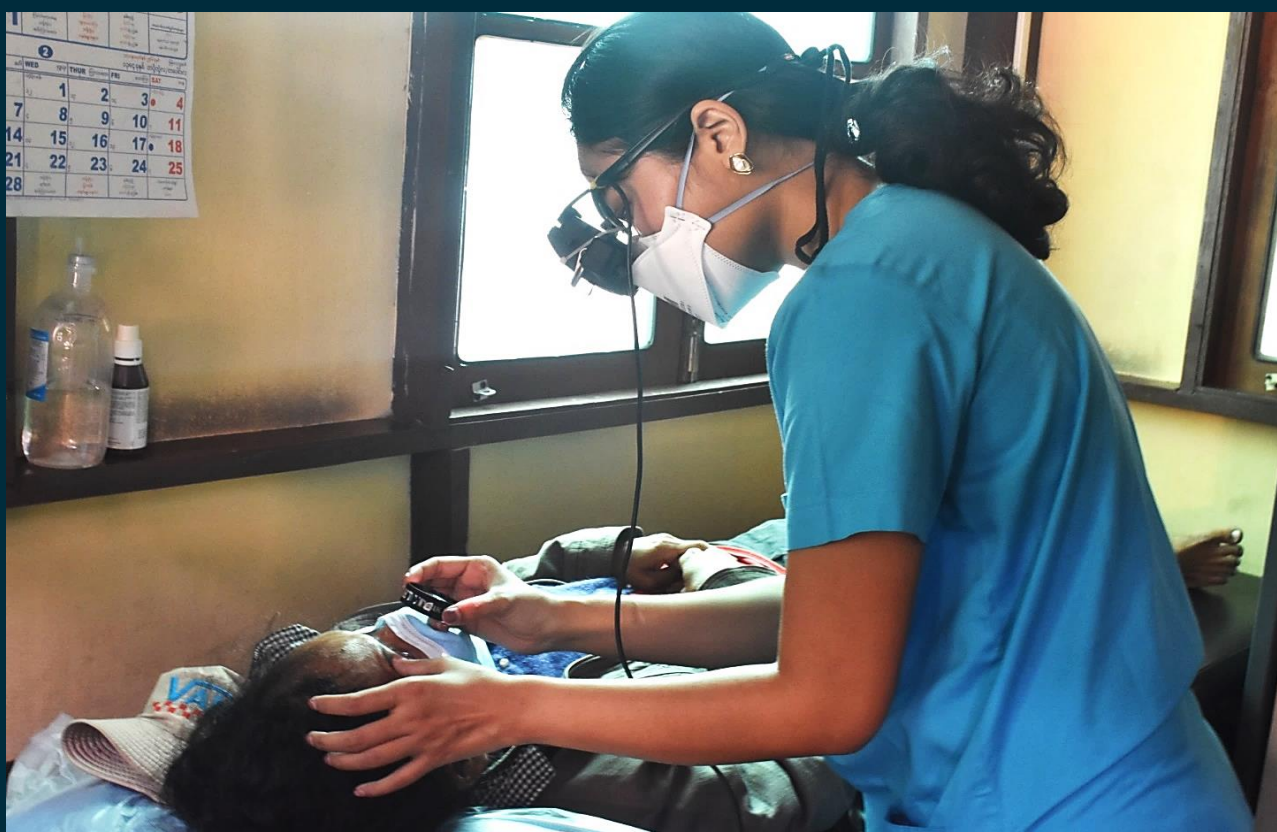




Medical Action Myanmar

To improve access to health care for all people in Myanmar



Activity Report 2023



MAM staff giving training in the village to a VHW while her baby is keeping a close eye



A malnourished child in a remote village in Nagaland with severe keratomalacia in both eyes due to vitamin A deficiency. We provided emergency vitamin A and special therapeutic food but it is not yet clear if her eyesight can be saved. We treated 609 acute malnourished children in 2023

