

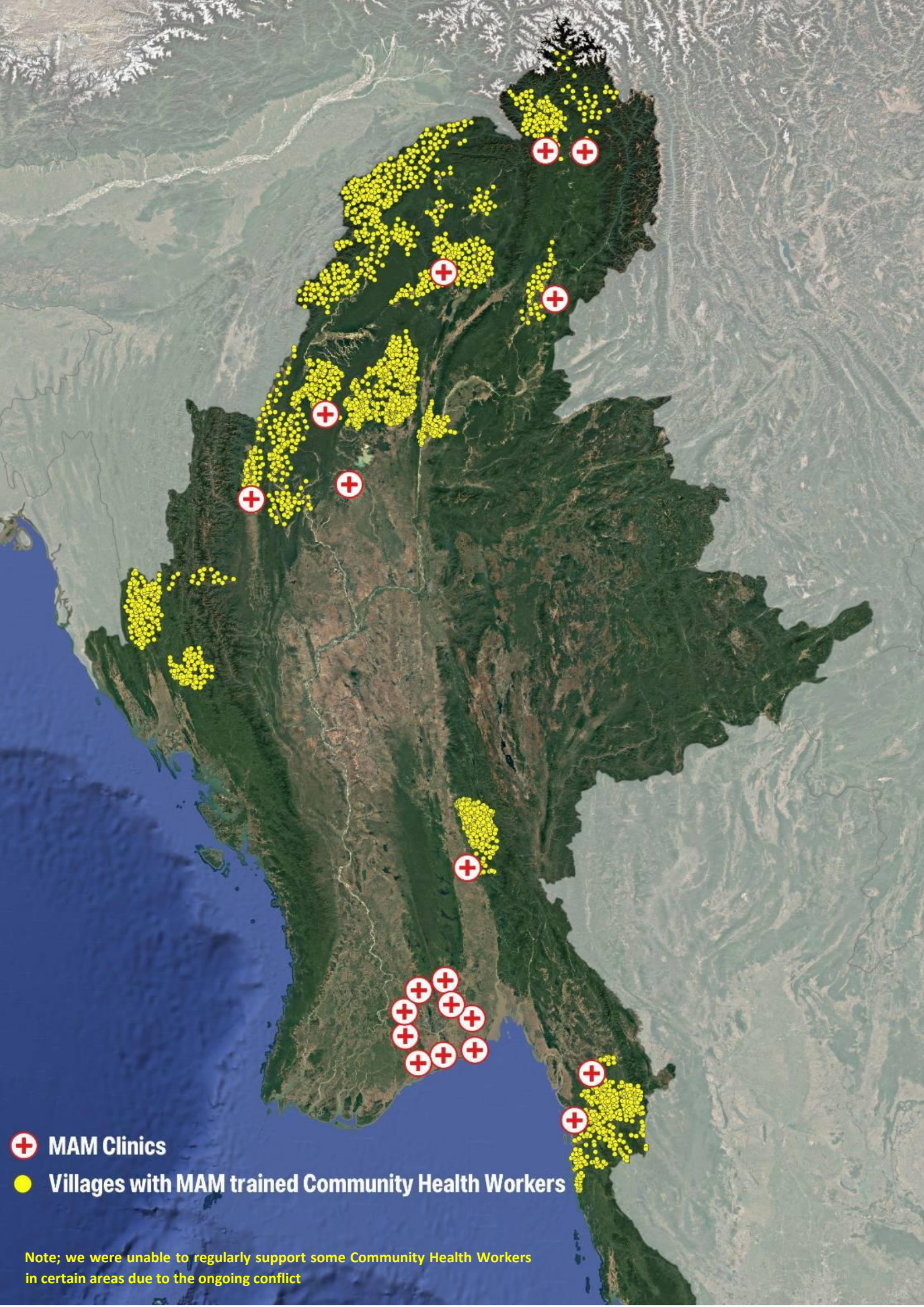


Medical Action Myanmar

To improve access to health care for all people in Myanmar



Activity Report 2024



MAM Clinics



Villages with MAM trained Community Health Workers

Note; we were unable to regularly support some Community Health Workers in certain areas due to the ongoing conflict



