

Planet Care/
Global Health Access Program

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Photo: Erin McDevitt

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Photo: Linda Smith



PLANET CARE ► GLOBAL HEALTH
ACCESS PROGRAM

ANNUAL REPORT 2007



***Planet Care/Global Health Access Program** is a non-profit organization working to improve the well-being of communities in crisis through the provision of health and public health services, training and capacity building, and financial and other resources. Our current work focuses on the conflict zones of Burma where support from large institutional donors does not reach.*

Burma's ruling military regime, the State Peace and Development Council (SPDC), spends less than 3% of the national budget on health. In addition, the SPDC restricts the access of humanitarian organizations working in ethnic minority areas. Thus, neither SPDC or non-governmental services reach the internally displaced and war-affected populations living in the border areas. Instead, these people rely upon locally-run health organizations that provide critical health services in conditions of intense resource scarcity. The local health workers often originate from the same villages that they serve, and are subject to attacks and human rights violations perpetrated by the SPDC. At times they are the actual targets of the SPDC for the "crime" of providing health care to destitute populations.

They must draw upon tremendous courage and dedication to do their jobs. Throughout 2007, ongoing military activities and armed conflict resulted in the arrest and, in at least one case, death of local health workers in eastern Burma. Health workers were forced into hiding, essential medicines and supplies were stolen, and clinics were forced to relocate and even cease health programs.

In the words of local health workers:

"We have a lot of stress and depression because it is a dangerous job, and our work is close to the fighting. Sometimes we have not enough food. Sometimes I want to leave. But it is our duty."

"We must hide in village, pretend we are not medics. If the SPDC sees us treating patients, they will arrest us. We are very afraid."

The courage and dedication of these health workers continues to humble us and inspire our work.



Photo: Manuel Martinez

Above: One in five children will die in eastern Burma before their fifth birthday, more than half from malaria.

Left: Villagers in Ei Tu Hta, a camp for more than 3,000 people who lost their homes due to civil war.

Front Cover:
(inset) Back pack health workers walk for days through dense jungles of eastern Burma to provide healthcare to local villagers.
Photo: Back Pack Health Worker Team

(background)
Photo: Dang Ngo

2007: A TUMULTUOUS YEAR IN BURMA

Beginning on September 18, 2007, thousands of Burmese monks took to the streets of Rangoon in peaceful defiance of the ongoing military oppression at the hands of the State Peace and Development Council (SPDC). The ensuing two weeks of brutal government crack down on this Saffron Revolution (so dubbed in honor of the saffron-robed monks), was violent and destabilized many people in Burma. Planet Care/GHAP members had the opportunity to speak with humanitarian workers forced to flee the country, likely never to return to their homes and families. Their testimonies were consistent —while the extent and severity of the Revolution's civilian casualties remains unclear, the message of continued governmental oppression has never been more apparent.

The enhanced security challenges created by the Saffron Revolution were significant for our local partners. Fortunately, the outpouring of international support has been monumental. Worldwide, organizations big and small have risen to aid the people of Burma. In December 2007, both the E.U. and U.S. congresses passed stringent economic sanctions against Burma. In March 2008, the U.N. Human Rights Council unanimously condemned Burma's "systematic violations" of fundamental freedoms. Planet Care/GHAP has received countless inquiries, donations, and words of concern for the people of Burma, all of which have helped expand and launch new initiatives to reach out to the people of Burma.

Great progress continues to expand the reach and impact of Planet Care/GHAP's partnered health initiatives. The long-standing Thai border malaria program was replicated on both the India and China borders. Maternal health programming reached 60,000 more people in 2007. Our partners developed three new trauma centers in the jungles of eastern Burma to care for landmine victims. Tuberculosis screening, education, and treatment reached 18,000 people. Health information systems training and survey implementation expanded to more organizations along the Thai and China borders. Each Planet Care/GHAP intervention is internationally recognized as improving health and health services management. Further, our partners have unique access to Burma's border populations that are not reached by humanitarian assistance emanating from Rangoon, Burma's largest city.

