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Effective HIV/AIDS support in Myanmar (Burma) and sustained development

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Since few years the obligation to provide access to Antiretroviral (ARV) drugs for HIV positive people living in resource-limited countries has become consensual. Numerous programs implemented by the different United Nations Agencies (UNAIDS), through inter-governmental collaborations, or through non-governmental organizations (NGO) and private foundations, have been funded in many Asian and African countries. The benefit of the treatment of HIV/AIDS, which is not restricted to the procurement of ARVs, is related to the quality of the long-term patients monitoring (decline in AIDS deaths) and to the efficacy of the prevention (decline in new HIV+ patients). Most of the programs manage a limited number of patients (restricted funds), and the benefits are limited according the needs of the helped countries. However, programs, which are focusing on a limited number of patients, can be of prime importance if they are integrated to the sustained development and able to improve the global level of the public health of the country.

Although political sanctions preclude Burma from consistent international financial contributions to HIV/AIDS, the first program to access ARV drugs for the HIV+/AIDS patients in the public sector has been funded by a private company: Yadana (Total and partners) and implemented by an international NGO: the International Union Against Tuberculosis and Lung Disease (IUTLD) also called "The Union". The World Health Organization (WHO) and the Ministry of Health of Myanmar support this program. It started April 1st, 2005 at the General Hospital (MGH) of Mandalay the second largest city of the country where 7000 HIV+ patients are estimated to be in

need of ARVs. It aims at managing patients treated for Tuberculosis (TB) and co-infected with HIV infection (tuberculosis occurs in 75% of the HIV+ patients therefore providing the opportunity to detect the HIV infection). At the end of April 2006: 1372 TB patients have been offered and have accepted to be tested for HIV, among whom 427 (32%) patients were found to be TB-HIV co-infected. Fifty-six spouses/children were offered HIV Voluntary Confidential Counseling and Testing (VCCT). 28 were found to be HIV positive. Of the 455 (427 + 28) patients diagnosed to be HIV-infected, over 300 are already managed and over 150 patients are being provided ARVs. Although the program is limited, it has raised the level of HIV+ patient management to the UNAIDS recommended level for the following reasons:

- Implementation of the VCCT in the public sector: For the first time, the test is performed on anonymous basis in a public hospital and uses 2 rapid tests.
- Decrease in the discrimination: The implementation of the program moved the HIV testing site from the department for sexual transmitted infections (STI) to the tuberculosis center. For the first time in the public sector HIV testing is not linked anymore to STIs.
- Possibility to get HIV tested on voluntary basis without being a patient at hospital and with obvious AIDS clinical signs. People have now the opportunity to be tested and know their serological status.

- Drug exchange program: For the first time, ARV drugs can be exchanged between the different NGOs and organisms without a request to the government. This will dramatically decrease the risk of treatment disruptions.
- Promotion of a program coordinator: For the first time, the technical decisions are decentralized and the coordinator can deal directly with the members of the NGO without referring to the government.

These conditions requested by the IntNGO and accepted by the government during the implementation phase of the program are now considered as regular practices at the national level and are used in other AIDS and other disease related programs.

In Myanmar, the IntNGO has assisted the government in promoting international recommendations in the patient management. This coordinated action provides a framework for a successful fight against the HIV/AIDS epidemic in resources limited countries, which take into account the sustained development and the general benefit to the public health.

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