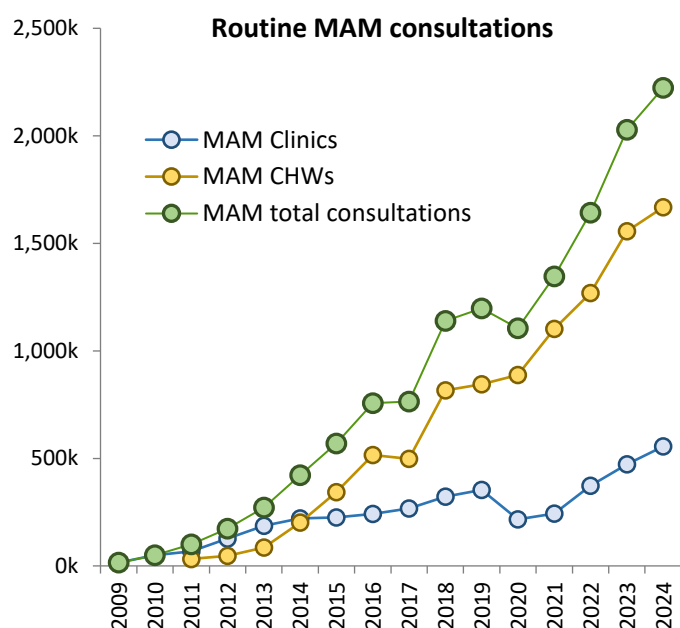
MAM mobile medical teams visiting remote communities for training and providing medical supplies.



MAIN ACTIVITIES of 2024

- 18 clinics, 2,328 community health workers trained so far and 70 mobile medical teams operational
- 2,223,077 patient consultations
- Malaria: 362,157 patients tested & 46,071 treated
- Tuberculosis: 16,779 patients referred & 4,487 treated
- HIV: 25,053 people tested, 5,642 on treatment
- Family planning: 82,727 consultations
- Expansion of breast and cervix cancer screening
- Hospital referral of severely ill : 8,425 patients

Following the military takeover in 2021, violence erupted. A national strike paralyzed government clinics and hospitals, while armed conflict further restricted patient movement and access to healthcare. Hospital treatment has become increasingly difficult to access, especially for the poor, who cannot afford private hospitals that remain unaffected by the strike. MAM's network of clinics and community health workers (CHWs) aims to improve healthcare access for the urban poor, and for the most remote communities. The number of consultations we provided has continued to rise. Cases of malaria and tuberculosis have increased significantly, both in the clinics and through the CHW network.



Routine MAM activities

MAM tried to continue all healthcare activities, but in some locations, these had to be temporarily interrupted due to ongoing fighting or blocked access

and supply routes. Whenever the situation allowed, staff resumed clinic operations and remote healthcare services. Medical stocks for clinics and CHWs were increased to ensure services could continue even during periods of restricted access. The staff never gave up to find ways to continue their medical activities and we are grateful for their resilience.



Performing a lumbar puncture on a critically ill patient

– MAM clinic consultations

MAM clinics, which are open 7 days per week, provide a broad package of basic health care services to the urban poor, including care for children, pregnant women and individuals at high risk for tuberculosis and HIV. In 2024, we recorded the highest number of consultations yet, 555,494 compared to 471,809 last



year. According to a UN report, nearly half of the population is now living below the poverty line which might be a contributing factor to the increase in patients visiting the clinics which are free of charge.

– **Community Health Workers in remote areas**

People in remote communities have no access to professional health care. There are no doctors, nurses or midwives in their communities. Hospitals are far away and there is no public transport. MAM trained 2,328 Community Health Workers (CHW) to provide basic health care and they performed 1,667,583 consultations in their villages. The CHWs provide treatment for the most common illness and offer hospital referral support for severely ill patients. CHWs use off-line mobile phones (there is no network connection in these communities) with a health app that links signs and symptoms of common illnesses to diagnoses, treatments, and identifies medical danger signs requiring emergency referrals.

