

# Myanmar

## Overview:

### Health and HIV situation

In 2007, an estimated 240,000 people were living with HIV in Myanmar, with the national prevalence rate at 0.7% that year.<sup>127</sup> Myanmar's eastern provinces remain the most affected by HIV.

Recent national responses to the epidemic have led to a decline in HIV infection rates among pregnant women (prevalence rate of 1.8% in 2004, down from 2.2% in 2000), but infection rates among other groups, including female sex workers (FSWs) and injecting drug users (IDUs), are still high and rising.<sup>128</sup> In 2003, HIV infection rates among IDUs tested ranged from 50% to 85% in Yangon and Mandalay.<sup>129</sup> From 1992 to 2003, HIV infection rates among sex workers rose to 31% from 5%.<sup>130</sup> In 2004, one in four FSWs were infected with HIV as were one in three IDUs.<sup>131</sup> AIDS-related deaths were estimated at 24,000 in 2007.<sup>132</sup>

According to latest estimates, primary modes of transmission are heterosexual contact (65%), injecting drug use (26%) and contaminated blood (5%).<sup>133</sup> Treatment, care and support services still fall short of needs, with less than 10% of AIDS patients receiving ARV treatment. The high incidence of unsafe injecting drug use and unprotected sex along well established internal migratory routes has contributed to the HIV epidemic's expansion in Myanmar.<sup>134</sup>

### National HIV programme and response

The *National Strategic Plan on HIV/AIDS 2006-2010* is the first national response to the HIV/AIDS epidemic to use partici-

pation of all sectors, including Government departments, UN agencies, international NGOs and churches. The Plan focuses on the control and prevention of HIV, mobilizing resources, providing care and support for AIDS patients, and expanding peer education-based behaviour change programmes.

The Plan identifies and prioritizes HIV interventions for the groups at highest risk of HIV infection: sex workers, clients of sex workers, drug users, men who have sex with men, and partners of people living with HIV.

Mobile populations are also considered a group vulnerable to HIV infection. To reduce HIV-related risk, vulnerability and impact among migrant and mobile populations, the Plan aims to reach 110,000 people on the move from April 2007-March 2008, and 121,000 from April 2008-March 2009 with a programme package of HIV prevention.<sup>135</sup> Data and mapping mechanisms on HIV and mobility will be developed to reach priority areas and populations and to implement HIV prevention interventions among them. Treatment, care and support services for returning migrants, including displaced populations inside Myanmar, are lacking.

Overall, the HIV national response faces various challenges. The country is reliant on international financial support from a limited number of international donors, so the success of the national response will depend on making the new Three Diseases Fund successful. Although the Plan advocates for multi-sectoral participation in HIV interventions, there is restricted space for community organizations. Despite a great demand for self-help groups

and networks of people living with HIV/AIDS. In addition, treatment, care and support services and ART coverage for at-risk groups need to be scaled up.

### Migration patterns

Myanmar is a source country for migrant workers who are primarily employed in Malaysia and Thailand. It is estimated that 3,000,000 people are living and working overseas with at least half of them in Thailand.<sup>135</sup> Porous borders and economic inequalities have driven this large cross-border migration from Myanmar to Thailand.

Burmese migrants remain the largest migrant population in Thailand. In 2004, 633,692 Burmese migrant workers were registered for work permits, 75% of Thailand's total registrations.<sup>136</sup> The same year, an estimated 20% of Burmese migrants were employed in agricultural work, 14% in household work, 13% in construction, and 10% in seafood processing and related industries.<sup>137</sup> Undocumented migrants are estimated to be twice the number of those registered.

Burmese migrants who register for work in Thailand have to undergo a health examination, but are not tested for HIV. If considered fit for work they are included in Thailand's national health insurance scheme. They receive a subsidized rate for health services, are assigned a health provider and the same health provisions as Thai nationals through the 30-baht scheme.<sup>138</sup> Those not holding a work permit are not included.

Migrants face numerous language barriers throughout medical testing and at the time of results delivery, as

documents are usually in Thai and medical personnel rarely speak Burmese.<sup>139</sup> Migrants found with unfit health conditions may lose their employment status and face deportation. It is the employer's decision to retain migrants or renew their employment. There is no indication that Myanmar provides care, treatment and support for returning migrant workers. HIV testing of returning migrants is mandatory and exposes HIV-positive migrants to stigma and discrimination.

There are internally displaced persons in nine border camps at the Thai-Burmese borders. As of October 2006, an estimated 500,000 people were internally displaced.<sup>140</sup> There is limited comprehensive information on HIV infection rates among displaced people and refugees, who are located primarily at the Thai-Burmese border and in Thailand.