The pace of change is swift for Planet Care/GHAP in 2008. Our new programs include: child immunization and nutrition for people in eastern Burma, reproductive health services for China and India border groups, filariasis (elephantiasis) screening for eastern Burma, and expanded health and human rights data collection. We are excited to welcome new field staff members and volunteers joining us on the Thai/Burma border, as our long time Field Director, Catherine Lee, departs to pursue other endeavors.

With landmine injuries and other human rights violations continuing to escalate in Burma, the challenge to protect health and humanity there is a call to action for us all. Planet Care/GHAP looks forward to supporting the work of our local partners for as long as the need exists, and thanks you for your continued support of their heroic efforts.



Tom Lee, MD, MHS
Co-Chairman of the Board, Planet Care/GHAP
Associate Professor of Medicine, UCLA



Bob Condon
Co-Chairman of the Board, Planet Care/GHAP
President, Foundation Investment Group



Photo: Erin McDevitt

In fall 2007, Burma's ruling military junta cracked down brutally on monks who were peacefully protesting a sharp rise in fuel costs.

ADVISORY TEAM

Ben Brown, MD
Bob Condon
Dana Harrison
Debbie Van Dusen

PROGRAM TEAM

Anusha Dahanayake, NP
Heather Kuiper, MPH
Tom Lee, MD, MHS
Manuel Martinez
Luke Mullany, PhD
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Allison Richard, MD
Matt Richard, MD
Adam Richards, MD, MPH
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Kate Teela, MPH
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Field Director:
Catherine Lee, MPH
Program Director:
Linda Smith, MHS
Administrative Director:
Erin McDevitt

FIELD VOLUNTEERS

Cara O'Connor
Yiding Yu

PLANET CARE /



Photo: Manuel Martinez

Tom Lee trains a local health worker to check for signs of Vitamin A deficiency, which can cause blindness.

Planet Care/GHAP provides training, technical support, and health resources to local health organizations that are serving Burma's internally displaced and migrant populations. Our partnered health programs span the Thai, China and India borders of Burma, reaching 100,000 people. The programs address a spectrum of issues from landmine injury management and malaria to malnutrition and post-partum hemorrhage. We ground our work in the principles of partnership, respect for local autonomy, cultural sensitivity, and scientific rigor.

COMMUNITY AND CHILD HEALTH

Vitamin A deficiency and worm infection are major contributors to childhood disease and death in underserved border areas of Burma. Given twice per year, Vitamin A reduces blindness and a child's chance of death by one-third. De-worming twice per year combats malnutrition and improves a child's cognitive function and capacity to learn.

Planet Care/GHAP has helped community based organizations on Burma's Thai, China, and India borders to establish and continue Vitamin A and de-worming programs.

This year we are launching a child health program that will expand these interventions, as well as include programs on immunization, targeted feeding, antenatal and neonatal care, and early diagnosis and treatment of common illnesses such as acute respiratory infection, dysentery, and malaria.

REPRODUCTIVE HEALTH

Women in Burma's border regions face enormous risks bearing children; the vast majority are anemic and deliver without trained assistance or access to emergency care. In eastern Burma, more than 1% of pregnancies result in maternal death, mostly from bleeding after delivery or uterine infection.

In 2005, Planet Care/GHAP and its partners began an unprecedented project to deliver reproductive health services to conflict-affected populations within eastern Burma. The project trained two levels of local health workers and traditional midwives from four ethnic areas to provide prenatal care, family planning, and emergency obstetric care for a population of 60,000 people. The program, which has been enormously well received has been adapted to reach additional clinics in eastern Burma, and is now being piloted along the China and India borders as well.

WHERE YOUR DOLLAR GOES

\$50 – purchases eight family-sized bednets impregnated with insecticide to prevent transmission of mosquito born illnesses like malaria.

\$250 – provides a midwife delivery package and 10 birth kits for newborn babies and their mothers, increasing the chance that both will survive childbirth.

\$600 – provides the monthly essential medicine and supply costs for an entire village health clinic in eastern Burma, serving a population of approximately 5,000 people.