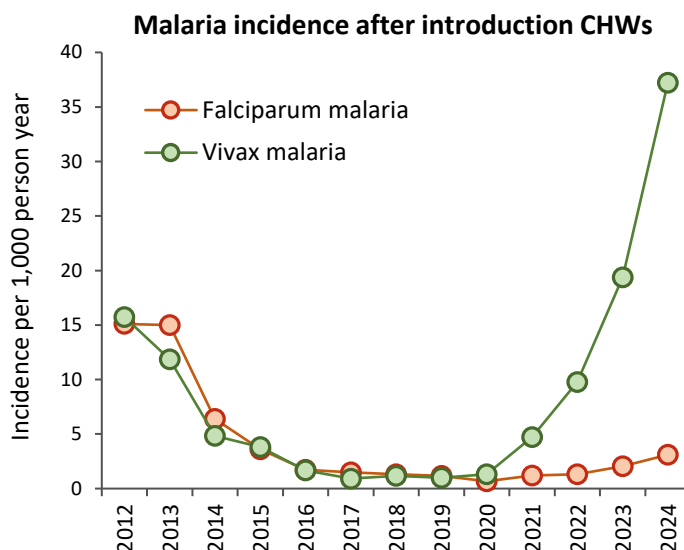


An outreach visits during the rainy season

DETAILED ACTIVITIES

Malaria was the first disease managed by CHWs. They tested all people with fever with a rapid diagnostic test (RDT) and treated all patients with a positive test immediately in their community. This interrupted malaria transmission and malaria was eliminated in most communities. However, recently, there has been a rapid surge in malaria. While the exact cause is not yet fully understood, several contributing factors are likely. Armed conflict has disrupted access to RDTs and treatment in some areas, leading to increased transmission. Additionally, the resurgence may be linked to the use of Abbott® RDTs, which were found to be underperforming, failing to detect many persons with malaria. This resulted in missed diagnoses and

further spread of the disease. We have informed the WHO, who have - typically - not yet done anything about this. We have provided a different RDT brand to the CHWs who remain key to address the increase in malaria, ensuring early diagnosis and treatment.

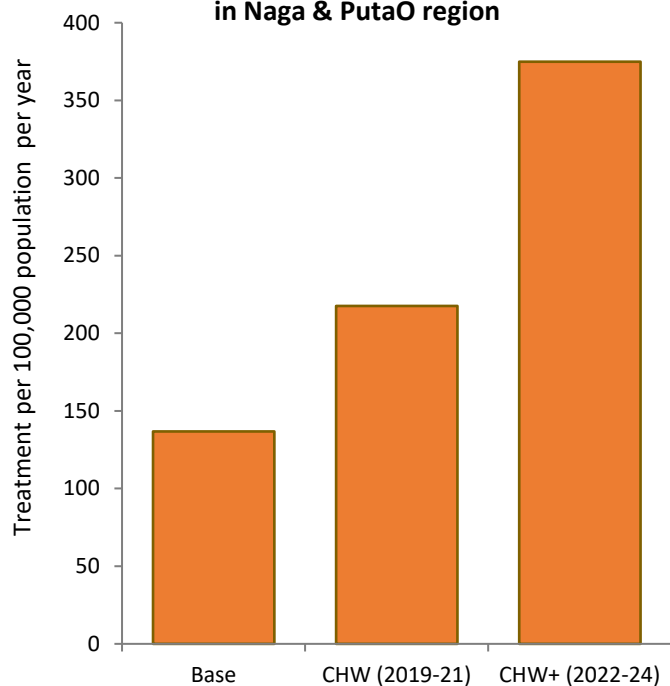


Tuberculosis also increased substantially over the past few years. Patients suspected of having TB must be confirmed at a government hospital before they can get treatment, but many were reluctant to travel and visit hospitals for fear of COVID (in 2020 and 2021) or violence on the road. Therefore, TB treatment was delayed leading to increased transmission, in particular among family members, and a higher death-rate. According to WHO, the number of deaths from TB increased from 22,000 in 2020 to 50,000 in 2022!

