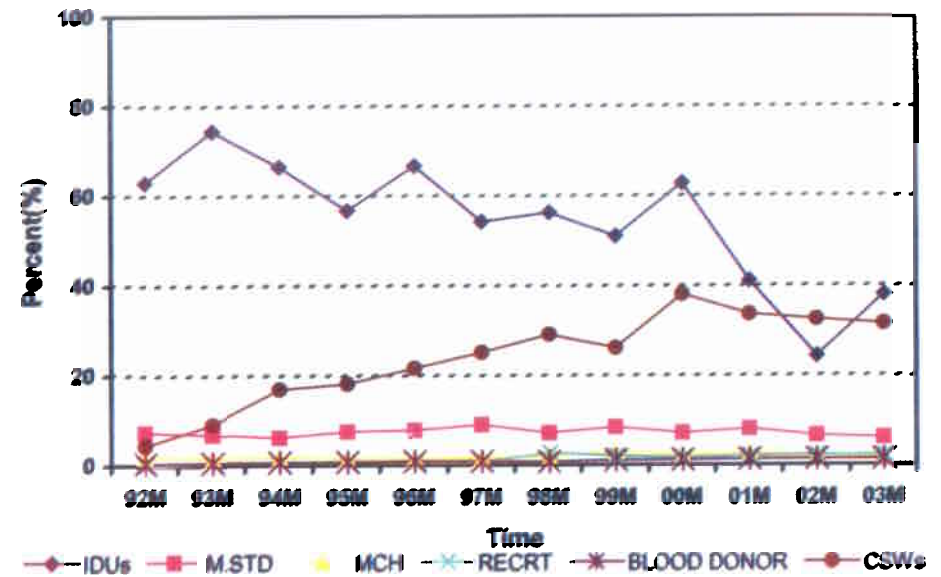
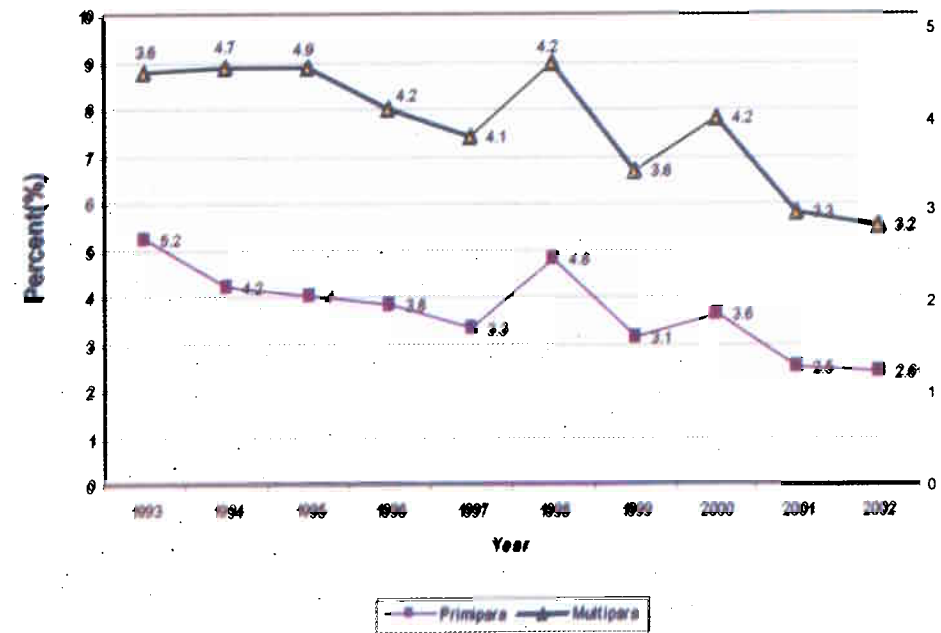


Figure 2. Sero-reactivity Rates of VDRL Test Among Pregnant Women (Primipara & Multipara) (1993-2002) at MCH Clinics



3. Objectives and Strategies of National AIDS Programme

3.1 General Objective

To increase the awareness and perception of HIV/AIDS in the community by promoting access to information and education leading to behavioural change and adoption of healthy lifestyle.

3.2 Specific Objectives

- 3.2.1 To increase awareness of HIV/AIDS in the whole community
- 3.2.2 To ensure safe blood and blood products
- 3.2.3 To prevent transmission of HIV through handling of surgical and medical equipment
- 3.2.4 To prevent transmission of HIV among injecting drug users (IDUs).
- 3.2.5 To prevent transmission of HIV through sexual activity.
- 3.2.6 To systematically collect information regarding the epidemiological pattern of HIV infection in the country
- 3.2.7 To provide effective health care and counselling services for people with HIV/AIDS
- 3.2.8 To train health workers and Community Based Organizations in health education, counselling and provision of care
- 3.2.9 To train public and private sector employees on HIV/AIDS/STD prevention education and condom promotion
- 3.2.10 To strengthen the potential of the individual, the family and community in responding HIV problem.

3.3 Strategic Areas

- 3.3.1 Advocacy to authorities and decision makers, implementing partners, private sectors and community leaders
- 3.3.2 HIV and STD prevention education
- 3.3.3 Targeted interventions
 - 3.3.3.1 Prevention of sexual transmission
 - 3.3.3.2 Prevention of HIV infection among injecting drug users
 - 3.3.3.3 Prevention of mother to child transmission
 - 3.3.3.4 Provision of safe blood and blood products
 - 3.3.3.5 HIV prevention among health care setting
- 3.3.4 Care and Treatment of STD patients and PLWHA
- 3.3.5 Programme Management and Support including monitoring and supervision
- 3.3.6 Capacity building

4. HIV/AIDS/STD Prevention and Control Activities of the National AIDS Programme

4.1 Advocacy

Advocacy meetings are being conducted at various levels including the National Level since political commitment at all levels has been shown to be essential for program success. Advocacy meetings also promote multilevel interventions that involved multisectoral partnership in delivering programs and services.

Advocacy activities were conducted at different levels. Chairman of a Divisional AIDS Committee delivering the opening speech at the Advocacy Meeting for Second Generation Surveillance and 100% Targeted Condom Promotion Activity during November 2003.



Advocacy activities were conducted not only to the policy makers, but also to the donor missions: AIDS/STD Team leader explaining her activities to the representatives from EU and DFID during December 2003



4.2 Health education(awareness raising)

HIV/AIDS educational talks were conducted at various levels by the Ministry of Health in collaboration with related sectors to advocate for increased perception of HIV/AIDS and related issues among general population as well as targeted population groups.

Information and education messages were also conveyed through mass media by means of HIV/AIDS education talks, TV spots, short messages and documentaries, movies and songs.

