



MYANMAR | JANUARY 2020 - DECEMBER 2021

GEMS+ MALARIA SURVEILLANCE BULLETIN



168,148
Suspected cases tested



1,691
Confirmed positive cases

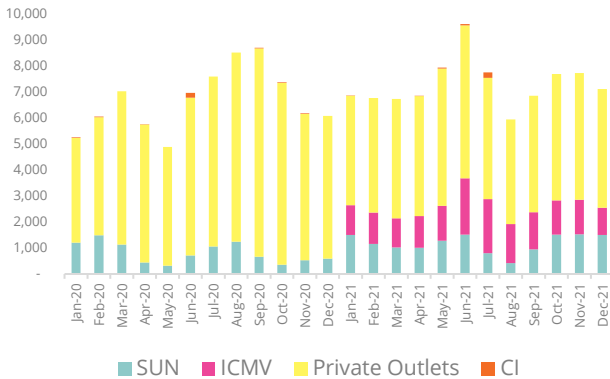


1%
Average positivity rate



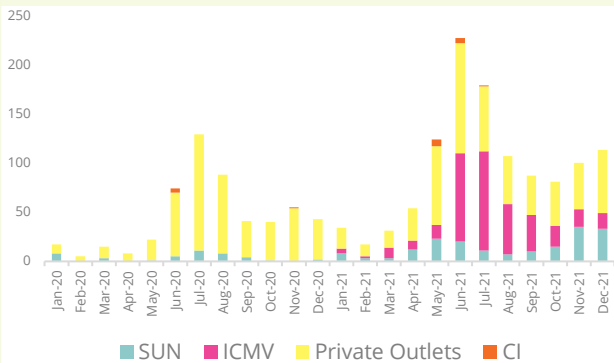
841
0
Private outlets enrolled in GEMS+
Outlets transitioned to NMP

Suspected Cases Tested by Channel



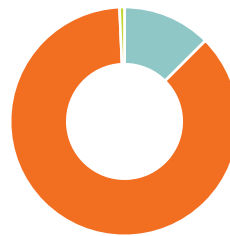
	Sun Quality Health Network (SUN)	Non-Formal Private Outlets (PO)	ICMV (CHSP)	Case Investigation (CI)*
Providers	391	375	111	
Cases tested	23,963	126,697	16,876	612
Positive cases	223	1,075	375	18
Positivity rate	0.9%	0.8%	2.2%	2.9%

Confirmed Positive Cases by Channel



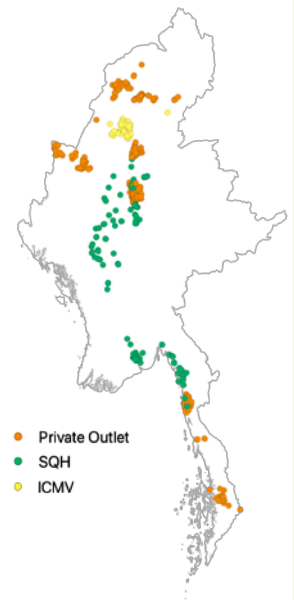
Characteristics of Confirmed Positive Cases

Positive cases by Plasmodium species



- P.f. (12%)
- P.v. (87%)
- Mixed (1%)

