90-90-90 Targets Update
Myanmar on the path to 90-90-90 and beyond
23rd International AIDS Conference
Pre-Conference Session

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Country Profile

- Located in South-East Asia
- Area - 676,590 km²
- Population – 54.4 million
- Rural population – 70%
- Capital – Nay Pyi Taw
- Administrative divisions – 7 states, 7 regions and one Union territory
- Currency – Myanmar Kyat (MMK)
  (1 USD = 1,400 MMK)
Myanmar HIV epidemic at a glance

First HIV (+) ve in 1988

First AIDS case in 1991

Estimate PLHIV – 240,000

Prevalence – 0.58%

Concentrated epidemic among key populations

HIV prevalence among key population

2014 IBBS: 23.1% (PSE - 93,000)
2017 IBBS: 34.9%

2015 IBBS: 11.6% (PSE - 126,000)
2019 IBBS (draft): 8.8%

2015 IBBS: 14.6% (PSE - 66,000)
2019 IBBS (draft): 8.3%
Estimated new HIV infections by population segments in Myanmar (1990-2020)

- At the national level, the HIV epidemic appears to be declined.
- However, the Epidemic at sub-national level is quite different from region to region.
- The sub-national estimates show the signs of pockets of increasing incidence in high burden States/Regions: PWID in Kachin and Shan; MSM in Yangon

Source: 2018 HIV Estimates and Projections, NAP, MOHS, 2018 – using the Asian Epidemic Model (AEM)
Myanmar is responding to HIV epidemic with five-year National Strategic Plans (NSP) and its Operational Plans. The NSP is the strategic guide for the country’s response to HIV at national and sub-national levels.
Setting the targets

Current NSP (2016-2020)

90%
Priority population have access to combination **prevention services**

90%
People living with HIV that **know their status**

90%
People living with HIV who know their status, **receive treatment** and get tested for viral load

90%
People on treatment that have achieved **viral suppression**

90%
People living with, at risk of and affected by HIV report **no discrimination**, especially in health, education and workplace settings

Next NSP IV (2021-2025)

95%

95%

95%

95%

All

**Priority population have access to combination prevention services**

**People living with HIV that know their status**

**People living with HIV who know their status, receive treatment and get tested for viral load**

**People on treatment that have achieved viral suppression**

**People living with, at risk of and affected by HIV report no discrimination**, especially in health, education and workplace settings
Key strategies in recent years

- **Geographical prioritization based on the HIV burden**
- **Differentiating service delivery**
  - Key population friendly services (Key Population Service Center)
  - Community based HIV screening
  - Scaling up ART services at township and sub-township level
- **Continuum of services across the cascade**
  - Integrating services; one-stop shop model
  - Community support across the cascade (enhanced outreach, peer navigation, case management)
- **Adopting the innovative approaches**
  - Newer ARV regimen; multi-month dispensing; PrEP
  - Transition to electronic based information system
- **Transition to e-Health**

Myanmar officially joined the “Global HIV Prevention Coalition” on 22 May 2018.
Seeking HIV testing by target populations (KP and OVP) (2011–2019)

Others include institutionalized populations, uniform service personnel, migrant workers, new TB patients, blood donors, children under 15 years, and low risk people (those who do not fall into any of above categories)
People on Methadone Maintenance Therapy (2006 – 2019)

Source: National MMT Program data

(15) Sites- one-stop shop services
• MMT
• HTS
• ART
• HE
• Condom
• HBV and HCV testing
• HBV vaccination
• TB
• Mental health service
• Overdose management
Progress towards 2\textsuperscript{nd} 90: Scaling up of ART (2005 – 2019)

Source: ART program report: NAP and IPs, HIV estimates 240,000

No. of PLHIV on ART

Calendar year

CD4≤200

CD4≤350

CD4≤500

Treat all

ART coverage (%)

PLHIV on ART_Male

PLHIV on ART_Female

ART coverage among all PLHIV

Source: ART program report: NAP and IPs, HIV estimates 240,000

Progress towards 2\textsuperscript{nd} 90: Scaling up of ART (2005 – 2019)

- 1st 90: Know HIV status
- 2nd 90: On ART
- 3rd 90: Viral suppression

Year | 1st 90 | 2nd 90 | 3rd 90
--- | --- | --- | ---
2015 | 61% | 79% | 87%
2016 | 67% | 85% | 92%
2017 | 72% | 91% | 88%
2018 | 80% | 88% | 91%
2019 | 87% | 89% | 94%
Legal environment

**HIV Law:** The new HIV law was drafted and announced in the Government newspapers for wider public comments.

**Law on Sex Work:** New law was drafted, discussed and revised in Parliament Legal Affairs Commission.

**Drug Law:** The 1993 Narcotic Drugs and Psychotropic substances law was amended in Feb 2018.
- removal of compulsory registration for drug users;
- shifting from a punitive to drug treatment approach;
- inclusion of the harm reduction approach in the law.