\$13,000 – supports the entire cost of a pilot filariasis (elephantiasis) program in eastern Burma.



Photo: Karen Department of Health and Welfare

A health worker cleans a newborn baby's umbilical cord with an antiseptic swab.

GHAP PROGRAMS

continued on the following page

MALARIA CONTROL

Malaria is the leading cause of morbidity and mortality in eastern Burma, accounting for 42% of deaths. Together with the Karen Department of Health and Welfare, we initiated a malaria program in Karen state in 2003 to address this major health problem. What began as a small team of medics providing a community-based approach to malaria prevention and WHO-standard treatment, has now evolved to reach approximately 40,000 villagers. The results are impressive—malaria prevalence has dropped to between 1-4% from initial levels of 8-13%, depending on the area.

The program includes distributing long-lasting insecticide treated nets, net treatment tablets, community malaria education, and early-diagnosis and first line artemisinin-based combination therapy. More importantly, this program has been a springboard for local organizations in eastern Burma to work together and share successes, as it is now recognized as a model approach for groups coordinating health efforts inside Burma.

Building on the continued success of the Karen Malaria Control Program, Planet Care/GHAP sought out local partners to develop malaria control programs on the China and India borders of Burma in 2006 and 2007, respectively. The China border malaria program, implemented by the Kachin Health Department, reaches over 7,000 people, primarily in northern and western areas of Kachin state. Initial results show dramatic reductions in malaria prevalence from highs of 22% to 1-3% after program initiation.

Along the Northeast India-Burma border, Planet Care/GHAP facilitated the formation of the Burma Border Health



Photo: Linda Smith

Partnership, a consortium of health organizations representing the Naga, Kuki, Zomi, Chin, and Arakan ethnic groups. This unique public health partnership was the first time that some of these groups had come together to forge any collaboration. The group has conducted an initial round of malaria screening reaching over 13,000 villagers and is treating positive cases using artemisinin-based combination therapy.



Photo: MOM project

MOM project workers

Eastern Burma is an area of intense poverty, where 1% of mothers die in childbirth, and most children are born without the assistance of a trained medical attendant. Providing sterile birthing and maternity kits to trained traditional birth attendants increases the chance that both mother and child survive.

PROGRAMS

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LYMPHATIC FILARIASIS

Worldwide, lymphatic filariasis (elephantiasis) has been designated as a significant, but neglected, disease. This worm-based infection causes blockage of the lymphatic system, leading to severe swelling and disfigurement. Planet Care/GHAP's work in Burma, a country with at least two million cases of filariasis each year, is on the forefront of this global effort to renew attention for and ensure treatment of this debilitating condition. In 2008, Planet Care/GHAP began a pilot program to educate villagers in eastern Burma about lymphatic filariasis, detect community prevalence levels using immuno-chromatographic tests, and begin mass drug administration to treat entire communities when indicated, as well as providing palliative care for those already suffering from symptoms of filariasis.

TUBERCULOSIS

Burma reports an estimated 97,000 cases of tuberculosis (TB), one of the highest rates worldwide. In 2006, Planet Care/GHAP and the Karen Department of Health and Welfare launched a pilot program to detect, treat, and monitor patients with tuberculosis in five villages in eastern Burma. To date, over 9,500 villagers have been screened for TB, and eight are undergoing "directly observed treatment." Based on program success, we are expanding to one new area in 2008.



Trauma medics prepare to amputate a leg damaged by a landmine

Photo: Back Pack Health Worker Team

TRAUMA AND LANDMINE INJURY MANAGEMENT

Eastern Burma is one of the most heavily mined areas in the world. One in 250 families has a member die from a landmine injury each year. Since 2000, Planet Care/GHAP has provided training in clinical management of landmine injury, gunshot wound, and other severe trauma. The program supports nine fully-supplied trauma teams, including four with blood transfusion capability, that treat approximately 150 trauma cases each year. The program has an impressive landmine injury survival rate of 89% and a gunshot wound survival rate of 88% for victims that survive until trauma team arrival.



