

**MYANMAR'S MULTISECTORAL
APPROACH TO MALARIA
ELIMINATION**

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ACRONYMS

3MDG	Three Millennium Development Goals
ACT	Artemisinin Combination Therapy
ADB	Asian Development Bank
AHMM	ASEAN Health Ministers' Meeting
APLMA	Asia Pacific Leaders Malaria Alliance
APMEN	Asia Pacific Malaria Elimination Network
ASEAN	Association of Southeast Asian Nations
BIMSTEC	Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation
CBO	Community Based Organizations
CCM	Country Coordinating Mechanism
CEO	Chief Executive Officer
CESVI	Cooperazione e Sviluppo
CMPE	Center for Malaria, Parasitology and Entomology, Lao PDR
CSO	Civil Society Organization
DFAT	Department of Foreign Affairs and Trade - Australia
DFDA	Department of Food and Drug Administration of Myanmar
DFID	Department for International Development - UK
DMR	Department of Medical Research
DMS	Directorate of Medical Services
DHIS2	District Health Information System
EAO	Ethnic Armed Organization
EAS	East Asia Summit
EHO	Ethnic Health Organization
EPHS	Essential Package of Health Service
ERAR	Emergency Response to Artemisinin Resistance
FBO	Faith Based Organization
GMS	Greater Mekong Sub-region
HFS	Health Financing Strategy
ICMV	Integrated Community Malaria Volunteers
IDP	Internally Displaced Persons
IOM	International Organization for Migration
JICA	Japan International Cooperation Agency
KDHW	Karen Department of Health and Welfare

KOICA	Korea International Cooperation Agency
LMC	Lancang-Mekong Cooperation
LLINS	Long Lasting Insecticide Nets
MARC	Myanmar Artemisinin Resistance Containment
MBCA	Myanmar Business Coalition on AID
MBDS	Mekong Basin Disease Surveillance
MGC	Mekong Ganga Cooperation
MHDC	Myanmar Health and Development Consortium
M-HSCC	Myanmar-Health Sector Coordinating Committee
MMA	Myanmar Medical Association
MME	Mekong Malaria Elimination Program
MMEV	Mobile Migrant Ethnic Vulnerable Population
MMK	Myanmar Kyat
MMP	Mobile Migrant Population
MOHS	Ministry of Health and Sports
MOLIP	Ministry of Labor, Immigration and Population
MOPF	Ministry of Planning and Finance
MOU	Memorandum of Understanding
MRCS	Myanmar Red Cross Society
MSDP	Myanmar Sustainable Development Plan
MSWRR	Ministry of Social Welfare, Relief and Resettlement
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NHL	National Health Laboratory
NHP	National Health Plan
NLD	National League for Democracy
NMCP	National Malaria Control Program
NPME	National Plan for for Malaria Elimination in Myanmar 2016-2030
PR	Principal Recipient of the Global Fund
PSI	Population Services International
QDSTM	Quality, Diagnosis and Standard Treatment of Malaria
RAI	Regional Artemisinin-resistance Initiative
RAI2E	Regional Artemisinin-resistance Initiative Second Phase Elimination
RBM	Roll Back Malaria Partnership
RDT	rapid Diagnostic Test
RRPME	Regional Regulatory Partnership for Malaria Elimination
RSC	Regional Steering Committee

RSP	Regulatory Strengthening Programs
SDG	Sustainable Development Goal
SEARO	Southeast Asia Regional Office
SOMHD	Senior Officials' Meeting on Health Development
SR	Sub-recipient of the Global Fund
SSB	Social Security Board
TES	Therapeutic Efficacy Studies
TGA	Therapeutic Goods Administration
TSG	Technical Strategy Group (for malaria)
UHC	Universal Health Coverage
UMFCCI	The Republic of the Union of Myanmar Federation of Chambers of Commerce and Industry
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
USD	United States Dollar
VBDC	Vector-borne Disease Control Unit
VHV	Village Health Volunteers
WEF	World Economic Forum
WHO	World Health Organization
WPRO	Western Pacific Regional Office
YSH	Yoma Strategic Holdings

INTRODUCTION

Myanmar has made significant progress in reducing malaria morbidity and mortality in the past decade. There were 74,175 malaria cases and 18 deaths in 2018.¹ This represents a 84.6% drop in cases and 95.5% drop in deaths compared to 2012 (481,204 cases, 403 deaths).² These gains have been made possible due to the scaled up interventions by the Ministry of Health and Sports (MOHS) and implementers through a multi-sectoral approach mainly in part supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other partners and by increased domestic funding. Under the National Plan for Malaria Elimination in Myanmar 2016-2030 developed by the National Malaria Control Program (NMCP), the country aims to interrupt transmission of, and eliminate indigenous malaria throughout the entire country by 2030.

Despite these efforts, malaria remains endemic in 291 out of 330 townships in Myanmar, with 44 million (or about 85% of the population) people at risk of malaria.³ Malaria epidemiology in Myanmar is highly complex, varying greatly and requiring different malaria control strategies adapted to suit specific risk groups and vector behaviors while also adjusted to take local health service coverage and broader context into consideration.⁴ *Plasmodium falciparum* malaria is prevalent in areas bordering Bangladesh and India (i.e. western Myanmar), while *Plasmodium vivax* cases are dominant in areas along the Sino-Myanmar border in Eastern Myanmar. Intense malaria transmission is mainly restricted to hilly, forested and forest fringe areas.⁵ Such areas tend to overlap with hard-to-reach and conflict-prone areas, or are located along Myanmar's border regions that are usually inhabited by ethnic minorities, have poor access to health services and experience large population movements within and across national borders including conflict-linked population displacements.⁶

Further compounding the complexities of these border areas, some townships have lucrative and/or illicit economic activities such as logging, jade or gold prospecting and mining, and their cross-border nature attracts formal and informal mobile migrant populations (MMPs), and also host illegal transnational smuggling and migration routes. The 2016-2020 National Strategic Plan for Intensifying Malaria Control and Accelerating Progress towards Malaria Elimination identified mobile and migrant populations at risk from malaria as including slash-and-burn and paddy farming communities visiting their forest farms; seasonal agricultural laborers; defense services personnel; non-state actors; formal sector forest workers including the police, border security, forestry and wildlife protection services; transient or mobile camps associated with commercial projects; formal and informal cross-border migrant workers.⁷ (other at risk

¹ NMCP, 2019.

² Prior to 2012, trends in reported incidence are difficult to interpret due to significant changes in case management approaches and service coverage largely due to funding support from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other financial partners. Data from 2012 onwards is robust and demonstrates a stable reduction in caseload year-by-year.

³ Department of Public Health, Ministry of Health and Sports Myanmar. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016.

⁴ World Health Organization Myanmar Office, "External Evaluation of the National Malaria Control Program Myanmar," 2016.

⁵ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 3

⁶ MOHS, National Plan for for Malaria Elimination in Myanmar 2016-2030. 2016. p. 38

⁷ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 6

population are static populations that include established villages, new settlements, camps associated with large-scale construction projects, settlements associated with plantations, and prisons and prison worksites).

As in other Greater Mekong Subregion (GMS) countries, Myanmar's borders are often porous and see large concentrations and movements of MMPs for a variety of reasons. The border regions are hard-to-reach, mostly inhabited by ethnic minorities, conflict-prone and tend to host economic activities that attract MMPs. An estimated 3 million Myanmar migrants live and work in Thailand,⁸ many of whom crossed or continue to utilize informal routes. There are also large irregular movements of people across Myanmar's other international borders, particularly with China and Bangladesh. This diverse mosaic of MMPs, and their associated risks of malaria reintroduction or developing drug-resistance is a major factor for the need to adopt a multi-sectoral approach. In conjunction with the country's broader efforts to address ethnic minorities' long-standing grievances, MOHS and other health stakeholders.

Overshadowing these factors is the threat of spreading resistance to frontline anti-malarials across the GMS that threatens to undo the hard fought gains made. The latest World Malaria Report has also indicated a slight increase in malaria cases globally and in parts of the GMS in 2017 and 2018, after years of consistent decline.⁹ The spread of drug resistance is a major factor motivating Myanmar and the other GMS countries to actively work to achieve malaria elimination by 2030.

The country is also approaching malaria through the lenses of achieving universal health coverage (UHC) by 2030 and through a health security perspective given the threat of drug resistance. Despite the epidemiological shift towards non-communicable diseases (NCDs) where NCDs now account for 68% of all deaths, the country has been able to achieve significant reduction in malaria cases.¹⁰ Such commitment and emphasis on malaria elimination is noteworthy and due to Myanmar's engagement with partners through a multisectoral approach.

The following sections describe a overview of the non-exhaustive multisectoral approach towards malaria elimination efforts in Myanmar involving various stakeholders.

⁸ Ministry of Information, "Thai-based migrant workers set to receive citizen IDs," 11 August 2018

⁹ According to the WHO's preliminary estimates for the first half of 2018, the total number of cases in the GMS has increased by 32% compared to the corresponding period in 2017.

