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

Dr Hnin Su Su Khin
Operations Director, Medical Action Myanmar
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.

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

Data from UNOPS
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
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
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
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