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Photo: Linda Smith

GHAP

PLANET CARE ▸ GLOBAL HEALTH ACCESS PROGRAM

ANNUAL REPORT 2008

Photo: Kate Teela

Reproductive health training

Photo: Catherine Lee

Malnutrition testing

Screening for infectious disease

Aftermath of Cyclone Nargis

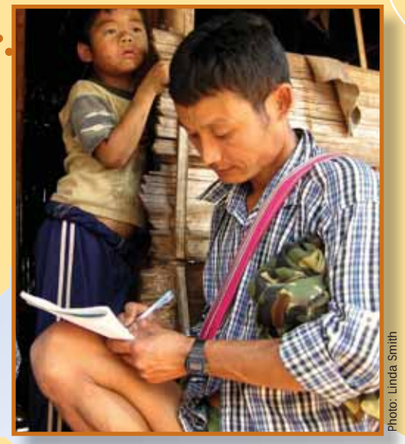


Photo: Linda Smith

Data collection in the field

INNOVATIVE PROGRAMS + QUALITY INFORMATION = HEALTHIER COMMUNITIES

GHAP
PLANET CARE ▸ GLOBAL HEALTH ACCESS PROGRAM

INNOVATIVE PROGRAMS + QUALITY INFORMATION = HEALTHIER COMMUNITIES

ABOUT US

Planet Care/Global Health Access Program (GHAP) is a non-profit organization dedicated to improving the well-being of communities in crisis and empowering local partner organizations.

WHERE WE WORK

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.

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:

Photo: Linda Smith

GHAP's local partners are the primary source of healthcare for over half a million internally displaced people in Burma.

Photo: Janet Wells

GHAP Director Larry Stock and Karen Department of Health and Welfare Director Eh Kalu Shwe Oo attend to amputee.

- **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.

Photo: Jen Leigh

GHAP Director Matt Richard awards certificate to medic at tuberculosis training.

Photo: Manuel Martinez

Local health organization staff learn to use databases to track health data.

- **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 Thoo Lei school and orphanage in Thailand.

MESSAGE FROM THE CO-CHAIRS

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.

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: Janet Wells

Village in eastern Burma

"It's about bringing the services to the people rather than bringing the people to the services."

— Luke Mullany
GHAP technical advisor for MOM

MOM

Mobile Obstetric Maternal Health Worker Project

Photo: Fred Stockwell

MOM project team

THE MOBILE OBSTETRIC MATERNAL HEALTH WORKER (MOM) PROJECT

More than 20 years ago, the Safe Motherhood Initiative (SMI) was launched by the United Nations Population Fund, the World Bank, and the World Health Organization to reduce maternal mortality and morbidity worldwide. The SMI called for "skilled assistance during childbirth"—a certified nurse midwife, and emergency obstetric care at the health center level.

Yet, in areas like eastern Burma, where women face grave risks giving birth, access to a trained midwife, let alone a health center with emergency obstetric care, is rare.

Identifying Needs

Through data collection, our partner the Back Pack Health Worker Team (BPHWT), discovered that one in one hundred women in eastern Burma die from pregnancy-related causes—one of the highest maternal mortality rates worldwide. A survey conducted by BPHWT in 2002 showed us that the need for attention to maternal safety was immense: the vast majority of women delivered at home and only 4 percent had access to emergency obstetric care.

Photo: Fred Stockwell

Kate Teela trains MOM surveyors.

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 birth education, 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 complex health information systems—could be considered radical, but we have shown that it is not only successful, but also essential to increasing overall participation by community members.

Photo: Linda Smith

The MOM project supports healthly mothers and babies in Burma.

The MOM project demonstrated a dramatic increase in access to reproductive health services: At the start of the study, 60 percent of women giving birth had no attendant at all, and only 5 percent had a skilled birth attendant comparable to a MOM-trained health worker. Eighteen months into the project, more than half the women surveyed had given birth with help from a midlevel or senior health worker.