Private Providers Enrolled by Channel



Reporting Rates by Channel



48%
SUN

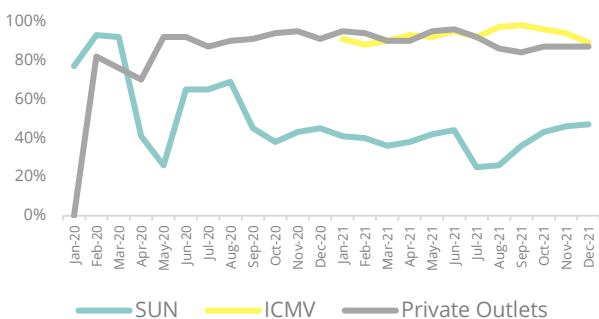


85%
Private Outlets



93%
ICMV

Proportion of expected reports received



Quality of Case Management



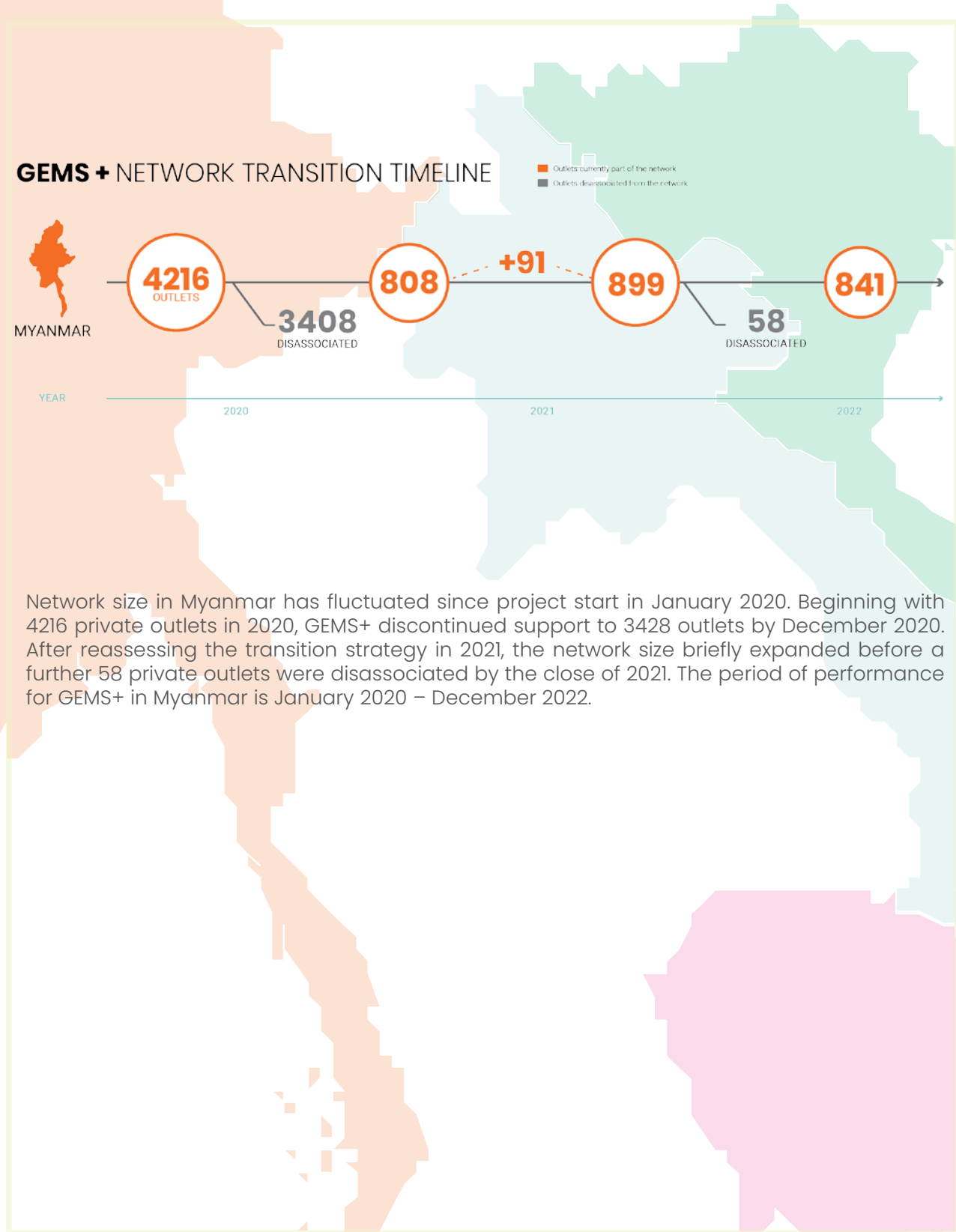
Percentage of confirmed positive cases treated according to guidelines

100%
SUN

100%
ICMV

99.9%
Private Outlets

GEMS+ NETWORK TRANSITION TIMELINE



Network size in Myanmar has fluctuated since project start in January 2020. Beginning with 4216 private outlets in 2020, GEMS+ discontinued support to 3428 outlets by December 2020. After reassessing the transition strategy in 2021, the network size briefly expanded before a further 58 private outlets were disassociated by the close of 2021. The period of performance for GEMS+ in Myanmar is January 2020 – December 2022.



