



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	53.4 million (mid-2010)
Estimated Population Living with HIV/AIDS**	240,000 [160,000–370,000] (end 2007)
Adult HIV Prevalence**	0.7% [0.4–1.1%] (end 2007)
HIV Prevalence in Most-at-Risk Populations***	IDUs: 37.5% (2007) Sex Workers: 18.4% (2008) MSM: 28.8% (2008)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	18% (2009)

*U.S. Census Bureau **UNAIDS ***UNGASS ****WHO/UNAIDS/UNICEF *Towards Universal Access*, 2010

Burma's first case of HIV was diagnosed in 1988. With an estimated HIV prevalence rate of 0.7 percent among adults in 2007, Burma has seen a decrease in prevalence since the beginning of the millennium. The limited response to the AIDS epidemic in its early years allowed HIV to spread freely in at-risk groups and later beyond them, but a recent scale-up of HIV/AIDS activities seems to have slowed the spread of the disease. Prevalence among at-risk populations, particularly injecting drug users (IDUs) and female sex workers (FSWs), remains high, however. By the end of 2007, the Joint United Nations Program on HIV/AIDS (UNAIDS) estimated 240,000 Burmese were HIV positive.

Sexual transmission accounts for the majority of HIV infections in Burma, primarily in high-risk sexual unions between sex workers and their partners, men who have sex with men (MSM), and the partners of these populations. The use of nonsterile shared injecting equipment leads to high levels of transmission among IDUs and their sexual partners as well, according to the 2010 United Nations General Assembly Special Session (UNGASS) report. HIV prevalence among youth (15 to 24 years of age) has decreased, from 2.2 percent in 2005 to 1.1 percent in 2008, which is still above the prevalence in the general population. The proportion of women infected with HIV has increased markedly over time. In 1994, there were eight HIV-positive men to each HIV-positive woman; in 2008, that number had decreased to 2.4 men per woman, according to UNGASS. Nearly 3 percent of new HIV infections may be attributed to mother-to-child transmission (UNGASS, 2010).

Burma's most-at-risk populations (MARPs) include IDUs, sex workers, and MSM. In 2008, these groups had HIV prevalence rates of, respectively, 37.5, 18.4, and 28.8 percent, according to country data reported for the 2010 UNGASS report. Clients of sex workers were also identified as high risk, with HIV prevalence of 5.3 percent, and act as a bridge population to the general population. Prevention activities among MARPs have been emphasized under the current National Strategic Plan, with some success. More than 80 percent of MSM, FSW, and IDUs reached by prevention programs could identify where to get an HIV test, and 95 percent of FSWs reported using a condom with their last client. Other priority groups include mobile populations, institutionalized populations, and uniformed services personnel.

Between UNGASS' 2008 and 2010 reporting rounds, the number of people who received voluntary counseling and testing (VCT) increased 30 percent in the general population and doubled in the FSW and MSM populations. According to UNAIDS and the World Health Organization (WHO), antiretroviral therapy (ART) was available at 32 sites by 2007. The number of people living with HIV/AIDS (PLWHA) receiving ART increased dramatically, from approximately 2,500 in 2005 to 21,100 in 2009. However, only 18 percent of those in need of ART received it in 2009. An estimated 55.4 percent of HIV-infected pregnant women received ART to reduce the risk of mother-to-child transmission in 2009, a major increase from 31 percent in 2008. The availability of peer-led self-help groups has helped PLWHA network through sharing resources and information.

Burma has a tuberculosis (TB) incidence rate of 400 cases per 100,000 population, according to 2008 WHO estimates. HIV infects 11 percent of adults with new TB cases. Additionally, nearly 70 percent of HIV-infected individuals develop active TB at some point, according to the National Strategic Plan. Co-infection with HIV and TB complicates the care and treatment of both diseases.



National Response

Today, the Government of Burma is actively addressing the HIV/AIDS epidemic. HIV/AIDS is now ranked as the nation's third most pressing health challenge, after malaria and TB. The National AIDS Committee (NAC), created in 1989 and chaired by the Minister of Health, oversees the National AIDS Program. The NAC is a multisectoral working body, with membership drawn from various governmental agencies and nongovernmental organizations (NGOs), under the guidance of the National Health Committee. It is composed of various ministers and chaired by the Prime Minister and provides policy guidance.

