



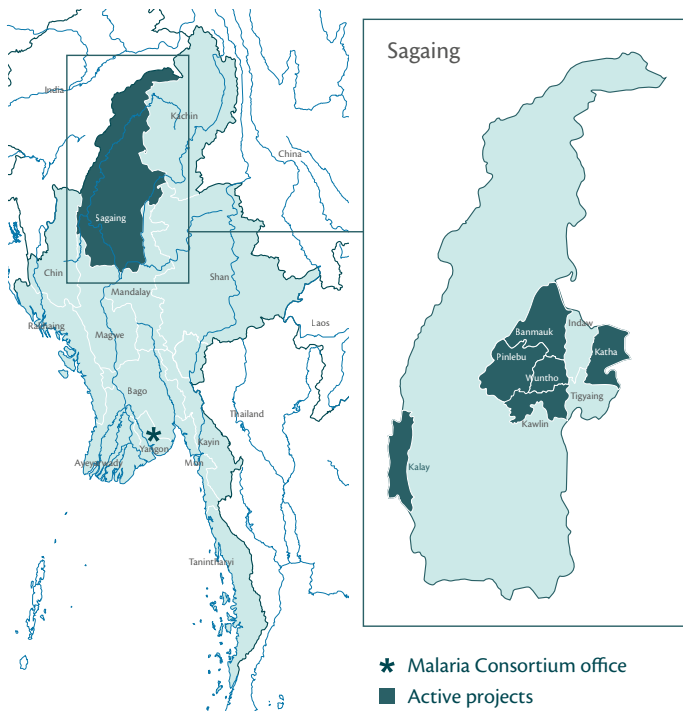
Malaria Consortium Myanmar

Malaria Consortium has been active in Myanmar since 2005. In 2013, the Minister of Health invited us to establish a permanent presence in the country to provide technical assistance for malaria control — primarily through monitoring and evaluation (M&E) activities. We have since forged strong relationships with in-country and regional partners and government bodies, and offer a wealth of technical expertise drawn from our programmes and research.

We work closely with the Ministry of Health and Sports (MoHS), particularly the Department of Public Health — via the Vector Borne Disease Control Programme, the National Malaria Control Programme (NMCP)

and the Dengue Prevention and Control Programme. Recently, we added tackling common childhood illnesses to our portfolio, and currently support three further health department divisions: child health, nutrition and school health.

We assist with strategic planning; data collection and use at national, regional, state and township levels; M&E of malaria programmes; operational research on vector control; and behaviour change interventions, especially among the most vulnerable populations, such as women and children in remote communities, mobile migrant forest goers and ethnic minorities.



Areas of focus

Integrated community case management

Malaria Consortium uses the integrated community case management (iCCM) approach to deliver primary healthcare services across our programmes. Our iCCM experience demonstrates that, with the correct training and supervision, community members can successfully improve access to care for common childhood illnesses — such as pneumonia, diarrhoea, malaria and malnutrition — and deliver a range of health services to children under five, including accurately and safely prescribing antibiotics.

Strengthening community health systems through capacity development

Our Vitol Foundation-funded project in Sagaing (2016–2017) increased the provision of health services in rural areas through the country's existing network of malaria volunteers (MVs), whom we trained to diagnose and treat common but potentially fatal childhood illnesses in under-fives, and to screen for malnutrition. Building on the pilot's successes, and with Comic Relief funding, we expanded iCCM to six townships to further develop MVs' skills, improve supervision by basic health staff (BHS), and enhance supply chain management of rapid diagnostic tests and medicines. We further developed the capacity of MVs and BHS to increase demand for health services through community dialogues — participatory sessions that allow communities to explore health issues and identify potential solutions most appropriate to them.

Improved training and supervision have effectively and substantially reduced the service gap for the most vulnerable communities and eased the burden on health systems. At the policy level, our work has informed the development of the community-based health workers policy in Myanmar, a monumental achievement towards universal healthcare goals.

