

**AIDS
2020**

**23RD INTERNATIONAL
AIDS CONFERENCE**

VIRTUAL

PRE-CONFERENCES
30 JUNE - 3 JULY

90-90-90 Targets Update

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90-90-90 Targets Update

Myanmar on the path to 90-90-90 and beyond

23rd International AIDS Conference

Pre-Conference Session



Dr Htun Nyunt Oo, Programme Director, National AIDS Programme
Ministry of Health & Sports, Myanmar.

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Outline



Country Profile



Myanmar HIV epidemic



Key Strategies



Progress



Way forward

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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)

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Myanmar HIV epidemic at a glance



First HIV (+) ve in 1988



First AIDS case in 1991



Estimate PLHIV – 240,000

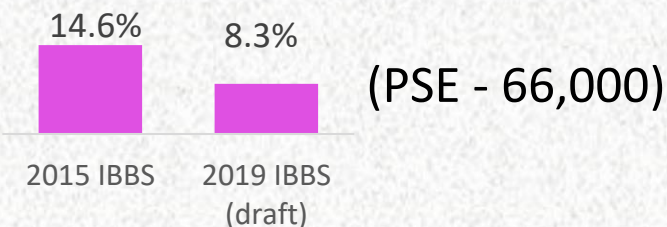
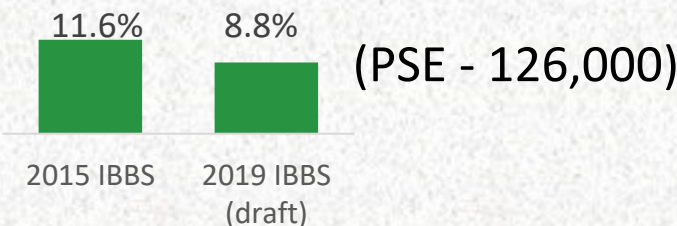
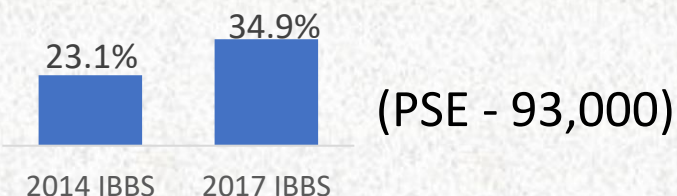


Prevalence – 0.58%



Concentrated epidemic among key populations

HIV prevalence among key population



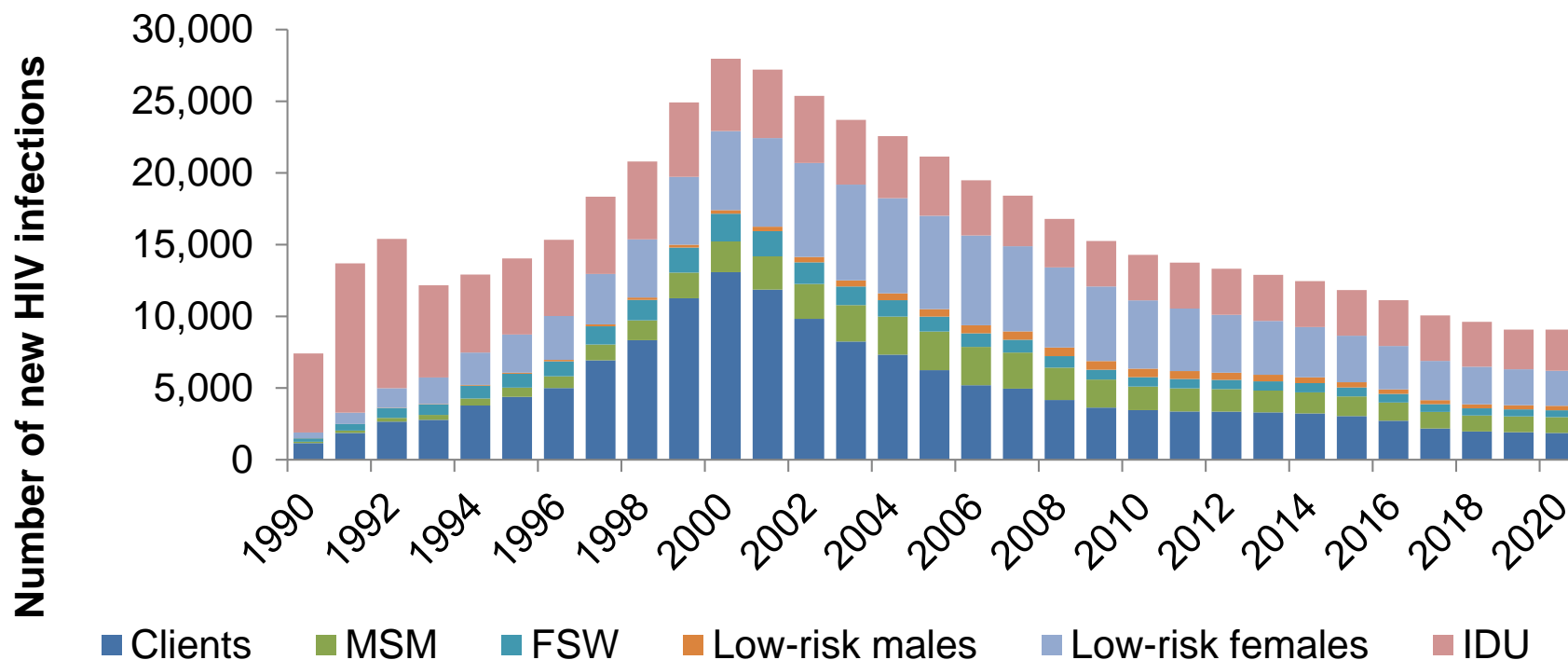
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Estimated new HIV infections by population segments in Myanmar (1990-2020)



