



2016 Annual Report



Your impact in action

FROM THE LEADERSHIP

New horizons for health in Myanmar



Dr. Thomas Lee
Founder & Board Chair
Community Partners International

Dear friends,

Myanmar (Burma) stands at a critical juncture in its history. In April 2016, a new government took office, having secured a majority in the first broadly democratic election since 1960. As the government seeks to implement wide-ranging reforms, we must be mindful of two things.

Firstly, this is an unprecedented opportunity to invest in positive change. In the health sector, for the first time since Community Partners International (CPI) was formed in 1998, there is a genuine and shared commitment across the political spectrum to achieving universal health coverage (UHC). We could never have imagined being in this position just a few years ago, and we must do all we can to ensure that this becomes a reality.

Secondly, there will be many challenges ahead. There are deep faultlines intersecting Myanmar society - a legacy of decades of conflict and turmoil - and these will not disappear overnight. Myanmar's fragile infrastructure, decimated by chronic underinvestment, will take years to strengthen.

As we look to the future, CPI is uniquely placed to help transform Myanmar's health system. With your continued support, we can ensure that this generation of Myanmar's children all receive the health care they need to thrive. Thank you for your belief in our work. Without you, these achievements would not be possible.

With deep gratitude,

A handwritten signature in blue ink that reads "Tom Lee".

Dr. Thomas Lee



Dr. Si Thura
Executive Director
Community Partners International

Dear friends,

It is an honor to address you for the first time as Community Partners International's (CPI) Executive Director. Having grown up during the long and troubled era of military rule in Myanmar, I am inspired by the opportunities we now have to effect deep and lasting reform. We will no doubt face challenges, but with focus and commitment we can lay the foundations for a much brighter future.

During 2016, CPI supported our community partners across Myanmar to reach hundreds of thousands of people with lifesaving health care. We leveraged our unique partnerships and expertise, forged over nearly two decades, to support dialogue and cooperation in health sector reform. In one key development, we supported the drafting of the National Health Plan 2017 - 2021, that brought together the Myanmar Ministry of Health and Sports (MoHS) and ethnic health organizations in an unprecedented consultation process. This is deeply significant considering the history of conflict and the fragmented landscape of health care in Myanmar.

We remain steadfast in our mission to secure equitable and affordable health care for all of Myanmar's people. Thank you for being a part of this journey. We are inspired each day by your support and commitment to our shared cause.

With deep gratitude,

A handwritten signature in blue ink that reads "Si Thura".

Dr. Si Thura

2016 IMPACT OVERVIEW



650,000

people in conflict-affected, remote and urban poor communities supported with lifesaving health care



decrease in malaria cases in CPI malaria project areas

1,014

community-based health workers trained to provide lifesaving care to their communities



1,139



safe births supported by trained birth attendants

65,722



insecticide-treated bed nets given to families in remote areas at high risk of malaria

2,551



pregnant women provided with pre-natal care services



1,020

people living with HIV offered services including counselling, health referral, nutrition support and home-based care



19,147

community members attended health education sessions

CHINA

WHAT & WHERE



DOWN TO ZERO

Eliminating malaria in Myanmar's remote and underserved communities

Malaria continues to threaten the health and lives of millions of people in Myanmar. The disease particularly affects those living in remote and conflict-affected regions where malaria is endemic and access to health care has remained limited or out of reach. The emergence of southeast Myanmar as an epicenter of drug-resistant malaria has added further urgency to the need to control and eliminate this deadly disease.

From 2013, as the political transition in Myanmar opened up new space for health services, CPI rapidly scaled up our malaria control and elimination program with the support of the Three Millennium Development Goal Fund (3MDG) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to reach nearly 285,000 people in remote and conflict-affected communities in Myanmar. Now the results are in, and they demonstrate remarkable progress.

At the beginning of the program, one in five (20%) people in target communities tested for malaria were found to be positive.

By late 2016, this number had dropped to just one in 46 (2.1%), almost a tenfold decrease in three years.

2016 Malaria Treatment Data

Total population coverage	284,649
Total number of people tested	107,490
% of target population tested	38
Total number of confirmed malaria cases treated	2,339

This rapid decline in the malaria positivity rate is a testament to the extraordinary efforts of our community-based partners who have tested more than 210,000 people in remote villages across Myanmar, and treated almost 13,000, since 2013. This year, the Government of Myanmar announced the ambitious goal to make the country malaria-free by 2030. Our results powerfully demonstrate that, with the right approach and sufficient investment, this is a realistically achievable goal.

