



Photo: Eli Rivkin



## Annual Summary Report 2009

## International Public Health Hero, DR. TOM LEE

Photo: Peg Skorpinski



UC Berkeley School of Public Health Dean Stephen Shortell; award presenter Richard C. Blum; International Public Health Hero Dr. Tom Lee

Congratulations to GHAP founder and director Dr. Tom Lee, who was named the University of California, Berkeley 2010 International Public Health Hero for his dedication to resolving the health crises in Burma's conflict zones, and his leadership and vision in defining vital new roles for community health workers in inaccessible settings.

The UC Berkeley Public Health Hero Award is given in recognition of landmark efforts to build healthier lives in a safer world. Dr. Lee joins the ranks of other Public Health Hero luminaries such as Dr. Paul Farmer, Jeffrey Sachs, and Dolores Huerta.

*“This award belongs to the people who could not be here from our local partner organizations: their leaders, and health workers in the jungles, villages and conflict zones of Burma.*

*“They are the ones who hike all night to get to mothers in labor, children with malaria, and farmers maimed by landmines. They're the ones who carry medicine on their backs while being hunted by the military. These dedicated backpack medics, midwives, village health workers and field researchers fight the toughest battles in public health armed with only their spirit, smarts, and extremely limited resources. And they do it in flip-flops.”*

*— Dr. Tom Lee, accepting the International Public Health Hero Award, March, 2010*

*“When you have issues of health that are as endemic as malaria and maternity problems, what Dr. Lee and GHAP do is amazing. They bring help to over a million people. Dr. Lee and what he does in Burma is as good as it gets.”*

*— Richard C. Blum, founder and chairman of the American Himalayan Foundation, Regent and Chairman Emeritus, University of California Board of Regents, Chairman, Blum Capital Partners, L.P.*

You can honor Dr. Tom Lee's work by supporting the village health workers of Burma — please see page 5 for details.

Photo: Eli Rivkin



Photo: Bob Condon/Ben Brown

## 2009: Partnering for Health and Hope in Burma

With controversial elections on the horizon, the people of Burma are once again facing surging instability and repression. Human rights violations continue to escalate, with more villages than ever displaced.

Because Burma's military government restricts international humanitarian access, local health organizations have stepped up, filling the void under extremely challenging and dangerous conditions. Our partners are striving to rebuild civil society in once prosperous Burma — and they are doing it one patient, one malaria program, one village health worker, and one village health clinic at a time.

In 2009, our programs expanded significantly to meet Burma's mounting health challenges.

**Together with more than 60 partner organizations, GHAP's programs now provide public health and clinical care for one million people in Burma.**

To expand the reach and depth of our programs, we look forward in 2010 to increased collaboration with Foundation for the People of Burma, a San Francisco-based organization with deep community ties in Burma, and with a like-minded mission of building local capacity to empower individuals, families and communities.

We are deeply inspired by the dedication, skills, and courage of our partners — the medics, midwives, traditional birth attendants, village health workers, and village leaders — who continue to forge ahead with hope. We are ever grateful to the circle of friends and donors who continue to provide vital support for their heroic efforts. Your contributions make a direct and powerful impact, bringing health to the people of Burma.

With wishes for peace and wellbeing in 2010,

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

Bob Condon, MBA  
Co-Chairman of the Board  
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# GHAP PROGRAMS

GHAP provides training, technical support, and resources for more than 60 local health organizations in Burma. The community-based health programs GHAP supports reach more than one million people, and are in many cases the only access to care for these displaced and isolated communities. The foundation of GHAP's approach is partnership, respect for local autonomy, and scientific rigor. For more information on our programs and links to GHAP-related peer-reviewed articles and advocacy reports, visit [www.ghap.org](http://www.ghap.org).

## Infectious Disease

### Malaria

What started as a small team of medics piloting a community-based approach to malaria prevention and treatment in a few villages in eastern Burma, now reaches more than 345,000 villagers in the western, northern and eastern regions, as well as rural central Burma. With local partner organizations, GHAP's Malaria Control Program has reduced this leading cause of death and disease in Burma by as much as 80% in some villages.

