

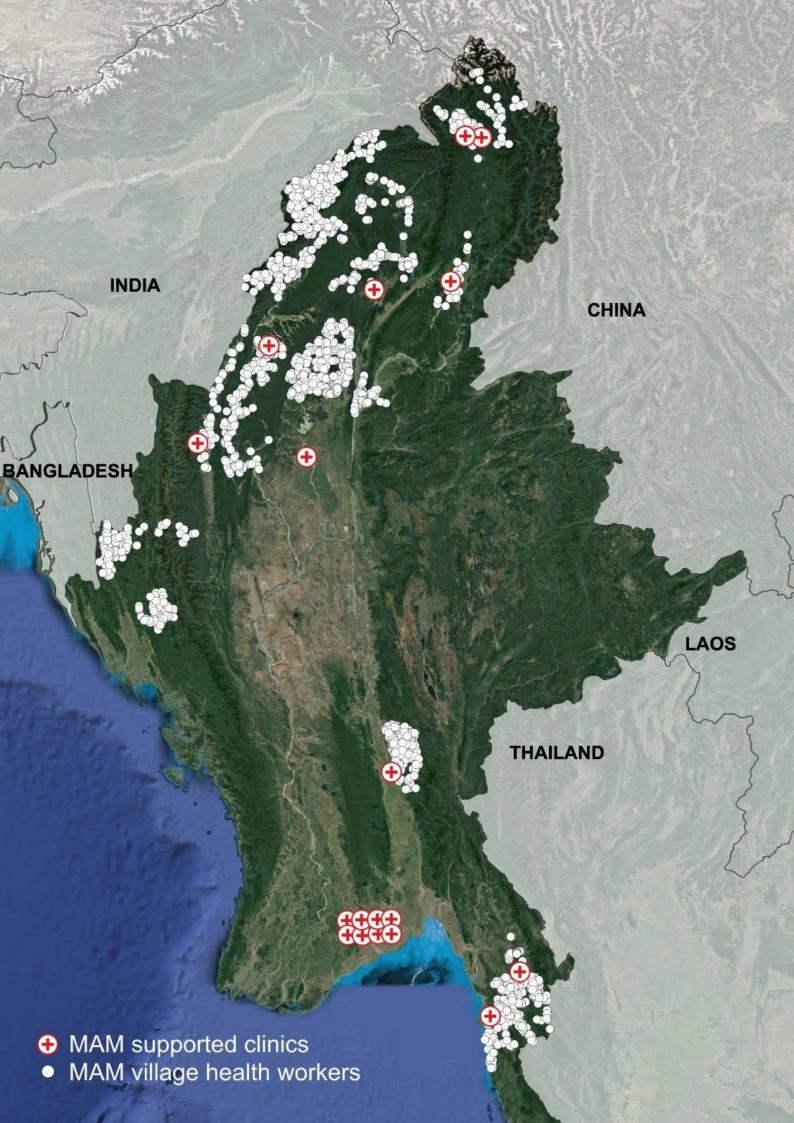
Medical Action Myanmar

To improve access to health care for all people in Myanmar



Activity Report

January - December 2022



MAIN EVENTS of 2022

MAM supported

- 18 clinics and 2,410 village health workers (VHW)
- 1,623,154 patient consultations
- Malaria. 322,665 patients tested, 24,393 treated
- Tuberculosis. 16,184 tested, 3,092 patients treated
- HIV. 16,921 persons tested, 5,170 on treatment
- 58,480 family planning consultations
- 451 severe COVID patients treated
- 183,736 people were provided with food and other supplies since the 2021 crises

After the military took over and formed the State Administration Council (SAC) in February 2021 violence and socio-economic hardship followed. A national strike paralysed hospitals and violence hampered movement of patients and access to health care.

The number of MAM supported consultations increased, in particular for the VHWs, who could be visited in the safety of their village. We could support 2031 (84%) VHWs of the 2410 we introduced, but lost access to 379 VHWs and some communities ran out of supplies. Severely ill patients who needed hospital treatment were often reluctant to travel, out of fear for COVID or violence on the roads, therefore delaying their referral, often with bad consequences. We saw a substantial increase of malaria and TB cases in 2022.

Access to hospital services improved a bit compared to 2021. Over time some medical staff, who were on

Fully accessible Supply only Not accessible CHINA THAILAND

Reduced access to some VHWs in remote villages (Dec 2022)

strike before, returned to work and hospital services recovered a bit, although most were still performing far below their usual capacity.