Source: 2018 HIV Estimates and Projections, NAP, MOHS, 2018 – using the Asian Epidemic Model (AEM)

- 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

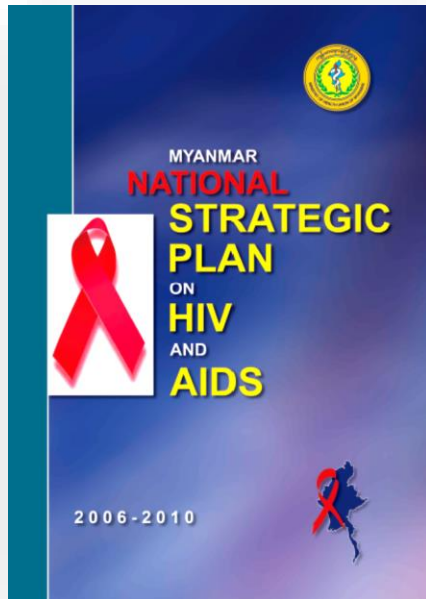
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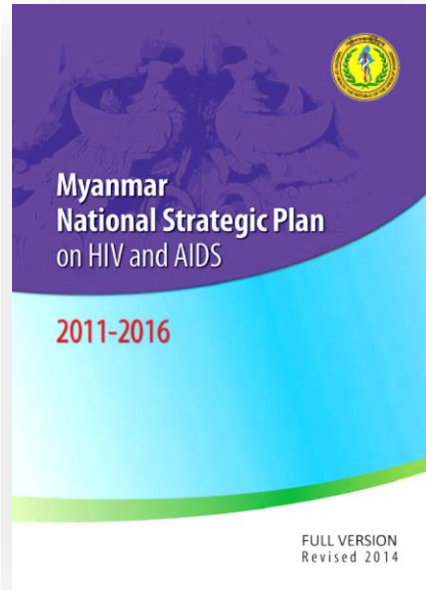
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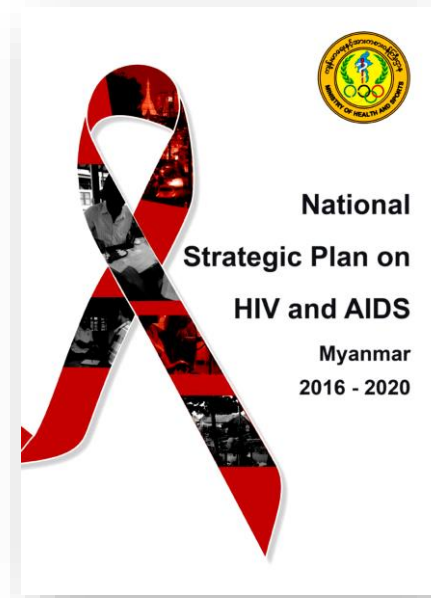
Myanmar National Strategic Plans on HIV