To speed up detection of TB patients and decrease transmission and deaths, we organized active screening for TB with mobile teams who travelled to remote communities to screen people *in* their villages. This approach is labour intensive but also successful and the number of patients who could start TB treatment tripled! We started TB treatment for 4,487 patients in 2024; 2,449 in clinics and 2,038 in the CHW program.

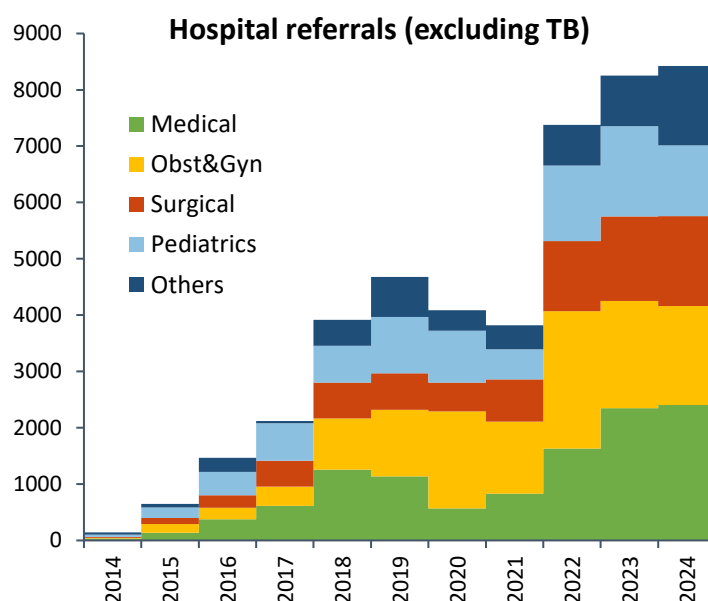


TB patients started treatment in Naga & Putao region



Referrals of severely ill patients to hospitals

This is life-saving for patients who cannot afford transport and treatment cost. As many hospitals are closed, some patients need to be referred to private hospitals making it even more expensive. CHWs are trained to recognize danger signs of health problems that require immediate referral. MAM supported 8,425 hospital referrals. Considering the severity of the patients, this is a very (cost-) effective activity. To avoid patients getting hurt in the armed conflict, MAM staff contact the authorities prior to referral. All referral and treatment costs were paid by MAM.



TB activity	Description
Base	Before the introduction of CHWs
CHW 2019-2021	After the introduction of CHWs
CHW + 2022-2024	After introduction of CHWs + the support of mobile TB teams





Referral of severely ill patients from the most remote communities to the nearest hospital is often not easy.



Malnutrition screening and treatment

MAM medical mobile team together with CHWs conducted nutrition screening for children under 5 years of age and pregnant & lactating women. In total 55,979 children and 2,438 women were screened and 853 children and 361 women were identified as being malnourished and treated with special therapeutic food or supplementary food.



Nutrition screening for under 5 children in a remote village

HIV and Hepatitis C virus (HCV)

HIV & HCV transmission is most likely increasing as access to health care decreased. MAM continued to provide a broad package of HIV prevention and treatment activities, with a special focus on female sex workers (FSW), men who have sex with men (MSM), transgender women (TGW) and people who inject drugs (PWID);

- 25,053 persons tested for HIV, 1,075 new HIV+ individuals offered treatment
- 5,642 HIV+ patients on treatment, 10-year survival 86% (patients on treatment don't transmit HIV)
- 1,215 high-risk persons started PrEP (see below)
- 216 patients treated for Hepatitis C
- 1,561,065 condoms distributed
- 1,092,649 clean needles and syringes distributed
- 1,211 PWID started methadone

HIV Pre-Exposure Prophylaxis (PrEP)

PrEP is a proven, highly effective tool to prevent new HIV infections for at-risk individuals. When PrEP medicines are taken consistently, PrEP reduces the risk of HIV transmission through sexual contact by 99% and by 74% for people who inject drugs. MAM started PrEP in 2023 for 931 individuals who have a high risk to get infected with HIV, and by 2024 enrollment had grown to 3,608 individuals.