Community awareness on HIV/AIDS are also being raised by using printed media such as through daily newspaper, magazines, journals, pamphlets, posters, stickers and billboards.

School education sessions on HIV/AIDS and Adolescent Reproductive Health were also conducted in coordination with the School Health Section and Adolescent Reproductive Health Section of Department of Health.

For out-of school youth, Community based HIV/AIDS and Drug Abuse prevention and education activities as well as peer education programmes are being implemented in coordination with local and international NGOs.

HIV/AIDS Education programmes for women of reproductive age are given as part of life skills training with MMCWA, MWAFA, MRCS, MNA, other national NGOs in selected project areas. In coordination with MCH section of DOH and UNICEF, education activities are also being conducted on PMCT, VCT, Infant feeding.

Peer education programmes for CSWs and their clients through condom promotion programmes, IDUs through harm reduction programmes, and high risk population such as migrant mobile population through special programmes. These activities were conducted in partnership approaches with national and international NGOs.

An outstanding achievement on awareness raising on HIV/AIDS for general public was the success achieved in “First Exhibition on HIV/AIDS Prevention and Control Activities” at the National Level held in Yangon during November, 2003.



The “First Exhibition on HIV/AIDS Prevention and Control Activities” at the National Level



One of the awareness raising activities: Billboard with HIV/AIDS Prevention messages



High School Students participating in poster competition for the World AIDS Day Commemoration 2003 held in Kyaing Tone, Eastern Shan State.



Field level educational approach combined with VCCT facility in one of the HIV/AIDS exhibition



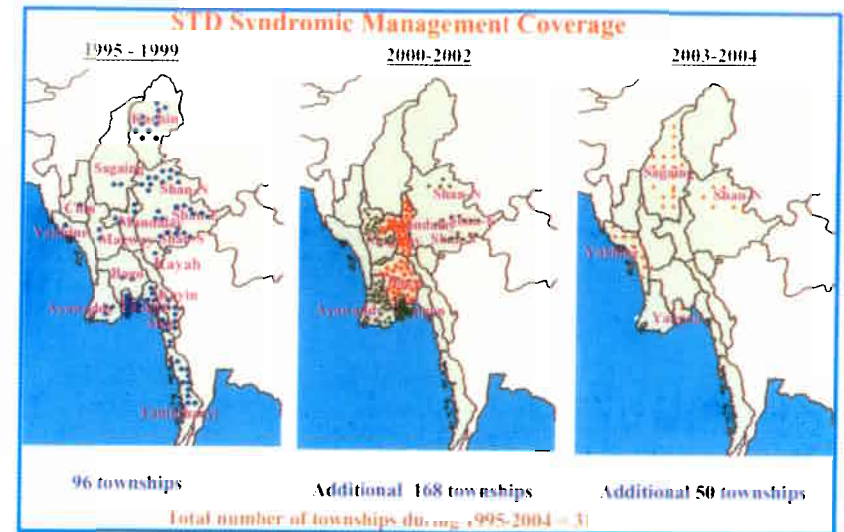
Peer education is one of the effective means in disseminating correct messages and practices among vulnerable populations: A session of training of trainers for youth to youth peer education



A session of training of trainers for peer education as one element of 100% targeted condom promotion



Targeted Education: Safer sex education for Entertainment Girls



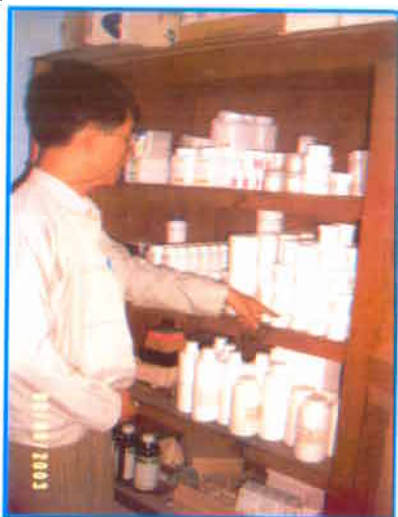
Syndromic Management Training for STDs were conducted in 314 townships. A township medical officer conducting a syndromic management training for Basic Health Staff

4.3 Prevention of Sexual Transmission of HIV/STD

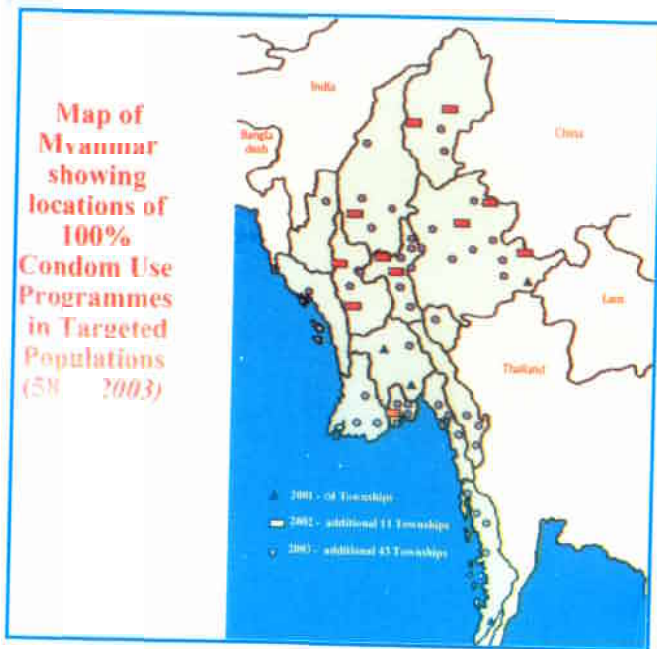
Syndromic Management of STDs has been adopted by both public and private health system in 314 townships of the country. The activity goes synchronously with life skills training and social development for youth and young women by major national organizations like Myanmar Maternal and Child Welfare Association, Myanmar Red Cross Society and Myanmar Women's Affairs Federation.