GREATER MEKONG SUB-REGION ELIMINATION OF MALARIA (GEMS) COUNTRY FACTSHEET: MYANMAR 2016 – 2019



PRIVATE SECTOR COVERAGE



3%
Baseline coverage
(2015)



36%
Midline coverage
(2017 – non-formal only)



62%
Endline coverage
(2019)



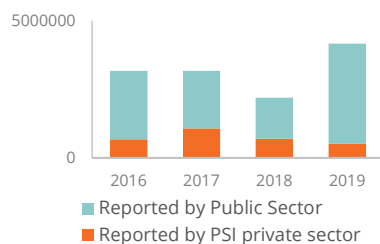
8.3%
National positive caseload
detected by PSI (2019)

- All outlets (formal providers, non-formal private outlets, and volunteers) are authorized to provide malaria testing and treatment, including prescribing Primaquine for radical cure of Pv.
- The Artemisinin Monotherapy Replacement (AMTR) project from 2012 to 2018 provided substantial support to map 20,000+ non-formal outlets and facilitate the replacement of monotherapies with QAACs through existing private supply chains. GEMS support further enabled PSI to train and support a proportion of non-formal providers in malaria case management and generate surveillance data. The AMTR network scaled down rapidly from 2017 due to reduced funding from 3MDG. This network, now renamed as Non-Formal Private Outlets (PO) supports only 985 POs, down from 3,004 in 2018.
- General practitioners (Sun Quality Health Network) and integrated community malaria volunteers (ICMVs) (formerly known as community health service providers) receive complementary support from Global Fund and Comic Relief. Worksites are funded 100% by GEMS.
- As of 2019, 961 Sun clinics, 985 POs, and 2,270 ICMVs are supported for case management and surveillance.

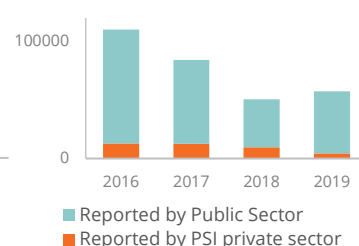
	2016	2017	2018	2019
No. private outlets supported	23,204	19,403	7,306	4,216
No. suspected cases tested	683,072	1,076,127	698,081	520,341
No. confirmed positive cases	13,015	12,580	9,718	4,388

CASE SURVEILLANCE

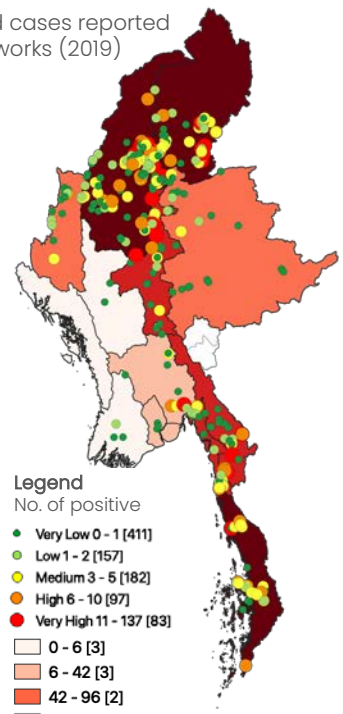
National testing data by sector



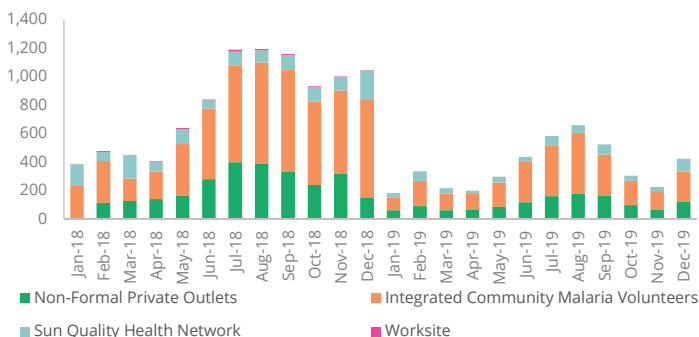
National confirmed case data by sector



Confirmed cases reported by PSI networks (2019)



