A goal of all our work is community malaria education, long-lasting malaria protection, and welfare. Director Eh Kalu Shwe Oo attends to an amputee.

WHAT WE DO

We work in Burma, particularly in conflict-affected or under-served areas receiving little or no international aid or government health services. Last year we also expanded our work into the delta region of Burma following Cyclone Nargis.

WHERE WE WORK

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WHAT WE DO

By providing technical assistance, training, and funding, we build the capacity of local partners to deliver medical care and preventive community health services. Together, we implement a range of innovative programs:

- **Malaria Control**: Community malaria education, long-lasting insecticide treated nets, and early diagnosis and treatment to 76,000 villagers in eastern, northern, and western Burma.
- **Trauma and Landmine Injury Management**: Treatment of landmine injuries and other trauma using a combination of basic and more complex procedures such as amputations and blood transfusions.
- **Reproductive Health**: Antenatal care, family planning, and emergency obstetric services for 163,000 people along the eastern, northern, and western regions of Burma.
- **Child Health**: Immunizations against polio, TB, DPT, and measles; vitamin A and deworming medicine; and a nutrition program for malnourished children.
- **Village Health Workers**: Community education about basic health practices such as handwashing and breastfeeding.
- **Tuberculosis**: Screening, treatment, and monitoring of patients with tuberculosis in nearly 40 villages in eastern Burma.
- **Lymphatic Filariasis (Elephantiasis)**: Community education, prevalence testing, treatment, and palliative care for those suffering from filariasis in select villages in Karen and Shan states.
- **Health Information Systems**: Training and technical support for health and human rights surveys, disease surveillance, data collection, and program monitoring and evaluation.
- **Education**: Daily needs and education for 450 migrant Burmese children at Hsa Tho Lei school and orphanage in Thailand.

The past two years have been especially troubling for Burma. The brutal suppression of the peaceful Saffron Revolution of October 2007 was followed in short order by Cyclone Nargis in May 2008, leaving Burma shattered, and its people physically and psychologically devastated. Our work has expanded significantly in part as a result of these tragedies, but also as a reflection of the mounting need for quality healthcare in Burma. In partnership with local organizations, our health programs now reach more than half a million people.

From its founding, Planet Care/Global Health Access Program (GHAP) has focused not only on quality service delivery to improve the health of the people of Burma, but also on the underlying health data that informs all of our program and advocacy efforts.

Knowledge is power, and training local health organizations to develop practical and sound health information systems is crucial not only for informing program decisions, but also for influencing large-scale funding and policy decisions. A goal of all our work is to ensure that our local partners and the communities they serve can collect and use their own information—to implement health surveys, monitor effectiveness, and build a solid case for policy recommendations and advocacy efforts. Thus empowered, many of our local partners go on to publish reports and academic papers, contribute to media coverage, present to government-level policy makers, and speak at international health and human rights conferences.

We invite you to support us and our local partners in our efforts to improve health in Burma. In this current world-wide recession, funding for all Planet Care/GHAP programs is needed more than ever. We are hopeful that the over 900 of you who were moved to support our Burmese friends last year will be able to help again in 2009. Planet Care/GHAP’s work is only made possible by our generous donors. Since our overhead and administrative costs are covered by a small group of donors, all contributions go directly to our carefully researched program initiatives. Your contributions make a direct and powerful impact.

Thank you for partnering with us. We sincerely appreciate your help bringing health to the people of Burma, and influencing international health policy in ways that could impact the lives of the poor and disenfranchised in all reaches of the globe. You really can make a difference.
Innovative Project

In the jungles of Burma, where there is active armed conflict, significant logistical constraints, and a dire lack of resources, a health center-focused approach to medical care is impractical. Four years ago, leaders of local health organizations along the Thailand-Burma border proposed to pilot the Mobile Obstetrics Maternal Health Worker (MOM) project, with technical support from Johns Hopkins Center for Public Health and Human Rights and Planet Care/GHAP and funding support from the Bill and Melinda Gates Institute for Population and Reproductive Health. The aim of the project—safe births—was not unusual. What made the project unique was its reliance on health workers and traditional birth attendants (TBAs) to provide life-saving obstetric care.

TBAs have been providing support to women in labor for eons, yet studies have shown that they have little impact on the number of women dying in childbirth. Why is this? While TBAs have been trained to provide prenatal care and birthing care, they typically have not been trained to provide emergency obstetric care. Yet it is these services that have the most impact on maternal mortality.

The MOM project has shown that with resources and proper training, health workers in collaboration with traditional birth attendants can increase delivery of services that save mothers’ lives. Health workers trained through the MOM project carry out complex procedures such as treating post-partum hemorrhage, and performing life-saving blood transfusions (see below).

Power of Data

Recognizing the power of data, the MOM project has also trained local partner organizations to develop detailed surveys and information systems for measuring and understanding reproductive health status, the needs of pregnant women, and the effectiveness of MOM project services. The information systems are managed by local organizations, drawing staff and surveyors from within the local communities, most of them displaced inside Burma. This concept—internally displaced persons managing the data—has the potential to provide powerful evidence to direct policy.

Results:

From January 2006 to December 2007, health workers provided blood transfusions for 138 patients for life-threatening conditions such as post-partum hemorrhage, severe malaria, severe anemia, landmine injuries, gunshot wounds and other traumatic injuries. All 138 patients survived, and no serious adverse events were reported.

Case Study:

In a remote area of Karen state, a 28-year-old woman started bleeding vaginally as she neared her due date. After three days of bleeding, a relative walked three hours to seek help from the local health worker. Health worker immediately started intravenous fluid, mobilized relatives, and did rapid screening tests to find a suitable blood donor. Contractions started and the placenta was expelled. A few minutes later, the stillborn fetus was delivered. The health worker gave the woman two units of blood and sat with the relatives as the woman stabilized. The family was grateful to the MOM project—although the baby died they believed the mother was likely saved by the quick action and resourcefulness of the health worker and TBA.