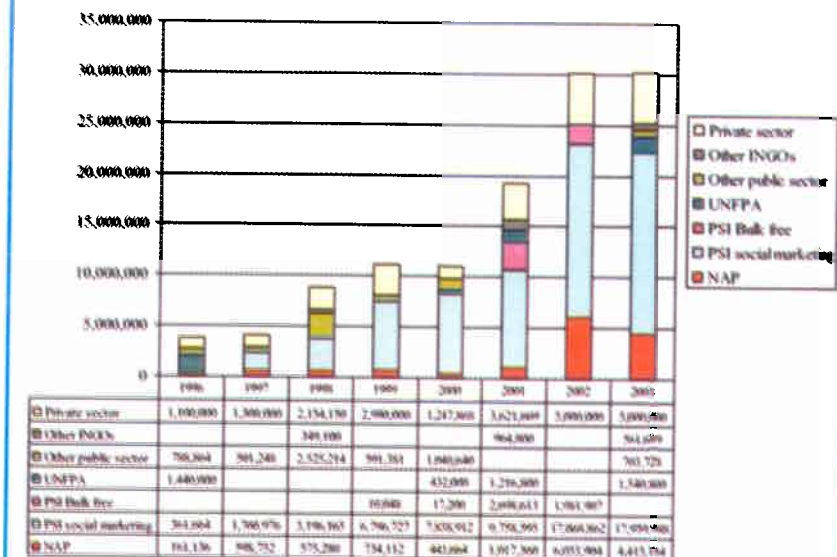
Procurement and distribution of Supplies with standard quality & proven efficiency down to the Peripheral unit is one of the key activities conducted by NAP: One of the AIDS/STD team leaders inspecting STI drugs stock



A 100% Targeted Condom Promotion Programme was launched in four big cities in early 2001. It was expanded to additional (11) towns in 2002 and additional (43) towns in 2003. By the end of 2003, there are a total of (58) towns that 100% Targeted Condom Promotion Programme is functioning.



Condoms distributed by NAP, Private, Public, and Social Marketing (1996-2003)



4.4 Prevention of HIV transmission through injecting drug use

National AIDS Committee and National AIDS Programme has technical and administrative linkages with Ministry of Home, Central Committee for Drug Abuse Control, Myanmar Anti-narcotic Association and UNODC. There are HIV/AIDS prevention education, peer education, community mobilization, school-based education and cross-border activities for IDU. Harm reduction for IDU activity were being carried out in six Townships during 2003.

A workshop on preparation of Rapid Assessment for Response among IDU conducted in Yangon during 2003



Central Women Hospitals in Yangon and Mandalay with the support from UNICEF during 2004.



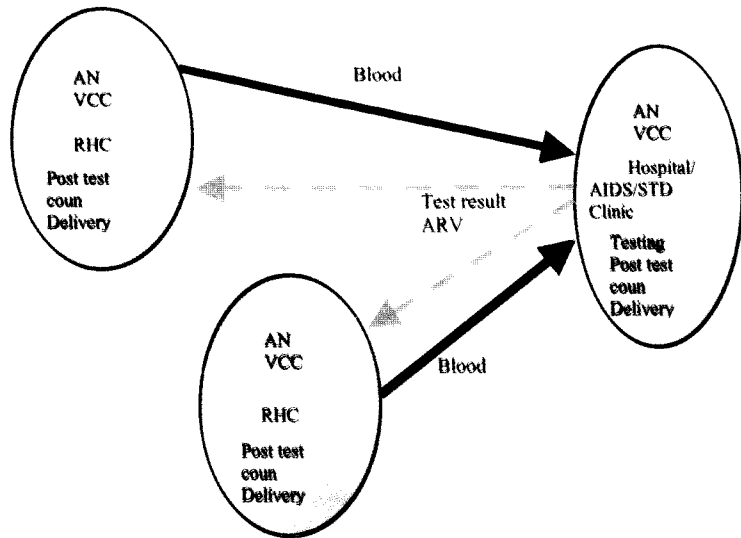
4.5 Prevention of Mother to Child Transmission of HIV

Wide-spread life skills training and AIDS education targeted at women of reproductive age were conducted throughout the country by Myanmar Maternal and Child Welfare Association, Myanmar Red Cross Society and other NGOs in collaboration with the Department of Health to promote reproductive health as a way of preventing mother to child transmission of HIV.

In partnership with UNAIDS and UNICEF, the Ministry of Health has embarked on the Prevention of Mother to Child Transmission of HIV(PMTCT) Programme using Nevirapine in twelve towns of Myanmar during 1999-2002. It was expanded to additional (10) Towns in 2003. With support from UNFPA, Ministry of Health expanded to additional (10) more Townships and adding up to a total of (32) Townships in 2004.

Institutional based PMCT programme was also conducted in (5) State/Divisional Hospitals with the support of WHO during 2003. It is planned to expand to (5) more major hospitals including

Community based PMTCT programme



A session on counselling training for PMTCT programme in a District



4.6 Provision of Safe Blood Supply

Provision of safe blood supply is essential for prevention of HIV transmission through blood and blood products. In Myanmar all hospitals are trying to recruit voluntary non-remunerative blood donors and promote the donor deferral system. Furthermore all the donated blood were screened for HIV antibody. These safe blood supply systems are functioning in the Township level Hospitals since 1998 and has been already planned to expand to the Station level Hospitals. National AIDS Committee (NAC) has also laid down clear guidelines for Blood Law, Laboratory Accreditation and Quality Control of laboratory services.

A session of mass blood donation activity



4.7 Provision of Care and Support

Local and international trainings for the clinical management of AIDS patients and treatment of opportunistic infections are carried out both in governmental and non-governmental sector. Special trainings for management and care of dual TB/HIV infections were also given. Medical social workers, AIDS/STD investigators, basic health staff, volunteers from NGOs and community groups were also trained for counselling and psychosocial support of people living with HIV/AIDS. In cooperation with one INGO (AZG), ARV therapy was provided to the AIDS patients attending Waibargi Specialist Hospital, and State General Hospital in Lashio (Northern Shan State). Community home-based care activities are being conducted by Myanmar Nurses Association with the technical support from National AIDS Programme. National AIDS Control Programme also planned to provide ARV therapy for 150 AIDS patients in Yangon and Mandalay with the fund from Funds for HIV/AIDS in Myanmar (FHAM) Round I. To achieve WHO 3 by 5 target, Ministry of Health is planning to scale up the provision of antiretroviral therapy in Myanmar. Major activities under this approach includes capacity building, upgrading diagnostic facilities, and provision of drugs for opportunistic infections and antiretroviral drugs. FHAM is assisting the Ministry of Health in combating HIV/AIDS at different levels. Myanmar has also submitted proposals for GFATM funds in the fields of TB, Malaria, and HIV/AIDS. The proposal for GFATM fund in the field of TB was approved in Round II and Malaria and HIV/AIDS in Round III.