Further reading: <https://bit.ly/2Iz7N8r>

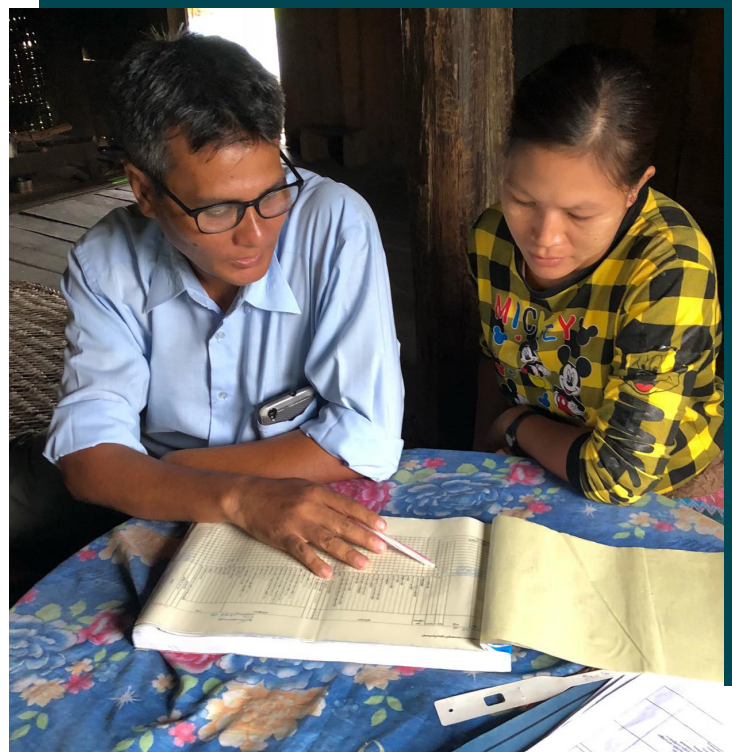
Pioneering social behavioural change communication interventions

In addition to iCCM, we work with communities to improve health-seeking behaviour and to change attitudes and perceptions through community dialogues, health clubs and other behaviour change initiatives. These strategies are highly effective in motivating rural communities to identify and address common health challenges that they face. In Myanmar and Cambodia, we pioneered the development, testing and scale up of an innovative social behavioural change communication approach called Positive Deviance (PD), which led to the formulation of evidence-based public health recommendations.

The PD approach has been well accepted by communities, creating a strong sense of sustainable community empowerment. We have also seen tangible positive behavioural change: forest goers have increased their use of long lasting insecticidal nets and of public health facilities for malaria diagnosis and treatment. Our evaluation and research show that this asset-based, community-driven approach can achieve lasting behaviour and social change by drawing on and amplifying existing model behaviours within a community.

Further reading: <https://bit.ly/3off8sN>

A malaria assistant from Katha township's Vector-Borne Diseases Control Unit performs a data quality assessment with an MV



Vector control

Malaria Consortium's highly respected and experienced medical entomologists conduct a wide array of vector control activities, operational research and capacity development in Myanmar. We also provide technical assistance to governments to develop integrated vector control strategies and insecticide resistance management.

Tackling residual malaria transmission

We are supporting Myanmar to overcome the final hurdles to malaria elimination: outdoor and residual malaria transmission. This requires a comprehensive understanding of vector bionomics and insecticide resistance status and management, as well as the development, testing and scale up of user-friendly vector control tools. We drive research that, ultimately, addresses knowledge gaps and ensures that vector control strategies are evidence-based, highlighting how tools and delivery approaches should adapt based on transmission dynamics. To this end, we have supported the use of long lasting insecticidal nets, monitoring net distribution, qualitative assessment of personal protection measures and the behaviours of at-risk populations.

We are also driving the development of alternative tools to reduce outdoor transmission, such as insecticide-treated clothing (ITC) among mobile and migrant populations and night-time workers, who often miss out on core malaria interventions. Our 2014–2016 study showed that ITC is acceptable to rubber tappers as a complementary vector control measure, and assisted policy makers in tackling outdoor transmission.