*In 2009:*

— Treated 44,945 cases of malaria. Distributed 9,500 insecticide treated bed nets and 2,000 tablets to re-treat existing nets.

— Established a surveillance network for monitoring anti-malarial drug resistance in Burma's border regions.



Photo: KDHW

Villager taking medication to treat Lymphatic Filariasis.

### Tuberculosis

With 97,000 new cases of TB detected each year, Burma is on the World Health Organization's list of high-burden countries. Access to care can be extremely difficult, particularly in the rural and border regions. With the Karen Department of Health and Welfare, GHAP helped design and support a pioneering TB program managed by community-based health workers, offering up to 20,000 displaced persons in eastern Burma unprecedented access to TB education, screening, and treatment.

### Lymphatic Filariasis

Thailand has eliminated this disfiguring mosquito-borne disease (also known as Elephantiasis), but millions of people remain at risk of infection in Burma. GHAP's pilot program in eastern Burma provides community education about prevention, transmission, and disease management, and this year provided screening, medication and preventive treatment for 8,237 villagers.



Photo: Eli Rivkin

## Reproductive, Maternal & Child Health

Women and children in Burma's border regions face enormous health risks. The vast majority of women deliver babies without trained assistance or access to emergency care. In conflict-affected eastern Burma, more than 1% of pregnancies result in the mother dying — one of the highest rates of maternal mortality in the world.

In 2005, GHAP and its partners began the groundbreaking Mobile Obstetric Maternal Health Worker (MOM) Project, training hundreds of local health workers and traditional birth attendants to provide essential maternal and child health services in Burma's eastern border region. This highly successful and innovative program has been replicated in the western and northern border regions. GHAP's Reproductive Health programs now provide antenatal care, family planning, and emergency obstetric services for 135,000.

*In 2009:*

— 2,726 women had health workers trained through GHAP programs attend their deliveries.

— 598 Traditional Birth Attendants and 138 reproductive Health Workers received training.

*“In our area, before the MOM Project, we had no maternal and child program. We see many women with problems like post-partum hemorrhage, preeclampsia, abortion, sepsis. Now we will be able to save more women.”*

— *Saw Leh Paw, Maternal Health Worker*

### Child Nutrition

One-third of all children in Burma are malnourished, and the problem is even more acute among the vulnerable displaced population in eastern Burma. This year, GHAP's child nutrition program screened more than 2,500 children, and provided family education, and intensive treatment for more than 100 children with moderate and severe malnutrition.

### Vitamin A, Deworming, and Immunizations

Vitamin A reduces blindness and a child's chance of death by one-third; deworming combats malnutrition and improves a child's cognitive capacities.

*In 2009:*

— More than 22,400 children 12 and under received Vitamin A and deworming treatment every six months.

— Children 14 and under received 11,616 immunizations against polio, TB, diphtheria, pertussis, tetanus, measles, mumps and rubella.



Photo: KDHW

## You Can Make a Difference

**\$95** purchases 15 family-sized long-lasting insecticide treated bed nets to prevent malaria

**\$150** provides medicine to prevent 80 women from potentially fatal bleeding after giving birth

**\$400** gives 10 severely malnourished children the ten-week treatment needed to survive and flourish

**\$3,000** trains and equips one backpack Trauma Team for one year



Photo: Paw Khu

Health workers measure child's mid-upper arm circumference to detect malnutrition.

# GHAP PROGRAMS (continued)



Photo: Janet Wells

Trauma Management Program training, southeastern Burma.

## Public Health Infrastructure

In Burma, one in five children die before they reach the age of five, and many of these deaths — due to diarrhea, pneumonia and malaria — are easily preventable. The challenge is to provide essential basic services to tens of thousands of villagers who have become nearly inaccessible due to war and human rights violations, many displaced far into the jungles. In 2009, more than 200 village health workers were trained to provide basic health interventions, and VHWs made more than 62,500 home visits, providing diarrhea prevention education and treatment in 139 villages.