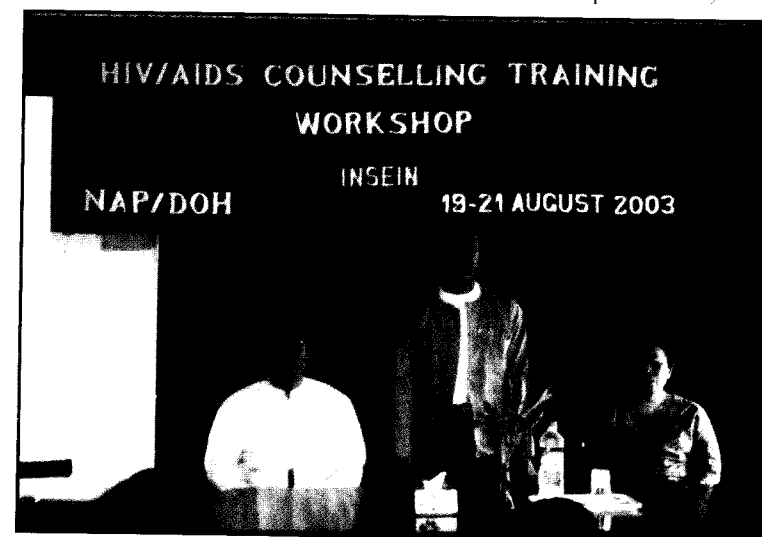
Voluntary Confidential Counselling and Testing (VCCT) services are being provided at (36) Townships where AIDS/STD Teams are located.

AIDS Counselling Team(Central) not only provides counselling services but also conducts counselling training courses.

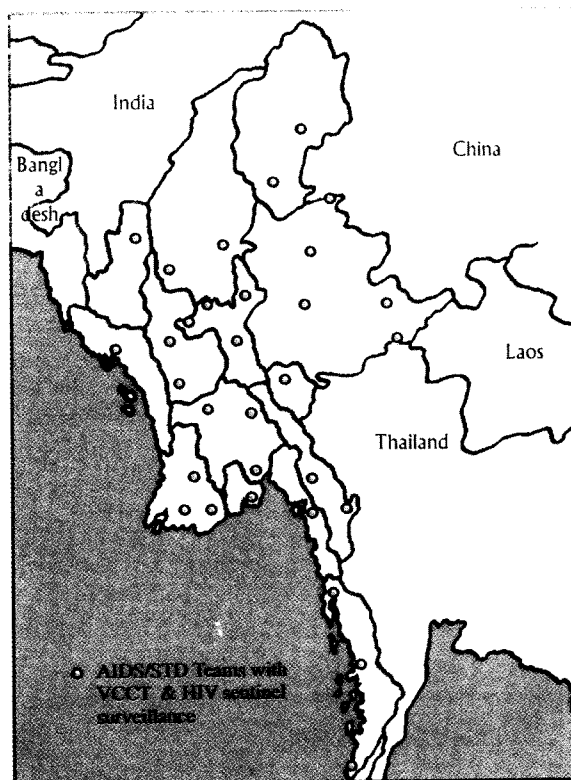
Advocacy plays important roles in provision of care and support to PLWHA



Counselling plays integral part in provision of care and support to persons infected and affected: an opening session of counselling training course for institution based health care providers, 2003



Map of Myanmar showing locations of VCCT service and HIV sentinel surveillance activity (30 in 2003)



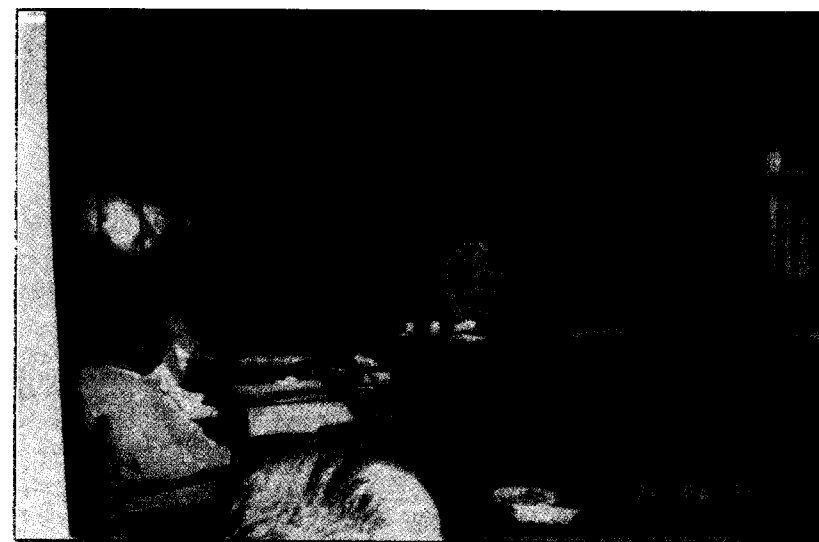
4.8 Enhancing the multi sectoral collaboration and cooperation

The Ministry of Health has developed sustainable AIDS education programmes with various Ministries such as Education, Labour, Transport, Social Welfare, Railways, Home, Mining and Information and private enterprises including community based organizations.

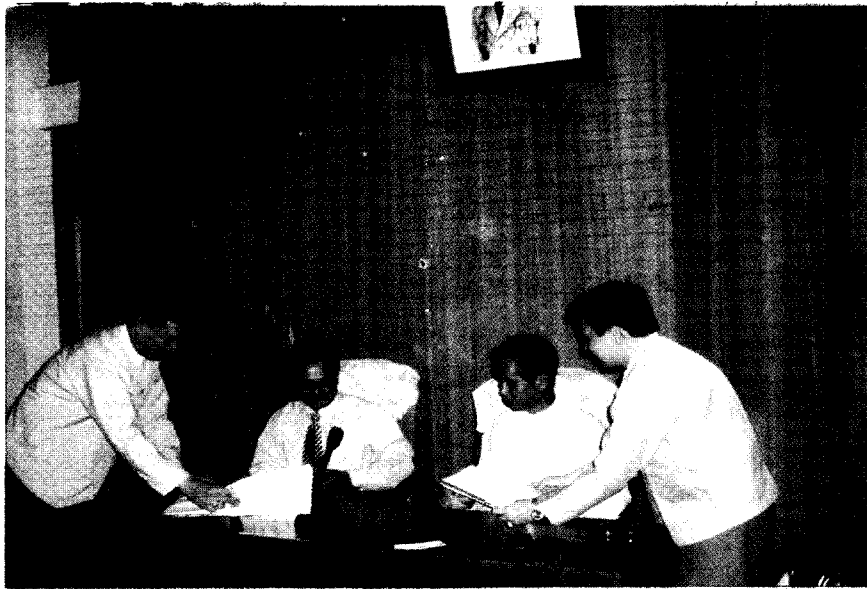
As part of the collaboration and cooperation activities, Myanmar has hosted a number of intercountry meetings in the country. Some of which includes 2nd Biregional Partners Meeting on Harm Reduction among IDUs in August 2003, South East Asia Constituency Meeting on the Global Fund in January 2004 and Joint Action Programme for Mobility and HIV Memorandum of Understanding (MOU) Review Consultation Meeting in February 2004.

