

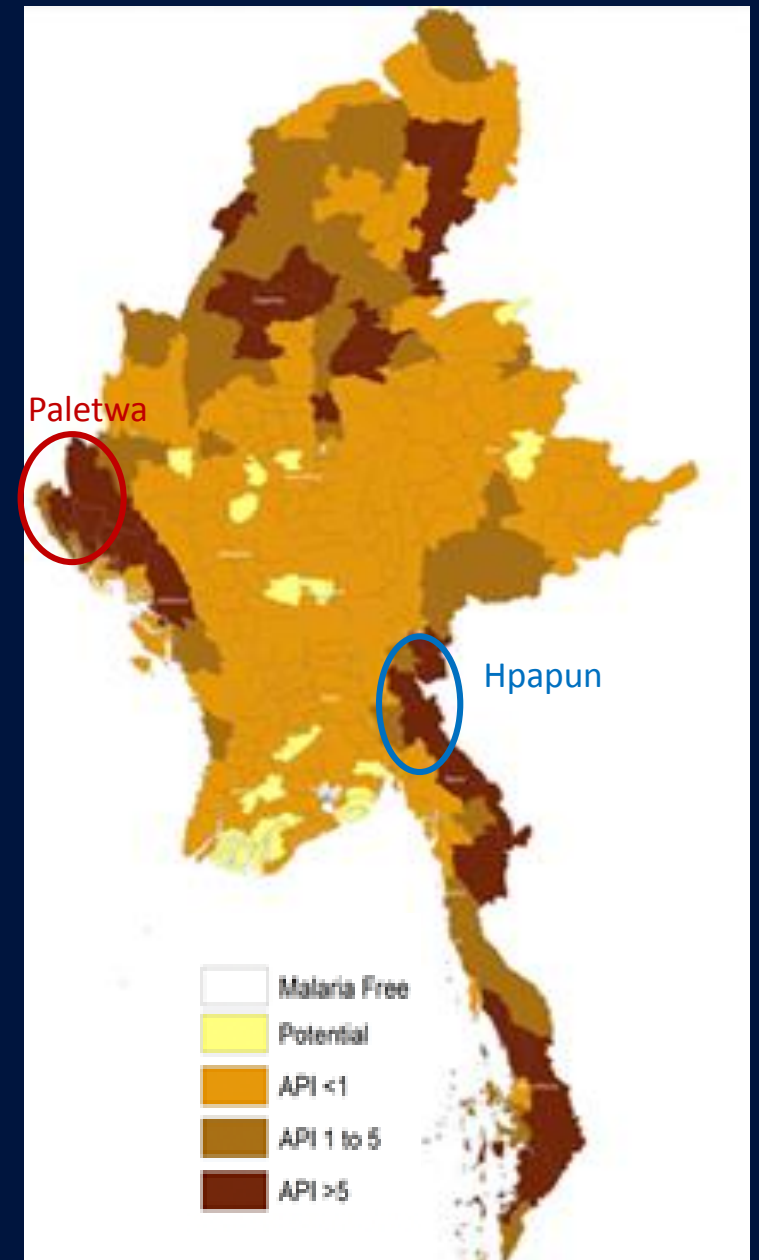
Maintaining Malaria Services in the context of COVID-19: A CSO perspective

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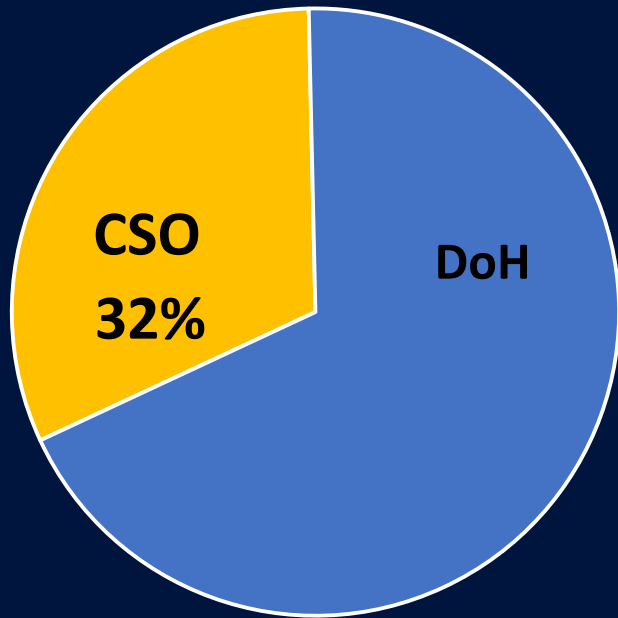
Malaria burden in Myanmar