Emergency response since 2021

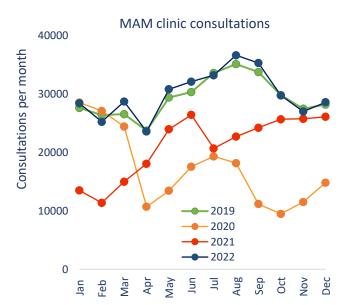
COVID and armed conflict caused major problems for the population. Villagers escaped armed conflict and moved to forests, monasteries & churches. Others lost their income and had no financial buffer as a result of COVID and/or the conflict. MAM supported acute needs like food and blankets to 183,736 most vulnerable people since the start of the crisis.

Routine MAM activities.

MAM continued the health care activities, whenever and wherever possible, because the needs were dire. In some locations activities had to be interrupted because of fighting or because access and supply routes were blocked. Whenever the fighting stopped staff continued their clinics and remote health care. Medical stock for clinics and VHWs were amplified to make sure that services continued when access was blocked. The staff never gave up to find a way to continue their medical activities and we are immensely grateful for their resilience.

MAM clinics

Clinic activities had decreased substantially during COVID and the violence of 2020-2021, but the number of consultations returned to pre-crisis level in 2022.



In 2022 we supported 451 patients in oxygen treatment COVID centres which was substantially less than in 2021. This was probably because Omicron was relatively mild and the background immunity of the

population was better because most people had been infected in 2021 and/or were vaccinated.

As COVID decreased, Tuberculosis increased as it was neglected during the Covid outbreak, and the clinics now changed focus on the detection of TB.



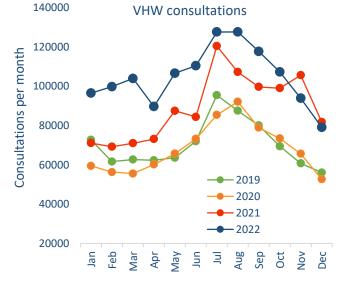
All family members of TB patients were checked for infection



Ultrasound guided aspiration of fluid from a TB suspected patient

- Village Health Workers in remote communities

VHWs and mobile teams performed over 1.250.000 consultations which was more than previous years. While clinics and hospitals suffered most from the crises (COVID and armed conflict) and patient attendance

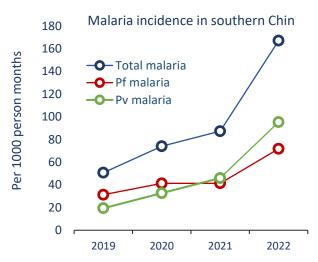


decreased substantially, the uptake of VHW activities appeared crises resistant and the number of consultations further increased. This can be explained by the relative safety of the services in the community. Unfortunately, part of the increase of consultations is due to the increase of infectious diseases like malaria (3-fold increase) and TB (2-fold increased), which is probably related to the Covid and armed conflict crises.

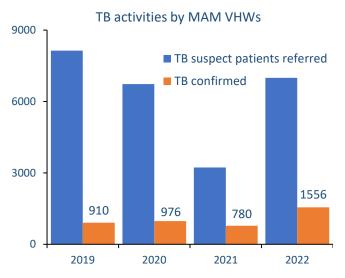


DETAILED ACTIVITIES

Malaria was the first disease that VHWs managed. With rapid diagnostic tests and treatment in their community they rapidly decreased malaria. However, due to the recent crises, access was disturbed and we saw a rapid increase of malaria (in 2020; 11,903 treated, in 2022; 24,393), in particular in areas where the conflict was most intense, like in the high endemic area in southern Chin state (graph below).



Tuberculosis also suffered severely from the crisis. Patients suspected of TB were more reluctant to be referred to a hospital in 2020 and 2021, for fear of COVID or violence on the road. Referrals decreased dramatically (graph below). As TB patients delayed their referral, they increase transmission and in 2022 we saw a substantial increase of patients with confirmed TB. The death rate of TB patients also increased from 5.3% in 2019 to 8.9% in 2021, which is likely the result of delayed diagnosis and treatment. This is a very serious development. TB caused approximately 25.000 deaths per year in Myanmar. This will now likely increase. To deal with this we started to introduce MAM mobile TB teams to diagnose TB in remote communities in the far North in 2022.



These teams, equipped with diagnostic tools, travelled to remote communities to screen people *in* the villages to speed up detection of TB patients and decrease transmission and deaths.



