

Burma/Myanmar and Aids: The Silent Crisis
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HIV/AIDS infection has reached epidemic proportions in Burma today and reports by UN agencies as well as independent health professionals unanimously confirm this fact. Estimates suggest at least five percent of the population is infected. The alarming situation has become a national emergency that affects all groups, including non-Burman ethnic nationalities and the military.

Even if the problem is tackled now and under the best of circumstances, the country will continue to face the negative effects for a long time. In 1998, Daw Aung San Suu Kyi reaffirmed this view when she said, "Burma needs effective education programs and services now. Unless, we act urgently, HIV infection could reach epidemic proportions in our country and become a major threat to our social stability and economic potential."

Burma is a country of various ethnic nationalities with diverse languages and cultural backgrounds. It is vital to properly assess the situation, needs, and community participation in decision-making processes and in the planning stages from the very beginning before undertaking any HIV/AIDS control and/or prevention program. With this in mind, Daw Suu agreed to the proposal by the World Health Organization to send a fact-finding mission to Burma in March 2001. The European Union extended US \$ 12 million financial support for the mission, which, I understand, will be coming up with a report at the end of this month.

We of the Burmese democracy movement believe that HIV/AIDS crisis in Burma can never be resolved effectively as long as the root cause remains ignored. In other words, if the crisis is to be tackled effectively, the terms of the debate addressing the issue must be shifted and the problem must be viewed with a political context in mind. This is because the military authorities in Burma today are placing political considerations above any humanitarian crisis, regardless of its magnitude. A credible and practical solution to HIV/AIDS crisis therefore needs to be sought through consultations among all political stakeholders in Burma. Affected local communities must also be incorporated into the process of consultations to determine how assistance from the international community can be channeled to the most needy areas. Given the fact that HIV endemic area is mainly in armed conflict zones with 2 million internally displaced persons (IDPs) in non-Burman ethnic areas being the most vulnerable to the disease, a nationwide humanitarian cease-fire should be declared and a peace corridor created so that UN agencies and international NGOs can initiate an effective operation.

We believe that a nationwide mobilization involving people of all walks of life--religious leaders, students, workers, farmers, civil servants, armed forces personnel, ethnic hill peoples, lowlanders, and business circles--must be initiated so that people can work together to resolve the current humanitarian crisis and end the political deadlock that has become an obstacle to all positive national efforts.

In order to make international humanitarian assistance reach the right people in the right way, aid delivery should be coordinated by UN agencies and international NGOs experienced in the field and channelled through independent religious and local community based organizations right down to the village level.

We would also like to suggest the establishment of a national mechanism comprising representatives of UN agencies, the Burmese military, the democracy movement, and affected local communities to monitor and evaluate the national HIV/AIDS program. A joint endeavour to address the humanitarian issue would build trust and instil confidence among key political players and the people; a precedent that would help prepare them to tackle long-term problems of the nation.

To ensure success and sustainability, HIV/AIDS prevention and control strategies should be based

on two fronts.

(1) Prevention and control strategy specific to HIV/AIDS

(2) Strategies that tackle underlying socioeconomic conditions that contribute to the spread of HIV/AIDS

Specific prevention and control strategies for HIV/AIDS should address all risk factors for HIV, explain in clear and understandable ways how to prevent them, the principles and availability of HIV testing and counseling, confidentiality and rights of HIV infected persons, available treatment and referral services for HIV-infected persons and their families/partners. Preventive measures should be carried out embracing all modes of transmission of HIV--sexual, blood and blood products, and mother-to-child transmission during pregnancy, during delivery and post-natal period especially through breast-feeding.

Key limitations to the effectiveness of public health interventions have not been at molecular levels but at social and political ones. Implementing prevention will require policies and national priorities. Sustainability cannot be assured if status of women, the economics of narcotics trade, and the levels of social tolerance or political repression in society are not taken into consideration. Access to education; freedom of information, expression and thought; the empowerment of women are key factors that need to be addressed.