An estimated 200,000 Burmese are refugees in neighbouring countries.<sup>141</sup> Thailand hosts a large number of them.

Cases of trafficking have also been reported. Myanmar is a source country for trafficked men, women and children to Thailand, China, Bangladesh, Malaysia, the Republic of Korea and Macau.<sup>142</sup> Myanmar is also a transit country for trafficked persons from China to Thailand, Malaysia, and Singapore.<sup>143</sup>

Some information on HIV infection among Burmese migrants is available. In 2001, an estimated 1.4% of Burmese migrants from a surveillance sample tested HIV positive in the Thai province of Samut Sakhorn.<sup>144</sup> In 2004, 9.4% of tested Burmese fishermen were found HIV positive in the Thai province of Chumphon. This represents the highest HIV infection rate among fishermen found in any provincial surveillance site in Thailand.<sup>145</sup> Unprotected sex between migrants and sex workers is believed to be the primary mode of HIV transmission. Limited access to condoms and low condom use by migrants due to lack of information, familiarity and trust increase HIV risks.<sup>146</sup>

### HIV response for migrant populations: Gaps and opportunities

In Myanmar, there is a need to develop linguistically and culturally appropriate pre-departure HIV information and prevention programmes, as well as counseling and referral services for returning migrants. Despite funding challenges, HIV prevention, treatment, care and support services for migrant and mobile populations need to be expanded.

Comprehensive gender-based data collection mechanisms to identify infection patterns and risk behaviours are essential to target highly vulnerable migrants and mobile populations in migrant prone areas. Part of this means involving Myanmar in a broader regional strategic information system, including surveillance.

<sup>127</sup> *Epidemiological Fact Sheet on HIV and AIDS, Myanmar, 2008 Update*, WHO, UNAIDS and UNICEF

<sup>128</sup> UNAIDS, *Overview of the Global AIDS Epidemic, 2006 Report on the Global AIDS Epidemic 2006*

<sup>129</sup> WHO, *Summary Country Profile for HIV/AIDS Treatment Scale Up*, Myanmar, June 2005, p.1

<sup>130</sup> Idem

<sup>131</sup> UNAIDS, p.29

<sup>132</sup> *Epidemiological Fact Sheet on HIV and AIDS, Myanmar, 2008 Update*, WHO, UNAIDS and UNICEF

<sup>133</sup> UNAIDS/WHO, *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections*, Myanmar, 2006, p. 4

<sup>134</sup> Ministry of Health, *National Strategic Plan on HIV and AIDS, Operational Plan, April 2006-March 2009*, Myanmar, p. 10

<sup>135</sup> *Asian Migrant Yearbook 2004*, Asian Migrant Centre and Migrant Forum in Asia, p. 99-100

<sup>136</sup> CARAM Asia, *The State of Health of Migrants 2007, 2007*, p. 232, Source: Ministry of Labour, Thailand, 2004, 2006

<sup>137</sup> Brahm Press, *Migrants' Health and Vulnerability to HIV/AIDS in Thailand*, Raks Thai Foundation, PHAMIT (Prevention of HIV/AIDS Among Migrant Workers in Thailand) Project, (date of publication not found), p. 5, Source: Office of Foreign Workers Administration, Department of Employment, Ministry of Labour, 2004

<sup>138</sup> CARAM Asia, p. 169

<sup>139</sup> Idem, p. 171

<sup>140</sup> Internal Displacement Monitoring Centre, *Thailand-Burma Border Consortium estimates at least 500,000 IDPs in Eastern Burma as of October 2006*, Myanmar, Country profile

<sup>141</sup> UNHCR, *Borders with Myanmar remain calm, no influx*

*of refugees*, News Stories, October 2007

<sup>142</sup> US Department of State, *Trafficking in Persons Report 2007*, 2007, p. 71

<sup>143</sup> UNODC, *Trafficking in Human Beings: Global Patterns*, April 2006

<sup>144</sup> Brahm Press, *Migrants' Health and Vulnerability to HIV/AIDS in Thailand*, Raks Thai Foundation, PHAMIT (Prevention of HIV/AIDS Among Migrant Workers in Thailand) Project, (date of publication not found), p. 15, Source: Office of Foreign Workers Administration, Department of Employment, Ministry of Labour, 2004

<sup>145</sup> Brahm Press, p. 16, Source: Ministry of Public Health, Disease Control Center Thailand: 2001-2004

<sup>146</sup> Idem, p. 17