Burma's National Strategic Plan on HIV and AIDS for 2006–2010 aims to reduce transmission and vulnerability, particularly among at-risk populations; improve treatment, care, and support; and mitigate the epidemic's social, cultural, and economic effects. The Plan increased the involvement of partners in its design, established targets, and prioritized both interventions and investments in health systems strengthening. Target populations include IDUs, FSWs and their clients, MSM, partners and families of HIV-infected individuals, prisoners, mobile populations, uniformed services personnel, and youth. Burma is working toward decentralizing health services, and AIDS committees exist at the state, division, and township levels. The current plan will inform the development of the National Strategic Plan on HIV and AIDS for 2011–2015.

There has been some fluctuation in the governmental response, which has been limited by a severe shortage in human, technical, and financial resources. In recent years, there has been an increased emphasis on results-based planning, which has resulted in targeted programs that increase access to services for both at-risk populations and PLWHA. In 2007, target townships with specific priority areas were established as high priority for HIV prevention programs to be assisted by select United Nations organizations. Working groups were also established to continue to address ongoing challenges of the HIV epidemic and priority areas. The working groups are chaired by the Government while being facilitated by either a United Nations co-sponsor or partner. The purpose of the working groups is to eventually increase the space for NGOs, civil society groups, and networks representing PLWHA to have a voice in policy decisions made by the Government.

The number of IDUs, MSM, and FSWs reached by outreach or education programs has increased year after year and has been a specific focus of the Government from 2008 to 2010. The majority of funding continues to come from international donors, though per capita development assistance received by Burma is markedly lower than in other countries in the region. In 2007, WHO and the United Nations Population Fund received a significant award from the Three Diseases Fund to provide HIV prevention and treatment services in Burma, which has enabled the scale-up of existing programs and the establishment of new initiatives. In addition, the Global Fund to Fight AIDS, Tuberculosis and Malaria has approved a ninth-round HIV grant for Burma of approximately \$50 million over the next five years. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's total contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), Burma received \$2.1 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in Burma are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

USAID, through its Regional Development Mission in Asia (RDMA), provides HIV/AIDS prevention, care, and treatment assistance to ensure effective delivery to those Burmese most in need. USAID/RDMA works to scale up prevention, care, support, and treatment programs to reach MARPs; enhance program quality; build the capacity of community-based organizations; and strengthen the strategic information base and enabling environments necessary for effective programs.

In the area of prevention, USAID/RDMA supports peer outreach activities; drop-in centers for FSWs and MSM; social marketing of condoms, lubricants, and sexually transmitted infection (STI) treatment kits; and information, education, and communication through targeted media. In the areas of care and treatment, USAID/RDMA

supports VCT at the drop-in centers, home-based care and psychosocial support, and access to treatment through referrals and linkages.

USAID/RDMA also provides institutional and technical capacity building assistance to local community-based organizations by conducting trainings and workshops for community leaders. Assistance is provided to these groups in resource mobilization, governance, strategic planning, and human resource and leadership development. A partnership with the privately owned Sun Quality Network health clinics has expanded the availability of STI management. Services at these clinics, coupled with VCT sites, drop-in centers, and other STI clinics, have increased intervention coverage, specifically for MARPs.

A new initiative was developed through USAID/RDMA in 2008 to support the personal and economic well-being of PLWHA. The program provided an integrated income-generation and psychosocial support program for PLWHA that incorporated both microfinance and microenterprise. Training materials specifically designed for the Burmese context were first used in 2009, and a group of more than 500 PLWHA completed the initial training. The PLWHA groups finished their first six-month cycle of banking activities with impressive results: Total funds increased by 134 percent between March and September 2009.

Additional achievements in 2008 and 2009 for USAID/RDMA in Burma included:

- High coverage for the comprehensive package of services model in Rangoon among FSWs (80 percent) and MSM (90 percent)
- Continued support of five model sites (Rangoon, Mandalay, Lashio, Myitkyina, and Taunggyi) targeting FSWs, their clients, and MSM with HIV/AIDS interventions and provision of services at 29 additional well utilized sites
- Opening of four new drop-in centers, bringing the number of centers in operation as of 2009 to 12
- Obtaining permission from the Ministry of Health to allow HIV/AIDS rapid testing at project sites guaranteeing anonymity of testing
- Exceeding the VCT target by 133 percent
- Leveraging of \$1.4 million from other donors to complement and scale up USG-sponsored activities
- Strengthening and expanding of five new community- and home-based care activities in 2009
- Improving capacity of the Myanmar Network of People Living with HIV/AIDS to be more involved in national planning and implementation

Important Links and Contacts

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USAID's HIV/AIDS Web site for Burma:

http://www.usaid.gov/our_work/global_health/aids/Countries/asia/burma_05.pdf.

RDMA Regional HIV/AIDS Program Web site: http://www.usaid.gov/rdma/programs/activity_88.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.

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