


THREE DISEASES FUND
MALARIA PREVENTION AND CONTROL
ACHIEVEMENTS, CHALLENGES and
RECOMMENDATIONS
by WHO-NMCP-MMA


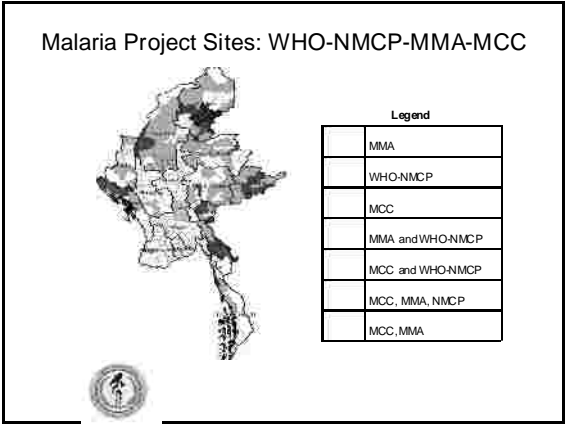
14 October 2009



Project: Malaria Prevention and Control in Myanmar



Executing agency: WHO Country Office, Myanmar

Components and Implementing Partners:
Component 1: Malaria Prevention and Control in High Risk Townships (National Malaria Control Program)
Component 2: Quality Diagnosis and Standard Treatment of Malaria by General Private Practitioners (Myanmar Medical Association)
Component 3: Community-based malaria prevention and control (Myanmar Council of Churches)



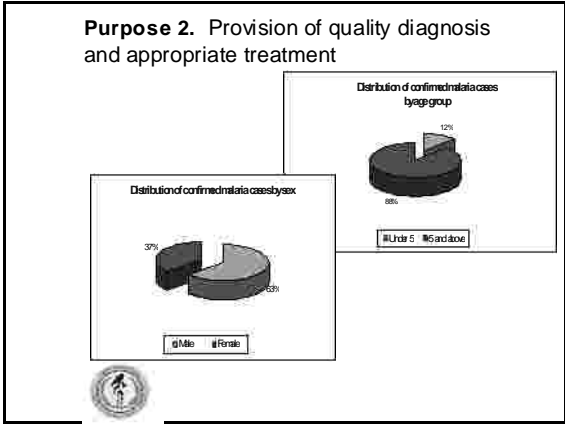
Purpose 1: Prevention of malaria in high risk areas

Bednets treated - 196,842
 LLINs distributed - 6,200
 Population covered - 527,605
 BCC conducted

Purpose 2. Provision of quality diagnosis and appropriate treatment

	NMCP	MMA	TOTAL
Tested with RDTs	205,491	82,953	288,444
Treated with ACTs	146,957	29,252	176,209
Treated with CQ	82,578	53,701	136,279

Purpose 3: Community empowerment and engaging the private general practitioners

- ü MMA trained / re-trained and supported
 - 173 private GPs in 46 tsps
 - 15 volunteers in townships (Namsan, Southern Shan and Kutkai, Northern Shan)
- ü Set up 2 mobile and fixed clinics
- ü Continuing medical education of private general practitioners



Purpose 4: Capacity strengthening for malaria prevention and control

- ü 184 VBDC field staff re-trained
- ü 17 data and logistics assistants trained
- ü 30 TMOs trained on leadership and management (done and funded under TB component)
- ü Team building (MMA)
- ü BCC training workshop (MMA)
- ü Total Quality Management Workshop (MMA)



Monitoring and Evaluation (NMCP)

- ü Annual evaluation and planning of MCP done in 100 townships
- ü Bi-annual monitoring meetings in 100 townships
- ü Annual evaluation & planning workshop at central level
- ü Malarimetric surveys done
- ü Health facility based surveys done
- ü Computerized database piloted
- ü TSG meetings
- ü Field monitoring by VBDC staff, TMOs and WHO



Monitoring and Evaluation (MMA)

- ü Project Advisory Committee Meetings
- ü Technical Working Group Meetings
- ü Monitoring quality of RDTs
- ü Monitoring by
 - Project staff (Project manager, Technical Officer, Quality Assurance Officers), Central Supervisors, Fund Manager & WHO
 - Mystery clients



Challenges

- ü Scaling up the coverage of ITNs / LLINs
- ü Reaching out to hard to reach highly endemic villages
- ü Timely provision of financial support for field supervision and for distribution of RDTs and ACTs
- ü Ensuring quality of services by the BHS and GPs
- ü Timely consolidation, analysis and reporting of data, and use of data for decision making particularly at township level



Recommendations

- ü More financial support should be provided for:
 - scaling up the use of ITNs / LLINs
 - increasing coverage of RDTs and ACTs in public and private sectors
 - innovative tools or approaches for control of malaria among high risk groups (e.g., internal migrants, forest related workers)
 - empowering community volunteers and GPs
 - capacity strengthening, including M & E, particularly at township level
- ü Flexible arrangements of fund flow mechanism to support field supervision and logistics distribution



The road to reach the national goal of malaria control and contribute to the Millennium Development Goals is very long and difficult...



... but together we can make it!

Thank you!