Myanmar is also participating actively in the regional and international activities that relate to HIV/AIDS. Some of them includes ASEAN Cooperation Forum on HIV/AIDS, Seminar for Regional and Asia Africa Cooperation regarding HIV/AIDS, Meeting for the Regional Project to reduce HIV Vulnerability from Drug Abuse, 14 International Conference on Drug Related Harm, Biregional Meeting on Scaling up HIV/AIDS Care including antiretroviral treatment, Meeting on PMCT Regional Task Force, Asia Costing Workshop, Cross Broder Meeting on GFATM, Training Workshop on Sampling and Analysis for HIV Surveillance Survey, Workshop on Policy Analysis using the Asian Epidemic Model, Interfaith AIDS Conference, and 11th Meeting of ASEAN Task Force on AIDS (ATFOA).

Partnership development is one of the key elements in successful implementation of national response to HIV in the country: H.E. Professor Kyaw Myint, Minister for Health, delivering an opening address at one of the meetings of CCM



New NGOs sign MOU with Dept. of Health for collaboration in prevention and control activities of HIV/AIDS: Pact Myanmar and DOH signing MOU in 2003



Participating in regional level activities: NAP manager attended the ASEAN Task Force on AIDS meeting held in Bali during 2003



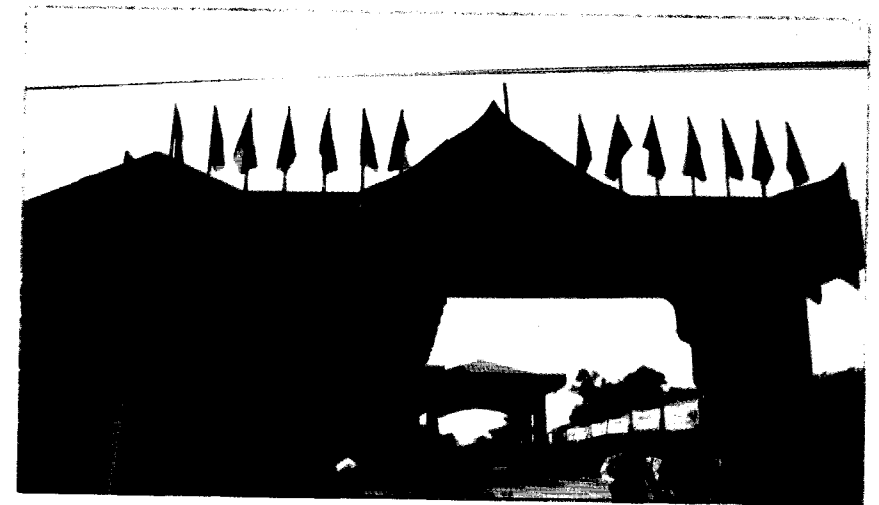
4.9 Special intervention programmes

- Cross border programmes
- TB-HIV joint programmes

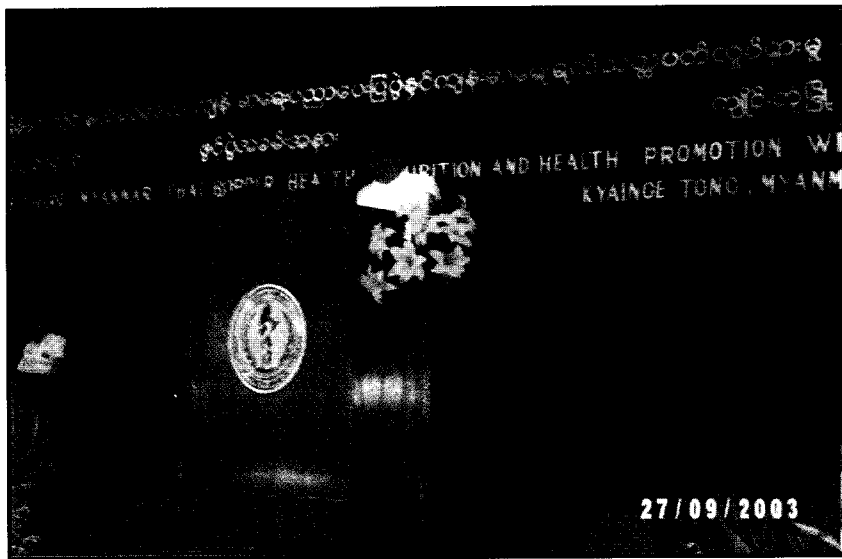
Myanmar and Thailand has initiated a cross-border AIDS, TB and Malaria Programme in all the townships bordering Thailand since year 2000. In September 2003, 3rd Myanmar-Thailand Border Health Exhibition and Health Promotion Week was conducted at Kyainge Tone.

Cross-border Strategic Planning Meetings, upgraded HIV surveillance activities, blood safety programmes, NGO activities and AIDS Support Volunteers (ASV) programmes are instituted widely in the border areas. Joint TB/HIV intervention and research programmes were also conducted in Shan East, Shan North, Kachin and Tanintharyi Divisions. The Ministry of Health also has coordinated cross-border AIDS prevention and control activities with national and international NGOs.

Entrance to the 3rd Myanmar-Thai border Health exhibition and health promotion week, Kyainge Tone, 2003



H.E. Professor Kyaw Myint, Minister for Health, delivering an opening address at the 3rd Myanmar-Thai border Health exhibition and health promotion week, Kyainge Tone