MAIN ACTIVITIES of 2023

- 20 clinics, 2,253 village health workers (VHWs) and 70 mobile medical teams¹
- 1,975,691 patient consultations
- Malaria; 393,737 patients tested, 42,971 treated
- Tuberculosis; 14,588 patients referred, 4,570 treated
- HIV; 25,659 persons tested, 5,526 on treatment
- Family planning; 74,772 consultations
- We provided food and other supplies to 206,055 people since the 2021 crisis

The number of consultations supported by MAM increased, in particular for the VHWs, who could be visited in the safety of their village. Of the 2253 VHWs we introduced, we could continue support for about 90% of them, but lost access to the remaining 10%. Some communities ran out of medical supplies as roads were blocked. We increased treatment of malaria and TB cases in 2023.

Routine MAM activities.

MAM continued healthcare activities, whenever and wherever possible. In some locations, activities had to be interrupted because access and supply routes were blocked. Whenever possible, staff continued their clinics and remote health care services. Medical stocks for clinics and VHWs were boosted to ensure services could continue, even when access was blocked. The staff did not give up to find ways to continue their medical activities and we are grateful for their resilience.

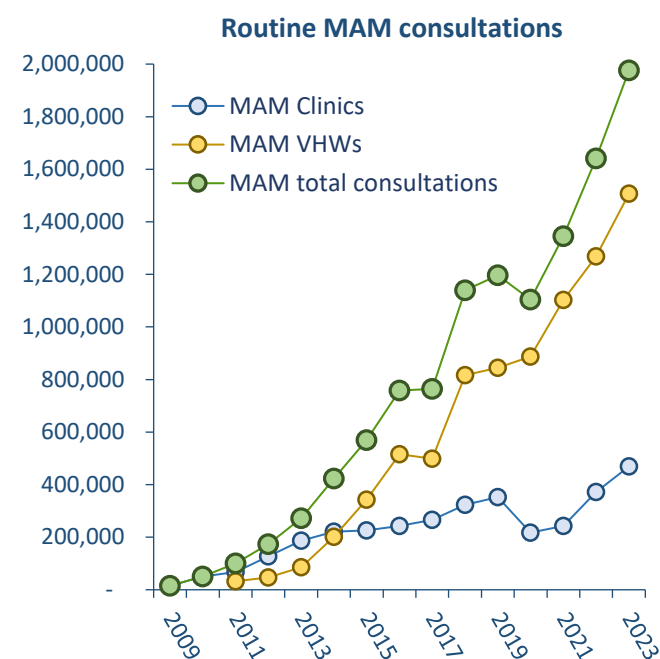
– MAM clinic consultations

MAM clinics are providing a broad package of health care services to the urban poor and health care for people with high risk for tuberculosis and HIV. Clinic activities declined significantly during COVID and the violence of 2020-2021. However, the number of consultations returned to pre-crisis levels in 2022. In 2023, we reached the highest number of consultations yet (469,050).

– Village Health Workers in remote communities

People in remote communities have no access to professional health care. There are no doctors, nurses or midwives nearby their communities. Hospitals are far away and there is no public transport. MAM trained 2,253 Village Health Workers (VHW) and they