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*A note on the photography: Many of this year's pictures were taken by Eli Rivkin, a high school junior who visited Burma on a service trip in 2009, and started a fund to help his Burmese guide and mentor, Val, pay back his school loans. To see more of Eli's photos and purchase copies to support "The Val Project," email Eli at [redcadillac23@aol.com](mailto:redcadillac23@aol.com).*

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[www.ghap.org](http://www.ghap.org)

## Trauma Care

There are no doctors or hospitals for eastern Burma's half million displaced civilians, who face ongoing human rights abuses stemming from six decades of conflict between ethnic minority groups and Burma's military government. GHAP trains and equips local partners to provide trauma care ranging from basic emergency first response to management of landmine injuries, gunshot wounds and blood transfusions. More than 300 senior health workers are now trained to triage patients in the field and provide longer-term trauma care in more than 30 small village clinics. In 2009, medics treated 150 major trauma cases, with a landmine injury and gunshot wound survival rate of 92% for patients that survived to trauma team arrival.

## Health Information Systems

GHAP empowers our local partners by providing training and technical support for health and human rights surveys, disease surveillance, epidemiology, and data collection and management. Our partners use this critical health information for program monitoring and evaluation, and to influence the international humanitarian, scientific and policy communities. In 2009, our field staff facilitated 14 HIS workshops, helping build the skills of more than 40 local partner staff.



Photo: Eli Rivkin

# Village Health Workers



Photo: Andrew Lim

Village Health Worker supervisor demonstrates a hand washing station built from locally available materials.

In a Karen village of chickens and woven-thatch homes is “Aunty,” a traditional woman with her hair in a bun. She teaches about hand washing, latrines, and nutrition, and she tests for and treats malaria. Aunty is chosen by the community, and she’s there to help 24/7.

Village Health Workers like Aunty are trained in a variety of critical basic services — delivering babies, first aid, immunizing children, monitoring and treating infectious disease, health education — that are the foundation of a healthy community. In Burma, Village Health Workers are often the only source of healthcare in the community.

To increase access to vital health services, and in honor of Dr. Tom Lee’s International Public Health Hero award, we have created The Village Health Worker Fund. With your generous support, we can reach an additional 100,000 people in Burma with life-saving health care and education.

*“The village health worker model is about bringing the services to the people, rather than the people to the services. This approach is not dependent on ongoing international aid, but becomes self-sustaining, embedded in the community.”*

— Dr. Tom Lee



Photo: Eli Rivkin

## You Can Make a Difference

Celebrate Dr. Tom Lee’s Public Health Hero award and honor his work by supporting GHAP’s Village Health Worker Fund

**\$175** provides support for 5 VHWs for one year

**\$505** equips and trains 10 village birth attendants in a five-day course in Burma

**\$1,205** provides five training sessions for up to 130 VHWs inside eastern Burma

## The Karen Department of Health and Welfare (KDHW)

Trained as a medic in eastern Burma, Eh Kalu, 54, Deputy Head of the Karen Department of Health and Welfare, has been dedicated to improving the health of his people for 35 years. He first began working with GHAP a decade ago, developing the Trauma Management Program.



Photo: Janet Wells

KDHW Deputy Head Eh Kalu (center) and GHAP's Dr. Larry Stock (right) conferring with an amputee villager in southeastern Burma.

Since 1999, Eh Kalu and KDHW have partnered with GHAP to pilot programs in eastern Burma that have reduced malaria by more than 80 percent, increased access to reproductive health, tuberculosis, and trauma care, and provided critical survey data on disease trends and the impact of human rights violations on health.

KDHW is part of a tripartite approach to health services in eastern Burma, with KDHW providing care through 35 village clinics near the Thai border. The Backpack Health Worker Team operates in unstable areas deeper inside Burma, and the Mae Tao Clinic supports refugees and migrant workers in Thailand.

In 1998, surging mortality and disease spurred the leaders of ethnic health organizations to create this unique model of mobile health care delivery capable of operating in active conflict zones. The model has been so successful, it has expanded to address ethnic minority needs on Burma's northern and western borders.