- 291/330 townships are malaria endemic with 44 m at risk
- 47,286 cases in 2019
- 10 townships contribute 70% of the burden in 2019
- Of total cases:
 - 25% from Paletwa,
 - 16% from Hpapun

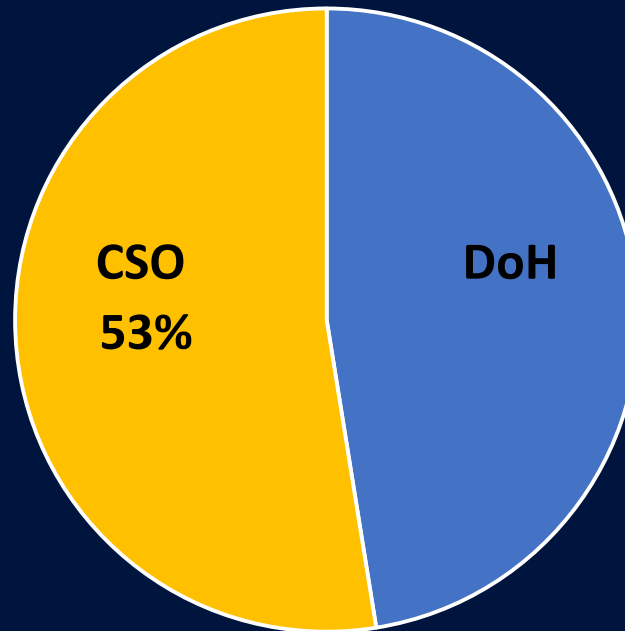


Malaria volunteers (~22,000) are the frontline workers providing malaria services in Myanmar

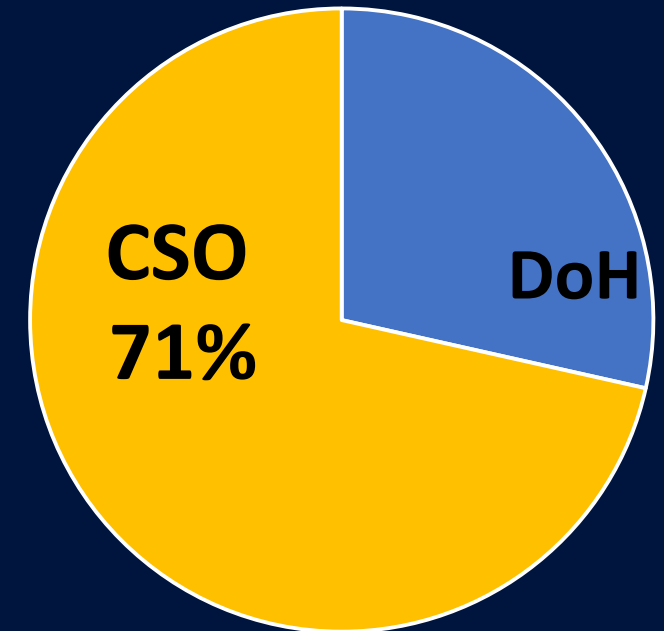
Community volunteers



Patients tested



Patients treated



CSO volunteers reach higher risk people (remote, mobile, illegal)