You Can Make a Difference

$25 Provides 3 months of classroom and practical training for a local health worker.

$50 Trains a Burmese traditional birth attendant in a 10-day course in Burma.

$400 Provides 3 months of classroom and practical training for a maternal health worker in Dr. Cynthia’s Mae Tao Clinic in Thailand.
IDENTIFYING NEEDS

There are more malaria deaths in Burma than any other Southeast Asian nation. In a 2004 survey, our partner, the Back Pack Health Worker Team, found that in eastern Burma, malaria accounts for nearly half (42 percent) of all deaths, with a disproportionate impact on young children and pregnant women. More than 20 percent of children will die before their fifth birthday. Nearly half from malaria, and malaria is a leading cause of maternal anemia, stillbirth, premature birth, and low birthweight.

Unfortunately, the areas of Burma with the highest malaria prevalence, ethnic areas in the western, northern and eastern parts of the country, do not receive services from either the Burmese ruling military regime, or from the large-scale international efforts based in Rangoon, which are geographically removed from these regions and severely constrained by the Burmese junta.

USE OF NEW TECHNOLOGIES

New low-cost malaria screening technology adapted from techniques previously available only in advanced laboratories can mean the difference between life and death for villagers in the jungles of Burma. The rapid diagnostic test (RDT) uses a pinprick of blood to test for plasmodium falciparum, the most deadly form of malaria. At a cost of $.62 each, the RDT gives results within minutes, with over 95 percent accuracy.

PUBLISHED REPORTS AND ARTICLES ON THE MALARIA PROGRAM

- Cross-border malaria control for internally displaced persons: observational results from a pilot program in eastern Burma/Myanmar February 2009: Adam Richards, Kristin Banek, Catherine I Lee.
The People Behind the Malaria Program: A Model of International Partnership

Htun Lin is only 38 but has the demeanor of a wise old man. A malaria medic for the Karen Department of Health and Welfare (KDHW), he is known not just for his medical skills, but also for his success at recruiting and mentoring village health workers (VHWs). “If it were just me,” Htun Lin told Linda Smith, GHAP Program Director, “I could only reach a few hundred people, but together with these VHWs, we can reach a few thousand.”

Htun Lin explained how it is important to build the confidence of the VHWs, so they are perceived by their communities as legitimate sources of healthcare. He does this by training them, working side by side at the beginning, watching as they practice their new skills, and then providing constructive feedback. “He smiles a lot,” said Linda. “His positive attitude is infectious.”

Linda, whom her Karen colleagues refer to as “Ms. Younger Sister”, has been supporting the malaria program since 2005, when as a MHS student at Johns Hopkins, she worked with Dr. Adam Richards to create the first database for the program. Adam, who serves on GHAP’s Board of Advisors and is a Robert Wood Johnson Clinical Scholar at UCLA, has been providing technical assistance to the malaria program since its launch in 2003.

For the Karen program, Linda and Adam work most closely with Thart Kler, the Malaria Program Coordinator at KDHW. Linda recalled when Thart Kler first joined KDHW, and had no computer experience, let alone public health background. Now he not only runs the KDHW malaria program, but also leads malaria trainings for other organizations, and has given numerous presentations on community-based malaria programs to major international partners and donors. “I’ve seen him blossom,” said Linda.

But the realities of working in a conflict zone have an impact on human resources. Security concerns are prevalent—health workers are regularly forced into hiding due to armed conflict and may even face arrest for the “crime” of providing health services. Turnover of staff is unpredictable and can cause interruptions in training and services.

Despite challenges, the dedication and commitment of the malaria program team is the most important factor in the program’s success. GHAP now works with local health organizations in Burma’s northern and western regions to replicate this successful, community-based malaria control program in those areas.

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Despite challenges, the dedication and commitment of the malaria program team is the most important factor in the program’s success. GHAP now works with local health organizations in Burma’s northern and western regions to replicate this successful, community-based malaria control program in those areas. “Taking a multi-pronged approach to capacity building of our local partners is what allows us to leverage our small but growing organization,” says Linda.

Biking for Burma Fundraiser

Over the past year, GHAP intern Brent Scharschmidt worked closely with local partner organizations to launch two important new programs— an immunization program and a child malnutrition program—to help address the high rates of child mortality in eastern Burma.

Having seen first-hand the impact of targeted nutrition on the 80 children and families enrolled in the program to date, Brent was motivated to do even more to help. It did not take much to convince his father, Bruce, a physician who has been doing fundraisers for health causes for several years, to join him on a 75km “Biking for Burma” fundraiser.

On a hot and humid morning in mid-March, Brent and Bruce began their arduous bike ride over the mountains from the city of Tak, in central Thailand, to Mae Sol, a town on the Thailand-Burma border. The 550-kilometer route highlighted the disparity of care between Thailand, with government hospitals, and eastern Burma, with health clinics made from bamboo. After 10 hours of riding on roads that are not built with bicycle travel in mind, two flat tires, and a kilogram of sunscreen, they arrived, exhausted, but thrilled to be contributing to the sustainability of this program to combat malnutrition in eastern Burma. Through the support of hundreds of friends, colleagues and family members, Brent and Bruce raised over $18,000.

After completing his internship with GHAP in August, Brent will begin medical school at University of California, San Francisco. Fortunately, he plans to stay involved with GHAP and hopes to return to the border soon. He has already enlisted his father to participate in another GHAP fundraiser next year.
THANKS TO OUR SUPPORTERS

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