Background
Myanmar accounts for more than half of malaria cases and about three quarters of the malaria deaths in the region, with an estimated incidence around 465,000 confirmed cases in 2011 (VBDC Annual Report). The need for strengthened malaria control in Myanmar is made more urgent by evidence of artemisinin resistance parasites that have also been reported along the Myanmar-Thailand border. Monotherapy treatment of uncomplicated malaria is prevalent in most areas of the country. Counterfeit and substandard antimalarial medicines also reduce treatment success and increase drug resistance. Massive development projects and agri-businesses have resulted in large movement of populations from non-endemic to endemic areas in search of employment opportunities. Weak infrastructure and limited resources have created large gaps in malaria services, particularly in development areas and border areas.

CAP-Malaria/Myanmar Project Goals and Objectives
In Myanmar, the USAID | PMI control and Prevention of Malaria Project (CAP-Malaria) is currently working in 21 townships along the Thailand and Burmese borders with evidence of high malaria burden and drug resistance to reduce malaria morbidity and mortality and to contribute toward the containment of artemisinin resistant malaria. The project objectives are to:
1. To increase access to prevention interventions in target areas;
2. To increase access to appropriate diagnosis and treatment in target areas; and
3. To strengthen malaria services in target areas.

The project’s key approaches to achieving these objectives are:
- **Vector control** including increase consistent use of insecticide treated bed nets, and behavior change communication to increase knowledge and increase personal protection against malaria, seek early diagnosis, and adhere to treatment.
- **Early diagnosis and treatment** particularly through community-level networks and linking them with the public health system for improved service provision and monitoring of cases; promote use of national treatment guidelines.
- **Health System Strengthening** through capacity building of the public sector in program implementation (e.g. diagnosis and treatment, quality assurance/quality control, supervision, supply chains); promoting inter-sectoral partnerships; and engaging the private health sector to operate under the national strategic plan.
Enabling environment through advocacy and technical support to improve efficiency of program operation across all levels; promote public-private collaboration in malaria control.

Strategic information including innovative community- and hospital-based strategies for surveillance of drug-resistant malaria; use of information for program planning and evaluation.

CAP-Malaria is strengthening routine malaria control activities in selected townships along the Thai-Myanmar border. Because these areas are in remote areas with weak infrastructure, CAP-Malaria emphasizes community engagement by strengthening the capacity of community-level malaria workers and volunteers. Through training and supportive supervision, and by fostering linkages with the public sector and other local stakeholders, village malaria workers (VMW) have been trained and equipped to deliver comprehensive malaria control interventions such as distribution of insecticide-treated bed nets, early diagnosis, and prompt treatment.

To ensure comprehensiveness of malaria data and reduce the wide gaps in service delivery, an important strategy for CAP-Malaria is to engage new partners in both health and non-health private sectors. CAP-Malaria works with partners to engage the formal and informal private practitioners to comply with the national treatment guidelines. In addition, the project is forming linkages with private sector employers to maximize reach to target populations, such as mobile-migrant rubber plantation workers.

Malaria prevention: Over 246,700 long-lasting insecticide treated nets (LLINs) have been distributed, accompanied by behavior change communication reaching 399,000 people living in malaria endemic area. Community health groups (CHGs) in Kayin State perform malaria prevention and control activities. Capacity-building of the CHGs is focused on setting-up and managing Community Revolving Funds.

Strengthening malaria control at the borders: CAP-Malaria has established border malaria posts in Kawthoung Township along the border with Ranong, Thailand. These posts provide people crossing the border with information on malaria prevention, malaria screening and treatment of uncomplicated cases.

Engagement of private sector: CAP-Malaria is working with companies to expand malaria services to migrant workers. So far, such efforts have benefited over 45,000 local and migrant workers in Kawthoung and Dawei Townships.

Improving malaria surveillance activities: Working closely with the national program, CAP-Malaria provides technical and logistic support to surveillance activities, including bi-monthly entomology surveillance.

Highlights of Results to Date

Malaria service delivery: CAP-Malaria’s services have reached more than 725,500 people in over 160,000 households in 22 townships in Kayin State, Southern Rakhine Region and Tanintharyi Region. CAP-Malaria trained 952 VMWs to help to deliver malaria services in the remote community. They have performed 54,500 malaria diagnostic tests and provided 5,760 treatment doses. CAP-Malaria’s mobile teams, consisting of medical doctors, team assistants, microscopists, and health facilitators have detected 2,100 positive patients among 58,900 tested. Screening for malaria during antenatal care was introduced on October 1, 2013. To date, 2,244 pregnant women have been screened for malaria; no one has been found positive for malaria.

Over 246,700 long-lasting insecticide treated nets (LLINs) have been distributed, accompanied by behavior change communication reaching 399,000 people living in malaria endemic area. Community health groups (CHGs) in Kayin State perform malaria prevention and control activities. Capacity-building of the CHGs is focused on setting-up and managing Community Revolving Funds.

Key Achievements (as of March 2014)

Case finding and management
- Total tested: 115,332
- Total positive: 8,077
- Total *P. falciparum* positive: 3,094

Capacity building
- Training on interpersonal communication for 743 VMWs, 1,185 basic health staff and 384 village chiefs
- Training on malaria diagnosis and treatment for 952 VMWs and 353 basic health staff

Prevention
- Numbers of LLIN distributed: 246,752
- People reached through interpersonal communication: 399,419
- People reached through small media: about 3.9 million
- People reached through mass media: 269,710

For more information, contact:
Dr. Kheang Soy Ty, Chief of Party, USAID CAP-Malaria
University Research Co., LLC • Building #10 (3rd & 4th floors), Street 214, CheyChumnas, Daun Penh, Phnom Penh, Cambodia
Tel: 855-23-222-420 • E-mail: ksoyty@urc-chs.com
www.urc-chs.com • http://capmalaria.org