MEASURING INDIVIDUAL-LEVEL NEEDLE AND SYRINGE COVERAGE AMONG PEOPLE WHO INJECT DRUGS (PWID) IN MYANMAR: RISK PREDICTORS AND OUTCOMES

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Introduction:
Myanmar has prioritised people who inject drugs (PWID) as a target population for HIV reduction efforts. However, reporting on needle and syringe program coverage, a key evaluative parameter, remains at the population level. Research suggests this overestimates coverage and fails to adequately capture the most at-risk PWID. To address this gap we estimated individual-level coverage, defined as the percentage of PWID's injecting episodes that utilise a sterile syringe.

Methods:
We recruited 500 PWID through three urban sites in Myanmar via the Burnet Institute Harm Reduction drop-in-centres in Yangon, Mandalay and Pyin Oo Lwin. Participants completed a quantitative questionnaire covering five domains: demographics, drug use, treatment and coverage, injecting risk behaviour and sexual risk behaviour.
We recorded data to calculate past fortnight individual-level syringe coverage, estimating levels of sufficient (≥100% of injecting episodes that utilise a sterile syringe) and insufficient (<100%) coverage, and testing predictors of insufficient coverage via logistic regression.

Results:
Our sample was predominately male (98%), self-employed (37%), and single (57%), with a median age of 28. All participants reported heroin as the drug most frequently injected, with a median past fortnight injecting frequency of 28.
For the two weeks prior to interview, 22% of participants reported insufficient coverage. Insufficient coverage was significantly associated with the re-use of participants' own unsterile syringes.

Discussion and Conclusions:
This is the first study to measure syringe coverage in Myanmar at the individual level. Study results will inform the planning of donor driven harm reduction services for PWIDs in Myanmar and throughout the region.

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