The locally-tailored data collection approaches used in the MOM project ensure that all can participate in and utilize the power of information. For example, the TBAs use a picture-based form adapted from those used in Cambodia and Vietnam so that they can collect information on pregnancies, live births, and deaths during the first month of life. **By adapting to traditional culture and local conditions, even people who are illiterate can be empowered to generate information and knowledge.**

Influencing Policy

Backed by health data and a host of presentations, reports and academic publications (see green box, right) that highlight the critical and life-saving role that health workers and TBAs can play, we have been able to make a major contribution to regional efforts in eastern Burma to improve reproductive health policy. **By establishing this evidence base, we can also motivate international policy to direct investment toward community-based efforts to reduce maternal mortality—in Burma and around the world.**

Upcoming MOM Presentation

Burma Medical Association to present MOM project at Global Health Council's International Health Conference in Washington D.C., May 26-30, 2009

Published Reports on MOM Project

- *The Mobile Obstetric Maternal Health Worker Project (MOM): Increasing access to reproductive health services in eastern Burma* May 2008: A local advocacy report (see www.ghap.org/reports)
- *Delivering Maternal Health Services among Internally Displaced Populations in Eastern Burma* May 2008: Luke C. Mullany, Catherine I. Lee, Palae Paw, Eh Kalu Shwe Oo, Cynthia Maung, Heather Kuiper, Nicole Mansenior, Chris Beyrer, Thomas J. Lee [Reproductive Health Matters]
- *Access To Essential Maternal Health Interventions and Human Rights Violations among Vulnerable Communities in Eastern Burma* December 2008: Luke C. Mullany, Catherine I. Lee, Lin Yone, Palae Paw, Eh Kalu Shwe Oo, Cynthia Maung, Thomas J. Lee, Chris Beyrer [PLoS Med]
- *Community-based delivery of maternal care in conflict-affected areas of eastern Burma: Perspectives from lay maternal health workers* April 2009: Teela KC, Mullany LC, Lee CI, Poh E, Paw P, Mansenior N, Maung C, Beyrer C, Lee TJ [Social Science Medicine]

You Can Make a Difference

$25	Provides clean birthing and maternity kits for 10 mothers and babies
$50	Trains a Burmese traditional birth attendant in a 10-day course in Burma
$400	Provides 3 months of classroom and practical training for maternal heath workers in Dr. Cynthia's Mae Tao Clinic in Thailand

WALKING BLOOD BANK

Blood transfusion is a life-saving technology, but in the context of reproductive health, it has typically been considered an "advanced" intervention implementable only in hospitals or health centers. Yet, as part of the MOM and trauma projects, GHAP's local partners have shown that with proper training, and new low-cost technologies, blood transfusions can be done safely and effectively, even in the jungle and conflict settings of eastern Burma.

How it Works: In low resource settings, it is impractical to collect and store blood for use in emergencies. Our partners have developed a novel, "Walking Blood Bank" approach: Through community education, potential blood donors are blood typed and their names and locations are recorded in a log book. When an emergency transfusion is needed, runners search the village and the rice fields to find several donors with the required blood type. The health workers screen them on the spot with rapid diagnostic tests for diseases like malaria, hepatitis and HIV. Those who test negative give blood immediately and the blood is brought to the patient, typically in their home, and transfused, with appropriate monitoring for transfusion reactions.

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. The health worker, accompanied by the traditional birth attendant (TBA) returned to the woman's house and found her in a dangerous state—she was bleeding heavily, was extremely pale, and had a high pulse. The senior 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 believe the mother was likely saved by the quick action and resourcefulness of the health worker and TBA.

Photo: Linda Smith

Family is tested for malaria.

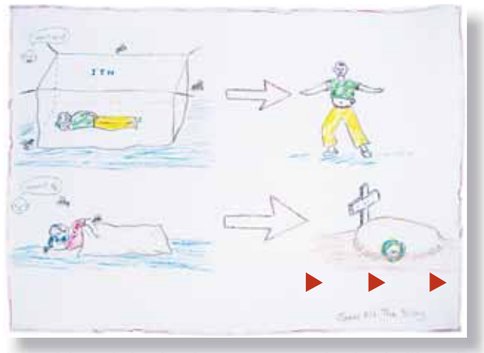
MALARIA EPIDEMIC AVERTED IN EI TU HTA

Ei Tu Hta is a camp for 4,000 newly displaced Karen villagers in eastern Burma. A Karen Department of Health and Welfare (KDHW) survey in August 2006 revealed that close to one-third of camp residents harbored plasmodium falciparum, the deadliest form of malaria, in their blood. Equipped with three years of skills and malaria control programming experience in nearby areas, the health department arranged for immediate transport of bednets, rapid tests, and medicines to the camp, and local program officers conducted trainings to upgrade the skills of Ei Tu Hta's health workers.