¹⁰ World Health Organization. Noncommunicable Diseases (NCD) Country Profiles 2018. 2018.

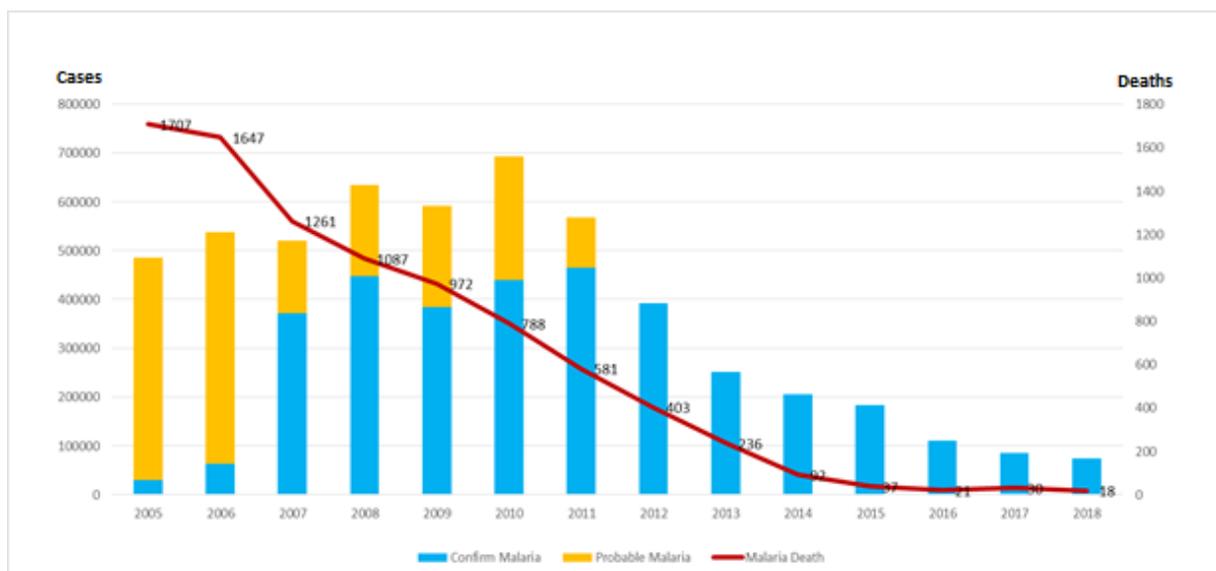


Figure 1: Recent trends in reported malaria burden (confirmed and probable cases and deaths) in Myanmar (2005-2018). Source: National Strategic Plan Intensifying Malaria Control and Accelerating Progress towards Malaria Elimination, 2016; and National Malaria Control Program, 2019.

APLMA, the Roadmap and a Call for Uniting National Efforts

Since its formation in October 2013, the Asia Pacific Leaders Malaria Alliance (APLMA) has worked to secure and support a regional leaders' commitment to an Asia Pacific free of Malaria by 2030. This commitment was achieved in 2014 at the 9th East Asia Summit (EAS) held in Nay Pyi Taw, Myanmar. Subsequently, at the 10th EAS in Kuala Lumpur, Malaysia, the leaders endorsed the Leaders Malaria Elimination Roadmap with its six priority areas for achieving malaria elimination. The Roadmap also calls on the Leaders to unite and engage relevant government agencies, including ministries of health, finance, and foreign affairs, to accelerate national efforts towards meeting the malaria elimination challenge. This unified national approach complements and strengthens the work of international and regional organizations such as WHO, The Global Fund to Fight AIDS, Tuberculosis and Malaria, and Asian Development Bank (ADB).

In 2016, senior officials endorsed the APLMA Leader's Dashboard to track national and regional progress towards malaria elimination. The Dashboard monitors progress using the six Roadmap priority areas financing, regulatory and policy processes to support regional public goods in commodity, quality and access issues.

Leadership and Political Commitment

Since political and economic liberalizations were initiated in 2011, Myanmar has shown sustained high-level political commitment to health along with the social sectors such as education, social welfare and poverty alleviation. These sectors had been under-resourced and overextended, but the reforms have translated into increased domestic financing and the creation of a conducive policy formulation and implementation environment more receptive to multi-stakeholder involvement across various sectors of development

In August 2015, officials from the Ministries of Health, Defense and Foreign Affairs met with representatives from three major ethnic groups and also the then-opposition party, the National League for Democracy (NLD), at the University of Maryland in the US to work towards malaria elimination.¹¹ It was through this forum that the seeds for a whole-of-government and inclusive multisectoral approach were planted.

The current government, through the now ruling NLD's National Health Network, outlined its roadmap on health reforms and achieving UHC in 2016, for the health system to better meet the needs of the population. The public health sector has seen significant increase in government investment. MOHS's budget has expanded from around Myanmar Kyat (MMK) 381 billion (USD 434 million) in 2012-2013 to MMK 1,128.7 billion (USD 752.5 million) for 2018-2019.¹² This translates to an increase of USD 1.6 per capita or 1% of the government budget in 2011-2012, to USD 59.12 per capita or 4.5% of the government budget in 2018-2019¹³. These domestic funding increases have also coincided with the entry of international funding as international sanctions were lifted.

Ministry of Health and Sports Leadership for Malaria Elimination in GMS

In line with the union government's prioritization of health, MOHS has taken an active role in providing leadership on Myanmar's malaria elimination activities. As the lead malaria agency, the National Malaria Control Program has not only recognized the need for multi-sectoral responses in the context of drug resistance, but has also actively engaged and coordinated with stakeholders in search of sustainable and innovative responses, and to build country ownership and leadership of the activities.¹⁴ There are currently over 12,000 public health facilities delivering free malaria prevention, treatment and care services across Myanmar. Domestic financing for malaria increased from USD 5.27 million in 2015 to USD 6.63 million by 2017 - an increase of 25.8%.¹⁵

Frontline, functional "Village health volunteers" (VHVs) are a recent innovation implemented in Myanmar that now form the foundation of malaria-control activities at the village level, filling the gaps in the coverage.¹⁶ Over 40,000 VHVs have been trained, of which around 18,000 remain active. The VHVs are given two-day modular training on malaria diagnosis and treatment, and provide community-level diagnosis and treatment with quality-assured Rapid Diagnostic Test (RDT) kits and Artemisinin Combination Therapy (ACT), and also are engaged in preventive activities such as distributing Long Lasting Insecticide Nets (LLINs) and health

¹¹ British Medical Journal, 2015. "Myanmar ministers and opposition leaders agree plan to eliminate malaria by 2030."

¹² Union Government Budget Explorer. Mmbudgets.info (Accessed 4 March 2019)

¹³ Thit Nay Moe, "Govt to spend more on health, education; but funds for agri lacking," *Myanmar Times*, 12 October 2018.; World Bank Group, "Myanmar Public Expenditure Review: Realigning Budgets to Development Priorities," 27 April 2016.

¹⁴ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 29

¹⁵ WHO. World Malaria Report 2018, 2018. p. 115

¹⁶ According to NMCP, 57% of malaria cases in 2015 were diagnosed and treated by VHVs.

education.¹⁷ They also help monitor population movements and support referral for severely ill patients. These VHVs are supported by NMCP and by 22 implementing partners. NMCP has also engaged over 1,700 general practitioners and numerous healthcare providers.

NMCP coordinates closely with three MOHS departments for implementation of key activities - the Department of Medical Services to collect hospital data on malaria, the National Health Laboratory (NHL) to support NMCP validators and strengthen quality assurance for hospital and facility-based malaria microscopy, and the Department of Food and Drug Administration (DFDA) which is responsible for monitoring the quality of antimalarial medicines through 11 sentinel sites, and for control of counterfeit, sub-standard and unregistered antimalarials. 208 townships are scheduled to begin elimination activities in 2019.¹⁸

National Policies

The year 2030 represents a major milestone for the country, as Myanmar plans to achieve UHC, malaria elimination and other major goals such as universal electrification and the United Nations' Sustainable Development Goals (SDGs) by the same year. These aspirations and the liberalization of political space have translated into the government embracing multi-sectoral and multi-stakeholder approaches on tackling the issues at hand. Malaria elimination is linked to both UHC through the National Strategic Plan for Intensifying Malaria Control and Accelerating Progress towards Malaria Elimination 2016-2020 and the National Plan for Malaria Elimination in Myanmar 2016-2030. The Myanmar Sustainable Development Plan ties the elimination of diseases including malaria to the country's long-term sustainable development agenda.