Further reading: <https://bit.ly/3fYDd46>

Encouraging community and school-driven strategies

As well as promoting vector control strategies at the community level, we are drawing on our expertise to implement student-driven dengue vector control and monitoring strategies in Yangon, a region with high dengue morbidity and mortality. Given that dengue poses a substantial public health risk to the majority of school children under 15, prevention is a priority — particularly in the absence of effective treatment or a vaccine. Our efforts build on the successes and lessons learnt from implementing a cross-sectoral dengue prevention project in Cambodia.

Using these insights, our project will encourage school students to engage with vector control strategies, including making mosquito traps; farming and distributing guppy fish — which eat mosquito larvae — within their communities; removing breeding sites in and around their schools and homes; and spreading positive behavioural messages within their communities. If effective, this intervention package will be invaluable to the MoHS in scaling up dengue prevention interventions throughout the country.

Further reading: <https://bit.ly/37Qx5aH>

Collaborations and strategic partnerships

Malaria Consortium has had more than 10 years' fruitful collaboration with Myanmar's MoHS. We have been able to support critical MoHS milestones, such as the provision of technical assistance to the NMCP in the development and national rollout of a patient-level malaria case database for improved surveillance and response in a pre-elimination and elimination settings. Many of our core efforts have been made possible thanks to generous funding from key organisations, such as the Access to Health Fund (formerly the Three Millennium Development Goal Fund), the U.S. President's Malaria Initiative, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, UK aid (Foreign, Commonwealth and Development Office), Comic Relief, GlaxoSmithKline, and the Norwegian University of Life Sciences, as well as private sector donors such as the Vitol Foundation.

We further engage in multi-sectoral collaborations and partnerships, recognising that such networks are crucial to eliminating malaria in the Greater Mekong Subregion (GMS). We are a partner of the global RBM Partnership to End Malaria and, regionally, we work with the Global Fund, the GMS Regional Steering Committee and the Asia Pacific Malaria Elimination Network. We are also a member of the Malaria Civil Society Organization Platform, an advocacy group operating in the GMS.



Community volunteers set out to gather data for the 2015 malaria indicator survey

Health systems strengthening

To help prevent the spread of vector-borne diseases more effectively, we strengthen health systems through targeted surveillance and M&E efforts. Comprehensive data collection and analysis at all levels of the health system not only allow for the early detection of trends and outbreaks, but also help target malaria services to those areas most affected by the disease.

Facilitating data for decision-making

In 2015–2016, we led the first ever national malaria indicator survey in Myanmar to capture baseline data, which supported the assessment of the impact of malaria-related activities nationwide. A joint undertaking with the NMCP, the Myanmar Medical Association, the MoHS' Department of Medical Research and the London School of Hygiene & Tropical Medicine, the survey results encouraged the effective prioritisation of malaria services in areas experiencing the greatest malaria burden and informed the development of the National Strategic Plan and the National Malaria Elimination Plan.

Further reading: <https://bit.ly/3fXQJoT>

Building robust surveillance systems

Drawing on our previous operational research and experience in supporting national programmes to transition further along the elimination continuum, we launched a malaria surveillance system, which supports case-based surveillance in 281 of Myanmar's 291 malaria-endemic townships. We additionally conducted comprehensive training to develop the capacity of staff — from the central to the township level — to cope with new technology and data platforms. The new system has become a fundamental mechanism used by the NMCP for malaria surveillance and M&E, providing a foundation for developing a better understanding of the malaria landscape in each and every area of Myanmar. It also contributes to measuring programme outputs, outcomes and impact; ensures data quality and feedback mechanisms are in place; and generates learning for programme management and decision-making.

Further reading: <https://bit.ly/33wWQvI>



Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Our mission is to improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote child and maternal health.

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Cover image: A scene from Mandar village, Myanmar



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disease control, better health