CPI's model has been to amplify our traditional strengths – our close partnerships with community-based organizations providing the first line of health care – through wider collaborations with the Government of Myanmar and malaria experts. This has enabled us to bring innovative, high-tech approaches successfully into low-resource contexts.

In remote and conflict-affected settings where health systems are often fragile, the key to controlling and eliminating malaria is to strengthen the community response for prevention, early diagnosis and treatment. To achieve this, we have worked closely with our community partners to set up 536 village-based Malaria Posts across southeast Myanmar with trained volunteers to provide a range of essential services including rapid testing and treatment, bed net distribution, and health promotion.

We have distributed 126,143 insecticide-treated bed nets since 2013, including 65,722 in 2016 alone. We have worked closely with our partners to develop the technical frameworks,

treatment protocols and referral systems to ensure the quality, availability, and consistency of care.

As malaria is steadily pushed back, we are shifting our strategy to consolidate the drive towards elimination. In areas where positivity rates are low, the challenge is now to reach zero and remain there. We are aiming to achieve universal bed net coverage so that every person can sleep under an insecticide-treated bed net. We plan to strengthen malaria surveillance mechanisms and, for the few malaria cases that continue to be identified, investigate how those infections occurred and launch an appropriate response.

We are also looking to focus services on the hardest to reach communities who often fall through the gaps of the health system, such as the most remote villages, seasonal migrants and displaced populations. We are establishing malaria outreach teams who will travel regularly to these communities to carry out prevention, testing and treatment activities.

As malaria rates continue to fall, we are looking to broaden the remit of village-based malaria volunteers. We have begun training them to perform basic diagnosis for other key diseases such as HIV/AIDS and Tuberculosis, and to refer suspected cases for further testing and treatment. Funding permitting, and in line with the Government of Myanmar's National Health Plan, we will continue to broaden their role to encompass other key areas of primary care including basic maternal and child health.



A CPI partner health worker tests a young girl for malaria in Kayin State.
Image: CPI

CLIENT PROFILE: NAW POE

How community-based testing and treatment help beat malaria in Myanmar's remote villages

Naw Poe lives with her husband and two-year-old son in Hsar Pwel Htar, a remote village in Myanmar's Tanintharyi Region in the southeast of the country. The village has no health clinic. The nearest one is about two hours drive by motorbike across difficult terrain. During the monsoon season, the dirt tracks that connect villages are often impassable.

The family's combined income averages around \$75 per month. This is just enough to cover day-to-day essentials but when a family member gets sick, they face potentially catastrophic health costs. "The nearest clinic is far away and it is expensive for us to go there," explains Naw Poe. "We have to pay for transportation, food, medicine and accommodation. That is too much for our family so we have to go into debt. It is difficult to borrow money from other families in the village because no one has much here."

Hsar Pwel Htar village is one of the hundreds in which CPI supports a Malaria Post, staffed by a community-based health worker trained by CPI in basic malaria prevention, diagnosis and treatment. This approach is a key part of CPI's model to invest in community-based health care, particularly in remote and conflict-affected regions where communities have little or no access to other health care services.

In mid-2016, Naw Poe fell ill with a fever, chills and severe headache. Aware that the health worker at the Malaria Post offered free malaria treatment, she went to see her immediately.

"She tested my blood and told me that I had malaria," Naw Poe explains. "She gave me some pills to take, white and brown, and told me to come back immediately if I felt any discomfort. About one week after I started taking the medicine, I felt much better."

"She also explained to me how you catch malaria and reminded me to make sure the family sleeps under the bed net every night so that the mosquitoes can't bite us. We will definitely be more careful in the future."

"I don't know what I would have done if she hadn't been there," Naw Poe explains. "It was the rainy season, so the track to the nearest clinic was in a bad condition and I probably couldn't have made it. I could have died."

For Naw Poe, the new Malaria Post has made a difference. "I used to worry a lot about malaria, for my family and myself. It is better now – we can get advice and free treatment to help us stay healthy. It would be good to have more health services like this in our village. I hope things will continue to get better in the future. That way, when we get sick, we won't need to travel long distances and spend a lot of money to get treatment."