China's "barefoot doctors" provided the inspiration for the program, says Eh Kalu. Whereas China's rural health corps was celebrated, Burma's military government considers it an act of aggression: Eight health workers have been killed by government soldiers, dozens detained or jailed, and critical medical supplies confiscated.

Despite continued government hostility, KDHW has trained and equipped more than 1,400 medics, health workers, midwives, and village health volunteers to bring health care to 110,000 displaced villagers in eastern Burma who would otherwise go without.

*"Eh Kalu and his KDHW colleagues have a can-do attitude. Faced with a chronic health crisis, instead of saying, 'We have no doctors,' they've stepped up and are saving lives."*

*— Dr. Larry Stock, Trauma Management Program director*



Medics carrying supplies into southeastern Burma.

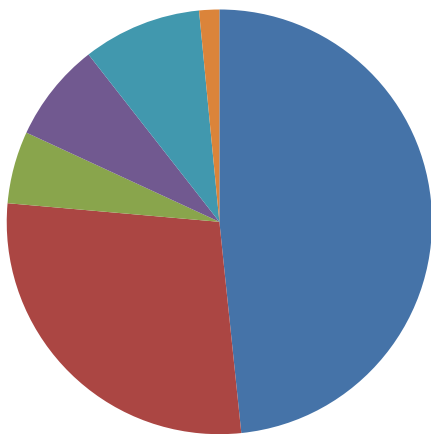
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# January – December 2009

## SUMMARIZED STATEMENT OF ACTIVITIES & CHANGES IN UNRESTRICTED NET ASSETS

INCOME		EXPENSES	
Contributions	\$279,127.89	Programs	\$1,008,804.97
Grants	\$705,313.76	Administrative & General	\$69,133.86
Designated Funds, Non Grant	\$253,764.35	Fundraising	\$12,880.05
Investments/Interest	\$2,803.84	Total Expenses	\$1,090,818.88
Total Income	\$1,241,009.84	Changes in Unrestricted Net Assets	\$150,190.96
Volunteer Time & In-Kind Contributions	\$264,844.00	Unrestricted Net Assets, Beginning of Year	\$286,467.11
		Unrestricted Net Assets, End of Year	\$436,658.07



### DIRECT PROGRAMS

■ Eastern Burma Health Programs	\$487,802.54
■ Mae Tao Clinic	\$282,907.62
■ Northern Burma Health Programs	\$55,413.58
■ Central Burma Health Programs	\$76,105.49
■ Western Burma Health Programs	\$91,147.18
■ Burma Regional Health Programs	\$15,428.56

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Photo: Ben Brown

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## Dr. Lay Khin Kay and the B.K. Kee Foundation

Dr. Lay Khin Kay left Burma almost forty years ago after graduating from medical school in Rangoon. She came to California and co-founded one of America's foremost providers of disability evaluation services, and in 2004, the United States Congress formally recognized Dr. Kay for her leadership and enduring contributions.

Despite living outside of her homeland for many years, the people of Burma remained close to Dr. Kay's heart and she felt that their humanitarian needs had not been adequately recognized in the west, or addressed by the international community. She established the B.K. Kee Foundation in 2005 to help address some of those needs and to honor her mother, Kee Beng Kung, the matriarch of nine children, and a native of Burma who immigrated to the United States in 1972. B.K. Kee passed away in 1980.

Dr. Kay, retired in Southern California, remains deeply connected to Burma — active in the Burmese community in the United States, and passionately committed to the Foundation's mission. She enlisted the assistance of her nephew, Stan Sze, an attorney and also a native of Burma, who now spends the bulk of his time guiding the Foundation and traveling to Burma several times a year. The two collaborate closely in making funding decisions, focusing on health and education needs in the most vulnerable communities.

"The most important part is relationship building," says Sze. "In Burma, there's a lot of opaqueness, and people can be very distrustful. But when you continue to come back, and have a track record in what you fund and how you approach things, people are much more open."

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