



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

BURMA

HIV/AIDS was first detected in Burma in 1988 in areas bordering Thailand and China. Surveillance data are poor and information is limited, but estimates suggest that national HIV prevalence could range from just under 2 percent to as high as 3.5 percent. Whereas HIV/AIDS was initially limited to border areas, prevalence rates are now higher in urban than in rural areas and extend well into the heartland. Injecting drug use and the sex industry appear to be the primary means of transmission. According to UNAIDS, HIV prevalence among injecting drug users in the capital city of Yangon, as well as in Mandalay, ranges from 50 to 85 percent. Among sex workers in those cities, HIV prevalence increased from 4 percent in 1992 to 26 percent in 1997.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	-
Total Population (end 2001)	48,363,500
Adult HIV Prevalence (end 2001)	2 – 3.5%*
HIV-1 Seroprevalence in Urban Areas (end 2000)	
Population most at risk (sex workers and clients, patients seeking care for a sexually transmitted infection, or other persons with known risk factors)	43.0%
Population at low risk (pregnant women, blood donors, or other persons with no known risk factors)	2.3%

Sources: UNAIDS, U.S. Census Bureau, *Mekong Regional Strategy.

NATIONAL RESPONSE

Burma has acknowledged that it needs to develop prevention interventions for its most-at-risk populations, including male and female sex workers, injecting drug users, and men who have sex with men. With the introduction of support from the U.S. Agency for International Development (USAID), the United Nations, the United Kingdom, the European Union, Norway, and Sweden, modest gains have been made in building capacity, and in designing and implementing HIV/AIDS prevention, social marketing, and care and support activities. The lack of nongovernmental organizations, which are limited in number, makes community capacity building difficult to achieve, but the private sector is beginning to show concern about the impact of HIV/AIDS on the labor force. In 1998, the government restructured the National AIDS Committee it had established a decade earlier in order to better respond to the country's epidemic. Recently the government has committed itself to supporting the introduction of HIV/AIDS prevention programs for commercial sex workers and injecting drug users. For example, the government has committed itself to a 100 percent Condom Use Program in approximately 100 townships.



Map of Burma: PCL Map Collection, University of Texas

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USAID SUPPORT

After the U.S. Congress earmarked funds for HIV/AIDS in Burma in 2001, USAID began limited support to international nongovernmental organizations in Burma. USAID country-specific HIV/AIDS support for Burma amounted to \$1 million both in FY 2002 and in FY 2003. USAID opened a regional office in Bangkok and is developing an HIV/AIDS strategy that will encompass both regional and country-specific activities.

HIV/AIDS prevention activities in 2003 included condom social marketing, care for people living with HIV/AIDS, (including tuberculosis screening), and diagnosis and treatment of sexually transmitted infections aimed at injecting drug users, men who have sex with men, and migrant workers. These programs will continue and will be incorporated into the wider regional approach to preventing the spread of HIV. In addition, a surveillance survey is planned to specifically look at most-at-risk population estimates throughout Burma.

FOR MORE INFORMATION

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http://rangoon.usembassy.gov/Contact_Info/Contact_Info.htm

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For more information, see http://www.usaid.gov/our_work/global_health/aids or <http://www.synergyaids.com>.

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