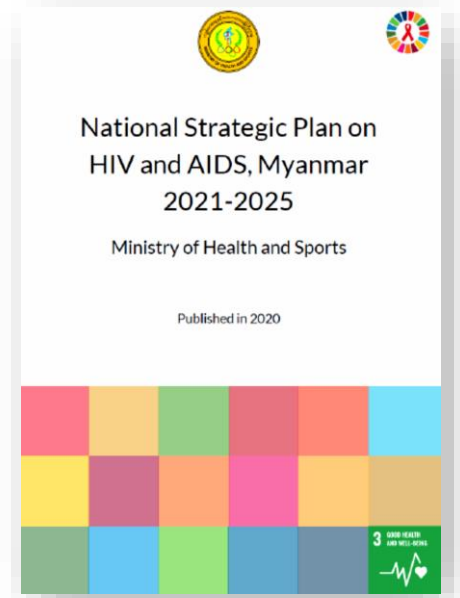
2006-2010



2011-2016



2016-2020



2021-2025

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.

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Setting the targets

Current NSP (2016-2020)

Next NSP IV (2021-2025)

90%

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

95%

90%

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

95%

90%

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

95%

90%

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

95%

90%

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

All

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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.



(OpenMRS)
for ART
patient
recording



DHIS 2 for
routine
reporting



mSupply for
logistic
managemen
t



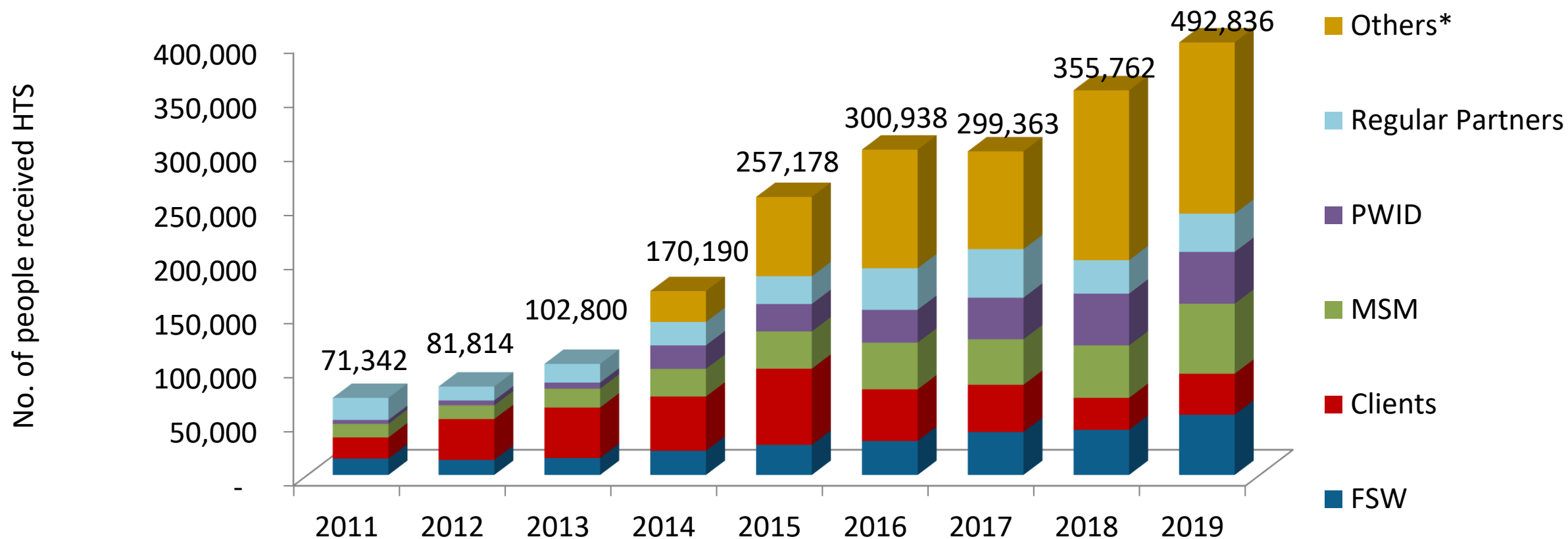
LabAccex for
viral load
monitoring
and EID



Master
patient
index for
unique
identifier



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)