4.10 Supervision, monitoring and evaluation

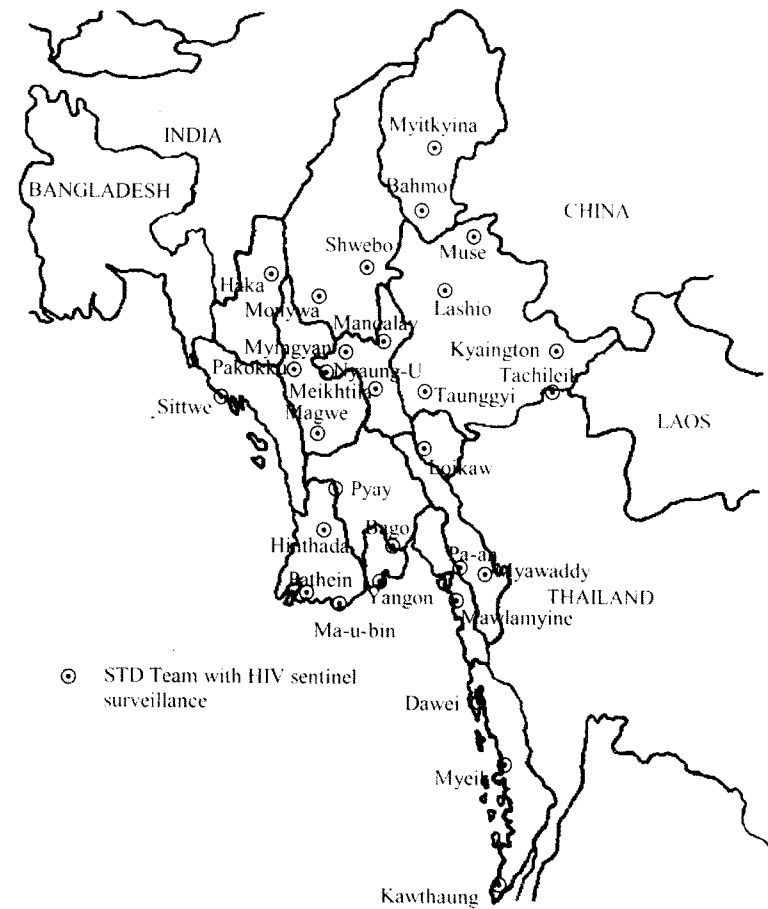
HIV sentinel surveillance system tested about 20,000 blood samples a year to know the trend of HIV infection. Behavioural surveillance survey is established in (36) Sites and HIV Sentinel Surveillance is conducted in (30) Sites. Second Generation Surveillance for HIV established in 2003 at (7) Sites.

4.10.1 Monitoring and Supervision

The monitoring and supervision of the AIDS prevention and control activities is being carried out by the National AIDS Programme at all levels of administration. Activities implemented at the township level is monitored by the respective Township Health Department and also by the State and Divisional Health Department. As part of this monitoring process monthly and quarterly reports are prepared by the National AIDS Programme.

HIV sentinel surveillance carried out annually is also to monitor the trend of HIV transmission and prevalence among both higher risk and lower risk groups in the selected sites. The Behaviour Surveillance Survey is carried out to monitor the prevailing HIV/AIDS related risk behaviours and to monitor impact of prevention and education campaigns.

Map of Myanmar showing locations of AIDS/STD Teams and HIV Sentinel Surveillance sites



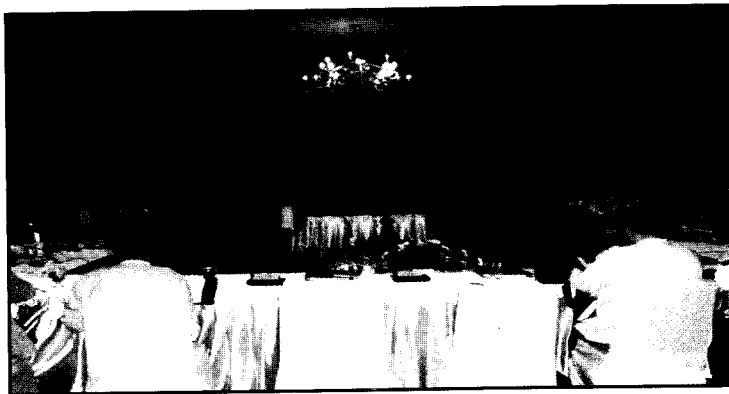
SENTINEL SURVEILLANCE POPULATIONS AND SAMPLE SIZES

<i>Population Group</i>	<i>Sample Size (n) (at each site)</i>	<i>Number of Participating Sites</i>
1. Male STD patients	100	30
2. Female STD patients	100	8
3. Commercial Sex Workers(CSW)	100	2
4. Injecting Drug Users	100	6
5. Pregnant Women	200	27
6. New Military Recruits	600	2
7. Blood Donors- All donors coming to National Health Laboratory, Central National Blood Bank and Public Health Laboratory during the (2) months of each sentinel round		

4.10.2 Evaluation

Programme review meeting is conducted once a year to evaluate the strengths and weaknesses of the programme and to analyse the lessons learnt from the past before embarking in the future planning. External review teams have been invited by the Ministry of Health in collaboration with the UN Agencies to evaluate the programme activities implemented and to carry out joint rapid surveys and situation analysis. Using the recommendations from the review process, future plans were made in the context of guidelines from the National Health Committee and within the framework of the National Health Plan.

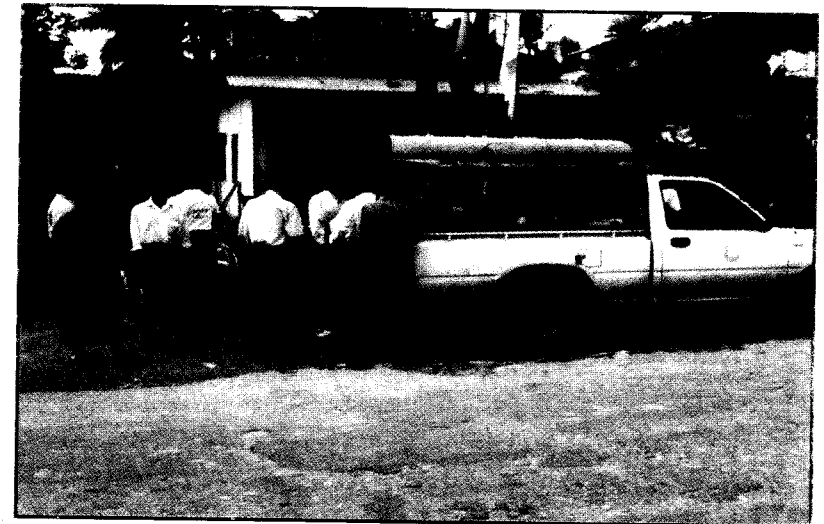
Monitoring and evaluation is one of the cornerstone of NAP:
Workshop on action plan for second generation surveillance in Myanmar conducted in Yangon during May 2003



Behaviour patterns of different subpopulation are systematically monitored in the country: A scene of pretesting of behavioral questionnaire for general population before the actual conduct data collection using Second Generation Surveillance approach



Mobility of AIDS/STD teams is important factor in monitoring and supervision as well as implementing community based intervention activities at grass root level



NATIONAL HEALTH POLICY (1993)

1. To raise the level of health of the country and promote the physical and mental well being of the people with objective of achieving "Health for all by the Year 2000" goals, using primary health care approach.
2. To follow the guidelines of the population policy formulated in the country.
3. To produce sufficient as well as efficient human resources for health locally in the context of broad framework of long term health development plan.
4. To strictly abide by the rules and regulations mentioned in the drug laws and by-laws which are promulgated in the country.
5. To augment the role of co-operative, joint ventures and private sectors and non-governmental organizations in delivery of health care in view of the changing economic system.
6. To explore and develop alternative health care financing system.
7. To implement health activities in close collaboration and also in an integrated manner with related ministries.
8. To promulgate new rules and regulations in accord with the prevailing health and health related conditions as and when necessary.
9. To intensify and expand environmental health activities including prevention and control of air and water pollution.
10. To promote national physical fitness through the expansion of sports and physical education activities by encouraging community participation, supporting outstanding athletes and reviving traditional sports.
11. To encourage conduct of medical research activities not only on prevailing health problems but also giving due attention in conducting health systems research.
12. **To expand the health services activities not only to rural but also to border areas so as to meet the overall health needs of the country.**
13. **To foresee any emerging health problem that poses a threat to the health and well being of the people of Myanmar, so that preventive and curative measures can be initiated.**
14. To reinforce the services and research activities of indigenous medicine to international level and to involve in community health care activities.
15. To strengthen collaboration with other countries for national health development.