Community based HIV testing at a brothel

Reproductive health

- **Family planning:** Possibly as a result of poverty and armed conflict, the number of family planning consultations increased from 43,180 in 2021 to 82,727 in 2024. Among them, 4,372 women received a contraceptive implant, which is effective for 3 years.

- **Cancer screening:** Women with cervix or breast cancer in Myanmar are often diagnosed too late. To detect cancer early, we started an awareness and screening campaign among women with higher risk. Women screened positive are referred to hospital for treatment and MAM covers the costs. We screened 877 women for cervical cancer and 26 women with cervical cancer and were referred to hospital. In addition we screened 2,178 women for breast cancer and 42 with cancer were also referred.

- **Postpartum hemorrhage** (excessive bleeding following the birth of a baby) is a common cause of death after delivery in remote villages. Women who start bleeding after the delivery usually cannot go to a hospital, because it takes too long and they are too weak to hold on to the motorbike on very steep paths. Some women were reported to have died while on the motorbike on their way to the hospital. To avoid this terrible ordeal, MAM medical doctors provided misoprostol, an effective treatment to stop bleeding, to pregnant women before delivery. We treated 1018 women with it.

- **Reproductive tract infections (RTI)** among women are often asymptomatic yet harmful. In 2024, we conducted 29,147 examinations for RTIs and treated 10,849 RTI episodes (mostly among female sex workers).

Child support

Some children are living in very difficult circumstances, with severe poverty, often being cared for by a single parent or grandparent. To alleviate their hardship MAM provides food, clothes, hygiene items and educational support to 568 selected children. In addition, we support 13 HIV+ children at a care-facility with ART adherence, education and psychological support and social activities.



The children enjoying an annual party picnic in the park

Child protection: Some children seen during clinic consultations have signs of abuse. MAM's child protection team is providing support, prevent further abuse or, in very violent cases, support legal aid.

Treatment of hypertension and diabetes

MAM is providing hypertension and diabetes care in clinics and through the CHW network. In 2024, 25,670 people were screened for hypertension, with 5,058 new cases diagnosed and offered treatment, while 11,710 were screened for diabetes, with 5,365 newly diagnosed and offered treatment.



Monitoring blood pressure under the watchful eye of half the village..

CHW training & monitoring

All CHWs are regularly visited, bi-monthly for on-the-job-training by MAM medical mobile teams. This is labor intensive and sometimes dangerous, but we believe that on-the-job-training with a doctor and the CHWs seeing patients together is essential to improve the skills of the CHW. In 2024, we conducted 9,487 monitoring visits; 4.2 visits on average for each CHW.



Monitoring visits on a motorbike are not without danger. Besides the possibility of armed conflict there is also the danger of a 'simple' motorbike accident on these very steep and slippery paths. Dr Zaw Myo Htet luckily wore a helmet, but ...











The project physiotherapist brought this boy, from a remote village in the far North, a wheelchair. His first!! He seems to like it!

One year later !

PICTURE ABOVE. Kyin, from a remote village on the Indian border, was born with an imperforate anus, and later developed a recto-vaginal fistula. We brought her to a surgeon from Yangon Children Hospital who offered to operate her free of charge. MAM paid for the hospital charges, plane tickets and so forth. She needed two difficult operations which were finally successful.

BELOW. Today, one year later, Kyin is free of complications. She is enjoying life with her family and is attending school like others





Beautiful cleft lip surgery done for the boy above, and for the 3 girls below. It would not have been done without donor support.



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 very grateful to all our donors.

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

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IBAN number	NL56ABNA0438412974	IBAN number	NL24ABNA0541225693
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For a look at our website, made by Robin Smithuis (the brother of Frank), visit; <https://mam.org.mm/>



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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,

