

Malaria Situation in South-East Asia Region: Country Reports

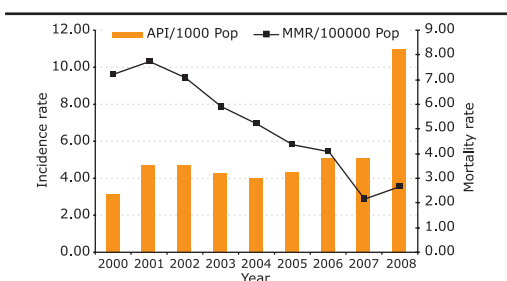
Myanmar

Malaria is one of the major public health problems with around 40.6 million people at risk. Although much of the population is at risk of malaria, the most vulnerable are non-immune migrant workers occupied with gem-mining in forests, logging, agriculture and construction. Annually, around 200,000 confirmed malaria cases and around 1500 malaria deaths are recorded every year. The *Pf* percentage of reported malaria cases are more than 75%. Malaria transmission in the country is perennial. About 60% of the total malaria cases are reported from forest areas. ITNs / LLINs are used as a main tool for vector control. IRS has been applied selectively to control epidemics only. For case detection in the areas not covered by microscopy, the Rapid Diagnostic Test (RDT) is used. Around 40% of the malaria cases are seeking treatment through the private sector.

Myanmar reported an increase in the number of confirmed malaria cases from 120,029 in 2000 to 447,073 in 2008. This is associated with a 20% increase in the number of slide examinations. Further, the introduction of RDTs added 187,289 confirmed cases. The percentage of *P. falciparum* cases has increased from 80% in 2000 to 97% in 2008 (as almost all RDTs are used to detect *Pf* cases only). The number of malaria admissions has declined since 2000 from 85,409 to 47,553 in 2008 as has the number of deaths from 2756 to 1088. Inpatient admission of malaria cases declined from 16% in 2000 to 6% of all admissions in 2008. While these latter observations may suggest some improvements in the malaria situation, the reasons behind these trends, such as improved diagnostic practices or the effect of increased use of ACTs, are not clear. Between 2006 and 2008 1.5 million ITNs were delivered. Overall, the evidence suggests that there has been little change in the malaria situation since 2000. The National Malaria Control Programme (NMCP) annually needs around USD 5.05 million but availability is very limited. NMCP is mainly funded by the Three Diseases fund, JICA and partly by the government itself.

Malaria situation at a glance: 2008	
Total population	: 59.02 million
Population in malarious areas	: 40.55 million
Number of Lab confirmed malaria cases	: 447,073
Number of probable malaria cases	: 187,207
<i>P. falciparum</i> proportion	: 97%
Number of deaths due to malaria (Reported)	: 1088
Cases treated with ACTs	: 358,122
No of LLINs distributed	: 112,865
No. of effective LLINs+ITNs (cumulative) availability	: 693,858
Population protected with ITNs+LLINs	: 4.35 million
Population protected with IRS	: 0.01 million
% population at high+mod. risk covered by bednets+IRS	: 13.5%
- Supported by Global Fund	

Reported malaria incidence (confirmed cases) and malaria mortality in Myanmar, 2000 - 2008



Programme goals and targets

To reduce malaria morbidity and mortality until the disease is no longer a public health problem in the country.

Targets	Baseline data in 2005	2010
To reduce morbidity by 50% of the rate in 2000	3.15 / 1000	1.58/ 1000
To reduce mortality by 75% of the rate in 2000	7.22/ 100000	1.81/ 100000

Partners and donors

- Three Diseases Fund
- WHO
- GFATM
- Japan International Cooperation Agency (JICA)
- Local NGO's

Achievement and initiatives in 2008

- 700 microscopes were distributed up to rural health centre level.
- 419,4501 tests and 231,997 doses of ACT were distributed to BHS.
- Malaria mortality declined from 5.5 to 1.84/100000 population.

Issues and challenges

- Multidrug resistant falciparum malaria.
- Uncontrolled population movement possibly leading to epidemic-prone situation or epidemics.
- Lack of resources, inter-sectoral collaboration and trained manpower.
- Laboratory services and treatment facilities are often inadequate, particularly in the remote areas.
- Indiscriminate use of antimalarials by private practitioners and by the drug sellers leading to drug resistance problems.
- Delay in reporting from periphery to the central Vector-borne Disease Control (VBDC).

Best practices and success stories

- For improving access, malaria mobile teams reached hard-to reach border areas.
- Community-based malaria control programme has been introduced in some selected townships.
- Samples of different types of antimalarial drugs from each and every state/ division were collected for detection of faked anti-malarial drugs.
- Training of malaria officials at all levels.