



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	47.4 million (mid-2007)
Estimated Population Living with HIV/AIDS**	360,000 [200,000-570,000] (end 2005)
Adult HIV Prevalence**	1.3% [0.7-2.0%] (end 2005)
HIV Prevalence in Most-At-Risk Populations**	IDUs: 43% (2005) Sex Workers: 32% (2005)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	7.0% (end 2006)

*US Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF Towards Universal Access, April 2007.

With an estimated HIV-prevalence rate of 1.3 percent among adults, Burma has a generalized epidemic. Burma's first case of HIV was diagnosed in 1988. The limited response to the AIDS epidemic in its early years allowed HIV to spread freely in at-risk groups and later beyond them; however, a recent scaling-up of HIV/AIDS activities may have slowed the spread. HIV prevalence among pregnant women declined from 2.2 percent to 1.5 percent from 2000 to 2006. From 2000 to 2004, infection levels among adults seeking treatment for other sexually transmitted infections (STIs) dropped from 7 percent to 3 percent for men and from 12 percent to 6 percent for women. However, prevalence rates among at-risk populations, particularly injecting drug users (IDUs) and sex workers, remain high. By the end of 2005, UNAIDS estimated that 360,000 Burmese were HIV-positive.

Sexual transmission accounts for the majority (67 percent) of HIV infections in Burma, followed by injecting drug use (30 percent), according to 2005 data presented in the National Strategic Plan on HIV and AIDS (2006–2010). Mother-to-child transmission, contaminated blood and blood products, and unsafe injection practices account for the remaining 3 percent. HIV prevalence of 2.2 percent among young people (15–24 years of age) in 2005 is a cause for serious concern. IDUs and sex workers are Burma's most-at-risk populations, with 43 percent and 32 percent, respectively, found to be HIV-positive in 2005, according to UNAIDS. Recent data on HIV infections among men who have sex with men (MSM) in Burma are unavailable.

Burma has a tuberculosis (TB) incidence rate of at least 76 new cases per 100,000 people, according to 2005 estimates by the World Health Organization. Approximately 7.1 percent of TB patients are co-infected with HIV, and nearly 70 percent of HIV-infected individuals develop active TB at some point, according to the National Strategic Plan.

National Response

Today, the Government of Burma is actively addressing the HIV/AIDS epidemic, and 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, which is composed of various ministers and chaired by the Prime Minister and provides policy guidance.

Burma's National Strategic Plan on HIV and AIDS (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. Target populations include IDUs, sex workers 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.

There has been some fluctuation in the governmental response, which has been limited by a severe shortage in human, technical, and financial resources. Pilot activities for at-risk groups need scaling up. Antiretroviral therapy and prevention of mother-to-child transmission services coverage are improving but still do not reach more than 15 percent of those in need, according to UNAIDS. The majority of funding comes from international donors.



USAID Support

Through the U.S. Agency for International Development (USAID), Burma in fiscal year 2008 received \$2.1 million for essential HIV/AIDS programs and services. USAID programs in Burma are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID, through the Regional Development Mission-Asia (RDMA) provides HIV/AIDS prevention, care, and treatment assistance to ensure effective delivery to those most in need. USAID/RDMA works to scale up prevention, care, support, and treatment programs to reach most-at-risk populations, 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 female sex workers (FSWs) and MSM, social marketing of condoms, lubricants, and sexually transmitted infection treatment kits, and information, education, and communication through targeted media. In the area of care and treatment USAID/RDMA supports voluntary counseling and testing at the drop-in centers, home-based care and psychosocial support, and access to treatment through referrals and linkages.

USAID/RDMA provides institutional and technical capacity building 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.

Fiscal year 2007 USAID/RDMA key results in Burma included:

- The minimum package of services model in Rangoon demonstrated high coverage (80 percent) among FSWs.
- Six new drop-in centers were opened, increasing the number of centers operating in seven states to 12. A total of 138 peer educators were trained.
- Thirty-one civil society and local NGOs were mobilized to strengthen the range of prevention, care, and support activities.
- USAID-directed support provided care services to 2,979 people living with HIV/AIDS (PLWHA).
- Small grants were provided to 24 community-based organizations and local NGOs to provide home- and community-based care for PLWHA and their families.
- Permission was obtained from the Ministry of Health to allow HIV/AIDS rapid testing at project sites guaranteeing anonymity of testing. The voluntary counseling and testing target was exceeded by 133 percent.
- Funds from other donors were leveraged to complement the program and supported prevention activities targeting clients of FSWs and other high-risk populations. These efforts expanded the reach of prevention activities to 485,663 individuals.

Important Links and Contacts

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USAID HIV/AIDS Web site, Burma: http://www.usaid.gov/our_work/global_health/aids/Countries/ane/burma_05.pdf

Mekong Regional HIV/AIDS Initiative Web site, http://www.usaid.gov/our_work/global_health/aids/Countries/ane/aneregion.html

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