Photo: Linda Smith



Photo: Linda Smith

Medics and village health workers go door-to-door to screen for malaria, tuberculosis and other infectious diseases.

MAE TAO CLINIC

Planet Care/GHAP supports the Mae Tao Clinic, which was founded by Dr. Cynthia Maung in 1988 to serve the flood of displaced Burmese people surging across the border into Thailand. The clinic currently treats more than 100,000 cases each year, and also functions as a training facility for indigenous health workers who travel from the northwestern, northeastern, and eastern regions of Burma to attend.

HEALTH INFORMATION SYSTEMS

Planet Care/GHAP empowers local partners to manage and use health information for needs assessment, resource management and procurement, and monitoring and impact evaluation, as well as for advocacy by influencing the international scientific, humanitarian, and policy communities. We provide training and technical support in field surveys, disease surveillance, data collection and management, and program monitoring. Last year, we brought together a number of local health organizations for an intensive, three-month health information system training, and are continuing to provide ongoing technical assistance to this group.

EDUCATION

Government violence and oppression have left vast numbers of Burma's children- its future – destitute and often orphaned. Since 2000, Planet Care/GHAP has supported Hsa Thoo Lei, a school and orphanage for migrant Burmese children. Hsa Thoo Lei educates over 450 students from primary grades through high school, and its boarding house cares for 150 migrant and orphaned children. In addition to covering the prerequisites of the Thai education system, the school helps to preserve the cultures of various Burmese ethnicities, teaching traditional languages, art, and culture.

WHERE YOUR DOLLAR GOES

\$20 – supports vaccination for 10 children against 5 key childhood illnesses (TB, DPT, Polio, Hepatitis B and Measles).

\$100 – covers the medicine and supply cost associated with one landmine victim.

\$1,500 – covers the cost of a week-long tuberculosis training program on the Thai-Burma border.

\$15,000 – covers the annual cost of supporting 150 orphaned Burmese children living in Thailand.



Photo: Dang Ngo

Where cost effective, Planet Care/GHAP seeks to bring appropriate new technologies to bear on improving health. Surveyors in Kachin State practice using Global Positioning System (GPS) technology for more accurate household sampling. These surveyors recently completed the first ever health survey in Kachin State.



Photo: Planet Care/GHAP

STAFF • VOLUNT

Planet Care/GHAP is fueled by the generosity and dedication of highly-skilled health and public health professionals who serve on a completely voluntary basis. Equally important, our small, devoted staff brings talent, heart, and soul to their work. Finally, our donors provide not only resources, but also time and commitment, all of which are crucial to our work. These pages highlight just a few examples of the people who make up the Planet Care/GHAP family.



Photo: Erin McDevitt

Mike, Nan and Steve Johnson visit Hsa Thoo Lei school and orphanage.

NAN AND MIKE JOHNSON

When Nan and Mike Johnson went trekking in Western China with Planet Care/GHAP advisor Dana Harrison, the three had no idea the trip would turn into a fortuitous convergence of purpose. The Johnsons, of Crested Butte, Colorado, wanted to expand their international charitable giving, and they love Southeast Asia, having lived there years ago. In addition, as an emergency room nurse, Nan has a deep interest in global public health.

In 2005, the Johnsons gave a grant to Planet Care/GHAP through their family foundation to support health programs on the Thai-Burma border. The next year, they boosted their commitment more than ten-fold to underwrite new medic training and malaria control programs on the India border. What inspired such a dramatic increase? Planet Care/GHAP's commitment to sustainable development, for one.

"So many organizations provide services or build infrastructure, but the minute they back off or pull out, it falls apart," says Mike, a retired geologist. "That's the opposite of what Planet Care/GHAP does."

On an eight-day trip to the Thai-Burma border in February, 2008, the Johnsons had a chance to see Planet Care/GHAP in action – and be part of the team. The two, along with their grown son, Steve, participated in a trauma care workshop for backpack medics led by Dr. Larry Stock.

"These medics will go back into Burma, train others, and save people's lives," says Mike. "It's a fantastic capacity building model."