Universal Health Coverage

In 2016, MOHS released the National Health Plan 2017-2021 as the first step towards achieving UHC by 2030. While the primary goal of NHP 2017-2021 is to introduce a basic essential package of health services (EPHS) by 2021, it involves plans for multi-sectoral efforts for achieving UHC and specifically states to be all-inclusive, involving regional and township health authorities, Civil Society Organizations (CSOs), NGOs, EHOs, development partners, professional associations, and the private sector.¹⁹

Currently, a social security scheme is being implemented by the Social Security Board (SSB) of the Ministry of Labor, Immigration and Population (MOLIP). This scheme is available to formal sector employees, requiring enterprises (whether state owned, private or foreign) with over five employees to provide employee insurance. The contributions are tripartite, with the employer and employee contributing 2.5% and 1.5% of salaries, and the government provides in the form of capital investment (workers' hospitals, dispensaries, mobile medical units and branch offices have been established nationwide). Workers insured under the scheme are provided with free medical treatment and various benefits in-line with international practice.²⁰

¹⁷ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 12

¹⁸ World Health Organization, 2019.

¹⁹ MOHS. Myanmar National Health Plan 2017-2021. 2016. pg. 1.

²⁰ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 19

MOHS, MOLIP, the Ministry of Social Welfare, Relief and Resettlement (MSWRR) and the Ministry of Planning and Finance (MOPF) are exploring on integrating and expanding services under the SSB into the country's efforts to attain UHC.

MOHS is also developing a health financing strategy in order to implement the NHP, and expansion of service coverage and service delivery capacity for UHC. This process has involved close consultative work with a wide variety of stakeholders that include different government ministries and agencies including the Defense Services, parliamentarians, development partners and international financial institutions, national and international NGOs, CSOs, EHOs, the private sector, professional associations and academics. The multi-stakeholder approach used for the development and implementation of the NHP is also being replicated across other MOHS work streams.

NMCP has identified that achieving UHC with regard to case management will require the utilization of three channels of service delivery: a) public, b) community-based, and c) private.²¹ NMCP is currently collaborating with PSI and MMA for private sector providers to test and treat patients in accordance with the National Malaria Treatment Guidelines. Private sector providers are required to notify all positive cases to local health authorities within 24 hours of diagnosis.

Myanmar Sustainable Development Plan

The recently adopted Myanmar Sustainable Development Plan (MSDP) has also aligned different government ministries for the realization of long-term growth. Strategy 4.2 of MSDP has tasked the Ministry of Health and Sports, the Ministry of Agriculture, Livestock and Irrigation (MOALI), that also includes the Department of Rural Development, and the Ministry of Social Welfare, Relief and Resettlement, in the country's fight against epidemics including malaria.

National Plan for Malaria Elimination in Myanmar 2016-2030

The National Plan for for Malaria Elimination in Myanmar 2016-2030 (NPME) affirms inter-sectoral collaboration as a key factor that has enabled Myanmar to shift from malaria control to elimination.²² The NPME identifies four multi-sectoral collaboration mechanisms within and between the formal and informal sectors to ensure both effective malaria elimination activities, and for resource mobilization. The four mechanisms are: i) joint appraisal and consensus building; ii) policy formulation and implementation; iii) joint evaluation and learning; and iv) monitoring and accountability. The NPME further outlines activities including sensitization meetings for policy makers, members of parliament, and community leaders on malaria elimination, engaging the private sector partners and business leaders, and to conduct multi-sectoral advocacy efforts in cooperation with other government agencies.

²¹ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 17

²² MOHS, National Plan for for Malaria Elimination in Myanmar 2016-2030. 2016. p. 37.

COUNTRY LEVEL

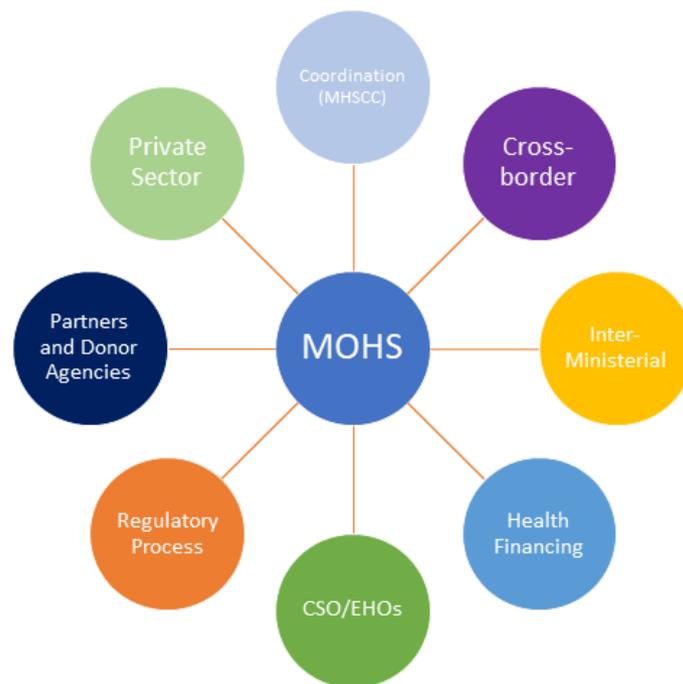


Figure 2: Myanmar's multi-sectoral approach at the regional and country levels.

National Partners

Other Government Ministries

The National Plan for Malaria Elimination in Myanmar 2016-2030 identifies intra-government agencies for malaria elimination: planning, land development, trade and industry, environment, water and irrigation, infrastructure, labor, transport, food and agriculture, education, security, culture and community development.²³

While MOHS is the main provider of public medical services within the country, certain government ministries operate their own medical services. Notably, the Myanmar military operates its own medical services - the Directorate of Medical Services (DMS) - for service personnel and their families. The SSB has its own hospitals as well as the Ministry of Transport (Rail hospitals), while other ministries provide curative services to their employees and families. While these non-MOHS ministries' health services provide general medical services, their scope also includes malaria for employees assigned to endemic areas. MOHS is working to collect malaria diagnosis and case management data from these ministries, and also for monitoring of actual and expected population movements to support epidemic prediction.

Given the forest-based nature of malaria, one of the crucial multi-sectoral coordination is with the Defense Services. Three security-related ministries have jurisdiction over border areas where malaria tends to be endemic - the Ministry of Defense, the Ministry of Home Affairs, and the Ministry of Border Affairs. Due to their work nature, the Defense Services form a

²³ MOHS. *National Plan for Malaria Elimination in Myanmar 2016-2030*. 2016. p. 37

sizable and highly mobile high-risk group that are often deployed in hard-to-reach areas and based in camps located in forests or forest fringes, and also have to conduct night patrol duties where they are at high risk of contracting malaria.²⁴

NMCP coordinates with the DMS on the distribution of LLINs for use by soldiers deployed in endemic areas - while the Defense Services distribute the LLINs themselves, NMCP provides technical oversight.²⁵ Approximately 30,000 nets have been distributed to DMS under the Global Fund grant. The NSP 2016-2020 plans for the strengthening of malaria case detection and management services to be in line with national guidelines, the provision of RDTs, antimalarial drugs and commodities, the introduction of microscopy-based screening for all Defense Service personnel before and after deployment to endemic areas, and for the incorporation of case management data into the national reporting system.²⁶ DMS has shared data with MOHS for 2017 and 2018. The NSP also plans for the collaboration between Department of Medical Research (DMR), the Defense Services Medical Research Center, NMCP and regional vector-borne disease control program to conduct drug resistance monitoring.

Myanmar Health Sector Coordinating Committee (M-HSCC)

Similar to other countries receiving Global Fund dispensations, the Country Coordinating Mechanism (CCM) for Myanmar was established in 2008. The CCMs are national committees comprising representatives from all sectors involved in the response to the diseases, such as the government, the private sector, multilateral and bilateral agencies, technical partners, the private sector, non-governmental organizations, academic institutions, faith-based organizations, civil society and communities living with the diseases. The CCMs serve to oversee the implementation of approved Global Fund grants and to ensure linkages and consistency between the grants and national programs, among other tasks.²⁷

In 2013, the CCM for Myanmar was expanded into the Myanmar Health Sector Coordinating Committee (M-HSCC), which now serves as a national coordinating body for all public health sector issues. The M-HSCC is chaired by the Union Minister for Health and Sports and comprises 35 members from 11 constituencies consisting of the government, parliamentary representatives, UN agencies, development partners (bilateral donors), international finance institutions, national NGOs and professional groups, CBOs and FBOs, international NGOs, the private sector, people living with diseases and the academic sector.²⁸ The M-HSCC has technical strategy groups (TSGs), including one for malaria. The TSG-Malaria is led by the MOHS Department of Disease Control, with WHO serving as technical secretariat. The TSG-

²⁴ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 8

²⁵ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 23

²⁶ MOHS. National Strategic Plan for Intensifying malaria control and accelerating progress towards malaria elimination 2016-2020. 2016. p. 19

²⁷ Global Fund, "Country Coordinating Mechanism overview." <https://www.theglobalfund.org/en/country-coordinating-mechanism/> (Accessed 1 March 2019.)

²⁸ Myanmar Health Sector Coordinating Committee, "Structure of the Myanmar Health Sector Coordinating Committee (M-HSCC)," myanmarhsc.org/structure (Accessed 1 March 2019).

Malaria provides technical guidance on the development of national malaria strategies, coordinates among partners, and works to provide clarity on major technical and policy issues.