Priority Diseases of National Health Plan

1. Malaria
2. Tuberculosis
3. Acquired Immune Deficiency Syndrome (AIDS)
4. Diarrhoea / Dysentery
5. Protein Energy Malnutrition
6. Sexually Transmitted Diseases
7. Drug Abuse
8. Leprosy
9. Abortion
10. Anaemia
11. Snake Bite
12. Eye Diseases

Annex 3.a

NATIONAL AIDS COMMITTEE

1. Minister	Chairman	19. Director General	Member
Ministry of Health		Department of Health Planning	
2. Deputy Minister	Vice Chairman	20. Director General	Member
Ministry of Health		Department of Medical Sciences	
3. Central Executive Committee Member	Member	21. Director General	Member
Union Solidarity and Development Association		Department of Medical Research (Upper Myanmar)	
4. Deputy Minister	Member	22. Director General	Member
Ministry of Foreign Affairs		Department of Medical Research (Lower Myanmar)	
5. Deputy Minister	Member	23. Director General	Member
Ministry of Home		Department of Indigenous Medicine	
6. Deputy Minister	Member	24. Director General	Member
Ministry of Railway Transportation		Department of Sports and Physical Education	
7. Deputy Minister	Member	25. President	Member
Ministry of Information		Myanmar Maternal and Child Welfare Association	
8. Deputy Minister	Member	26. President	Member
Ministry of Hotel and Tourism		Myanmar Medical Association	
9. Deputy Minister	Member	27. President	Member
Ministry of Progress of Border Areas and National Races and Development Affairs		Myanmar Red Cross Society	
10. Deputy Minister	Member	28. President	Member
Ministry of Social Welfare, Relief and Resettlement		Myanmar Dental Association	
11. Deputy Minister	Member	29. President	Member
Ministry of Education		Myanmar Nurses Association	
12. Deputy Minister	Member	30. President	Member
Ministry of Immigration and Manpower		Myanmar Health Assistants Association	
13. Deputy Minister	Member	31. President	Member
Ministry of Labour		Myanmar Anti-Narcotic Association	
14. Deputy Attorney General	Member	32. Director General	Secretary
Attorney General's Office		Department of Health	
15. Director	Member	33. Deputy Director General	Joint Secretary(1)
Directorate of Medical Corps		(Public Health/Disease Control)	
Ministry of Defense		Department of Health	
16. Director	Member	34. Deputy Director (AIDS/STD)	Joint Secretary(2)
Directorate of Public Relations and Mental Strategy		Department of Health	
17. Head of Department	Member		
Directorate of Military Investigation			
18. Chief of Police	Member		
Police Force of Union of Myanmar			

NGOs working for HIV/AIDS in Myanmar

National NGOs

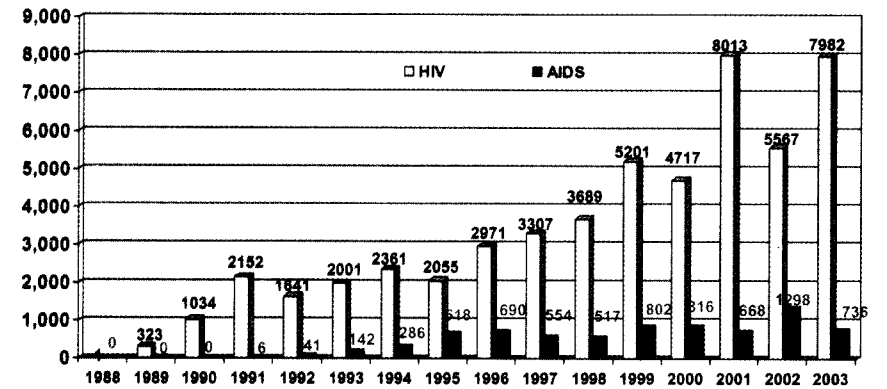
1. Myanmar Medical Association (MMA)
2. Myanmar Maternal and Child Welfare Association (MMCWA)
3. Myanmar Dental Association (MDA)
4. Myanmar Nurses Association (MNA)
5. Myanmar Health Assistants Association (MHA)
6. Myanmar Women's Affairs Federation (MWAFF)
7. Myanmar Business Coalition on AIDS (MBCA)
8. Myanmar Red Cross Society (MRCS)
9. Myanmar Anti-Narcotic Association (MANA)
10. Myanmar Council of Churches (MCC)
11. Myanmar Baptist Council (MBC)
12. Myanmar Young Crusaders (MYC)
13. Myanmar Catholic Bishops Convention (MCBC)
14. Union Solidarity and Development Association (USDA)
15. Sandi Daewi Cooperative Group (SDCG)
16. Salvation Army (SA)
17. Thiri May Women's Group