There are several underlying conditions, especially the social, economic and political situation in Burma, that have exacerbated the spread of HIV. There has never been such a period in Burmese history when the whole society is so mobile at the backdrop of rapidly deteriorating economy and political instability. Since the economic opportunities in urban areas have been dried up, thousands of young people, men and women alike, are migrating to the border areas and getting involved in border trades or seeking their fortune in gold and jade mines infested with malaria and drugs. Some of them crossed the border and become illegal migrant workers in neighboring countries. The number of drugs addicts increased up to 50, 000 at a conservative estimate and sharing of needles has become the common mode of HIV transmission. One survey in Phar-Kant jade mine in Kachin State, in 1996, revealed that 99.5% of Intravenous Users of Drugs (IUDs) in that area were HIV positive.

Women suffered the most in the midst of economic impoverishment. Equality of men and women in Burmese society proclaimed by the State Peace and Development Council (SPDC) at the 22nd session of CEDAW is indeed, a myth. Women were left behind in terms of access to education, health care, economic opportunity and participation at the decision making level in political process. Discrimination and violence against women, in particular rape, especially by the military personnel are common in non-Burman ethnic areas. Without going into the incidence of prostitution of the Burmese girls across the border, I would like to draw your attention to another aspect of this which has escaped most people's attention: The economic problems of our country are leading more and more girls to a life of prostitution even in Burma itself. The number of girls, who are provided by hotels for foreign tourists, is growing by the day. This is a problem right in the heart of our country, in the capital itself, but the authorities are ignoring it. Surveillance data showed 29.5% of commercial sex workers (CSW) were infected with HIV in 1998. In the concluding observations and comments to the report submitted by Myanmar (A/55/38, 28/01/2000), the expert committee on CEDAW expressed their concern at the increasing number of HIV positive women and also urged the government to prosecute and punish those who violate the human rights of women, including military personnel, and to carry out human rights education and gender sensitization trainings, for all law enforcement and military personnel.

The ongoing civil war coupled with human rights violations such as forced labor, forced relocation, torture, extrajudicial killings, and extortion of money and properties including food have caused massive internal displacement and the exodus of ethnic groups into neighboring countries where

some of them are exposed to risks of HIV infection. Obviously, the agenda on protection of women rights and advancement of women, economic reconstruction and reconciliation among all ethnic nationalities, need to be incorporated in the dialogue process.

Another point that I would like to emphasize here is that regardless of the outcome from temporary measures to prevent and control HIV/AIDS, success cannot be sustained without an actual policy and structural reform in the health care system of Burma. The structure and function of the health care system has remained unchanged since the military seized power in 1988. Health care in Burma is primarily public but an urban biased and elitist system. Public sector can no longer provide efficient medical care because of the downward movement in health financing by the State--0.2% of GDP in 1998-99. Published budgetary figures show that military spending per capita exceeds that spent on health by nine times. ([Reference: Figure 7.1, 7.4 and 7.5, World Bank Report on Burma, 2000.](#)) General fiscal constraint in public sector led to shortage of qualified medical staff and health facilities, shortage of medicines and corruption in health professionals. In the face of poor quality public service, people are impelled to rely more on expanding private sector. [Table 7.3 and Figure 7.6](#) indicate this fact. Parallel to SPDC's introduction to open market economy, private polyclinics equipped with imported medical facilities and run by specialists have sprung up in major cities. However, only wealthy people can afford to take advantage of these private medical services. There is also no horizontal and vertical integration or coordination in the present health system of Burma with respect to policy formulation and the implementation of health programs between the private sector and the public sector and within the public sector itself. The result is the decline of national health standard. In the report of the World Health Organization for the year 2000, Burma was relegated to a ranking of 190 out of a total of 191 member states.

In order to improve the health standard of the Burmese people, including efforts to prevent and control of HIV/AIDS, Burma needs support from international community. However, as recommended by the UNDP in its Human Development Report in 1991, the government of Burma is obliged to express "mutual commitment to human development and request for aid should include plan to cut back military budgets and to increase the human expenditure ratios."