Task Force on Malaria Elimination

The formation of a national-level task force on malaria elimination that includes inter-ministerial representation and working groups is planned and awaiting approval. The task force is envisioned to provide oversight and guidance, and to advocate for resource mobilization and domestic financing.

Ethnic Health, Faith-based and Civil Society Organizations

Political support is required not only at the national level, but also from regional governments and from ethnic groups and organizations, some of which have engaged in conflict with successive governments. Thus, stakeholder engagement also encompasses ethnic armed organizations (EAOs) and ethnic health organizations (EHOs), some of whom operate within EAO jurisdictions, along with FBOs and CBOs including border-based organizations. Even in situations where there is ongoing conflict between the central government and certain EAOs, MOHS has been coordinating malaria control activities with respective EHOs, FBOs and CBOs.²⁹ MOHS has now agreements with conflict affected States and regions including in Rakhine, Kayah and in Kayin. This process is also beginning in Shan State with Wa EHO.

One of the major EHOs that coordinate with MOHS is the Karen Department of Health and Welfare (KDHW), the EHO of a major EAO, the Karen National Union (KNU). Since a major ceasefire was reached between the government and the KNU in 2012 after more than six decades of conflict, NMCP and KDHW have been collaborating on malaria elimination activities along the Myanmar-Thai border where the KNU is present and where KDHW operates health facilities. Alongside KDHW, MOHS is also working with the Mae Tao clinic on health systems strengthening.

With a large number of national FBOs operating across various ethno-religious groups and regions across Myanmar, FBOs have also been involved in malaria-related and broader health initiatives. The Myanmar Council of Churches has been an important FBO involved in malaria activities, including being a sub-recipient to Global Fund grants. Two FBOs, the Kachin Baptist Convention and the Karen Baptist Conventions along with EHOs such as the KDHW, the Karenni Mobile Health Committee and the Mon National Health Committee were also involved in artemisinin-resistance related projects under 3MDG funding support.³⁰

Reflecting the broader reforms, improved coordination between NMCP and CSOs have been noted in recent years. CSOs such as community welfare and health associations form an important support network and also serve to empower and give a voice for rural communities and the urban poor. Some CSOs operate emergency ambulances while others coordinate blood donor networks. On a national level, civil society has been actively involved through the M-HSCC, the Global Fund's CCM and fora and workshops involving MOHS and other

²⁹ Interview with NMCP, February 2019.

³⁰ 3MDG, Community Leaders Eliminating Artemisinin Resistance Project (CLEAR) <https://www.3mdg.org/en/what-we-do/hiv-tb-and-malaria/partners-projects/item/468-community-partners-international-containment-of-artemisinin-resistance-in-eastern-myanmar> (Accessed 5 March 2019)

government agencies. CSO organizations have been crucial in advocating for increased domestic funding for malaria, along AIDS and tuberculosis, such as the Global Fund Advocates Network for Asia Pacific (GFAN AP), with the Asia Pacific Council of AIDS Service Organizations (APCASO) serving as the Secretariat. CSOs such as Pyi Gyi Khin have been actively involved in promoting health equity and universal health coverage, development of a health financing strategy, and in the implementation of the National Health Plan in close collaboration with MOHS and partners.

International Partners

The Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria disburses funds to Myanmar through two principal recipients - the United Nations Office for Project Services (UNOPS) and Save the Children. The Global Fund has disbursed USD 127.78 million for malaria, out of a cumulative USD 594.21 million invested in Myanmar to date. UNOPS also manages the expanded second phase of the Global Fund's Regional Artemisinin-resistance Initiative, the RAI2E program. The USD 243 million grant is for accelerating elimination of *P. falciparum* malaria in the GMS, through support for increased malaria service coverage to remote populations in border areas and other at-risk populations, along with case management through health volunteers and strengthening national surveillance systems.³¹

Sub-recipients of the Global Fund include NMCP, WHO, the Myanmar Medical Association, Myanmar Red Cross Society, Medical Action Myanmar, Malteser International, the American Refugee Committee, Myanmar Health Assistant Association, the Shoklo Malaria Research Unit, Myanmar Council of Churches, the International Organization for Migration (IOM), PSI and Save the Children-Myanmar.³² Under the Global Fund's dispensations, over 1.6 million people were treated for malaria, 11.4 million tested for malaria, and 8.3 million insecticide-treated bednets have been distributed.³³ Funding has also been used to train community-based village malaria volunteers (VHVs) which were expanded in 2017 as Integrated Community Malaria volunteers (ICMV) whose roles were expanded to address not only malaria but also tuberculosis, HIV, dengue hemorrhagic fever, filariasis and leprosy.³⁴

3 MDG Fund and Access to Health Fund

The Three Millennium Development Goals (3MDG) Fund was a major multi-donor fund managed by UNOPS that focused on maternal and child health, the three diseases (HIV,

³¹ UNOPS, "\$243-million grant," www.raifund.org/en/article/243-million-grant (Accessed 2 March 2019)

³² RAI2E - Towards elimination of Malaria. https://www.raifund.org/en/grant-map?field_donor_tid%5B%5D=462&field_province_township_name_tid=1907 (Accessed 5 March 2019)
The Global Fund Program in Myanmar

³³ UNOPS, "The Global Fund Program in Myanmar," https://pr-myanmar.org/sites/pr-myanmar.org/files/uploads/pr_booklet_0.pdf (Accessed 4 March 2019)

³⁴ Thu Naing and Ashley Schmidt, "Trained Volunteers Provide TB Diagnoses – and Hope – to Burmese families", 6 February 2019

UNOPS, "Supporting frontline malaria workers through field monitoring visits," <https://www.raifund.org/en/news/enhancing-frontline-malaria-workers-performance-through-field-monitoring-visits-0> (Accessed 21 April 2019)

Tuberculosis and malaria), and health systems strengthening. The fund's resources were aligned with MOHS's priorities and initiatives to strengthen the national health system at all levels to extend access for poor and vulnerable populations to quality health services. Over 6.2 million people in 44 townships, including remote and conflict-affected areas, were covered by maternal, newborn and child health services under 3MDG. The donors included seven bilateral donors - Australia, Denmark, the European Union, Sweden, Switzerland, the UK and USA, with commitments that totaled more than USD 284 million. 3MDG funded projects conducted nearly 2.5 million rapid diagnostic tests and treated around 145,000 confirmed malaria cases during its existence.

3MDG initially began as the Three Diseases Fund in 2006 comprising a consortium of donors from the European Commission and the governments of Australia, the Netherlands, Norway, Sweden, the UK and Denmark. The 3DF transitioned into 3MDG in 2012, and 3MDG evolved into the Access to Health Fund in 2019. Aside from supporting NMCP, the Myanmar Artemisinin Resistance Containment (MARC) was a major malaria-specific initiative under 3MDG that included training of VHVs, referral services, diagnosis and treatment, and monitoring. Other malaria projects funded by 3MDG included mapping private doctors and community-based artemisinin containment. 3MDG was also involved in supporting the development and implementation of the National Health Plan 2017-2021.

The World Health Organization

The World Health Organization (WHO) - through its country and regional offices - South East Asia Regional Office (SEARO), Western Pacific Regional Office (WPRO), and WHO headquarters in Geneva - has been actively involved in supporting GMS countries to address artemisinin resistance and malaria elimination efforts. The WHO launched the Emergency Response to Artemisinin Resistance (ERAR) in 2013 to initially tackle the spread of drug-resistance. WHO then led the development of the Strategy for malaria elimination in the Greater Mekong Subregion (2015-2030) in collaboration with national malaria programs and partners. The WHO has also provided technical guidance in developing GMS countries' national malaria elimination plans, the implementation of these strategies, and also conducting therapeutic efficacy studies (TES). In 2017, the WHO launched the Mekong Malaria Elimination (MME) program to support malaria elimination by facilitating coordination and dialogue among partners, communication with external stakeholders, and coordinating cross-border initiatives. WHO-SEARO also published its Regional Action Plan 2017-2030, which led the development of the SEARO Cross-border collaboration framework.

WHO Myanmar serves as the technical secretariat of the M-HSCC's Technical Strategy Group (TSG) on malaria, and has been closely involved in the development of malaria control and elimination strategies.

Other Development Partners

In addition to other partners, key development agencies such as the United States Agency for International Development (USAID) and the Japan International Cooperation Agency (JICA) have been actively involved in helping Myanmar address various challenges. Through USAID, the U.S. President's Malaria Initiative (PMI) has been implementing in Myanmar since 2011.