Nan agrees: "It's the whole concept of giving a hand up and not a handout."

Another reason the Johnsons support Planet Care/GHAP: Research-based results. "Planet Care/GHAP can show us the impact they are having," says Mike. "You can see that what they're doing and that what we and other donors are giving makes a real difference."

CATHERINE LEE

Catherine Lee had no inkling that a side trip to the Thai-Burma border would chart the course of her future. In 2002 she was living in Chiang Mai, on a break between undergraduate and graduate school, writing grant proposals, teaching English, and teaching herself Thai. A friend in Chiang Mai suggested she check out the border town of Mae Sot. Once there, she saw first hand the evidence of Burma's humanitarian crisis. Compelled to learn more, upon her return to the U.S. she did a Google search, and up popped Global Health Access Program. She was soon back in Mae Sot, working as one of GHAP's summer interns, training surveyors to gather data for what would become the Back Pack Health Worker Team report,



Photo: Kate Iteala

Catherine Lee reviews blood screening and transfusions data forms with maternal health workers.

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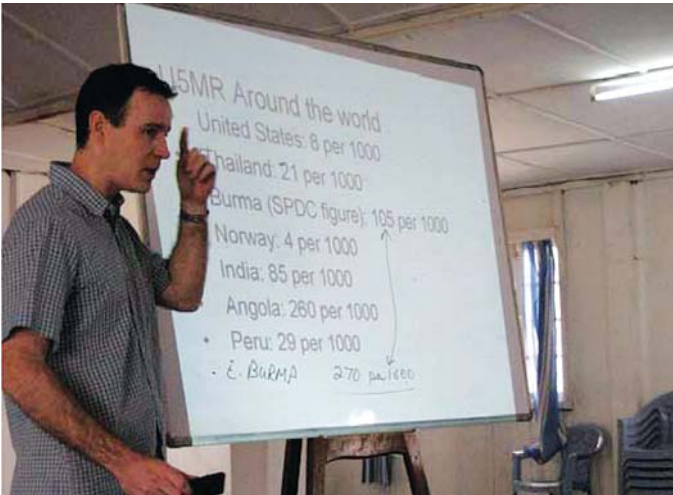


Photo: Emily Whichard

Luke Mullany conducts a public health training along the India-Burma border.

“Chronic Emergency”, a seminal report which provided a first-ever look at the health status of internally displaced people in eastern Burma.

After receiving her Masters of Public Health from the University of Michigan, Catherine returned to Mae Sot as the program coordinator for the Mobile Obstetric Maternal (MOM) Health Workers Project. In 2007, she opted to stay for a third year as GHAP’s field director, working with local partners on various projects on the Thai, India and China borders.

Catherine has a well-deserved reputation as a polyglot: In addition to Thai and Mandarin (studied in college), she learned Burmese and a bit of Karen while living on the border, where her language skills have been a critical asset. “In a workshop, participants can give feedback directly to me rather than having to rely on translators, or having to conduct meetings in English,” she says. “It definitely makes GHAP and me more approachable.”

While Catherine will be moving on to other ventures this fall, she plans to stay involved with Planet Care/GHAP and its local partners. “I will always have a connection with the border.”

LUKE MULLANY

Luke Mullany first went to the Burma border as a Johns Hopkins public health graduate student in 2000. He spent several months working with the newly established Back Pack Health Worker Team on their data collection systems.

On his initial flight to Mae Sot, Thailand, Luke happened to meet Tom Lee, co-founder of Global Health Access Program. Over subsequent months, Luke participated in a number of GHAP workshops and, together with other core members of GHAP, helped to instill a public health perspective, expanding the organization’s orientation from a more medical, direct service one to also include prevention of illness and promotion of wellness at the community-wide level. As Luke notes, “We bring a respect for standards and rigorous monitoring and evaluation, but we are also flexible in adapting our methods of data collection to the unique settings of internally displaced populations (IDPs).”