Medical Action Myanmar

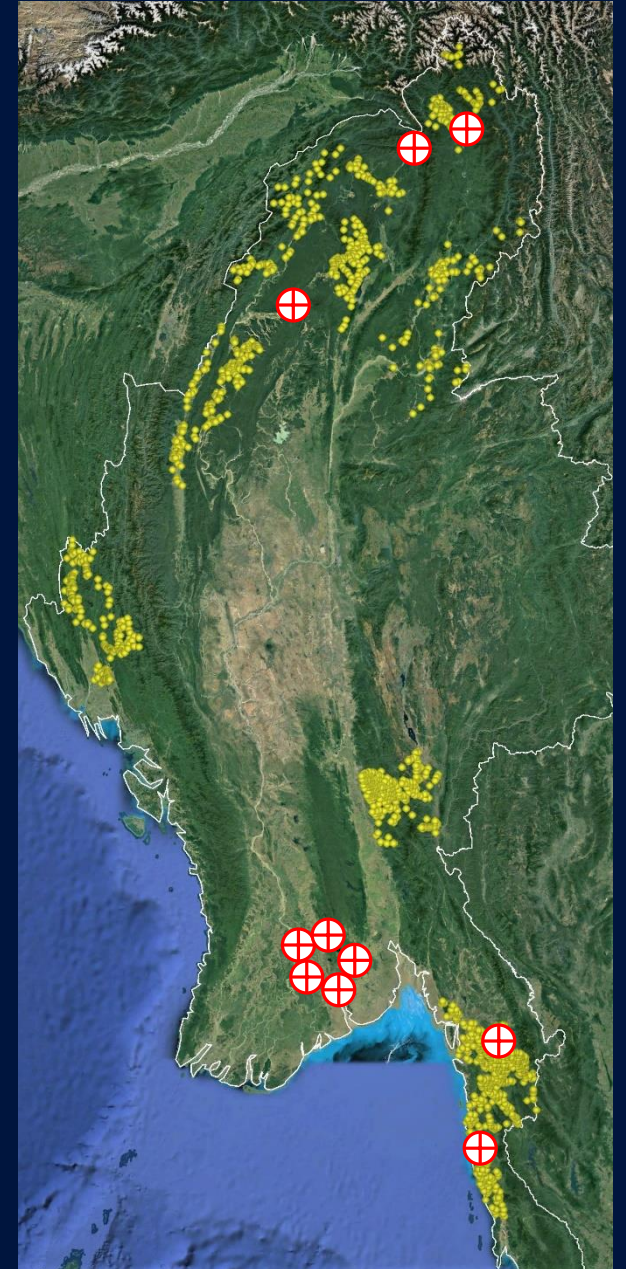
A local NGO founded in 2009

Provide health services to poor and vulnerable people of Myanmar through clinics & volunteers