From 2011 to 2016, this was implemented through the Control and Prevention of Malaria (CAP-Malaria) project, followed by the Defeat Malaria program.³⁵ PMI supports NMCP with capacity building, monitoring of therapeutic efficacy of antimalarials, strengthening malaria surveillance, drug quality assurance systems, supply chain management and diagnosis quality assurance, along with community-based malaria services including vector control and case management activities at the community level. PMI currently covers over 1,600 villages and worksites in 30 townships across three states and regions.³⁶

JICA has been actively involved in various aspects of Myanmar's development, including in education, health, urban development, environmental conservation and infrastructure development. JICA has implemented a project on improving malaria control equipment supporting NMCP in malaria control activities.³⁷ It has also been involved in health systems strengthening and enhancing medical education. The UK Department for International Development (DFID)'s Burma-UK Healthcare Partnership Program includes tackling the spread of drug-resistant malaria along with developing medical education and accreditation, health systems strengthening, and healthcare in conflict-affected areas.³⁸

Private Healthcare Delivery Sector

As with other countries in the GMS Region, the private healthcare delivery sector including over 18,000 private medical practitioners along with unlicensed pharmacies and medicine vendors and private business-affiliated medical services contribute a significant portion to the diagnosis and treatment of malaria in Myanmar.³⁹ Approximately, 36% of malaria patients sought care and 65% of malaria treatment was received from private healthcare providers.⁴⁰ The reliance on the private sector is more pronounced in remote areas where public sector healthcare services are still unable to fully meet local needs due to factors including conflict situations. Past restriction of the public-private mix for medical treatment had excluded pharmacies, private companies and vendors that had favored the resurgence of monotherapies that hampered treatment outcomes and fueled the spread of drug resistance.⁴¹

Within the context of achieving UHC, the National Strategic Plan 2016-2020 calls for allowing selected private sector providers to test and treat patients in line with national treatment guidelines, while also requiring to notify all positive cases to local health authorities within 24 hours of diagnosis. The plan also calls for expansion of Rapid diagnostic test (RDT)-based diagnosis services to NGO-run health facilities as well as at the community level, and for the

³⁵ US Embassy to Myanmar. "U.S. Embassy Launches New Program to Defeat Malaria," 25 August 2016.

³⁶ USAID. "President's Malaria Initiative: Burma. Abbreviated Malaria Operational Plan FY 2019." 2019. p. 4

³⁷ JICA. "Signing Grant Agreement on the "Project for Improvement of Malaria Control Equipment," 5 November 2014.

³⁸ DFID. "DFID Burma Country Profile," 2018.

³⁹ APLMA. "Private sector case studies in selected countries in Southeast Asia: How Cambodia, the Lao PDR and Myanmar have embraced private sector networks to deliver quality malaria diagnosis and treatments in their path towards elimination." 2019. p. 6

⁴⁰ Bennett, A et al. Engaging the private sector in malaria surveillance: a review of strategies and recommendations for elimination settings. *Malaria Journal*, 2017, 16(1).

⁴¹ APLMA 2019, p. 15.

availability of free RDTs through private sector initiatives.⁴² The National Strategic Plan also calls for the expansion and strengthening of existing social franchising of private medical practitioners. The NSP also plans for a drug-outlet survey to develop a more in-depth understanding of the role of the private sector. The public-private mix is also planned to be expanded to cover pharmacies, private companies and select vendors in order to improve private sector diagnosis and treatment capacities.

The two main private sector implementing partners are the Myanmar Medical Association (MMA) and Population Services International (PSI). With the guidance of MOHS in cooperation with WHO and VBDC, MMA initiated the Quality Diagnosis and Standard Treatment of Malaria (QDSTM) project in 2000 to improve early access to quality diagnosis and treatment through training private medical practitioners and VHVs, and supporting field implementation units. In 2012, PSI initiated the Artemisinin Monotherapy Replacement Project in 2012, with funding from the UK Department for International Development (DFID), the Bill and Melinda Gates Foundation and Good Ventures. The project works with private sector suppliers to rapidly replace widely available monotherapy with combination therapies and had enlisted around 9,000 private outlets as of 2017. PSI Myanmar also operates the Sun Quality Health network, which engages primary care doctors through a social franchise model.

Corporate Sector

Advocacy, Health Financing, and Innovation

M2030: Yoma Strategic Holdings (advocacy for malaria elimination; resource mobilization)

The Asia Pacific region has been experiencing a plateau of donor financing for malaria. Although malaria is on the decline in many countries across the GMS, sustained interest and advocacy is required to achieve malaria elimination.

The diversification of regional countries' economies, combined with socio-economic changes, present a unique opportunity to enlist the support of the corporate sector in preventing and eliminating malaria in the Asia Pacific region. As the region transitions towards a malaria elimination setting, more resources – both financial and technical – will be required. Mobilizing the private sector's expertise and resources will be crucial in realizing the vision to eliminate malaria within the region by 2030, and to sustain the political commitment to end the disease.

In April 2018, Peter Sands, the Executive Director of Global Fund and Melvyn Pun, CEO of Yoma Strategic Holdings (YSH), officially launched M2030 at the Malaria Summit in London. Other partners include: Dentsu Aegis Network; DT Families Foundation; Outdoor Channel Asia; Shopee (a Southeast Asia eCommerce platform); Tahir Foundation; Pun Hlaing Siloam Hospitals, Yoma Heavy Equipment and Wave Money, with more partners set to join in 2019.

M2030: M2030 aims to bring together consumers and companies to mobilize business leaders and funding to support malaria elimination efforts in the GMS as well as in Indonesia by 2030.

⁴² MOHS 2016. *National Strategic Plan for Intensifying Malaria Control and Accelerating Progress towards Malaria Elimination 2016-2020*, p. 17

The goal is to make the emerging urban middle-class in Asia informed and committed to eliminating malaria. The M2030 brand can be extended to the corporate sector not only for malaria campaigns but also for branding products and services. In return, the companies pledge the funds to fight malaria in the countries where the money was raised, in collaboration with the Global Fund, or directly with an implementer. By leveraging corporate platforms through business leadership, the M2030 movement can make the public aware of the malaria elimination agenda and help sustain the political commitment to elimination.

M2030 Launch in Myanmar: On August 20 (World Mosquito Day) 2018, APLMA and YSH organized a launching event attended by senior government officials, private sector, media, donor agencies, international and national civil society organizations. The Permanent Secretary of the Ministry of Health and Sports gave the keynote speech at the launch and witnessed the signing of the Memorandum of Understanding between YSH and APLMA. At the launch, Melvyn Pun, CEO of YSH announced that Wave Money and the Pun Hlaing Siloam Hospitals agreed to be the inaugural business partners for M2030 in Myanmar. Later on, Yoma Heavy Equipment and also City Mart joined the M2030 initiative.

M2030 and YSH: M2030 and YSH entered into a partnership to support progress towards malaria elimination by 2030 in Myanmar. The partnership articulates three core areas of cooperation: 1) YSH as a malaria elimination champion, working on joint advocacy campaigns and mitigating the threat from multi-drug resistant forms of malaria; 2) YSH will serve as the lead partner for M2030 in Myanmar, by introducing M2030 brand within the YSH group of companies; 3) YSH and M2030 will also jointly explore activities in a forthcoming corporate sector partnership project supported by the Global Fund to leverage private sector assets, networks and skills to address implementation challenges and improve access in Myanmar and the greater Mekong Sub-region.^{43 44}

The funds raised under M2030 will be used to support malaria programs in Myanmar. YSH has signed an agreement with Population Services International (PSI) to be their implementing partner for malaria in Myanmar. WaveMoney, Pun Hlaing Siloam Hospital, and Yoma Heavy Machinery were amongst Yoma Strategic Holdings companies to launch M2030 campaigns aimed at consumers, including fund and awareness raising activities.

M2030 and City Mart Holdings: M2030 is in the process of signing an MOU with City Mart Holdings which is a leading retail chain in Myanmar including supermarkets, pharmacies, bookstores, shopping centers, cafes, and convenience stores. Under the agreement, City Mart plans to support malaria programs implemented by Myanmar Red Cross Society (MRCS), also a Global Fund sub-recipient.

YSH & M2030 Champions Council: The M2030 Champions Council is an APLMA and World Economic Forum (WEF) initiative to drive corporate leadership to advance malaria elimination in Asia. The council consists of a highly select number of esteemed leaders from the private sector, public sector and civil society. As a pioneering partner of M2030, Melvyn Pun – CEO and Executive director of YSH, has joined the Champions Council as an inaugural member.

⁴³ Ibid.,

⁴⁴ Adopted from APLMA M2030 Brief, August 2018

He will also play a critical role by highlighting YSH's commitment to drive malaria elimination efforts in Myanmar to other decision makers.