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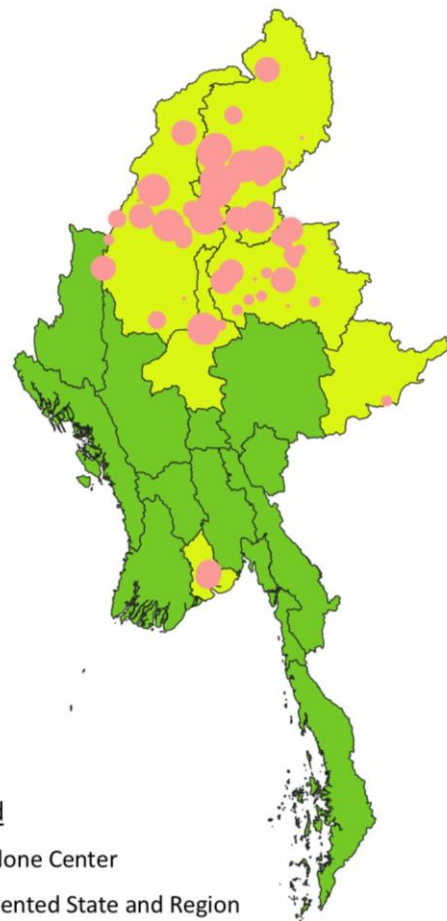


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People on Methadone Maintenance Therapy (2006 – 2019)

Methadone Center with client load in Myanmar 2019



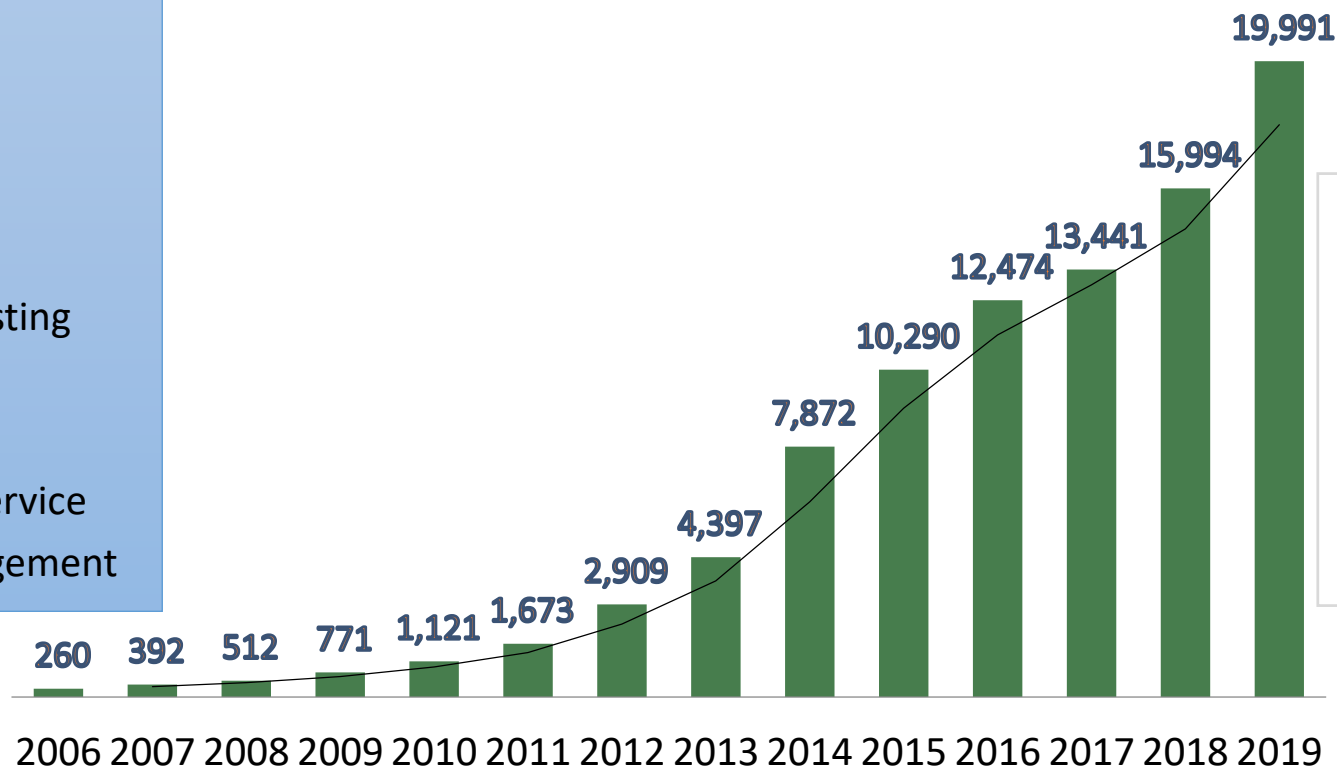
(15) Sites- one-stop shop services

- MMT
- HTS
- ART
- HE
- Condom
- HBV and HCV testing
- HBV vaccination
- TB
- Mental health service
- Overdose management