It took six years to collect and publish in peer-reviewed (the scientific standard) journal articles the data documenting, for the first time ever, mortality rates for these IDP areas of Burma. “Before our partner organizations could measure these important indicators, we recognized the need to take a step back and help establish health information systems and build technical capacity,” Luke says. “We are viewed as a technical assistance partner, and because of our continuity and long-term approach we have developed a level of trust that is unique among international groups working on the border.”

It is these relationships he has established with local partners and with GHAP members that makes it easy for him to stay involved, despite his appointment as Assistant Professor of Public Health at Johns Hopkins, which includes teaching responsibilities and his own research on neonatal and child mortality in Bangladesh, Nepal and India. “I keep a photo on my desk of some friends and partners on the Burma border. It reminds me of all the amazing work these groups do to improve the lives of their community members.” Luke says.



Photo: Manny Martinez

Back Row: (L to R) Britta Mullany, Matt Richard, Emily Whichard, Allison Richard, Kate Teela, Erin McDevitt, Bob Condon, Catherine Lee, Debbie Van Dusen, Heather Kuiper, Cordelia Kuiper-Rauch, Tom Lee, Grace Baek, Jonas Baek Lee. **Middle Row:** (L to R) Luke Mullany, Hayden Mullany, Larry Stock, Anusha Dahanayake, Yasmine Suraya David, Linda Smith, Loren Rauch, Milo Kuiper-Rauch, Adam Richards, Carol Kuiper. **Front Row:** (L to R) Manny Martinez.

HOW YOU CAN HELP

There are many ways to support Planet Care/Global Health Access Program and the displaced people of Burma:

FINANCIAL SUPPORT

You can contribute online by visiting us at http://www.ghap.org/how_to_help/money/

or send a check to:

Planet Care/Global Health Access Program
801 Cedar Street, Suite 200
Berkeley, CA 94710
510-594-4027; www.ghap.org

Contributions are tax deductible to the full extent of the law.
Our nonprofit tax id number is 80-0035287.

DONATING MEDICINES AND SUPPLIES

While we strive to procure the vast majority of our medicines and supplies locally in order to enhance the long-term sustainability of our programs, there are things that are difficult to source locally and we therefore accept as donations. Vitamin A (200,000 IU) is a good example. We also accept electronic equipment such as computers, external hard drives and GPS devices. To donate medicines or supplies, please contact us at info@ghap.org.

VOLUNTEER

Each year, Planet Care/GHAP accepts a carefully-selected handful of interns to assist us in managing and implementing our programs on the Burma borders. We typically look for a six month to one year commitment, a public health or medical degree, and prior international experience. We also occasionally utilize administrative volunteers in our Berkeley, California office. If you are interested in volunteering, please email us at info@ghap.org.



Photo: Dang Ngo

Brang Aung and Linda Smith assess malaria medications and supplies on the China-Burma border.

AUTHORED REPORTS

The Planet Care/GHAP team of health and public health professionals authored or contributed to the following journal articles and publications documenting the health situation along Burma's borders. For links to these and other publications, please visit our website at <http://www.ghap.org/reports/>.

The Gathering Storm: Infectious Disease and Human Rights in Burma July 2007: A report by researchers from the Human Rights Center at UC Berkeley and Johns Hopkins Bloomberg School of Public Health with assistance from GHAP.

Prevalence of plasmodium falciparum in active conflict areas of eastern Burma: A summary of cross-sectional data September 2007: Adam K Richards, Linda S Smith,

Luke C Mullany, Catherine I Lee, Emily Whichard, Kristin E Banek, Mahn Mahn, Eh Kalu Schwe Oo and Thomas J Lee, [Conflict and Health 2007, 1:9]

Population-based survey methods to quantify associations between human rights violations and health outcomes among internally displaced persons in eastern Burma, September 2007, Luke C Mullany, Adam K Richards, Catherine I Lee, Voravit Suwanvanichkij, Cynthia Maung, Mahn Mahn, Chris Beyrer, Thomas J Lee [J Epidemiol Community Health 2007;61:908-914]

Burma's Hidden Health Tragedy, February 4, 2008, Men's Health by Adam Skolnick

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