Performing laboratory tests in remote villages

After a couple of months we started to see the positive impact of this strategy. In villages where the mobile team had visited, 55% more persons were screened for TB and 44% more patients were identified with TB (graph below). We will probably need a few more years of mobile clinics to get TB back to the level before 2020.

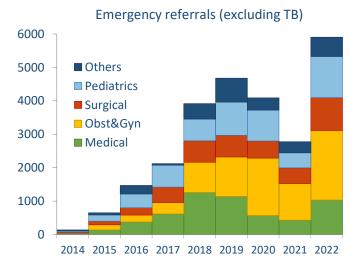


Ultra-portable X-ray which can be brought to remote communities



Mobile TB team during the rainy season......

Referrals of severely ill patients to hospitals decreased in 2020 and 2021, similar to the decrease of referrals for TB. In 2022 the number of referrals increased - doubled compared to 2021 - as the fear for COVID decreased. To avoid that patients and escorting MAM staff got hurt in the armed conflict, MAM staff contacted - whenever possible - the warring parties prior to the referral and asked them for the go-ahead. All referrals were paid by MAM as it is unaffordable for most patients.





A child referred for a complicated fracture.



The ambulance service can be pretty basic in remote areas.

This patient is hanging on a bamboo post, carried by 3 persons

HIV and Hepatitis C virus (HCV)

HIV & HCV treatment failures and transmission increased. Treatments were interrupted as part of the health system was on strike. Some patients reached MAM clinics and their treatment could be resumed. Others were less lucky. High risk behavior also increased as poverty, prostitution and drug use increased and access to harm reduction was more difficult. MAM continued to provide a broad package of HIV prevention and treatment activities, including health education, condom distribution, prophylactic HIV treatment (*PrEP*), and needle exchange for heroin users. 1208 injecting drug users initiated methadone.

Activities were focussed on people most at risk, including female sex workers, MSM, transgender women and injecting drug users. Prevention and treatment benefit them, but also their partners, children and the general population.

In 2022 we tested 16,912 people of whom 1,180 (7%) were HIV+ and they were offered treatment. We have 5,170 HIV patients on treatment. The 10-year treatment survival is 85%. Patients on regular treatment do not transmit HIV. Treatment is the best HIV prevention.

Family planning and Reproductive health

Poverty, armed conflict and poor access to health care increased the difficulty for women to be pregnant and have a safe childbirth. This increased the requests for family planning. Some women have illegal abortions, which can result in infection and death of baby and mother. Access to safe family planning saves lives. 15,836 family planning consultations were conducted. Contraceptive implants were increasingly popular and 2,388 women received an implant in 2022, which is effective for over 3 years.

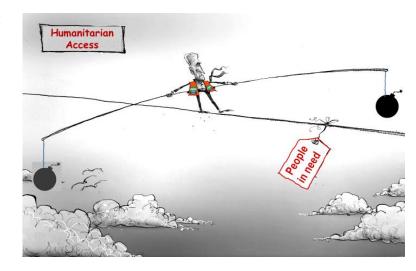
Child support - MAM provided support for food, clothes, hygiene and education (\$330 per person per year) to 432 children living in extreme poverty.

Child Protection: Some children seen during clinic consultations have signs of abuse. MAM has a child protection team which supported 366 children, trying to prevent further abuse or, in very violent cases, support legal aid. MAM also built a house for HIV orphans and abused children who are taken care of by 2 'mothers' who give 'motherly-care' and make sure they get their medicines and education.

The dilemma of working in Myanmar

Since the SAC take-over in February 2021 doubts have been raised if it is possible and justifiable to work in Myanmar. The SAC introduced a law that forbids NGOs to have contact with opposition groups (a rather a broad concept). On the other hand, some people in the opposition argued that NGOs should not contact the Ministry of Health as it is supposed to legitimise the regime. This puts NGOs in an impossible position. To reach the people, we need access. In all areas we need to contact the powers-that-be of that area, for the safety of the patients and the staff.

The health services are critically weakened and patients need medical support more than ever. The situation is most life-threatening for the poor. We believe it is crucial to continue to provide medical services and emergency aid in all areas where we are working. Leaving Myanmar at this moment would cause additional suffering. Nobody will benefit from that. Therefore, MAM has decided to continue to provide health care and increase our activities.