Legend

- Methadone Center
- Implemented State and Region

Calendar
Year



People on MMT

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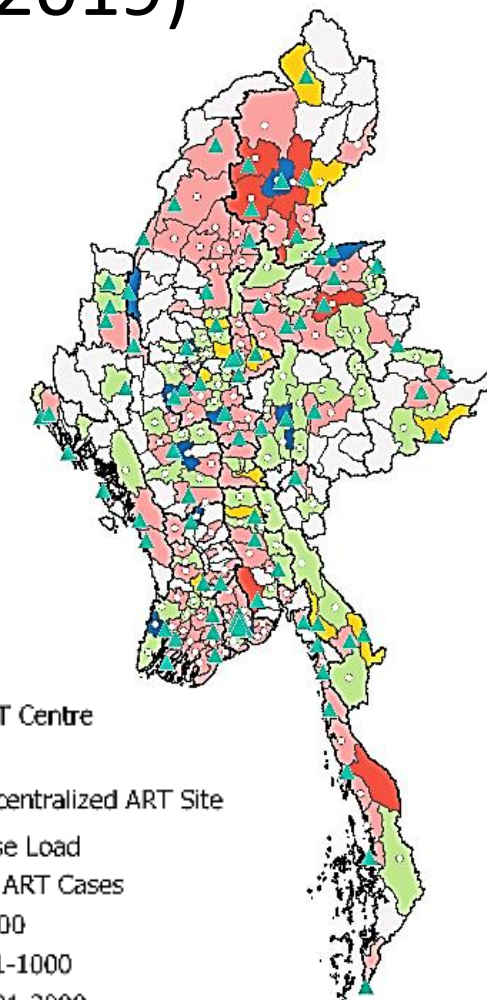
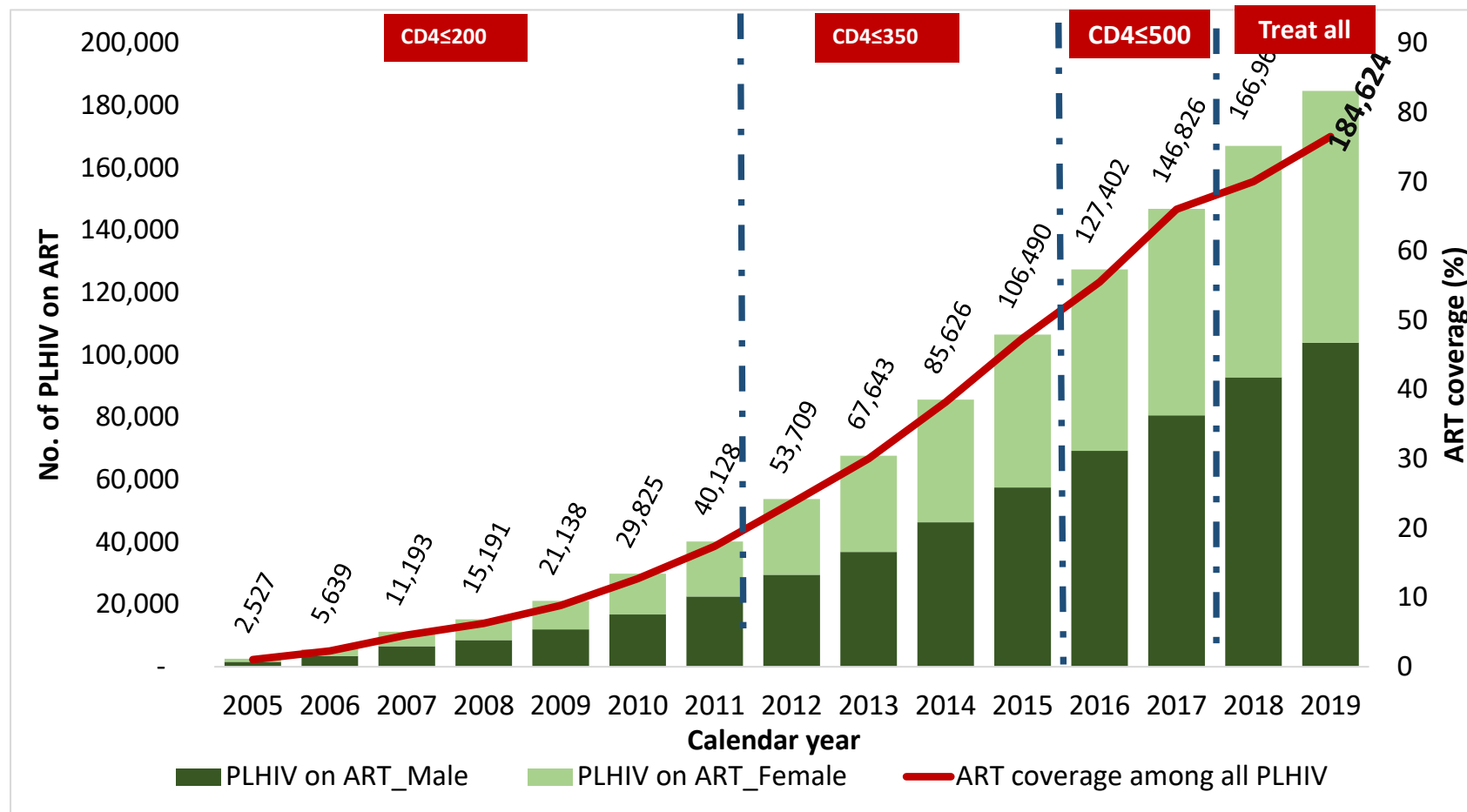
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Source: National MMT Program data