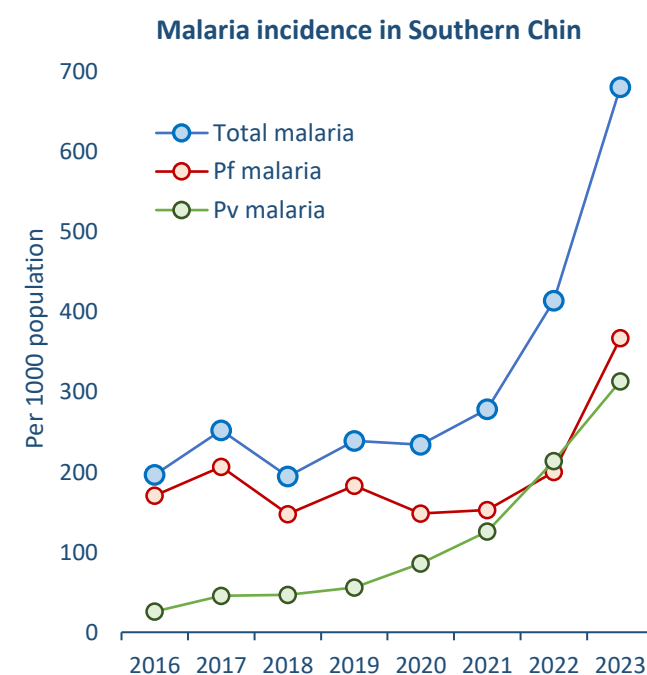
performed 1,506,641 consultations *in their villages*, in 2023 in the relative safety of the services in the community.



DETAILED ACTIVITIES

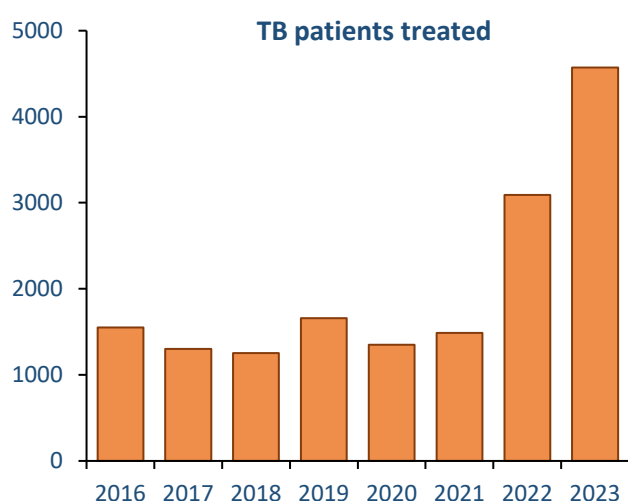
Malaria was the first disease that VHWs managed. With rapid diagnostic tests (RDTs) and treatment in their community, malaria decreased rapidly. However, malaria resurged.

MAM supported VHWs treated respectively 12,093 malaria patients in 2020, 17,295 in 2021, 24,940 in 2022 and 42,971 in 2023. The rise of malaria was particularly strong in areas where the conflict was most intense, like in the southern Chin state (graph below).





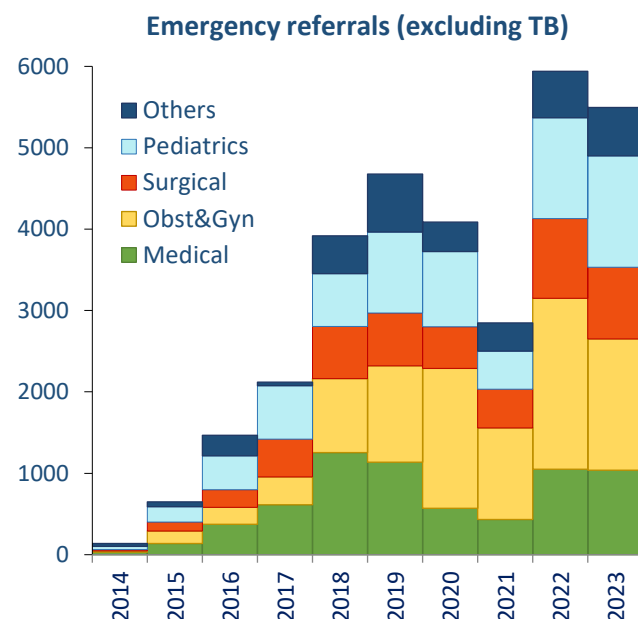
Tuberculosis also increased substantially over the past few years. To address the increase of TB in the communities we organized active screening for TB with mobile teams who travelled to remote communities to screen people *in* the villages to speed up detection of TB patients and decrease transmission and deaths. This approach is labour intensive but also successful and the number of patients who could start TB treatment tripled!