Naw Poe is one of 2,360 people that tested positive for malaria and received treatment through CPI's malaria elimination program in 2016.



Naw Poe at home in
Hsar Pwel Htar village.
Image: CPI

BUILDING PEACE THROUGH HEALTH

How a CPI-supported immunization program is helping to heal divisions

On December 24, 2016, key representatives of the Myanmar Ministry of Health and Sports (MoHS) the Karen National Union (KNU), and ethnic and community-based health organizations in Kayin (Karen) State, Myanmar, sat down together to agree on a plan of action to ensure that every child under five years of age in contested areas of Kayin State will be immunized against deadly diseases.

This landmark agreement, facilitated by Community Partners International (CPI) as part of a wider project supported by the Swiss Agency for Development and Cooperation (SDC), is a remarkable achievement when set against the legacy of decades of civil war and the deep scars that remain.

This immunization program is urgently needed to safeguard the health of Kayin State's children. CPI's joint research with our community partners has revealed that as many as 1 in 7 children in remote and underserved areas of Kayin State is dying before their fifth birthday, mostly from diseases that can be easily prevented or treated with basic health care.

In order to work, this plan requires historic collaboration between the key stakeholders. Tens of thousands of children in Kayin State live in contested areas where health services are fragile and the government health system has very limited coverage. In these areas, ethnic and community-based health organizations provided the first line of health care during the decades of active conflict and have earned the trust of the communities they serve.

In rolling out this initiative, the MoHS will provide vaccines, training and cold chain support to ethnic and community-based health organizations, who will in turn mobilize their health workforce in villages across Kayin State to ensure that every child under five is vaccinated.

The agreement reflects the acknowledgment by the MoHS, articulated in their recently published National Health Plan, that ethnic health organizations are a key partner in the journey towards universal health coverage, an ambitious goal that the Government of Myanmar is seeking to reach by 2030.

This agreement is a testament to the willingness of the key participants to focus on shared interests and to work around areas of disagreement in order to ensure that children receive the health care they need to thrive. It offers profound hope for future collaboration on health in Kayin State, and a template for similar cooperative endeavors in other disputed regions of Myanmar where children have borne the brunt of conflict.

CPI will continue to work closely with MoHS and ethnic and community-based health organizations, providing the technical and financial support to accelerate the expansion of immunizations for children in Kayin State and elsewhere in Myanmar. We are committed to using our experience, expertise and relationships, forged over two decades, to bring key stakeholders together in the shared endeavor to safeguard the health of Myanmar's children.



Myanmar Ministry of Health and Sports and ethnic health organization staff work together to vaccinate a child in Kayin State.
Image: CPI

HEALTH WORKER PROFILE: DAW JA RING

How one woman delivered a village

At first glance, Daw Ja Ring's hands are unremarkable. Yet these hands have ushered into the world hundreds of the babies born in Shwe Gyin village, Kachin State, in the last 25 years. Daw Ja Ring is Shwe Gyin village's trained birth attendant, a role she undertook when she was just 18 years old. Now, at 43, she has lost count of the exact number of births she has attended but estimates that it must be at least 300.

Holding court in her modest wooden house perched on stilts at the edge of the village, Daw Ja Ring is surrounded by mothers and babies whose births she has attended in the preceding months. She exudes kindness and gentle authority – a person used to helping others and confident in her own skills and status.

"I am proud of the work I have done here," she says. "When I walk down the street, mothers tell their children that I helped bring them into the world. That is a good feeling."

Daw Ja Ring's role as a village birth attendant is a common one in a country where at least 75% of births continue to take place in the home. The reality for the great majority of mothers-to-be in Myanmar is that health facility-based births continue to remain out of reach.

In 1992, at the age of 18, Daw Ja Ring was called to her first birth. She wasn't nervous because she had just completed a short training with the Myanmar Red Cross and thought she was fully prepared.

When she arrived at the house, she discovered that the baby was in the breach position and her confidence evaporated. With the mother in the late stages of labor, and without referral options available, Daw Ja Ring had to do what she could. The baby's hand emerged and she pushed it back in. A short time later, the baby's foot appeared and she was able to bring the baby out carefully and safely. Both mother and baby came through the ordeal in full health but it was a tough start for Shwe Gyin village's new birth attendant.