Progress towards 2nd 90: Scaling up of ART (2005 – 2019)



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

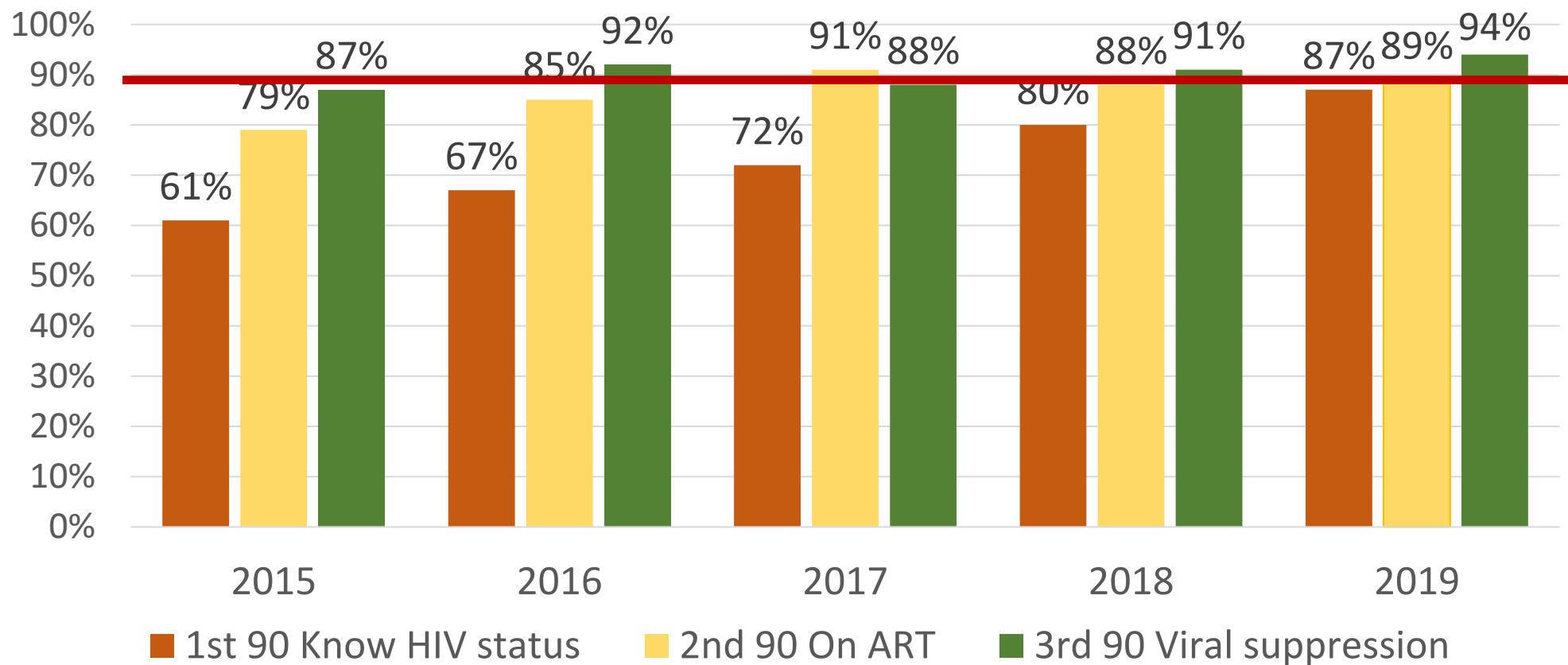
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Progress towards 90-90-90 Targets (2015-2019)



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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**,
- advocating for practical strategies to reduce the negative effects of drug production, trafficking and use.