Confirmed cases reported by PSI, by channel (2018–2019)



Positive cases by Plasmodium species (2019)



Pf (31%)
Pv (67%)
Mixed (2%)

Legend

No. of positive

- Very Low 0 - 1 [411]
- Low 1 - 2 [157]
- Medium 3 - 5 [182]
- High 6 - 10 [97]
- Very High 11 - 137 [83]
- 0 - 6 [3]
- 6 - 42 [3]
- 42 - 96 [2]
- 96 - 522 [3]
- 522 - 1345 [3]

SUPPLY CHAIN & CASE MANAGEMENT

- RDTs and first-line treatments are secured through national supply chain (Global Fund). PSI facilitates last-mile distribution to the Sun Clinics and community health workers. PSI facilitates QAACT distribution to non-formal channels through two private distributors with national reach.
- Some ACTs are procured internationally by PSI for distribution to Private Outlets by two key pharmaceutical distributors in the country, AA and PolyGold.



99%

Percentage of cases treated according to guidelines (2019)



97%

Outlets with non-expired RDT & ACT in stock at time of visit (2019)



HNQIS quality of care score (ICMV & PO, 2019)

- Class A (42%)
- Class B (37%)
- Class C (21%)

Mystery Client Survey Results (2019)

- Mystery Client Survey revealed differences in performance across channels. Testing in response to reporting a fever is low, with only 33% of Sun doctors and POs, and 63% ICMVs offering an unprompted malaria test. Testing only increased marginally after prompting to 48% for Sun, 39% for POs and 73% for ICMVs.
- Performance is higher for testing and correct diagnosis, and correct treatment. 4 clients out of 290 that tested negative for malaria received an antimalarial.

PRIVATE SECTOR REPORTING AND INTEGRATION WITH NATIONAL SURVEILLANCE



74%

Reporting rate: Non-formal Private Outlets (2018)



80%

Reporting rate: Integrated Comm. Malaria Volunteers (2019)



66%

Reporting rate: Sun Quality Health Network (2019)

- Providers report case data to PSI monthly through a hybrid paper and electronic system.
- 582 community health providers are trained and equipped to report in real-time through the mobile MCBR App, integrated with Global Fund PR Save the Children system.
- PSI submits monthly line-listing reports of all case data to the National Malaria Control Programme (NMCP) according to protocol.

ELIMINATION PROTOCOLS

998

Cases notified within 24 hours (2019)



46%

Cases investigations Completed by PSI CI officer (2019)

- 882 formal Sun doctors and 1705 ICMVs in elimination targeted areas are trained in case notification protocols to submit an SMS within 24 hours to township.
- PSI has hired and seconded Case Investigation Officers in Mandalay and Yangon, with recruitment underway in Lashio, to conduct case investigation with NMCP.

EVIDENCE, ADVOCACY & OTHER INITIATIVES

- Developed private sector malaria elimination guidelines with WHO and NMCP underway.
- Empathy, Insights, Prototype (EIP) processes planned in 2019 to co-design a strategy to increase case detection among malaria high risk populations in Tamu and Singhu.
- Facebook messenger bot for case notification is being developed to facilitate provider reporting.
- Rapid scaling down of non-formal network due to loss of funding has resulted in lower availability of RDTs and QAACTs in target townships and outlets.

COMPLEMENTARY MALARIA PROGRAM FUNDING

- Global Fund (2018-2020): Funding to support case management and vector control through integrated community malaria volunteers; GF saving reinvestment to support small network of high performing non-formal providers; intensify case detection through Mobile Migrant, Ethnic & Vulnerable populations (MMEVs)
- Comic Relief (2017-2019): Funding to support community-based and non-formal providers for case management and surveillance.
- M2030: Funding with business partner to support 115 non-formal providers in a high burden township (Bamauk, Sagaing Region)
- Vivax funding: Secured new investments from UNITAID via PATH (VivAction) and the Gates Foundation, via Medicines for Malaria Venture (VivAccess) to support the NMCP's pursuit *Plasmodium vivax* (Pv) radical cure.