

BURMA



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.

PMI support extends to the Greater Mekong Subregion (GMS), which is made up of five countries: Burma, Cambodia, Lao People's Democratic Republic, Thailand, and Vietnam.

Regional and Country Context

Although considerable progress has been made in malaria control in the GMS during the past 10 years, malaria remains a major concern for the international community and ministries of health in the region. This is due primarily to the development and possible spread of resistance to artemisinin drugs, the principal component of the combination therapies for malaria that now are the first-line treatment for malaria throughout the GMS and the world. *Plasmodium falciparum* resistance to artemisinin drugs was first confirmed in western Cambodia; treatment failures to artemisinin-based combination therapy (ACT) have been reported from multiple sites on the Thai-Cambodian border; and an early warning sign of artemisinin resistance – prolongation of parasite clearance times – has been reported throughout the region.

Although significant progress has been made in recent years, the malaria burden in Burma remains the highest among the countries of the GMS. *P. falciparum* and *P. vivax* are the major parasite species, and there are 10 malaria-transmitting mosquito species. Analysis of the age and the sex distribution of malaria cases in Burma shows that the majority occur in adult males, reflecting the risk of malaria that is associated with occupations such as mining, rubber tapping, construction, and forest-related activities. Through ongoing resistance monitoring, several states and regions have identified the presence of artemisinin resistance. The ultimate goal of Burma's National Strategic Plan 2016–2020 is to eliminate *P. falciparum* malaria by 2025 and all forms of malaria by 2030. PMI supports this strategy and is funding capacity building (particularly for epidemiology and entomology), efficacy monitoring of antimalarial drugs, malaria surveillance, drug and malaria diagnostics, quality assurance systems, and supply chain management for malaria commodities.

AT A GLANCE

Population (2016):
56.9 million¹

Population at risk of malaria
(2014): **60%²**

Malaria incidence/1,000
population at risk (2013): **45³**

Confirmed malaria cases
(2014): **205,658²**

In-patient malaria deaths
(2014): **92²**

Artemisinin resistance status:
Confirmed

Progress to Date

Although some of the standard indicators adopted in the GMS differ from those in Africa, several indicators, such as those measuring insecticide-treated net (ITN) ownership and use, remain applicable. The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Burma.

Burma Malaria Indicators	MARC 2012 ¹	CAP- Malaria 2013 ²	Global Fund Implementing Partners 2013–2014	CAP- Malaria 2013–2014	MIS 2015 ³ (preliminary)
Malaria prevalence by microscopy	0.5%	–	–	–	TBD
Proportion of households with at least one mosquito net	97%	82%	2013: 99% 2014: 97%	–	95%
Proportion of households with at least one ITN	35%	38%	2013: 68%	2013: 98% 2014: 97%	40%
Proportion of persons who slept under an ITN the previous night	16%	21%	2013: 86% 2014: 63%	2013: 61% 2014: 82%	25%
Proportion of children under five years old who slept under an ITN the previous night	19%	–	2013: 59% 2014: 45%	–	TBD
Proportion of pregnant women who slept under an ITN the previous night	20%	–	2013: 57% 2014: 42%	–	TBD

1 U.S. Census Bureau, International Data Base 2015
2 World Health Organization (WHO), World Malaria Report 2015
3 WHO, World Health Statistics 2016

1 MARC – Myanmar (Burma) Artemisinin Containment Network. Survey conducted in project areas along Thai-Burma border.
2 CAP – Malaria survey conducted in Tanintharyi Region, and in Rakhine and Kayin States.
3 MIS – Malaria Indicator Survey

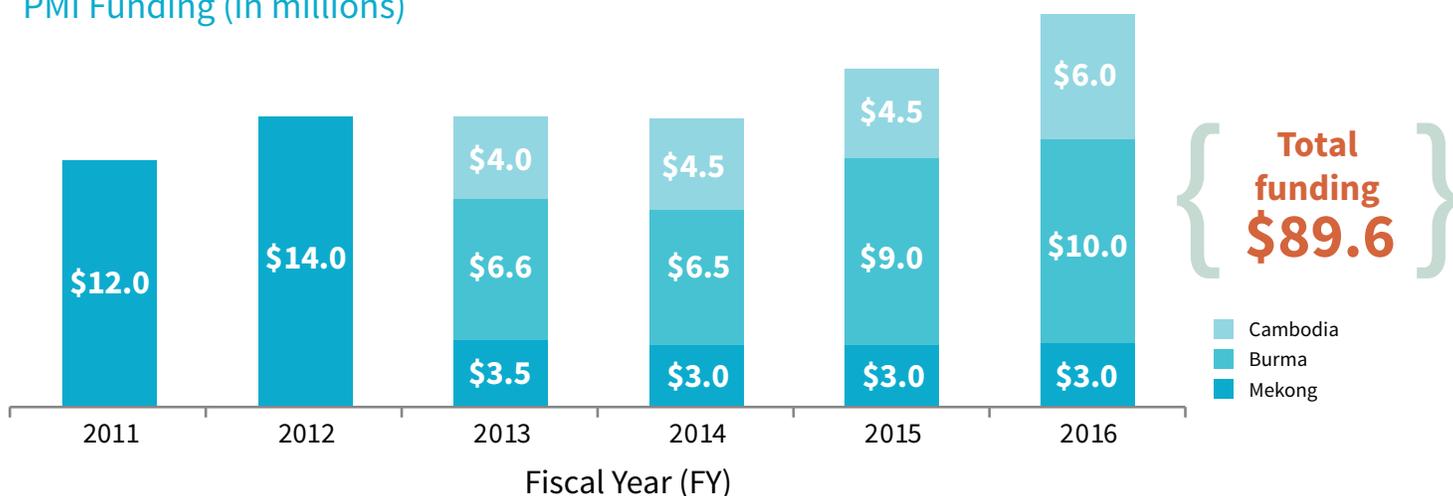
PMI Contributions Summary

Burma has received PMI funding since FY 2011. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	793,500	893,500
		ITNs distributed	400,342	654,902
Rapid Diagnostic Tests		RDTs procured	291,800	341,800
		RDTs distributed	264,775	496,875 ²
Artemisinin-based Combination Therapy		ACTs procured	11,130	35,670
		ACTs distributed	15,660	40,700 ²
Health Workers		Health workers trained in treatment with ACTs	1,254	n/a ³
		Health workers trained in malaria diagnosis	1,297	n/a ³

- 1 The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.
- 2 This is the second year that Burma is reporting separately from Mekong. ACTs and RDTs distributed exceed the number procured because distributed quantities include some that were reported as procured for the Mekong in previous years.
- 3 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2016 PMI activities in Burma, please see the [Greater Mekong Subregion Malaria Operational Plan](#).



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