~ 2,000 volunteers

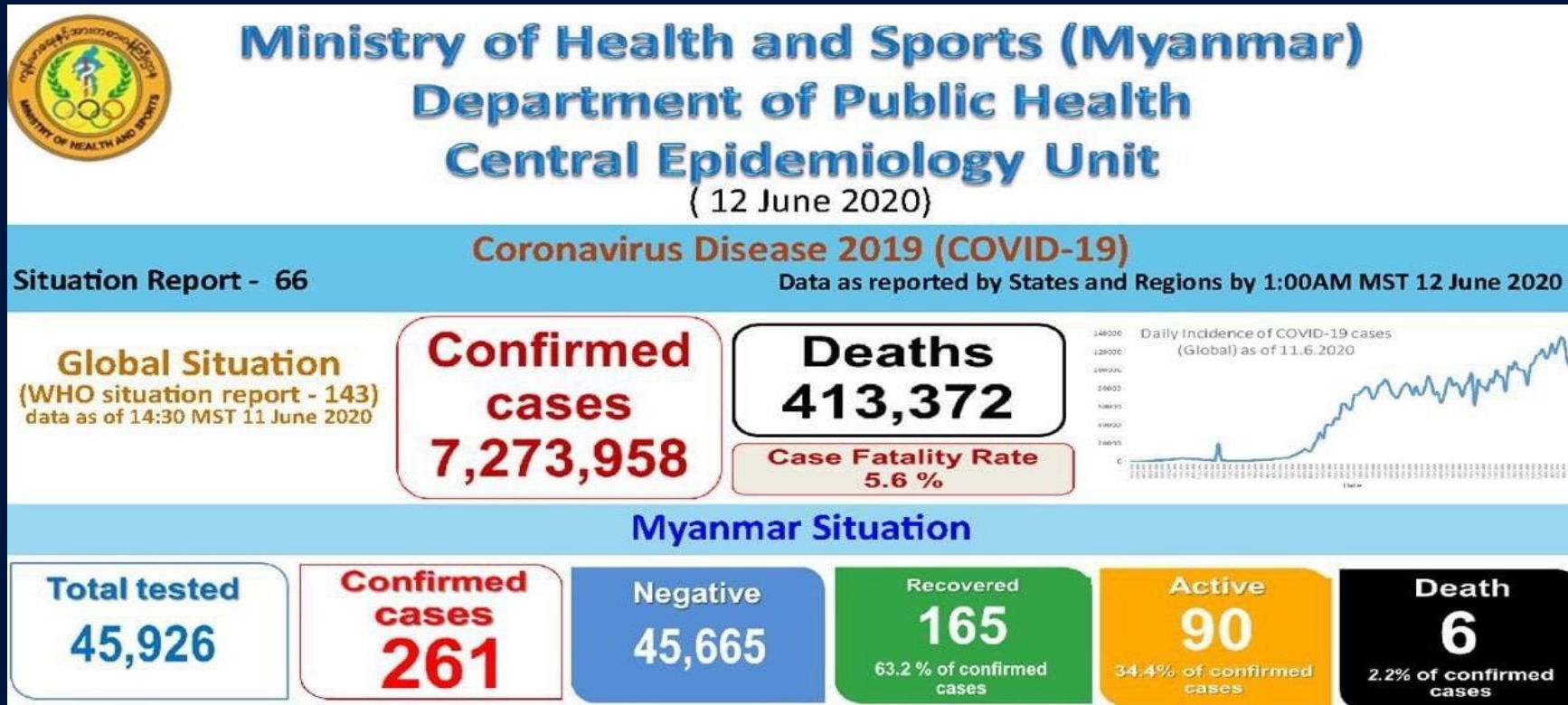
Malaria: RDT testing, treatment
LLIN distribution, Health Education
Reporting/surveillance for elimination

Integrated Health Services: TB
Basic Health Care
Emergency referral



Covid situation in Myanmar (12 June 2020)