Trained and equipped with the support of Community Partners International (CPI), Daw Ja Ring uses Clean Delivery Kits for the births that she attends. The kits contain essential items that help keep the mother and baby free from infection during the birth. These include sterile gloves, soap, a sterile plastic sheet and swaddling cloth, and a sterile blade to cut the umbilical cord.

With her established status and reputation in the community, Daw Ja Ring's home has become an unofficial community clinic, with village residents coming to her with many different health needs. She is happy to help when she can.

CPI has trained and equipped village-based birth attendants across Myanmar for almost two decades. Trusted by mothers, embedded in their communities, and an affordable and accessible option for families for whom facility-based care has traditionally been out of reach, Daw Ja Ring and her colleagues are a crucial link in the chain of health.



Daw Ja Ring (fifth from right) with mothers and children of Shwe Gyin village.
Image: CPI

BETTER HEALTH TOGETHER

A new model for cooperation in community-based health care

In May 2015, Community Partners International (CPI) embarked on a groundbreaking 10-year project, supported by the Swiss Agency for Development and Cooperation (SDC), to transform primary health care for more than 235,000 people in Kayin (Karen) State, Myanmar. Twenty months on, we review the project's progress.

The four townships covered by this project lie in a contested region where active conflict has only recently ended. With a ceasefire in place, peace negotiations are ongoing. However, divisions created by conflict remain significant, and the process of forging peace is delicate and complex.

Against this backdrop, CPI is working with four ethnic health organizations to scale up and strengthen primary health services for nearly 500 remote and conflict-affected villages, with a particular focus on maternal and child health. In tandem, CPI is supporting these organizations to progressively coordinate and align their activities with the national health system.

The practical constraints to strengthening health care in this part of Myanmar are significant. Decades of conflict have decimated infrastructure and fragmented services. The rebuilding process needs to start from the ground up. The political context means that progress hinges on dialogue, cooperation and compromise.

The first phase of the project has focused on developing three key activity areas: health service provision, health governance

and accountability, and coordination between ethnic health organizations and the Myanmar Ministry of Health and Sports (MoHS). Together with our community partners, we have achieved significant gains:

- Established 215 Village Health Committees to support increased accountability, community feedback and good governance in village-level health services.
- Established a patient referral system to enable village-based health workers to refer emergency cases to health facilities with the appropriate level of care. By December 2016, 251 emergency cases had been referred.
- Developed a medical supplies and logistics system to ensure that village clinics and health workers receive regular supplies of essential medicines and equipment.
- Refurbished 49 community clinics.
- Developed a standardized Maternal and Child Health training curriculum, with training delivered to more than 150 community-based health workers.
- Facilitated joint training and service delivery activities between the MoHS and ethnic health organizations.

As the project evolves, our hope is that it can provide a foundation to inform a wider model for health service cooperation between the MoHS and ethnic and community-based health organizations. Other contexts in Myanmar with similar challenges and opportunities could benefit from these experiences as they embark on health care reforms.



A CPI partner health worker travels on foot with medical supplies to a village in Kayin State to provide health services.
Image: CPI

CLIENT PROFILE: DAW SU SU

Living positively in the shadow of HIV

Daw Su Su lives in a small, neatly-kept wooden house with a tin roof on the outskirts of Pyin Oo Lwin, Mandalay Region. Her house sits on short stilts, raised above the hard-packed dirt road that leads past her front door. The neighborhood is quiet when we visit. The houses are crowded together in close proximity.

Daw Su Su welcomes us with a warm smile and we sit on the floor of the main room to talk, as is traditional in Myanmar culture. She is wearing a blue cardigan and a colorfully patterned 'htamein' skirt. She pours us coffee and tea, and offers an array of Myanmar snacks including tea leaf salad.

Daw Su Su is in her early fifties but looks much younger. She has kind eyes and a quiet charm that puts us immediately at ease. Originally from Mandalay, she came to Pyin Oo Lwin with her husband in 1989 after he was posted there with his job. Daw Su Su has four children. Three of them are already grown up, while her youngest, a daughter of 13, still lives at home.

Daw Su Su and her husband were diagnosed as HIV positive five years ago. She is not sure how they became infected. Her husband tragically died of complications related to HIV just one month before our meeting. Daw Su Su is stoic as she talks about him, with just a flicker of grief passing across her face.