International NGOs

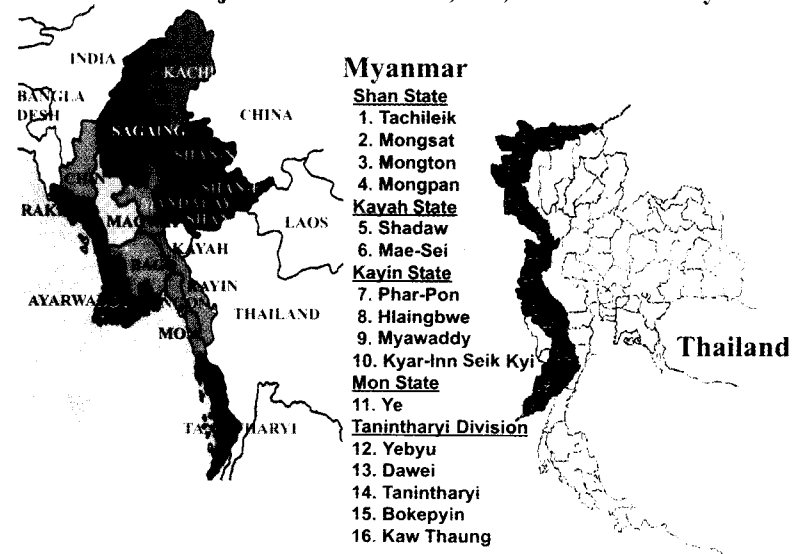
1. Médecins du Monde (MDM)
2. World Vision International (WVI)
3. CARE Australia - Myanmar
4. Artsen Zonder Grenzen (AZG)
Médecins Sans Frontières – Holland (MSF– Holland)
5. Population Services International (PSI)
6. Save the Children (UK)- SC (UK)
7. The Association of Medical **Doctors** of Asia (AMDA)
8. Marie Stopes International (MSI)
9. Aide Medicale Internationale (AMI)
10. Pact- Myanmar
11. Malteser
12. FXB- Myanmar (Francois- Xavier Bagnaud)
13. Adventist Development and Relief Agency- Myanmar (ADRA)

HIV/AIDS SITUATION IN MYANMAR

HIV ever recorded = 53,015 (cumulative up to end 2003)
 AIDS Cases (Reported) = 7,174 (cumulative up to end 2003)
Deaths due to AIDS (Reported) = 3,324 (cumulative up to end 2003)
(estimates) =177,279 (March, 2002)



Myanmar-Thailand joint border AIDS, TB, Malaria activity townships



Annual number of AIDS cases according to age and sex, Myanmar (1991 - 2003)*

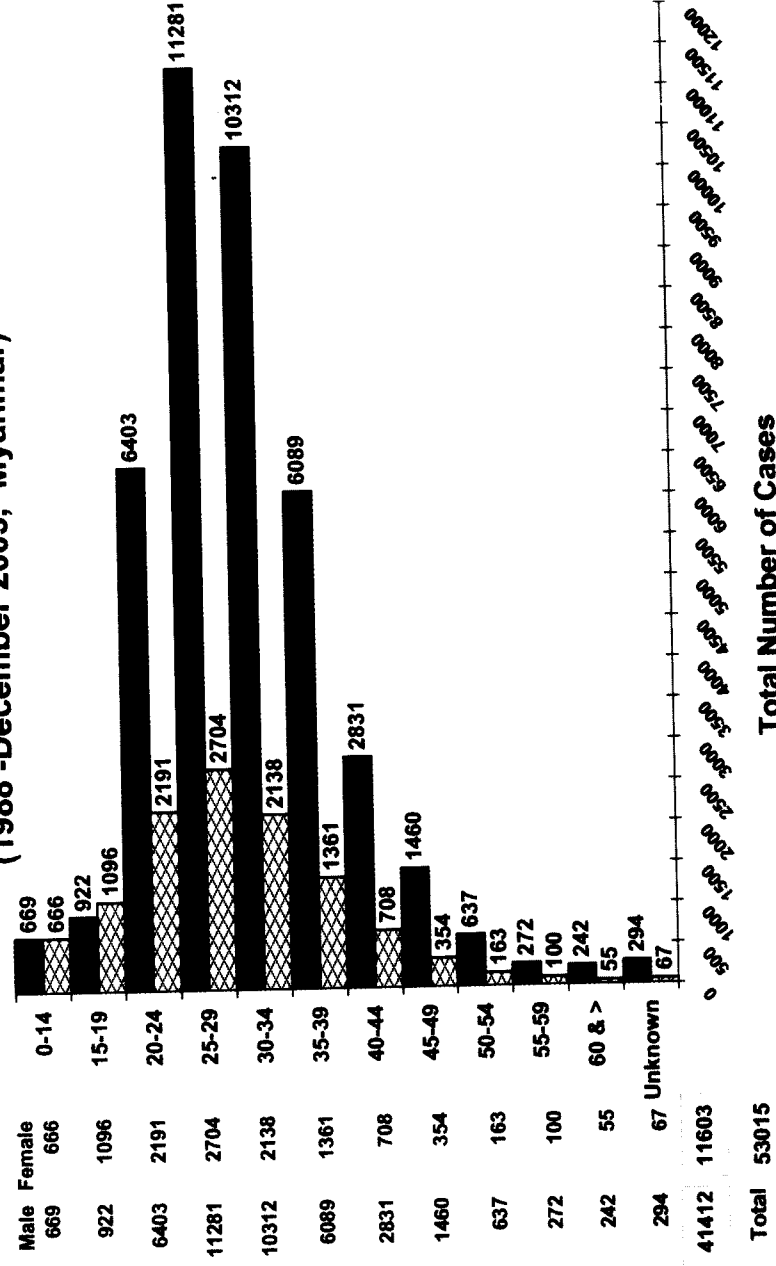
	0-4 M/F	5-14 M/F	15-19 M/F	20-29 M/F	30-39 M/F	40-49 M/F	50-59 M/F	60+ M/F	Not Specified M/F	Total M/F
1986										
1987										
1988										
1989										
1990										
1991				3/0	2/0	1/0				6/0
1992				21/0	15/0	5/0				41/0
1993			1/1	49/8	56/8	11/4	2/0		2/0	121/21
1994	0/2	1/0	0/2	82/15	120/8	41/4	4/1	4/0	2/0	254/32
1995	4/0	3/2	4/1	202/53	231/36	51/7	17/1		6/0	518/100
1996	0/3	1/0	2/5	215/58	249/57	64/12	13/4	5/2	0/0	549/141
1997	0/3	1/0	1/2	162/63	191/39	57/16	7/1	10/0	0/1	429/125
1998	1/0	0/0	2/7	132/29	192/39	77/17	14/1	4/0	2/0	424/93
1999	5/0	3/6	5/3	192/40	337/60	99/19	23/4	3/1	2/0	669/133
2000	11/4	4/5	8/19	171/63	323/61	94/18	22/5	2/3	2/1	637/179
2001	14/19	4/5	8/4	142/69	203/59	83/21	16/4	8/1	6/2	484/184
2002	38/26	11/8	10/11	274/121	403/156	138/52	26/13	7/0	2/2	909/389
2003	28/18	5/6	14/10	194/69	206/60	68/23	22/3	8/0	2/0	547/189
Total	101/75	33/32	55/65	1839/588	2528/583	789/193	166/37	51/7	26/6	5588/1586

M = Male / F=Female

* 2003 - December

(Prepared by: National AIDS Program, Department of Health)

Age and Sex Distribution of Cumulative HIV Positive Cases (1988 - December 2003, Myanmar)



Total Number of Cases

Female Male

Prepared by National AIDS Program