Important Timelines



11 Mar: WHO's Declare
Pandemic



23 Mar: 1st Covid case found



31 Mar: Travel Ban from
all countries



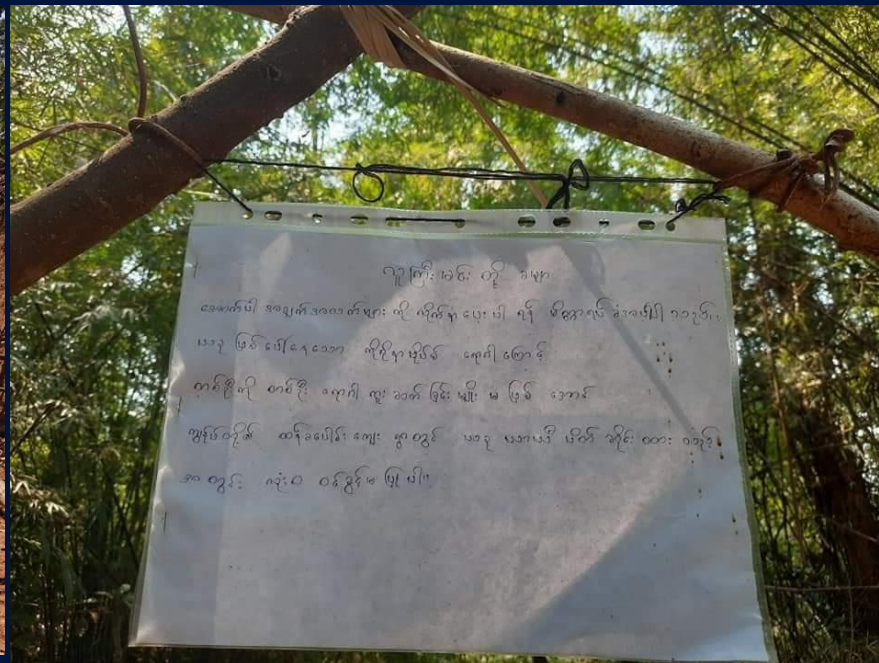
18 Apr: Lockdown in Yangon
7 townships

Effect of COVID-19

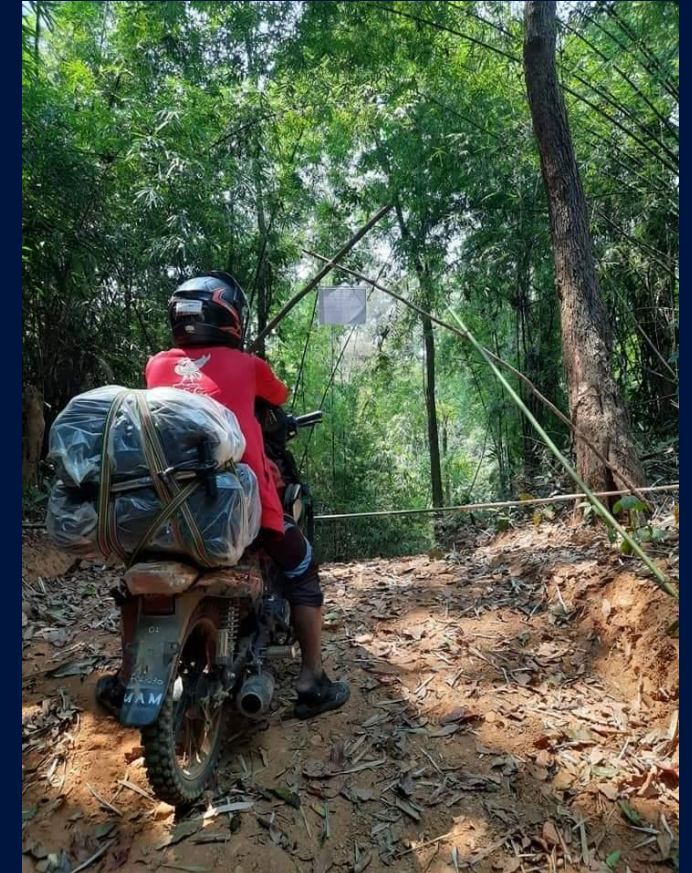
- Government's restriction on travel & lockdown
- Information oversharing (e.g., [social media](#)) and subsequent public panic
- Panic self-isolation by communities (field staff not allowed to stay overnight)
- Limits regular supervision & monitoring activities
- Disrupts the supply chain system leading to stock out
- Restrictions on mass gatherings affecting community activities (LLIN distribution, health education, VHV training)
- Individuals reluctant to visit clinics (VHV clinics, public facilities)
- Health staff reluctant to consult fever/cough patients



2020/4/3 12:38



2020/4/3 10:09



Supply Chain Management

- 1-2 years stock at central warehouse
- 6-12 months stock at regional offices and at VHV sites
- Call VHWs to cluster points for re-supply
- Identify alternate transport/cargo route or mechanism
- Advocate with local/regional authorities