Mobile teams screened 27,502 children and pregnant women for malnutrition. 603 children and 142 pregnant women were treated for acute malnutrition with special therapeutic food



Although the laboratory and X-ray devices to diagnose TB are "ultra-portable", moving them from village to village remains an uphill battle



Sputum preparation for the diagnosis of Tuberculosis in remote communities



An old man in a village in the far North, in the Himalayas, checked for hypertension. Hypertension and diabetes are quick growing diseases in Myanmar with limited access to treatment and severe consequences. In 2022 we did 12,857 consultations for hypertension and diabetes.



This child received a wheelchair and she can now – for the first time in her life – leave her house.

We also provided 29 patients with walking aids and 12 patients with hearing aids





This baby was referred with very severe hydronephrosis. After hospital treatment she improved dramatically.

We also supported surgery for 30 children with a cleft lip/palate.



Carrying equipment, medicines and food to reach villagers in remote areas





Health education about Rickets, a severe bone deformity disease. This 4 year old girl below couldn't stand or walk because of pain and deformity.

After 6 months treatment she became mobile and we expect a full straightening of the legs. We are currently treating 1100 children for rickets.





Signs and symptoms of this 4 year old girl with *Rickets*;

- 1. Bow legs
- 2. Swollen knees and ankle joints
- 3. Swollen wrists
- 4. Painful joints
- 5. Could not stand or walk
- 6. Rachitic beading of the ribs (picture above)



Donations

The activities are only possible thanks to the donations we get. Small or large, they all make a big difference for the patients we treat! Treatment of some diseases, like malaria or rickets, cost only a few dollars. It can save a life or prevent unnecessary suffering. We are enormously grateful to all our donors (and to our staff, who do the hard work in the field) For people who live in Australia, Canada, Germany, Switzerland, The Netherlands, UK and USA, donations can be tax deductible. For information please contact Mr Sieb, our financial person: sieb@mam.org.mm

Bank details Medical Action: USD		Bank details Medical Action: EURO	
Bank name	ABN AMRO Bank	Bank name	ABN AMRO Bank
Bank address	Apollolaan 171, 1077 AS	Bank address	Apollolaan 171, 1077 AS
	Amsterdam, The Netherlands		Amsterdam, The Netherlands
Account name	Medical Action	Account name	Medical Action
Account number (USD)	43.84.12.974	Account number (EURO)	54.12.25.693
IBAN number	NL56ABNA0438412974	IBAN number	NL24ABNA0541225693
BIC:	ABNANL2A	BIC:	ABNANL2A

For a look at our website, made by Robin Smithuis (the brother of Frank), visit; https://mam.org.mm/





Non-profit Organization

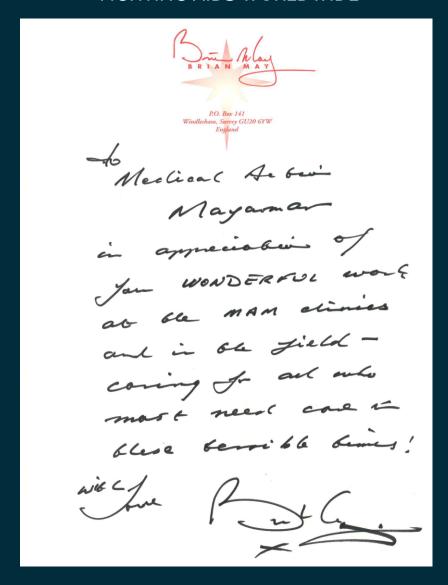
Medical Action Myanmar

The main goal of Medical Action Myanmar (MAM) is to improve access to quality health care in Myanmar targeting poor, marginalized and vulnerable people.

The initiative is from Dr Frank Smithuis and Dr Ni Ni Tun, who previously worked for Médécins sans Frontières Myanmar from 1994 to 2009. They are working with a team of very committed and experienced health professionals. In 2009 medical services were started in 1 clinic in Hlaingthayar, a peri-urban slum area of Yangon. Since then we expanded to 12 clinics across Myanmar providing a range of medical services for patients with HIV. TB. Hepatitis. Reproductive Tract Infections and Malnutrition, integrated in Basic Health Care services. 2100 community health workers provide medical services in remote areas.



FIGHTING AIDS WORLDWIDE



A letter of appreciation from Brian May, lead guitarist of the rock band Queen

The Mercury Phoenix Trust was set up by Brian May, Roger Taylor and Jim
Beach in memory of rock band Queen's lead singer
FREDDIE MERCURY who died in 1991 from AIDS

The Mercury Phoenix Trust has been a very generous supporter of MAM

