

InDepth

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MYANMORE

AGENT FOR CHANGE

DR. NI NI TUN

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AGENT FOR CHANGE

DR. NI NI TUN

BY MIMI WU



Ni Ni Tun with a patient's family, at one of the clinics in Hlaing Thar Yar Township.

Had Ni Ni Tun followed her 16-year-old heart and pursued life as a stewardess, Myanmar would have been robbed of one of the foremost doctors in HIV/AIDS treatment and prevention.

Dr. Ni Ni Tun and I arrange to meet at Medical Action Myanmar's (MAM) office one weekday afternoon. I'm ushered into a conference room and wait until she arrives, petite, long flowing hair, tanned skin and all. She flashes a great big smile as she shakes my hand, and I feel charged by her kind and energetic aura.

Before she became Dr. Ni Ni Tun, she resided in Bago Division until age 15 when her father, an engineer, was posted to a government job in Yangon. By the time she graduat-

ed from high school, her top marks meant she could pursue any field for tertiary education. A challenging profession was not her initial desire.

Instead, the stewardess next door had caught her attention. Gorgeous, well dressed, and leaving a trail of perfume, the woman seemed to lead a glamorous lifestyle. Her father wanted Ni Ni Tun to study medicine but rather than push, he compromised: "Start medical school with a backup plan as a stewardess."

In the end, fathers know best. By

her second year, Ni Ni Tun's studies fascinated her, and she graduated in 2002 as Dr. Ni Ni Tun. She began her clinical work at Thingangyun Training Hospital but was confronted by the limited medical supply available to doctors and patients.

"If you see a patient with a head injury, you don't have suturing materials, and no gloves. How can you ask the patient [to pay for it] who is very sick? So you buy it yourself. I was asking my mother and sister for money every month for an emergency medical kit. My salary [as a doctor

in training] was 1,600 Ks a month," she said emphatically. I was incredulous. She repeated herself, then added, "I had to depend on my parents for bus transportation, everything."

By 2002, Myanmar was the site of Médecins Sans Frontières (MSF) or Doctors Without Borders' largest medical program in the world with attention in Shan State, Kachin State, Rakhine State, and the Yangon Region. The organization provided free basic healthcare and was the first to provide free antiretroviral (ARV) drugs on a large scale. When

a colleague introduced her to MSF, she leapt at the opportunity to join.

"At that time, there was HIV treatment, but it was not free in my country yet. Hospitals didn't have the medicines to treat AIDS, so many people died. Before [I joined MSF], I thought HIV was an untreatable infection."

Following her mentor, Swedish Dr. Per Bjorkman, Dr. Ni Ni Tun learned not only about antiretroviral therapy but also about hope.

"At Lashio in Shan State, patients were dying and hopeless. [Relatives] told us, 'This is the end of [the patient's] life, so do whatever you want.' But after treatment, the patient was really different and healthy, and could go back to his job. You could see an obvious difference. It made me very excited and gave me job satisfaction."

Dr. Ni Ni Tun was later sent to Muse to care for sex workers infected with HIV and other STDs. Growing up in a conservative household where the family never talked about sex, let alone prostitution, she was not sure what to expect. But the women's kind nature and hard working attitude to provide for their families quickly changed her mind. As their relationships grew, many HIV positive sex workers became peer educators who encouraged HIV testing in their communities and trained on prevention and treatment.

"There are quite a lot of patients who have touched me, especially in Shan State. I was there alone, so the patients were my family. Almost everyone had a sad story. The father left or died, the mother had HIV, so [the children] never had warmth and love. I remember a patient. I said, 'You are sick, but if you take this medicine, you have a good chance to get better.' At the end, I asked if she had any questions. She asked, 'Why are you so nice to me?' I said, 'I'm not nice, I'm doing my job.' Nobody wants to talk to them, so if you are friendly, they can't believe it. They become attached to you. I also love them."

After a year and a half in Shan State, Dr. Ni Ni Tun returned to Yangon

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Ni Ni Tun examining a sick patient at the day care centre of one of the clinics.

to care for her ailing father. "It was very painful moment [to leave Shan State], but I still have communication with some of those patients; they come to visit me. Now, they are already healthy. When you see them, you don't recognise them! Many of them are volunteers."

Dr. Ni Ni Tun continued her inspired work with MSF's Yangon team, where she and five other doctors saw hundreds of patients each day at the Insein clinic. Two years later in 2006, she was sent to Antwerp University in Belgium for further training and returned as an HIV trainer for doctors at each MSF program area throughout Myanmar. She retained this role until leaving MSF in 2009. Over the five years she worked with MSF, the organisation treated more than 35,000 patients.

Invited by Dr Frank Smithuis, MSF's Myanmar country director of 15 years, Dr. Ni Ni Tun then joined the newly formed Medical Action Myanmar (MAM) NGO.

MAM's first clinic took over a closing MSF facility in Hlaing Thar Yar. Limited funding initially meant a slow expansion but over time the network of donors grew and MAM now supports seven clinics around the country. MAM further supports approximately 900 village health workers to

treat malaria, tuberculosis, and malnutrition and cover basic health care in the most remote villages of Mon state, Kayin State, Kayah State, and Kachin State.

As the clinical HIV coordinator for MSF and later for MAM she has trained a few hundred doctors and other health staff on correctly diagnosing symptoms and their appropriate treatments.

Recalling some of the most emotional moments of her career, Dr. Ni Ni Tun recounted a day of torrential rain when staff heard a baby crying just outside MAM's clinic. "The baby was sitting next to her mother who was lying down on the street in the rain; the mother was severely wasted and died within a few minutes. We kept the child at the clinic, but the clinic closes at night, so what to do? Our staff took her home."

The staff informed Hlaing Thar Yar's Ward Leader, who eventually tracked down the girl's aunt. The background-story was that when the baby's father passed away, her mother traveled from Ayerwaddy Division to search for her sister, who lived nearby the clinic. Unable to track her down and sick, likely infected with HIV, the baby's mother ultimately passed away in front of the clinic. The child was tested and

found to be HIV positive. Treated at one and a half years old, the girl is now seven and enrolled at school. She now lives with her aunt and receives MAM support for school and food.

Caring for people and being touched by their lives is why Dr. Ni Ni Tun fell in love with her job at MAM. "My parents wanted me to go [to Australia], but Australia has a lot of doctors. Everyday there is need [in Myanmar]. There are not enough human resources." After a year at MAM, she decided, "It's better to stay here and do something useful."

According to 2014 UNAIDS estimates, Myanmar has a low HIV prevalence rate of 0.7% among adults aged 15 to 49 (200,000 people), and approximately 11,000 children under 14 years old are living with HIV. However, HIV/AIDS is a heavily concentrated epidemic among sex workers, drug users, and populations in certain regions. MAM, other HIV associations like the Phoenix Association and Myanmar Positive Group, and the government recognises that as transportation improves across the country, this fraction could easily rise exponentially.

That is why to prevent its spread, "we need to emphasise treatment among key affected populations. Medical Action Myanmar is working in close cooperation with the government. The government is giving free drugs, and we take care of the human resources, care and support, and home visits. But it's like an iceberg. We only see the tip. We only see patients when they feel symptoms. But we also need to test and treat people who don't show symptoms to prevent the spread of HIV."

"Now we are working on malaria, HIV, and TB. In five years if the government structure is strong enough to handle these diseases, then I might do something else that needs support. I'm looking at patients with non-communicable diseases, like hypertension and stroke, or care for street children or neglected elderly people."

It seems that at age 39, Dr. Ni Ni Tun's work is just beginning.