Coordination/Advocacy

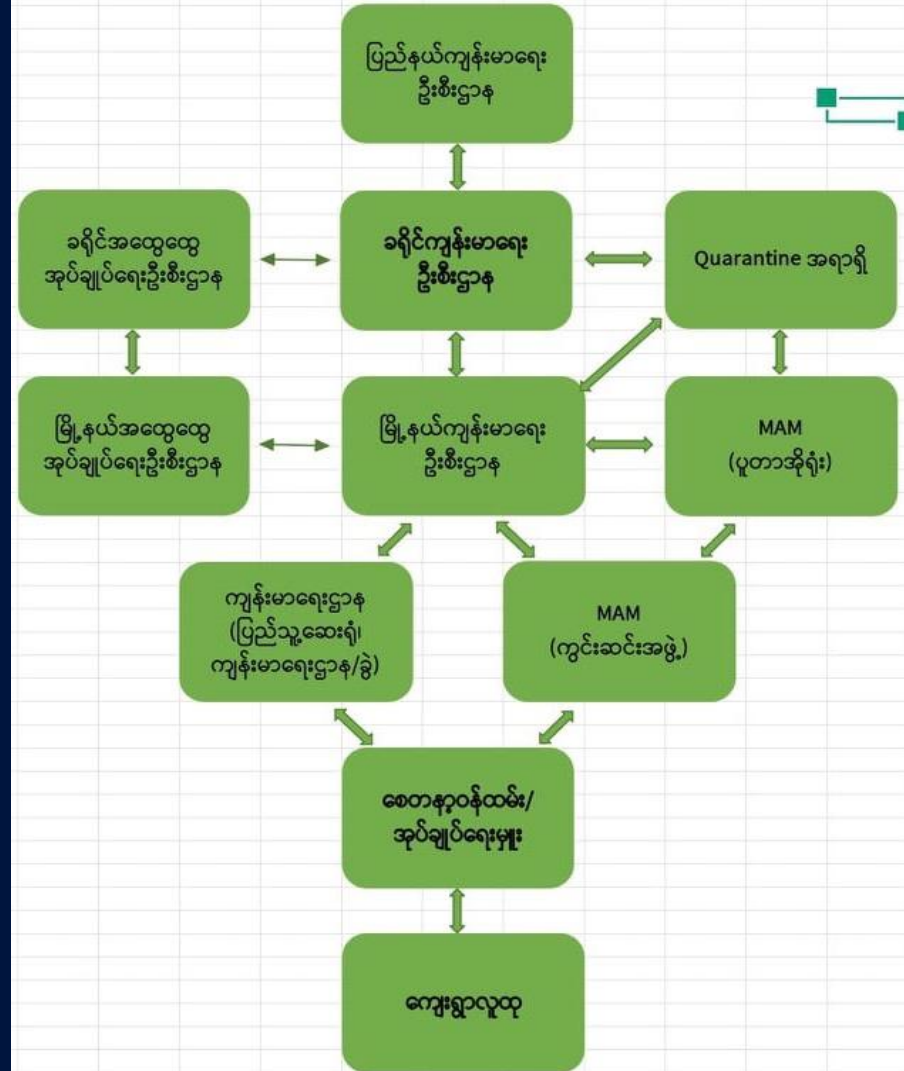
- Maintain regular coordination, information sharing and advocacy with local authorities and stakeholders
- Travel permit from local/regional authorities
- Assist THD in COVID-19 response activities
 - Fever clinics (MD)
 - Check point screening (VHVs)
 - Logistic supports (PPE donations, procurements and cargos, etc.)



MAM in Township COVID Response Committee

MAM obtained approval letter from township health department to travel to villages

မချမ်းဘောမြို့နယ်၏ COVID-19 ရောဂါနှင့်ပတ်သက်သော
စောင့်ကြပ်ကြည့်ရှုတုံ့ပြန်ခြင်းနှင့်ပတ်သက်သောဆက်သွယ်ရေးကွန်ယက်



ပူတာအိုခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးဌာန ထောက်ခံချက်

ရက်စွဲ။ ၂၀၂၀ပြည့်နှစ်၊ ဧပြီလ(၃၀)ရက်
ပူတာအိုခရိုင်၊ ပူတာအိုမြို့နယ်တွင် ရုံးစိုက်သော Medical Action Myanmar (MAM) အဖွဲ့အစည်းမှ ပူးတွဲပါကျန်းမာရေးကွင်းဆင်းအဖွဲ့များသည် ခရိုင်အတွင်း ပူတာအို၊ နောင်မွန် ၊ မချမ်းဘောမြို့နယ်များရှိ ပူးတွဲပါကျေးရွာများသို့ ကွင်းဆင်းပြီး ကျန်းမာရေးနှင့် အားကစားဝန်ကြီးဌာနမှ ထုတ်ပြန်ထားသော လမ်းညွှန်ချက်များနှင့်အညီ ကျန်းမာရေးစောင့်ရှောက်မှုလုပ်ငန်းများ ဆောင်ရွက်ရန် ထောက်ခံအပ်ပါသည်။

