Malaria CSO Myanmar

Beat Hotel, Bangkok

May 10, 2016

Presentation Outlines –

- Malaria and MMP situation update
- Progress
- Key challenges and gap
- What next

❖ Malaria and MMP situation update

- Based on 2014 census population , Myanmar had an estimated population of 51.9 million with about 28 million people living in malaria endemic townships (54% of total populations).
- Over recent years, Myanmar has made very significant progress in reducing malaria morbidity and mortality.
- The number of malaria deaths has dropped steadily year by year from 1,707 in 2005 to just 92 in 2014. Just 41 malaria-related deaths were reported amongst hospital in-patients during the year.
- Due to funding support from Global Fund and other donors, data from 2012 is robust and demonstrates a steady and impressive reduction in caseload year by year.
- 205,658 malaria cases were reported in 2014. At present falciparum malaria accounts for around 73% of cases in 2014.
- Over the last 4 years, Annual Falciparum Index (AFI = (Pf + mixed)/Pop) has been declining each year (5.46 per 1,000 population in 2012, 3.57 in 2013, and 2.75 in 2014).

❖ Malaria and MMP situation update

- ***MMPs:*** may vary from traditional farming communities visiting their forest farms (commonly EMGs) to seasonal agricultural workers, military/ethnic armed groups, forest workers in formal sector and informal sectors, hunters, small-scale gem/gold miners, and transient or mobile camps associated with commercial projects (road/pipeline construction, large-scale logging).
- ***Vulnerability and malaria risks in MMPs***: depend on types of MMPs, level of malaria immunities, and accessibility to malaria services including information on malaria and service providers.
- ***Workers in development projects*****:** often come together with their families, in highly endemic areas where no public sector health care services exist. Some companies provide good quality health care for their employees and dependents but many do not.
- ***Rubber plantation workers***: work at night and very early in the morning greatly increase their potential for contact with vector mosquitoes.
- *All age groups* are therefore at risk of malaria but exposure is highest amongst adult males.

❖ Malaria and MMP situation update

- ***Key factors contributing to inequality:*** language, remoteness, poverty, marginalization (ethnic minority groups and migrants) and mobility.
- Mapping of MMP countrywide is challenging, there may not be any actual houses or other structures in which to suspend an LLIN, the population size may vary from day to day making quantification of needs difficult, and in the case of illegal migrants and individuals involved in illegal activities, fear of punishment often prevents any contact with official groups or groups that are perceived to be official.
- While forest goers in the formal sector, may receive some level of protection in the form of ITNs and access to standby treatment, informal forest workers are commonly completely unprotected.
- When ill, most of the seasonal workers attend health facilities close to the forest where they work, but many also seek treatment when they return to their homes in non-endemic areas where malaria may not immediately be suspected.
- NMCP is now operating 42 malaria posts and CSO run 1,114 malaria post along border area. However, these individuals have disproportionately low access to treatment services.

❖ Progress of *CSO Working Group*

- *Fist CSO meeting* was organized in Yangon on 15th January 2015.
- 36 participants from malaria CSOs attended. The representatives from WHO and UNOPS also participated as an observer.
- Selected 3 core CSO members and 8 extended CSO members through voting system.

No	Name of Organization	Roles
1.	ARC	Core member (1) – Regional coordination
2.	CPI	Core member (2) – In-country coordination
3.	KDHW	Core member (3) – In-country coordination
4.	PSI	Extended CSO member
5.	WVI	Extended CSO member
6.	MC	Extended CSO member
7.	MHAA	Extended CSO member
8.	MHDC	Extended CSO member
9.	IOM	Extended CSO member
10.	HPA	Extended CSO member
11.	Save the Children	Extended CSO member

Suggestions from participants included –

- To establish a health taskforce model that would be the platform for government and non-government CSO and also good opportunity to link the platform of other sectors (e.g. Immigration) to halt the malaria issues.
- WHO suggested to expand the cross borders activities for referral mechanism (e.g. TB and HIV that require more referral mechanism while malaria needs only very short treatment course).
- More roles and responsibilities should be added to CSO network (not only malaria but also for the human rights and other sectors within the country as well as across the region)

❖ Suggestions from participants cont…

- CSO to make linkage with public and private sectors.
- To focus also in China-Myanmar border as China is also one of GMS countries (has more than 20 km bordering with Myanmar) and a lot of ethnic populations uncovered by government sector. The China's MOH is approaching Myanmar MOH to hold a meeting for joint control of malaria issues in 2016. MOH Myanmar is looking opportunities for other border areas - e.g., India, China. Need to have comprehensive control and management strategy for border areas.
- Establishing a web page: To consider long term sustainability of the webpage and its regular updates…
- CSO working group should participate in Concept Note Drafting Group or TSG meeting and represent the CSO working group's updates.

❖ Myanmar CSO Working Group engaged on followings:

- Participated in consultation meetings on developing guiding principles of CSO in Myanmar facilitated by WHO consultant in Feb 2016.

- Participated in multiple national level consultation meetings for finalization of National Malaria Strategic Plan (2016-2020) in January-April 2016.

- Involved in Global Fund Malaria Concept Note Drafting Team and Stakeholder Consultations meetings in April 2016.

- GF is in agreement to provide training cost in the costed extension in 2017/next funding round to train existing malaria volunteers for integration of other health components (TB, HIV, MCH, Childhood diseases, iCCM etc…)

❖ GAP and Challenges

GAPs

- Geographical gaps in remote / ethnic controlled areas especially near border.

- GAP in coordination/collaboration between malaria service providers working in border areas at local level in both sides.

- Lack of malaria data/information sharing between MMR & Thailand border areas at local level and country level.

- GAP in providing commodities for integration of additional health services.

Challenges:

- Real time data reporting is very challenging especially from remote/hard to reach areas.
- Challenge in Supply chain management / delivery of commodities due to difficult transportation during raining season, disasters and conflict situations.
- Difficulties for supervision field visits in raining seasons.
- Mapping of malaria services country-wide especially Ethnic / NSA controlled areas and cross border areas is also challenging.
- Mobility and population movements
- Motivation of volunteers due to low incentives and low malaria morbidity
- Expired drugs due to lower malaria cases, and less and less severe malaria cases.

NEXT

- Develop CSO activities, timeline and workplan for Myanmar
- Implement CSO activities as planned workplan.

THANK YOU