**National Drug Control Policy**
- **safe, secure and healthy communities** through a policy that addresses all aspects of the drug problem with a significant shift to a **more people and health-focused approach**, and
- advocating for practical strategies to reduce the negative effects of drug production, trafficking and use.
Key Operational Model in next 5 Years

Geographic Prioritization
- 167 townships are high priority, out of total 330 townships

Integration of Essential and Comprehensive HIV service packages into Universal Health Coverage (UHC)
- Essential Package in all 330 Townships
- Comprehensive Package in 167 high priority townships

Integration of the services
- For accessibility and cost efficiency

Partnership and community involvement

Legend
- Top priority 2019
- Prioritized townships
- Non-prioritized townships
## Essential package for health service - HIV
### All 330 townships

<table>
<thead>
<tr>
<th>HIV prevention</th>
<th>HIV Testing Services</th>
<th>Care and Treatment</th>
<th>HIV integrated with other services***</th>
<th>Commodities</th>
<th>Enabling environment **</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Awareness raising</td>
<td>Facility-based HIV testing services</td>
<td>ART at ART facilities</td>
<td>1. <strong>Tuberculosis</strong> diagnosis and treatment</td>
<td>1. Condoms</td>
<td>1. Community centered approaches</td>
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<tr>
<td>2. Behavior change communication</td>
<td>Community based HIV testing (BHS)</td>
<td>PMTCT services</td>
<td>2. <strong>Reproductive health and family planning</strong></td>
<td>2. Lubricants</td>
<td>2. Normalization of HIV in Health care and community setting</td>
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<tr>
<td>3. Sexually transmitted infection management</td>
<td>Community-referred HIV testing</td>
<td></td>
<td>3. Antenatal care</td>
<td>3. STI (Syphilis)</td>
<td>3. Ensure access to essential HIV services for all marginalized people</td>
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<tr>
<td>4. Sexual and reproductive health service</td>
<td></td>
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<td></td>
<td>• RTK &amp; VDRL</td>
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<tr>
<td>5. Blood safety</td>
<td></td>
<td></td>
<td></td>
<td>• STI drugs</td>
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</tbody>
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**Commodities**
- ART at ART facilities
- PMTCT services
- Tuberculosis diagnosis and treatment
- Reproductive health and family planning
- Antenatal care
- Condoms
- Lubricants
- STI (Syphilis)
- RTK & VDRL
- STI drugs
- HIV RTK
- ARV
- Minor OI
- IEC
- PEP
- Lab commodities
- TPT

**Enabling environment**
- Community centered approaches
- Normalization of HIV in Health care and community setting
- Ensure access to essential HIV services for all marginalized people
**Comprehensive package for health service - HIV**

**High priority townships**

**ESSENTIAL PACKAGE FOR HEALTH SERVICE – HIV PLUS FOLLOWING SERVICES WILL BE INCLUDED**

<table>
<thead>
<tr>
<th>Combination HIV prevention</th>
<th>HIV Testing Services</th>
<th>Care and Treatment</th>
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</table>
| Refer to specific combination prevention packages for key and priority populations (structural, biomedical, behavioral) | 1. Community based HTS (peer network)  
2. Self testing  
3. Index testing | 1. Laboratory monitoring  
2. Facility based  
3. Community based care & support | 1. Mental Health  
2. Hepatitis C treatment for coinfected PLHIV and PWID  
3. Drug treatment center  
4. SGBV  
5. Services for ATS users  
6. Vocal and livelihood programs  
7. NCD | 1. PrEP  
2. Major OI  
3. NSP  
4. OST (MMT/ Buprenorphine)  
5. Naloxone  
6. Hepatitis B and C testing  
7. HBV vaccination  
8. STI | 1. Sensitization training on reducing stigma, discrimination,  
2. KP friendly services, addressing punitive practices  
3. Securing legal protections to ensuring access to HIV care. |
Domestic financial support from the Government of Myanmar covers 100% of Methadone and more than 80% of Anti-retroviral Drugs procurement. Under NSP IV, Sustainable financing options to increase the domestic funding base will be demonstrated. These include development of resource mobilization strategies and innovative funding models such as social contracting and partnership with private sector.
Way forward

• Build on the achievements and lessons learned - the current phase of the AIDS response in Myanmar is integrated into the SDGs;

• Enhance HIV combination prevention and testing services, Promote awareness raising; Task Shifting initiated where feasible; follow through on the needed prevention policy changes identified (PrEP, self-testing, etc.)

• Improve linkage to care for People living with and affected by HIV; Find ways to minimize delayed treatment seeking among HIV confirmed cases

• Accessing integrated ‘co-location’ approach for expansion of services including TB, SRH, MNCH, Hepatitis, Drug Control, Treatment & Rehabilitation, NCDs in Prisons

• Greater effort to address stigma and discrimination in the community and within health services across every level

• Expanded multi-stakeholder partnerships with policy makers, parliamentarians, Ethnic Health Organizations (EHO) and private sector

• Promote community led HIV services; Empower community-based organizations (CBO) and self-help groups
THANK YOU