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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

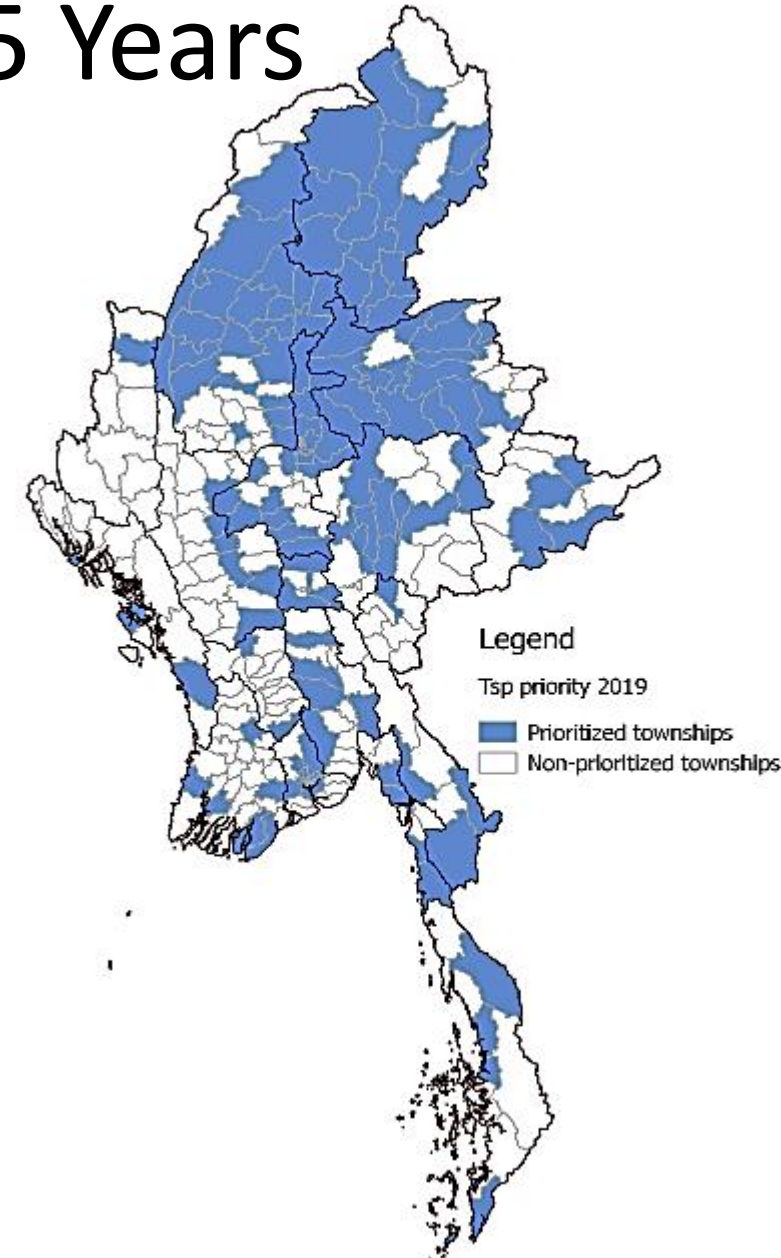


Integration of the services

- For accessibility and cost efficiency



Partnership and community involvement



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Essential package for health service - HIV

All 330 townships

HIV prevention	HIV Testing Services	Care and Treatment	HIV integrated with other services***	Commodities	Enabling environment **
<ol style="list-style-type: none"> 1. Awareness raising 2. Behavior change communication 3. Sexually transmitted infection management 4. Sexual and reproductive health service 5. Blood safety 	<ol style="list-style-type: none"> 1. <u>Facility-based</u> HIV testing services 2. Community based HIV testing (BHS) 3. Community-referred HIV testing 	<ol style="list-style-type: none"> 1. ART at <u>ART facilities</u> 2. PMTCT services 	<ol style="list-style-type: none"> 1. <u>Tuberculosis</u> diagnosis and treatment 2. <u>Reproductive health and</u> family planning 3. Antenatal care 	<ol style="list-style-type: none"> 1. Condoms 2. Lubricants 3. STI (Syphilis) <ul style="list-style-type: none"> • RTK & VDRL • <u>STI drugs</u> 4. HIV RTK 5. ARV 6. Minor OI, 7. IEC 8. PEP 9. Lab commodities 10. TPT 	<ol style="list-style-type: none"> 1. <u>Community centered</u> approaches 2. <u>Normalization of HIV</u> in Health care and community setting 3. Ensure access to essential HIV services for all marginalized people