Corporate Action Network: RAI2E (UMFCCI/UNOPS)

As a sub-recipient of the Global Fund's RAI2E Package #6.3, the Corporate Social Responsibility Department of the Republic of the Union of Myanmar Federation of Chambers of Commerce and Industry (UMFCCI) is implementing the "Engaging the non-health corporate sector to support Malaria Control and Elimination Activities". UMFCCI is the largest private sector association in Myanmar, representing 16 regional and state Chambers of Commerce and Industry, nine Border Trade Associations, 76 Affiliated Associations and approximately 30,000 member enterprises. The project, in close collaboration with NMCP and UNOPS serving as principal recipient, began in January 2019. It comprises six private sector-led components to augment NMCP's malaria elimination efforts, including in conflict-prone areas: utilizing fast-moving consumer goods supply chains for delivery of emergency essential medicines and equipment; digital wallets and mobile money application for payment to health workers and volunteers; mobiles for malaria stock management and case reporting; forums in support of innovation and dialogue; engaging corporates with large workforces affected by malaria; and public-private partnerships to support elimination. The UMFCCI CSR Department is working with regional health departments, regional chambers of commerce and industries, and a number of local and international businesses - including Wave Money and Novartis Social Business - to implement the project across ten townships in seven states and regions in Myanmar over 2019-2020.

Private Sector Malaria Forums

In November 2013, UMFCCI, the Myanmar Health and Development Consortium (MHDC) and Myanmar Business Coalition on Aid (MBCA), supported by MOHS and the Roll Back Malaria (RBM) Partnership held the 'Malaria Forum on Private Sector Response to Artemisinin Resistance in Myanmar'. This was Myanmar's first public-private partnership malaria forum in the country to engage the corporate sector. It also explored actionable steps in how the private sector can be involved and developed an accreditation scheme to incentivize employers and enterprises support the response to artemisinin resistance. The forum included over 170 representatives and stakeholders from the private sector, civil society, government, multilateral and bilateral agencies, research and media agencies.

This was followed by a broader regional forum on "Opportunities for Corporate Sector Engagement in Malaria Control in the Asia-Pacific" in September 2014 that was co-hosted by the RBM Partnership, APLMA and GBCHealth in partnership with MHDC, Malaria No More, the Global Fund with financial support from Sanofi. The forum was attended by over 100 participants from the business community, donor organizations and implementing partners representing Myanmar, Thailand, Cambodia, Viet Nam and Papua New Guinea to identify how and where the private sector is able to enhance and accelerate malaria control and elimination efforts in the Asia Pacific region.

The business accreditation scheme currently has 104 businesses in 4 states and regions, with MHDC and MBCA working to conduct private sector mapping and to expand the enrollment.

Financing Malaria Elimination: Health Financing and UHC

National Health Financing Task Force

A National Health Financing Task Force was established for the development of the Myanmar Health Financing Strategy towards attaining UHC by 2030. Myanmar has committed to implement UHC, along with other reforms including National Health Plan (NHP) 2017-2021 which aims to pave the way for universal provision of Basic Essential Package of Health Services (EPHS), and implementation of a coherent health financing strategy for the country. Myanmar Health Financing Strategy (HFS) describes issues related to revenue raising, pooling and purchasing of health services (both from private and public sector provision) for the population.

The main goal of the National Health Plan (2017-2021) is to extend access to the Basic EPHS to the entire population while increasing financial protection. Two Main Strategies of NHP 2017-2021 focus on:

1. **Supply Side Readiness** (i.e. the ability to deliver basic EPHS in each facility level by providers, Nationwide Health Facility Assessment, matching planning and budgeting of Township, State and Regional Health Plans); and
2. **Financial Protection** or improving financial risk protection by reducing reliance on out-of-pocket expenditure and promoting equity in access to health services (i.e. developing alternative purchasing mechanism for guaranteed minimum services, a comprehensive Health Financing Strategy, and a UHC Bill for splitting provider, purchaser and accreditation functions).

Strategies for revenue collection and the main possible sources of funding for health that can replace out-of-pocket payments were explored including innovative financing approaches from specific taxes, (e.g. tobacco excise tax etc.), general revenues allocated to the health sector, and formal sector contributions. Although MOHS budget is increasing rapidly; there is a substantial decline in external financing. Currently, coverage provided by SSB is limited and utilization of benefits is low. Similarly, private health insurance and other sources of financing is still low.

In order to ensure the strategy development and coordination of UHC implementation, a number of stakeholders were involved a series of consultations including Parliamentarians and Committees, Line Ministries, (Ministry of Health and Sports, Ministry of Labor, Employment and Social Security, Ministry of Planning and Finance, Ministry of Economy, Ministry of Defense, Ministry of Social Welfare Relief and Resettlement), EHOs, and CSOs, Private providers, Institutions, and other Organizations and Associations (e.g. Myanmar Medical Council, Myanmar Medical Association, Union of Myanmar Federation of Chambers of Commerce and Industry etc.).

INTERNATIONAL AND REGIONAL COOPERATION

Cross-border Cooperation

With a large number of regular and irregular, formal and informal MMPs that cross Myanmar's international borders, particularly with China and Thailand, and the presence of drug resistance, cross-border cooperation is becoming an important issue.⁴⁵ The WHO has also developed an operational framework for cross-border collaboration for its South-East Asia Region.⁴⁶

The International Relations Department, in collaboration with disease-specific programming and the International Organization for Migration successfully advocated for the creation of a Migrant Health Desk at MOHS tasked with promoting the health of migrants and also to liaise with relevant ministries and international counterparts.⁴⁷

China

Myanmar signed a cross-border memorandum of understanding (MOU) on health with China on 16 May 2017, as part of the One Belt One Road Initiative that encompasses cooperation on control of infectious diseases, development of traditional medicine, healthcare services for migrant workers and cross-border populations and joint-emergency response to health emergencies. The MOU includes data sharing for monitoring and evaluation activities, technical assistance and financing for gap areas for border townships. Under the MOU, the Yunnan Province Health Department, and public health departments from the relevant states will serve as authorized health departments for medical interventions.

Under the MOU, the Strategic Plan for Malaria Elimination in the China-Myanmar border (2018-2030) was drafted, along with an Operational Plan for 2018-2020. The Operational Plan includes establishing reference laboratories in the states bordering China, along with capacity building, technical assistance and information exchange, and includes the respective NMCPs from the two countries, along with NGOs, local authorities and EHOs, with WHO providing technical assistance.⁴⁸

Thailand

The Myanmar and Thai health ministries signed a memorandum of understanding in 2018.⁴⁹ Bilateral cooperation on malaria and health is also addressed under a Labour Cooperation MOU signed in June 2016. A 2-year action plan is being implemented

⁴⁵ MOHS, National Plan for for Malaria Elimination in Myanmar 2016-2030. 2016. Pp. 38-39.

⁴⁶ WHO, An Urgent Front: Cross-border collaboration to secure a malaria-free South-East Asia Region, 2018.

⁴⁷ WHO. Population Mobility and Malaria. 2017. p. 35.

⁴⁸ Presentation by Dr. Thandar Lwin, MOHS at the Asia Pacific Leaders Malaria Alliance Senior Officials' Meeting, "China-Myanmar Cooperation to Address Border Malaria," 6 December 2017

⁴⁹ MOHS, 2019.

Thirty-two border screen points for MMPs have been established, and four major Myanmar towns along the Myanmar-Thai border are paired with their Thai neighbors through the Twin-Cities initiative to build cooperation: Tachileik, Myawaddy, Dawei and Kawthaung.

The twin cities collaborate on malaria control activities including the circulation of biannual coordinated work plans and reports, quarterly progress and planning meetings, regular information exchange and real-time sharing of unusual data, health facility mapping, multilingual patient documents and bilingual billboards and posters to promote malaria awareness for cross-border MMPs.⁵⁰ Under the 2018 MOU, a two-year action plan is being implemented with the Twin Cities.

