Myanmar
Key Data Issues and Suggestions
REFERENCE SOURCES

This review of reference sources is categorized into two groups, namely general sources and country sources. The general sources include regional or global documents, such as the Report on the Global AIDS Epidemic, Towards Universal Access Progress Report, The World Health Report, World Health Statistics, State of World Population, The Human Development Report, and data from the UN Population Division, and The World Bank Database.

The country sources are classified into three: 1) surveys 2) others and 3) recent journal articles. The surveys include Fertility and Demographic Health Survey (FRHS), HIV Sentinel Surveillance Survey (HSS), Behavioural Surveillance Survey (BSS), and the Multiple Indicator Cluster Survey Reports (MICS). The others include studies, research and reports. Most reference documents utilized for Myanmar are available in electronic format and can be accessed through the internet. Some documents are available as hard copy version only.

GENERAL SOURCES

All the general sources of data on Myanmar are available. The socio-economic and demographic information/indicators are drawn from these sources. An overview of the country background and development status can be presented with the help of these general sources.

COUNTRY SOURCES

Surveys

- Union of Myanmar, Ministry of Immigration and Population, Department of Population, & UNFPA. (1997). Fertility and Reproductive Health Survey Myanmar
- Union of Myanmar, Ministry of Immigration and Population, Department of Population, & UNFPA. (2001). Fertility and Reproductive Health Survey Myanmar
- Union of Myanmar, Ministry of Immigration and Population, Department of Population, & UNFPA. (2004). Family and Youth Survey
- Union of Myanmar, Ministry of Immigration and Population, Department of Population, & UNFPA. (2007). Fertility and Reproductive Health Survey Myanmar (Report is not available)
Union of Myanmar, Ministry of Immigration and Population, Department of Population, & UNFPA. (2002). *Cross Border Migration and Reproductive Health Survey*


**Other Sources**


Department of Educational Planning and Training. (no date). Life Skills-Based Prevention Education in Myanmar Secondary Schools.

Recent Journal Articles


INDICATORS

2.1 HIV prevalence and epidemiology: Since 1992, HIV sentinel sero-surveillance has been carried out among 8 sentinel populations in selected sentinel sites. The sentinel populations include: People Who Inject Drugs (PWID), Men who have Sex with Men (MSM), Female Sex Workers (FSWs), Male patients attending STI clinics, New TB patients, Pregnant women attending antenatal clinics, New military recruits, and Blood donors. New TB patients and MSM have been introduced as sentinel groups starting from 2005 and 2007, respectively. Sero-surveillance also includes STI and syphilis prevalence among key populations at higher risk, male patients attending STI clinics, and pregnant women attending antenatal clinics. Size estimates of key populations at higher risk (FSWs, PWID, MSM) are available from the report on “Estimation and Projection of HIV and AIDS”, Technical Working Group, 2007.

2.2 Risk behaviours: Behavioural surveillance survey (BSS) among general population was conducted in 2003 and 2007. BSS 2003 was carried out in 7 cities (Dawei, Yangon, Lashio, Taunggyi, Mandalay, Meiktila, Monywa) with a sample size of 9,678 (15-49 years old male and female). BSS 2007 was conducted in 3 locations (Shwebo, Hpa-an and Kawthoung) but the data and the report was not available in the public domain. BSS was also carried out among PWID, FSWs and out-of-school youth (15-24 years) in 2008. BSS among PWID and FSWs included 1,000 PWID from 4 cities (Yangon, Mandalay, Lashio, and Myitkyina) and 550 FSWs from 2 cities (Yangon and Mandalay). Almost 7,000 out-of-school youth from 5 cities (Meiktila, Monywa, Lashio, Yangon, Mandalay) were interviewed in BSS 2008. IBBS (Integrated Biological and Behavioural Survey) was conducted among MSM in selected cities in 2009, but the data and the report are not available.

2.3 Vulnerability and HIV knowledge: As stated in “Risk behaviours” section, HIV knowledge among general population is available from BSS 2003 and BSS 2007 (limited access to data and the report). Data on PWID, FSWs and out-of-school youth are available from BSS 2008. The latest HIV knowledge data among women of reproductive age were available from MICS 2009-10.

2.4 HIV expenditure: Information regarding domestic and international HIV expenditure and spending by categories are available for 2007 and 2008 from the “UNAIDS Report on the Global AIDS Epidemic 2010”.

2.5 National response: Data on standardized global HIV and AIDS response indicators such as ART (antiretroviral therapy) and PMTCT (Prevention of mother-to-child transmission) coverage, prevention and testing coverage among key populations at higher risk are available from UNGASS and Universal Access reports. In addition, the national AIDS programme also publishes annual progress reports of programme coverage among key populations at higher risk by state and division, and by partner organisations. Data on HIV testing and counseling and the number of people receiving ART through projects is also available through annual progress reports.

OVERALL IMPRESSION AFTER THE DATA REVIEW

Strength

- HIV and STI prevalence trends among key populations at higher risk can be determined from the repeated sentinel surveys conducted in the same sentinel sites from 1992 to 2010. HIV prevalence among young key populations at higher risk can be used as a proxy to indicate new infections among key populations at higher risk.

- Programme data is available annually by state and division and thus the progress, the needs, the gaps, and the geographical variations can be assessed.
Weakness

- Data on risk behaviour among MSM is still limited and serological data is also limited to two big cities (Yangon and Mandalay).

- The only behaviour data available for FSWs and PWID is BSS 2008. Hence, comparable data reflecting behavioural trends of key populations at higher risk is still lacking.

- There is lack of serological and behavioural data on migrants and mobile populations.