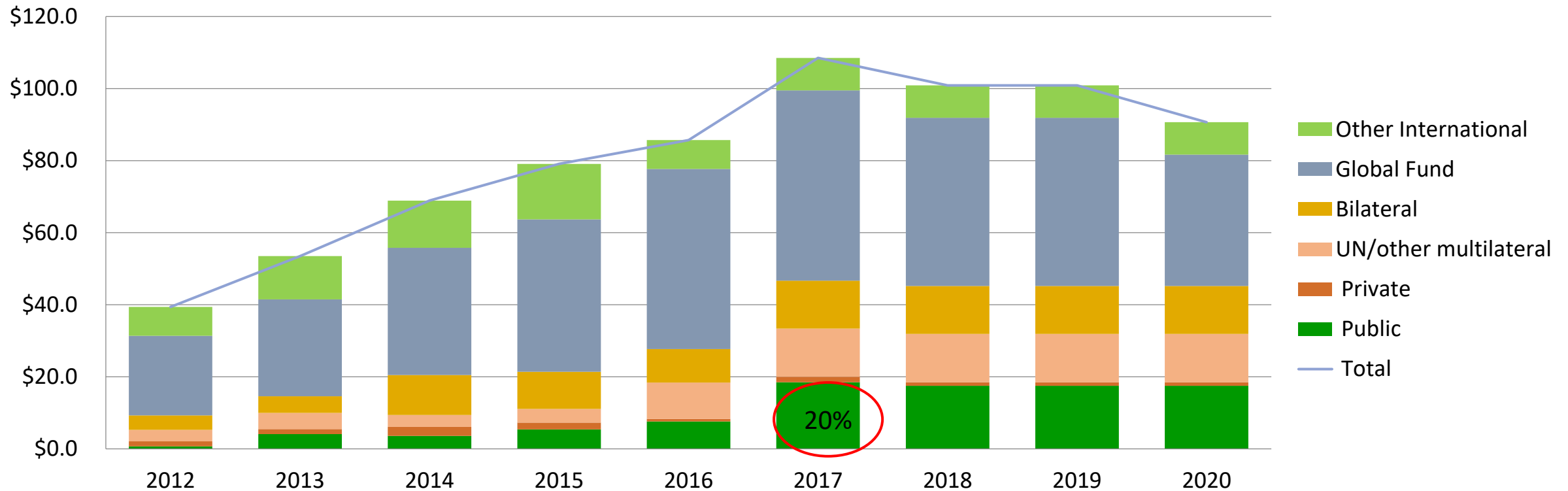
Comprehensive package for health service - HIV

High priority townships

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

Combination HIV prevention	HIV Testing Services	Care and Treatment	HIV integrated with other services	Commodities	Enabling environment
Refer to specific combination prevention packages for key and priority populations (structural, biomedical, behavioral)	<ol style="list-style-type: none"> 1. Community based HTS (peer network) 2. <u>Self testing</u> 3. <u>Index testing</u> 	<ol style="list-style-type: none"> 1. Laboratory monitoring 2. Facility based 3. Community based care & support 	<ol style="list-style-type: none"> 1. <u>Mental Health</u> 2. Hepatitis C treatment for <u>coinfected</u> PLHIV and PWID 3. Drug treatment center 4. <u>SGBV</u> 5. Services for ATS users 6. Vocational and livelihood programs 7. NCD 	<ol style="list-style-type: none"> 1. <u>PrEP</u> 2. Major OI 3. NSP 4. OST (MMT/<u>Buprenorphine</u>) 5. Naloxone 6. Hepatitis B and C testing 7. HBV vaccination 8. STI 	<ol style="list-style-type: none"> 1. <u>Sensitization</u> training on reducing stigma, discrimination, 2. <u>KP friendly services,</u> 3. addressing punitive practices 4. <u>Securing legal protections</u> to ensuring access to HIV care.

Historical and projected national AIDS spending (2012-20)



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.

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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

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