Daw Su Su receives support through CPI partner organization New Life. She came to New Life for help when she was diagnosed with HIV as she didn't know where to turn.

Founded and run by HIV positive community members, New Life provides counseling and support to 800 HIV positive people in communities in and around Pyin Oo Lwin.

After Daw Su Su received her diagnosis, New Life organized peer-to-peer counseling to help her to come to terms with her health status. The organization supported her to seek medical care and start anti-retroviral treatment (now available for free through the Ministry of Health and Sports National AIDS Program), and continues to help her to buy multivitamins and antibiotics that help prevent and treat opportunistic infections.

Due to the stigma that surrounds HIV, Daw Su Su keeps her health status a secret from her friends and family. Even her children are not aware of her situation. This is why organizations like New Life are so important - providing a lifeline of information and support for people living with HIV in Myanmar.

Daw Su Su worries about her children getting HIV. Cultural sensitivities mean that young people in Myanmar grow up with little or no exposure to sex education. They have limited understanding of the risks of sexually transmitted infections, how to prevent them, and the treatment options if an infection occurs.

As our conversation draws to a close, Daw Su Su talks about her hopes. "My wish is that every HIV positive person in Myanmar receives the help and understanding that they need to live full and healthy lives. We don't want to have to live in the shadows."



New Life co-founder U Pe Soe Maung counsels a gathering of people living with HIV in Pyin Oo Lwin.
Image: CPI

LEAVE NO ONE BEHIND

Forging the future of equitable health care in Myanmar

In December 2016, in a significant step forward for health reform in Myanmar, the Myanmar Ministry of Health and Sports (MoHS) published the National Health Plan 2017-2021 (NHP). The plan laid out the first phase of practical steps toward the achievement of universal health coverage (UHC) in Myanmar. The Government of Myanmar has endorsed the goal of achieving UHC by 2030, ensuring that every person in Myanmar receives the health services they need, of a quality that improves their health, regardless of their ability to pay, and at a cost that does not put people using the services at risk of financial harm.

In an unprecedented development, and with the support of Community Partners International (CPI), ethnic health organizations from across Myanmar participated in the consultation phases to ensure that the plan addresses the needs of the communities they serve. Crucially, the NHP document also formally acknowledges the key role of these organizations as health providers in Myanmar.

After decades of neglect, the reform of Myanmar's health system remains a formidable task. The health service landscape in Myanmar is complex and fragmented. The national health system is fragile, eroded by chronic underinvestment, and lacks coverage in the many contested and remote areas across the country. In the absence of government-provided health services, communities have established their own to meet their essential needs, delivered by an array of ethnic and community-based health organizations.

Cooperation between these stakeholders is the key to the development of an equitable and inclusive health system. It is crucial that the evolving commitment across the political spectrum in

Myanmar to seek common ground in health reform is maintained and expanded. Over the past five years, CPI has worked closely with the MoHS and ethnic health organizations to build trust and lay the foundations for cooperation around shared interests in health. These efforts accelerated in early 2016 when the new government took office and pushed ahead with health sector reform.

In July 2016, CPI helped organize a forum focused on the future of health care in Myanmar for members of the Myanmar Parliament. The forum brought together representatives from three health-related parliamentary committees, non-governmental organizations, and public health experts to discuss the challenges facing Myanmar's health system and strategies to improve services and access.

In November 2016, CPI supported an NHP Meeting in Nay Pyi Taw, bringing together representatives of ethnic and community-based health organizations to discuss a common foundation for their role in implementing the NHP. This was followed in December 2016 by the NHP Formulation Workshop. CPI participated in this event, organized by the MoHS, to support the fine tuning of the NHP draft prior to publication.

As the implementation phase of the NHP rolls out in 2017 and beyond, CPI will continue to provide close support to the MoHS and ethnic and community-based health organizations to ensure that essential health services reach the people in greatest need.

This is where the true substance of these reforms will be tested – in the health of mothers, children and families in remote and conflict-affected communities across Myanmar.



National Health Plan formulation workshop

#UHCMyanma



HEALTH FOR ALL

12.16

DON'T JUST ASK IF HEALTH SERVICES EXIST.
ASK IF THEY'RE ACCESSIBLE, QUALITY & AFFORDABLE FOR ALL
MEASURE WHAT MATTERS

Don't wait for
political
action. DEMAND IT.
ACT WITH AMBITION.