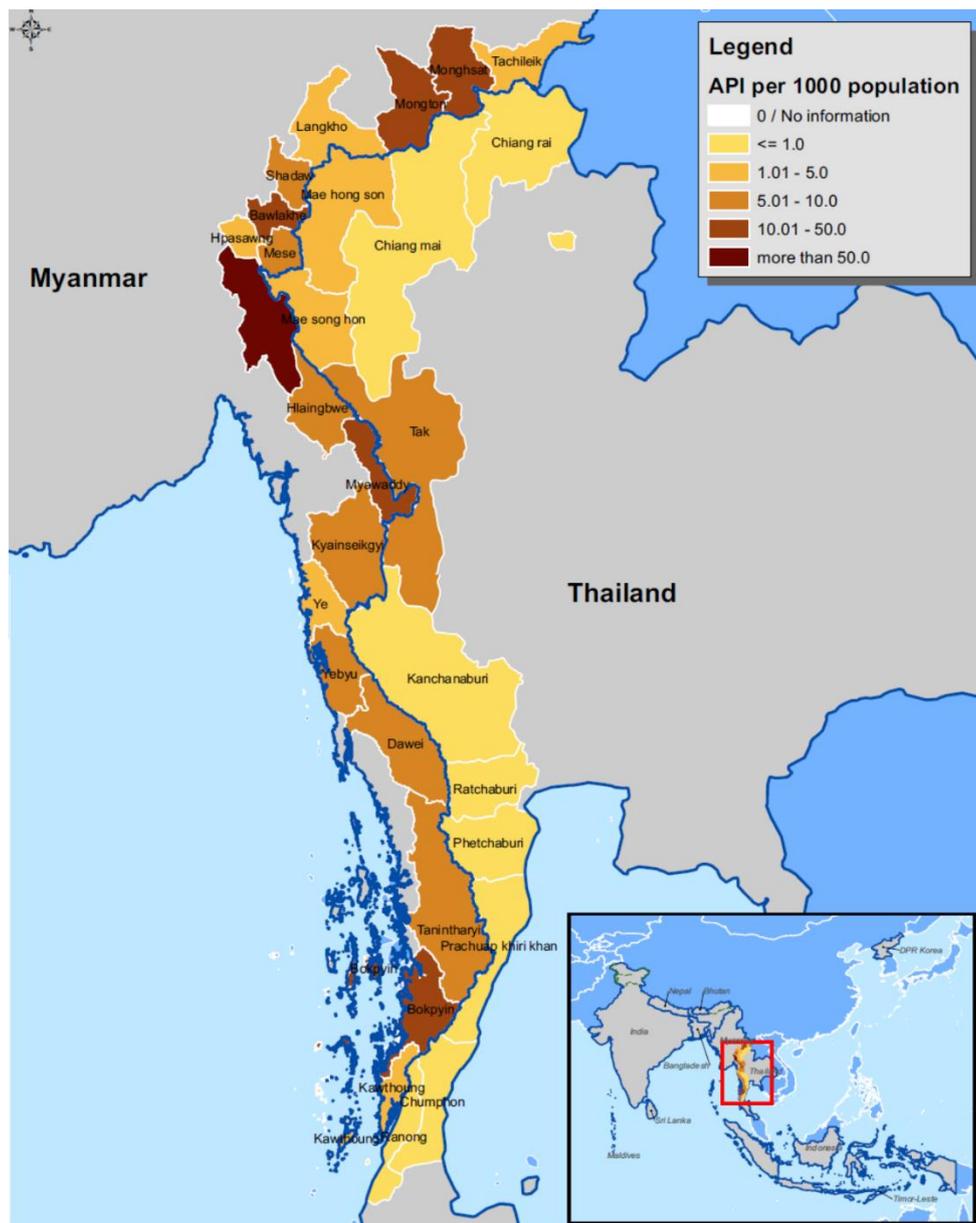


Figure 1. *Malaria Situation on the Myanmar-Thai Border.* Source: WHO, 2018. *An Urgent Front: Cross-Border Collaboration to Secure a Malaria-Free South-East Asia Region. Development of an Operational Framework*

⁵⁰ University Research Co. LLC, “Technical Brief on Cross-border strategies to Reduce the spread of artemisinin-resistant malaria,” 2014.

Lao People’s Democratic Republic

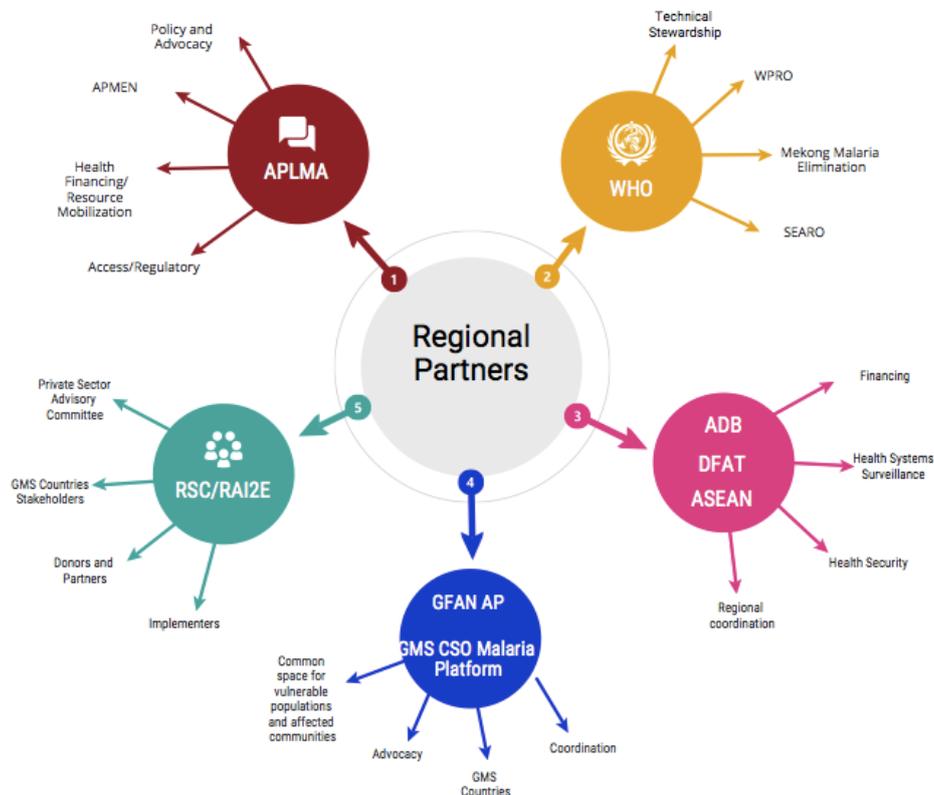
The Lao PDR’s Center for Malaria, Parasitology and Entomology (CMPE) is seeking information-sharing agreements with neighboring countries’ national malaria programs, along with regular meetings to synchronize the implementation of border-related activities. Twin-city collaboration projects similar to the Myanmar-Thai initiative is also being explored.

Bangladesh and India

Porous borders, low socio-economic development, conflict situations, cross-border communities along with the regular impact of cyclones make the border areas very prone to irregular movements of populations. Myanmar’s Paletwa township bordering both India and Bangladesh, carries a heavy malaria burden and accounts for around half of Myanmar’s malaria deaths⁵¹. Cross-border malaria initiatives, including data collection and sharing are yet to be optimized along Myanmar’s borders with both Bangladesh and India compared to the Myanmar-China and Myanmar-Thai border. However, information on MMPs is being attempted by NMCP and WHO under the GMS malaria elimination initiative.⁵²

Regional Cooperation

Multisectoral Stakeholders – Regional Level



⁵¹ Interview with MOHS, February 2019.

⁵² WHO. An Urgent Front: Cross-Border Collaboration to secure a malaria-free South-East Asia Region, 2018. p. 35, 37.

MOHS leadership has been a driving force behind not only Myanmar's continued prioritization of malaria elimination, but also in the GMS, such as the formation of the Myanmar Health Sector Coordinating Committee (M-HSCC) in 2008, the GMS joint Ministerial Call for Action that was drafted for Malaria Week 2017 held in Nay Pyi Taw and signed at the 71st World Health Assembly in Geneva.⁵³

Ministerial Call for Action

During the 71st World Health Assembly in May 2018, health ministers from the six GMS countries signed the *Ministerial Call for Action to Eliminate Malaria in the GMS before 2030*. The Union Minister for Health and Sports, Dr Myint Htwe was a major driving force in producing the joint call, which is a culmination of the activities undertaken during Malaria Week 2017.⁵⁴ The Call for Action appealed to the GMS governments and international partners to ensure malaria elimination activities in the subregion are fully and sustainably financed, including a commitment to increased domestic financing, to implement a multi-sectoral response, and also to improve cross-border collaboration overseen by an independent body with the WHO to serve as the Secretariat.⁵⁵

Malaria Week 2017

With support from WHO, ADB, the Asia Pacific Malaria Elimination Network (APMEN) and APLMA, the Government of the Union of Myanmar hosted Malaria Week in December 2017, to raise the visibility of Myanmar's efforts for malaria elimination efforts. The Union Minister of Health and Sports led the Ministerial Call for Action to Eliminate Malaria in the GMS by 2030, which was signed by GMS Ministers during the 2018 World Health Assembly in Geneva, Switzerland.

The Government of Myanmar hosted Malaria Week 2017 in Nay Pyi Taw, convening high-level government officials to work together for elimination of malaria from Asia and the Pacific by 2030. From 4–8 December 2017, a series of meetings brought together national, regional, and global stakeholders in the fight against the disease.

Objectives of Malaria Week 2017 included: 1) continuing the momentum in the region in supporting the Leaders' goal of eliminating malaria by 2030, and to highlight the urgency of this task; 2) charting and measuring countries' progress toward the goal, identifying success factors and challenges; 3) strengthening cooperation and highlighting best practices for malaria, in line with the WHO Global technical strategy and Strategy for malaria elimination in the Greater Mekong subregion; and, 4) reinforcing collaboration in support of innovative solutions to address new and emerging challenges.

Malaria Week 2017 concluded with a high-level inter-governmental meeting that aims to foster further intra-regional collaboration and development partner support to help ensure that malaria elimination goals are achieved.

⁵³ APLMA, "Six Mekong nations call for accelerated action to eliminate malaria before 2030," 24 May 2018.