Screening results were confirmed later on by an independent international assessment, which showed prevalence rates of 18%. While international support for substantial emergency supplies were being summoned to thwart a serious malaria epidemic, KDHW had already mobilized.

By the time international assistance arrived in Ei Tu Hta several months later, the prevalence of plasmodium falciparum had dropped to five percent, averting an epidemic.

Building the capacity of internally displaced people—and other marginalized populations—to respond rapidly to potential outbreaks is both effective and essential as we seek to curb the threat of malaria and other infectious diseases including cholera, filariasis, and avian flu, not only in eastern Burma, but around the world.



Winner of the malaria education poster contest showing the life-saving value of sleeping under an insecticide-treated mosquito net

THE KAREN MALARIA CONTROL PROGRAM

Worldwide, malaria kills 880,000 people each year, despite being a disease that is largely preventable and treatable. Thus, as much as malaria is an infectious disease, it is also a disease of poverty, conflict, environmental degradation and injustice. Even though major international organizations and policy makers such as the World Health Organization and the Bill and Melinda Gates Foundation have called for the eradication of malaria, this goal will remain elusive until the global community addresses the many barriers that impede provision of health services to the most marginalized populations, such as eastern Burma.

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.

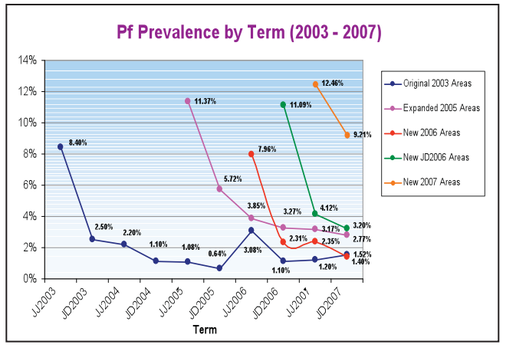
Photo: Linda Smith

Malaria team prepares to survey a village in eastern Burma.

Innovative Program

In 2003, the Karen Department of Health and Welfare (KDHW), with technical support from Planet Care/GHAP, launched a malaria control program in Karen state. There were those who did not believe that KDHW's medics, themselves internally displaced people (IDP), had the skills to implement the program. Others questioned the feasibility of sustaining quality service delivery in an area of active conflict.

KDHW proved the skeptics wrong. By deploying a preventative malaria control strategy (as opposed to an exclusively clinic-based treatment approach), **the program saw dramatic reductions in malaria morbidity. Just as impressive is the organization's ability to measure program impact:** Bi-annual screenings measuring malaria prevalence—the proportion of people infected at any one moment—show initial levels of between 8 and 12 percent falling to less than four percent within months of program implementation.



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.

Photo: Linda Smith

Villager being tested for malaria using low-cost rapid diagnostic test

Community Health Workers and Lay Villagers

The challenge lies not only in the commitment to make medicines and technology universally affordable, but also to make such resources widely available.

In the conflict areas of Karen state there are no physicians, and few nurses. To overcome the health worker shortage, the Karen malaria program relies on the multiplying effects of a "training-of-trainers" model. Twice a year, health workers from inside Burma travel to the Thailand-Burma border to attend health care workshops. After returning to their communities in Burma, the health workers train their colleagues. Using this approach, the Karen malaria control program—which started with a patient population of 1,800 internally displaced people in four villages—now reaches close to 40,000 people in 44 villages.

