Prevention and treatment of HIV in Myanmar

Medecins sans Frontieres - Holland
Activities in Myanmar started in 1993

In 2006

- Malaria  (250,000 + cases / yr)
- Therapeutic feeding malnourished children (4,000)
- Primary health care
- HIV related activities

1.2 million patient consultations in 2006
HIV related activities

Prevention of HIV
• Health education
• Condom distribution
• Needle exchange
• RTI diagnosis and treatment
• VCCT / PMTCT

Care for PHA
• Opportunistic Infection and ART
• Food & transport money
• Support PHA groups
Health education – condom promotion
21 Thazin clinics
(private clinics managed by MSF-H staff)

1. Reproductive tract infection diagnoses and treatment

2. VCCT and PMTCT

3. AIDS care

4. Other activities; malaria, tuberculosis and family planning
Reproductive tract infections management in sex worker friendly clinics

Diagnosis based on

1. risk behaviour assessment,
2. symptoms and physical exam
3. laboratory tests

Monthly visits to clinic or outreach (to brothels)

- to detect asymptomatic RTI (> 50%)
- to get a good relationship to improve the discussion about HIV prevention
Thazin clinics ; sex worker friendly
Thazin clinics

HIV / AIDS

– VCCT / PMTCT
– Dx and Tx of OI and ART
– Food support…..
– Transport costs…
– Home based care only for immobile patients
– PHA support groups
Thazin clinics

Diagnoses and treatment of OI’s, TB and ART
Thazin clinics

- Food
- Transport costs
- Home based care for immobile patients
- PHA support groups
Thazin clinics

AIDS care centre Phakant
Thazin clinics

IDU drop in centre Phakant
Thazin clinics

• Other activities;
  – Malaria
  – Tuberculosis
  – Family planning
Results
Prevention in 2006

- Health education (300,000 people)
- Condom distribution (3,5 million)
- Needle exchange
- Treatment of reproductive tract infections
  - Thazin clinics
  - Outreach treatment (Brothel based)
  - 42,000 consultations, 21,000 treatments
Gonorrhoea among FSW in Phakant (jade mine)

Percentage:
- 2002: 29.5%
- 2003: 6.3%
- 2004: 4.2%
- 2005: 1.0%

Years:
- 2002
- 2003
- 2004
- 2005
VCCT and PMTCT in 2006

• 34,000 tests

• Yangon project data

**VCCT**

**PMTCT**
HIV / AIDS care

• 18,000 PHA in the program
  – 6,500 PHA on ART
  – 11,500 not yet on ART
    • Of them +/- 8,000 need ART in 2007 – 2008.

• MSF stopped admitting new PHA to the program in July 2007
  – Except staff members
  – Except family members of patients on ART
Selection criteria for ART

Patients are selected independently by clinic doctors according

- Clinical criteria; stage / CD4
- Geographical area; the patient must live in a geographical area around the clinic
- Adherence criteria
- .....
Baseline CD4 in Yangon and States

Yangon

Kachin / Shan / Rakhine

- 0 - 50
- 50 - 100
- 100 - 200
- 200 - 350
- > 350
<table>
<thead>
<tr>
<th>Township</th>
<th>ART patients</th>
<th>Township population</th>
<th>% of population on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yangon</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hlaingthayar</td>
<td>871</td>
<td>247,000</td>
<td>0.35</td>
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<tr>
<td>- Tharketar</td>
<td>487</td>
<td>197,000</td>
<td>0.25</td>
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<tr>
<td>- Insein</td>
<td>382</td>
<td>225,000</td>
<td>0.17</td>
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<tr>
<td><strong>Kachin</strong></td>
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<tr>
<td>- Myitkyina</td>
<td>731</td>
<td>264,000</td>
<td>0.28</td>
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<tr>
<td>- Bahmo</td>
<td>273</td>
<td>102,000</td>
<td>0.27</td>
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<tr>
<td>- Phakant</td>
<td>180</td>
<td>126,000</td>
<td>0.14</td>
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<tr>
<td><strong>Shan</strong></td>
<td></td>
<td></td>
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<tr>
<td>- Lashio</td>
<td>559</td>
<td>271,000</td>
<td>0.21</td>
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<tr>
<td>- Muse</td>
<td>301</td>
<td>81,000</td>
<td>0.37</td>
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</tbody>
</table>
Adult survival (all projects)

Stage 3 (n=2647) & stage 4 (n=3151)

Cumulative Survival

Stage 3

Stage 4

Survival Month
Child survival (all project)

Stage 3 (n=179) & stage 4 (n=100)
<table>
<thead>
<tr>
<th>Interval time</th>
<th>Patients entering period</th>
<th>Deaths</th>
<th>Cumulative survival at the end of period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6</td>
<td>6458</td>
<td>395</td>
<td>93%</td>
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<tr>
<td>6 – 12</td>
<td>4687</td>
<td>58</td>
<td>92%</td>
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<tr>
<td>12 – 18</td>
<td>2766</td>
<td>35</td>
<td>90%</td>
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<td>18 – 24</td>
<td>1732</td>
<td>17</td>
<td>89%</td>
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<tr>
<td>24 – 30</td>
<td>824</td>
<td>6</td>
<td>88%</td>
</tr>
<tr>
<td>30 – 36</td>
<td>459</td>
<td>2</td>
<td>88%</td>
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<tr>
<td>36 – 42</td>
<td>185</td>
<td>0</td>
<td>88%</td>
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<tr>
<td>42 – 48</td>
<td>84</td>
<td>1</td>
<td>86%</td>
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<tr>
<td>48 – 54</td>
<td>19</td>
<td>0</td>
<td>86%</td>
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</tbody>
</table>
Causes of death under ART in Yangon and States

Yangon

Kachin / Shan / Rakhine

- TB
- Crypto
- Penicilliosis
- IRS
- Other
- Non HIV related
Program outcomes of all patients (n=6458) enrolled (July 2007)

Under Tx 5604 (87%)

Deaths 514 (8%)
Transferred 95 (1%)
LTF 245 (4%)
Cooperation other organisations

DoH
- CD4 and other lab tests
- Food for AIDS in-patients
- Medicines for individual patients
- Exchange of ART
- Exchange of experience …..

Other NGO’s and GPs
- Training of MDs, lab, counsellors
- Follow up visits by trainers
- Initial supply ART, OI drugs
- Clinical support hot-line
The current situation

• Tens of thousands of people are dying every year because of AIDS.
• Little money is available for health.
• More national and international resources have to be mobilised to address the HIV situation.
• The available money should be spent better;
  – organisations are providing “comprehensive care” without ART
  – this is unethical and a waste of money.
National level

• Increase spending on health
• Recruit additional staff to manage AIDS
  – PHA as counselors
• Improve access to prevention
  – decriminalize high risk groups
• Improve access for organisations/donors
  – to remote areas
  – to guarantee monitoring
  – decrease bureaucracy
International

• Myanmar is the lowest recipient of overseas aid in the world.

• Mainly due to political pressure, arguing that aid cannot reach the population of Myanmar.

• This hampers humanitarian aid and this increases suffering of the Myanmar people.
International

• Foreign aid can reach the people of Myanmar effectively.

• There is a great humanitarian need. More money should be spent on large scale health projects in Myanmar.

• Monitoring at the level of the beneficiary is essential
  – to guarantee that the population benefits
  – to guarantee that donor money is spent correctly.