၂၀.၄.၃၀

ဒေါက်တာသန်းဇင်ထွန်း
ဆမ-၁၈၉၃၃
ခရိုင်ပြည်သူ့ကျန်းမာရေးဦးစီးမှူး
ပူတာအိုခရိုင်

စာရင်း (၁) ကျန်းမာရေးကွင်းဆင်းဝန်ထမ်း စာရင်း

စဉ်	ဓာတ်ပုံ	ဝန်ထမ်း၏အချက်အလက်
၁		Name : Dr. Soe Wai Yan Oo N.R.C No. : 7/Pha Ma Na (N) 186847 Position : Project Coordinator
၂		Name : Dr. Kyaw Zayya N.R.C No : 3/Ba Ah Na (N) 276360 Position : Project Medical coordinator
၃		Name : Dr. Ye Yint Aung N.R.C No : 12/Ta Ga Ka (N) 162727 Position : Project Medical Coordinator
၄		Name : U Nyan Htun Aung N.R.C No : 10/ Ma Da Na (N) 219371 Position : Team Leader
၅		Name : Dr. Aung Myo N.R.C No. : 13/ Ya Sa Na (N) 096320 Position : Team Leader/MD

MAM supporting LLIN to township COVID response committee to use at temporary quarantine facility for returnees

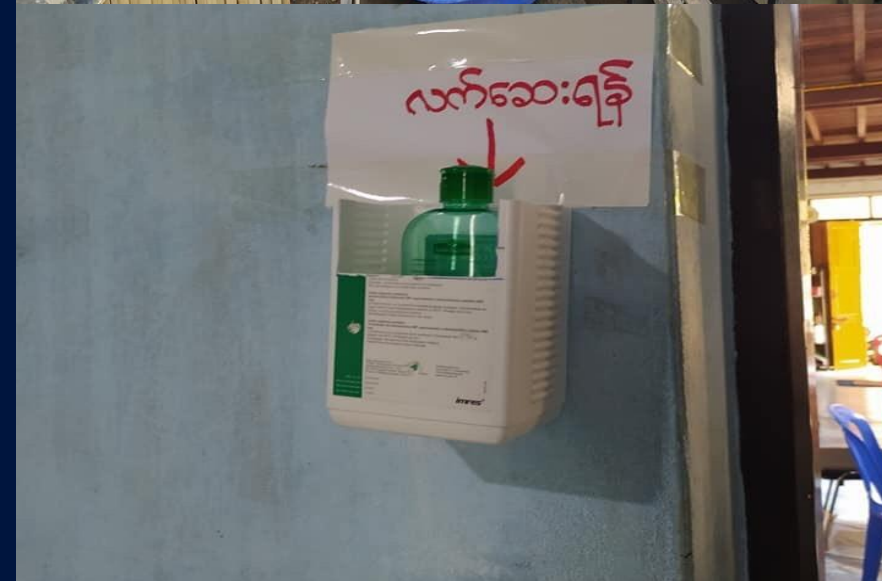


Adjust the strategies

- Follow strict infection control procedures
 - Apply social distancing
 - Provide PPE (face masks, hand sanitizers, etc.) for staff and VHWs
 - Face masks for fever/cough patients
- Interval appointment & triage
- Door-to-door services instead of mass gatherings
- Small group trainings/meetings



Infection control procedure at MAM offices & VHV's homes



VHV Training



VHVs were trained to use mobile app for communication/reporting



VHV Services



VHV giving LLIN to pregnant mothers from a migrant worksite attending antenatal clinics



MAM field staffs conducting supervision visit to VHV



VHV assisting MAM team leader at mobile clinics



What did malaria volunteers do to bring down malaria in Paletwa in the time of Covid