HUMANIZE
THE HEALTH SYSTEM
ACT WITH AMBITION

CPI Executive Director Dr. Si Thura (second from right) celebrates Universal Health Coverage Day with colleagues at the National Health Plan Formulation Workshop in Nay Pyi Taw, December 2016.
Image: CPI



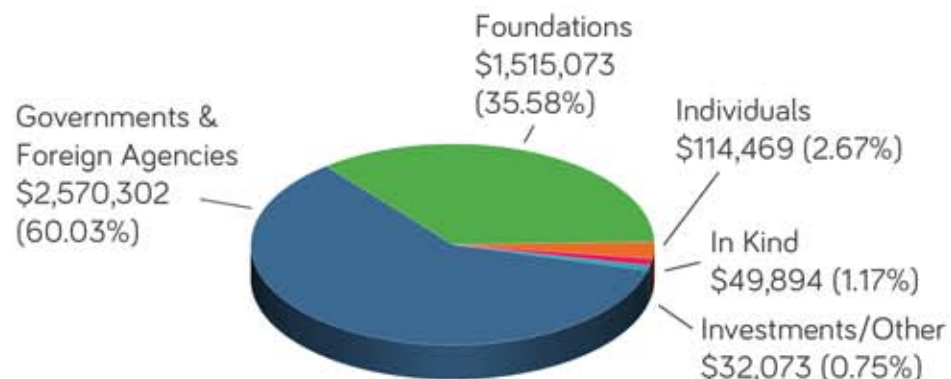
A CPI partner health worker crosses a river in Kayin State on his way to deliver health services to remote communities.
Image: CPI

2016 FINANCIALS

Every dollar counts, every dollar is counted

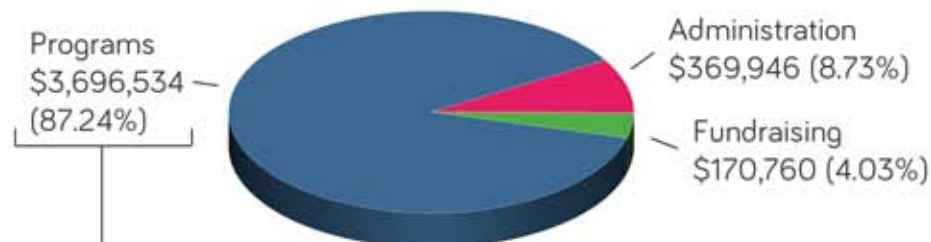
REVENUE:

\$4,281,811



EXPENDITURE:

\$4,237,240



Program Expenditure By Sector

Infectious Disease	\$1,907,745 (45.02%)
Maternal & Child Health	\$1,111,360 (26.23%)
Health Systems Strengthening	\$639,471 (15.09%)
Research	\$28,921 (0.68%)
Trauma & Emergency Management	\$4,681 (0.11%)
Education Support	\$4,356 (0.1%)

ABOUT CPI

Partnering for health in Myanmar

Founded by U. S. doctors in 1998, Community Partners International (CPI) is a registered U. S. nonprofit that supports lifesaving health care for communities throughout Myanmar (Burma). We focus on underserved populations - those affected by conflict and violence, those in remote rural and hard-to-reach contexts, and those marginalized through poverty and social exclusion - to ensure that they can access the care they need to thrive. We support community-led solutions, driven by local needs and priorities, designed for the context, and sustainable for the long term.

Mission: To support thriving communities in Myanmar through equitable access to quality health services and health education.

Offices/Staff Locations

U. S. - Berkeley / **Myanmar** - Yangon, Dawei, Hpa-an, Mandalay, Myawaddy, Myitkyina, Nay Pyi Taw / **Thailand** - Mae Sot

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Thank you

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VISIONARIES

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This image:

Sunset over the fields of Pyin
Oo Lwin, Mandalay Region.
Image: Htoo Tay Zar/CPI

Cover Image: Farm worker Ma
Win Win Nwae (center) and
family in the flower fields around
Pyin Oo Lwin, Mandalay Region.
Image: Htoo Tay Zar/CPI



CPI receives Charity
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and accountability



Partnering for health in Myanmar

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