⁵⁴ APLMA. "Six Mekong nations call for accelerated action to eliminate malaria before 2030," 24 May 2018

⁵⁵ Ministerial Call for Action to Eliminate Malaria in the Greater Mekong Subregion before 2030.

http://www.searo.who.int/entity/malaria/call4action_malaria_20171208_signed.pdf?ua=1 Accessed 4 March 2019

Regional Cooperation Platforms

Association of Southeast Asian Nations

Myanmar has been a member of the Association of Southeast Asian Nations (ASEAN) since 1997. The ASEAN Community – comprising the ASEAN Political Security Community, the ASEAN Economic Community and the ASEAN Socio-Cultural Community - was established in 2015 as a next step in regional integration. Health cooperation falls under the ASEAN Socio-Cultural Community. ASEAN has developed the ASEAN Post-2015 Health Development Agenda for the ASEAN member states to cooperate both amongst themselves and with international partners on health issues, including resilient health systems, pandemic preparedness, communicable diseases and anti-microbial resistance. The ASEAN Health Ministers' Meeting (AHMM) and the Senior Officials' Meeting on Health Development (SOMHD) form the two main governing bodies for health cooperation with ASEAN. ASEAN Plus Three (which includes China, Japan and South Korea), and the ASEAN-based East Asia Summit (EAS) serve as platforms for health cooperation, and to affirm high-level political support. Notably, APLMA was established by heads of states of Asia Pacific countries at the 8th EAS in 2013 (held in Bander Seri Begawan, Brunei Darussalam), the leaders reaffirmed their commitment to an Asia Pacific free of malaria by 2030 at the 9th EAS in 2014 (held in Nay Pyi Taw, Myanmar) and the Leaders Malaria Elimination Roadmap was endorsed at the 10th EAS in 2015 (held in Kuala Lumpur, Malaysia).

Other Regional Platforms

Other regional platforms to which Myanmar is a member, such as the Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC) and the Mekong Ganga Cooperation (MGC) include regional cooperation on health issues. Both BIMSTEC and MGC include collaboration components on malaria along with other communicable diseases.⁵⁶ MGC has a Joint Working Group on Health for Information and Cooperation in Pandemics (malaria and dengue) management, which first met in November 2017. The Joint Working Group identified areas for regional collaboration such as border province disease management, data sharing and joint research on drug-resistant malaria.⁵⁷ The Lancang-Mekong Cooperation (LMC) platform, involving the GMS countries, also includes cooperation on the prevention and control of emerging and re-emerging infectious diseases. The LMC Five-Year Plan of Action (2018-2022) includes establishing and improving a mechanism for early warning, joint surveillance, prevention and control for cross-border emerging and re-emerging infectious diseases.⁵⁸

⁵⁶ Prime Minister's Office, Government of India. "Fourth BIMSTEC Summit Declaration, Kathmandu, Nepal (August 30-31, 2018)," 31 August 2018.

⁵⁷ Ministry of External Affairs, Government of India. "Remarks by Gen (Dr.) VK Singh (Retd.), Minister of State at the 9th MGC Ministerial Meeting in Singapore," 4 August 2018.

⁵⁸ Lancang-Mekong Cooperation. "Five-Year Plan of Action on Lancang-Mekong Cooperation (2018-2022)," 12 January 2018.

Regional Data Sharing

Myanmar, along with the other GMS countries, collect and report monthly surveillance data to a regional web-based platform, the Regional Data-sharing Platform (RDSP) that is funded by the Global Fund's RAI, and hosted by the WHO MME through the district health information system (DHIS2) software. NMCP provides township-level data, while the WHO is working with the programs to enhance the RDSO and enable more detailed collection and disaggregation of surveillance data. Myanmar is also a signatory of the the Mekong Basin Disease Surveillance (MBDS) cooperation. PSI's Greater Mekong Subregion Elimination of Malaria through Surveillance (GEMS) program supports regional NMCPs (Cambodia, Lao PDR, Myanmar and Vietnam) by improving private sector case management and surveillance.⁵⁹

Regulatory Support

Under APLMA coordination, the Australian Therapeutic Goods Administration (TGA) is undertaking a Regulatory Strengthening Program (RSP) to enhance the regulatory capabilities of the Myanmar Department of Food and Drug Administration (DFDA) to fast track the registration process for essential medical products, including establishing a systematic dossier review process. DFDA is also working with ADB to develop an e-submissions system for new drug application.

NMCP and DFDA have also participated in APLMA's Regional Regulatory Partnership for Malaria Elimination (RRPME). RRPME acts as a overarching platform linking, coordinating and providing accountability and direction for activities aimed at malaria elimination, and aims to introduce regulatory pathways in the region for expedited approval of and access to quality drugs and medical devices for malaria elimination.⁶⁰ Since its inception in 2016, RRPME has had four meetings, hosted by countries in the region.

Regional Steering Committee (RSC)

The Regional Artemisinin-resistance Initiative (RAI) was launched in 2013 in response to the emergence of artemisinin resistant malaria in the Greater Mekong region. Funded by the Global Fund to Fight AIDS, TB and Malaria, the first RAI round (2014-2017) was a USD 100m grant covering the countries of Cambodia, Laos, Myanmar, Thailand, and Viet Nam. A follow-on investment was made for 2018-2020 as an expansion of the RAI as the RAI2-Elimination (RAI2E) grant, with a total of USD 242m over a three-year period.

The RAI Regional Steering Committee (RSC), a multi-stakeholder governance body, provides strategic guidance, selects recipient implementers, and oversees grant implementation track progress against program objectives and ensures funding is used in accordance with agreed strategic priorities.

⁵⁹ Levin A et al. "Costing malaria surveillance systems and mobile reporting for private sector providers in Cambodia, Lao PDR and Myanmar: is it Affordable?" 2018.

⁶⁰ APLMA. Regional Regulatory Partnership for Malaria Elimination (RRPME). www.aplma.org/what-we-do/regulatorypartnership.html. Accessed 5 March 2019.

RSC Private Sector Advisory Board

Under the RAI2E grant, a sub-component (component 6.3) focus on engagement with the non-health corporate sector to support malaria control and elimination activities. To implement this package, the Union of Myanmar Federation of Chambers of Commerce and Industry (UMFCCI) was selected by the RAI Regional Steering Committee, to promote engagement and leverage resources of private and state-owned enterprises in malaria control and elimination activities through private public partnerships and corporate social responsibility (CSR) initiatives.

A Private Sector Advisory Board will be formed to: 1) facilitate coordination with other corporate sector initiatives; and 2) advise the sub-recipient on other potential partnership opportunities; 3) support strategic direction, and help prioritize efforts on a demand driven basis; and 4) facilitate the identification of partnership project, and help assess applicability and scalability.

Regional Civil Society Platform

The Regional Malaria CSO Platform for the Greater Mekong Sub-region (GMS) is a network of more than 50 civil society organizations from the Global Fund RAI implementing countries: Myanmar, Thailand, Cambodia, Lao PDR and Vietnam. The Platform was established in 2014 and serves as the CSO constituency engagement mechanism for the RAI Regional Steering Committee (RSC). The Regional Malaria CSO Platform provides a common space for all CSOs from the GMS that are working on malaria or with key-affected communities in the region through other development programs (such as education, human right provision, and other health services), including to the mobile, migrant, ethnic and vulnerable (MMEV) populations. It is a platform for advocacy, sharing good practices, learning, and coordinated actions for advocacy and addressing malaria issues among vulnerable groups.⁶¹

The CSOs have played and are playing a crucial role in malaria control and elimination in the GMS, especially in providing services to remote and marginalized communities where governments have limited access and capacity to reach out, such as border and forested areas where malaria burden in the GMS is now concentrated. Progress in reaching malaria elimination will need greater coordination and collaboration among countries within and across the borders by addressing, harmonizing border activities information and data sharing. To share and highlight recommendations for action and discuss the achievements of the outcome on the effectiveness of projects implementing as well as the challenges/obstacles. The goals of the CSO Platform are to provide a platform for civil society organizations and community to share best practices, coordinate actions on advocacy, to support improved service delivery to key and vulnerable populations such as mobile, migrant, and underserved populations.⁶²

The platform's advocacy is focused on strengthening and empowering local communities with inadequate resources regardless of their identity, legal status and geographic location. The platform advocacy is focused on three thematic areas: i) community engagement and

⁶¹ Regional Malaria CSO Platform, GMS: Advocacy Plan 2018-2020, p. 8

⁶² Ibid.,

community-led service; ii) multi-sectoral and domestic resources for UHC; and iii) surveillance and data utilization.

CONCLUSION

The gains made against malaria in Myanmar have been made possible only through a comprehensive multi-sectoral approach involving a range of dedicated stakeholders. The Myanmar government's commitments to improving health service delivery and achieving UHC within the context of broad political and economic liberalizations, alongside sustained political commitment, have been a major enabler of the country adopting such an approach to malaria elimination. MOHS and NMCP have been actively involved in providing leadership along with coordination across bureaucratic, political, ethnic and territorial boundaries and to collaborate with other governments, government agencies, ethnic health organizations, faith-based organizations, civil society organizations, international and regional partners, the private healthcare delivery sector and the non-health corporate sector towards this elimination goal.

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