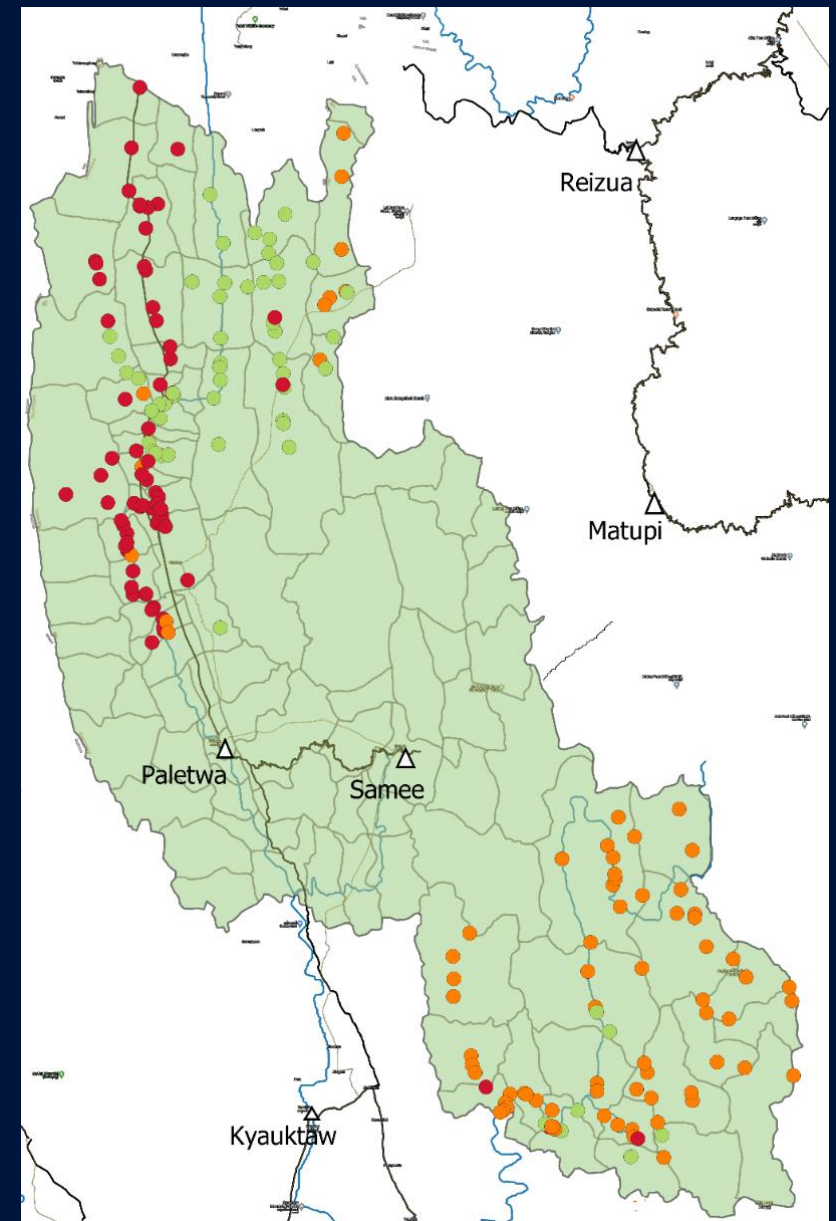


Targeted Screening at Hot Spots

- 118 hotspots with >5% Pf (+) rate
- **Door-to-door testing by VHV/MAM mobile team using PPE**
- Started in April, done 57 villages so far

Results so far :

- Conducted 11,947 RDTs
- Found 99 positive cases - 73 Pf/Pmix cases and 26 Pv
- Out of 73 Pf/Pmix positive cases
 - 67 cases are asymptomatic (91.7%)
 - 5 cases are under-5 children
 - 30 cases are between 5-14 years



- ACD done
- ACD planned
- No ACD planned

Fever screening at gates assisting township health department



Malaria volunteers assisting township health department for Risk Communication & Community Engagement

- Risk communications using megaphone / mobile speaker systems
- Door-to-door communication
- Posters / pamphlets in local language



Malaria Volunteers assisting basic health staff at EPI event



Lessons Learned

- Daily/weekly monitoring and risk assessment (for both COVID-19 & malaria)
- Develop tailored strategies & SOPs
- Advocacy, coordination and support to local authorities/health authorities
- Keep all staffs/VHV informed with timely evidenced based information
- Create an innovative communication channels between Yangon office and field office/staffs (using digital platform/social media)
- Emotional support/reassurance to staff & VHV to keep motivated
- Protect staffs/VHV by provision of PPE

Thank you