Influencing Policy

Planet Care/GHAP and its partners demonstrated the feasibility of implementing effective interventions in an area of conflict. **The malaria program shows how previously excluded populations can evolve into exemplary partners in the global effort to eradicate malaria.**

You Can Make a Difference

$25	Purchases 4 family-sized bed nets treated with insecticide to prevent transmission of mosquito-borne illnesses like malaria
$300	Provides treatment for 50 children with malaria
$4,000	Covers the costs of one, week-long malaria control training

Published Reports and Articles on the Malaria Program

- *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 Shwe Oo and Thomas J Lee, [Conflict and Health]
- *The Doctor, The Dictator, and The Deadly Mosquito: Saving lives in the jungle of death* February 4, 2008: *Men's Health* by Adam Skolnick
- *Global Malaria Eradication? Political Will Thwarts Technological Promises in Eastern Burma* December 2008: Adam Richards, Eh Kalu Shwe Oo [Brown Journal of World Affairs]
- *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 Lee, Linda Smith, Luke Mullany, Eh Kalu Shwe Oo, Thomas Lee, [Tropical Medicine & International Health]
- *A world malaria map: Plasmodium falciparum endemicity in 2007* March 2009: Hay SI, Guerra CA, Gething PW, Patil AP, Tatem AJ, Noor AM, Kabaria CW, Manh BH, Elyazar IR, Brooker S, Smith DL, Moyeed RA, Snow RW. [PLoS Med]
  **The Karen Malaria Control Program contributed prevalence data to this global malaria burden map.*
- *Internally displaced human resources for health: villager health worker partnerships to scale up a malaria control programme in active conflict areas of eastern Burma* May 2009: C.I. Lee, L.S. Smith, E.K. Shwe Oo, B.C. Scharschmidt, E. Whichard, Thart Kler, T.J. Lee, and A.K. Richards. [Global Public Health]

PROOF

The People Behind the Malaria Program: A Model of International Partnership

Photo: Karen Department of Health and Welfare

GHAP Program Director Linda Smith and Malaria Medic Htun Lin at recent malaria control training

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. **"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.**

If you are interested in organizing a fundraiser to support Planet Care/GHAP and its work in Burma, please contact Administrative Director Erin McDevitt at info@ghap.org.

Photo: Peggy Crawford

Bruce and Brent Scharschmidt at the end point of their "Biking for Burma" fundraiser, which raised over $18,000

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 Sot, a town on the Thailand-Burma border. The east to west ride 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 sunblock, 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.

GHAP PLANET CARE ▸ GLOBAL HEALTH ACCESS PROGRAM

FINANCES 2008

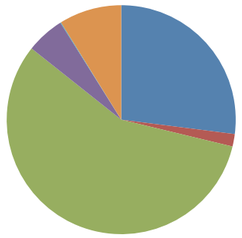
January – December 2008

Summarized Statement of Activities & Changes in Unrestricted Net Assets

Income		Expenses	
Contributions	$209,959.26	Direct Programs	$852,420.33
Grants	$318,922.25	Program Management	$102,848.29
Designated Funds, Non Grant	$466,316.83	Administrative & General*	$43,490.60
Investments/Interest	$2,990.60	Fundraising*	$12,463.55
Total Income	$998,188.94	Total Expenses	$1,011,222.77
		Changes in Unrestricted Net Assets	–$13,033.83
Volunteer Time and In-Kind Contributions	$227,900.00	Unrestricted Net Assets, Beginning of Year	$113,103.42
		Unrestricted Net Assets, End of Year	$100,069.59

** All Planet Care/GHAP administrative and fundraising costs are covered by a small group of donors, so 100% of your donations go directly to programs.*

Direct Programs



Eastern Burma Health Programs	$230,231.28
Hsa Thoo Lei School & Orphanage	$15,000.00
Mae Tao Clinic & Cyclone Nargis Relief	$485,181.83
Northern Burma Health Programs	$45,905.12
Other Burma Programs	$900.00
Western Burma Health Programs	$75,202.10

How You Can Help

You can contribute online by visiting us at www.ghap.org or send a check to:

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

Contributions are tax deductible to the full extent of the law.

Our nonprofit tax id number is 80-0035287.

Photo: Karen Department of Health and Welfare

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The Flora Family Foundation
The International Rescue Committee
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Eric Wepsic
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Shogo Watanabe

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