MAM staff visit TB patients at home to explain the 6 - months treatment and the potential side-effects

Referrals of severely ill patients to hospitals

This is a critical and life-saving for patients who cannot afford transport and treatment cost. Considering the



severity of the patients, this is a very (cost-) effective activity. All referrals were paid by MAM.

HIV and Hepatitis C virus (HCV)

MAM continued to provide a broad package of HIV prevention and treatment activities, with a special focus on *key-populations* (female sex workers (FSW), men who have sex with men (MSM), transgender women (TGW) and people who inject drugs (PWID);

- 12,966 high-risk persons got health education
- 1,269,580 condoms distributed
- 1,233,789 needles and syringes distributed to PWID
- 25,661 tested for HIV, 1,104 HIV+ offered treatment
- 5,526 HIV patients on treatment, 10-year survival 84%. (patients on treatment don't transmit HIV)
- 931 high-risk persons started PrEP (pre-exposure prophylaxis medicine to prevent HIV infection)
- 187 patients treated for Hepatitis C
- 1635 PWIDs started methadone or buprenorphine



Outreach testing of a woman working in a brothel

Reproductive health

- *Family planning* consultations also increased. Consultations were 43,180 in 2021, 58,786 in 2022 and 74,772 in 2023. 4,393 women received a contraceptive implant, which is effective for 3 years. Women from remote villages were referred to clinics to receive the implants.



- *Cancer screening* Most women with cervix or breast cancer are diagnosed – sadly - too late. To detect cancer early, we started an awareness and screening campaign among women with higher risk. Women who are screened positive are referred to a hospital for treatment and MAM covers the costs.



Performing cervical cancer screening for a woman with high risk

- *Postpartum hemorrhage* (excessive bleeding following the birth of a baby) is a common cause of death in remote villages. For women in remote communities it is difficult to go to a hospital, because it takes too long and they are too weak to hold on to the motorbike on very steep paths. To avoid this ordeal MAM medical doctors provided misoprostol, an effective treatment to stop the bleeding, to pregnant women before delivery. In 2023, we treated 861 women with it.

- *Reproductive tract infections* among women are often asymptomatic but harmful. In 2023, we tested 29,421 persons, and treated 10,859 (mainly FSW).

Child support

Some children are living under difficult circumstances, with poverty and only a single parent or grandparent. To alleviate their hardship MAM provides support for food, clothes, hygiene and education to 479 selected children. In addition, we support 15 HIV+ children at a house (*the Mother House*) to support them with their ART compliance, education and psychological support.

VHW training & monitoring

All VHWs are regularly (bi-monthly) visited for on-the-job-training by MAM medical mobile teams. We believe that on-the-job-training with a doctor and the VHWs seeing patients together is essential to improve the skills of the VHW. Visiting VHWs is labour intensive.



A boy with severe rickets was supported with treatment and crutches



A different level of health care in an MAM clinic in Yangon or in a remote village by a mobile medical team doctor





This 6 years old child, from a small remote village on the Indian border, walked around with an imperforate anus, a recto-vaginal fistula and a stoma for the past years. We brought her to Yangon for surgery. The surgeon operated her free of charge! The girl was very happy and proud after 2 very difficult but successful operations.



Cash for food support for a single mother household in a slum in Yangon



Food, blankets and utensils distribution after this Naga village burned down



PWIDs have high risk to get HIV. MAM tries to reach them in their communities with a broad package of prevention and treatment activities



People who live in the forest are difficult to reach. This makes it difficult to control malaria.









*In most areas where we work there are only paths to walk or to drive a motorbike. There are usually no roads for cars.
With some exceptions! (but be advised to bring your elephant to drag your car through the mud)*

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 Amsterdam, The Netherlands	Bank address	Apollolaan 171, 1077 AS 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/>



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**Health care for
all people in Myanmar**

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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,

