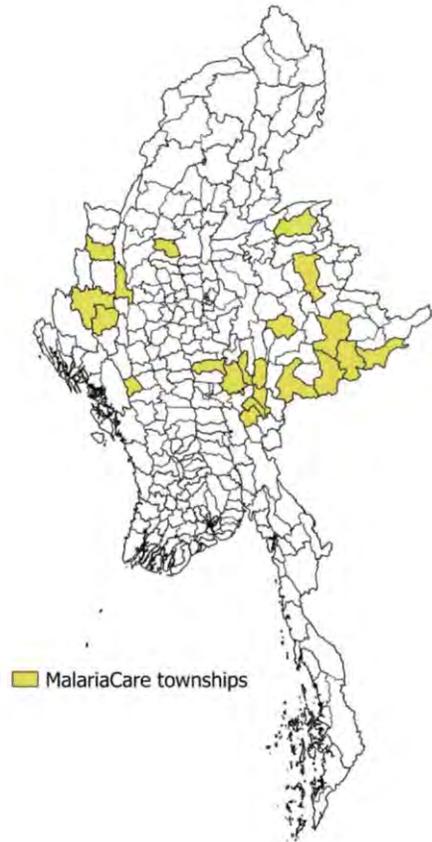


# Improving Case Management Practices among Private Providers in Langkho Township

With drug and insecticide resistance spreading in the Greater Mekong Subregion (GMS), efforts to move towards elimination in the region have become increasingly important. For elimination to be successful, each malaria case must be rapidly detected, appropriately treated and tracked via a national surveillance system. In Langkho, a township of 74 villages located in the Southern Shan State of Burma, malaria previously plagued the population. Yet, in recent years, malaria control efforts, deforestation, urbanization, and changes in working patterns, have greatly reduced the malaria disease burden, with Shan State reducing malaria incidence by 77.6 percent from 2005 to 2014.<sup>1</sup> This has resulted in a decrease in awareness of malaria among the community as well as a decrease in the availability of diagnostic and treatment services. Despite the lower disease burden, malaria is not completely gone from the region and the lack of proper diagnosis and treatment has the potential to drive the reemergence of malaria and hinder malaria elimination efforts.

In Langkho, the most at-risk populations often live in remote areas beyond the reach of public sector health facilities and as a result rely heavily on private health care providers and itinerant drug vendors for their basic health care. However, private health care providers in Langkho often lack access to proper malaria diagnostic tools or effective antimalarial treatments and have limited knowledge of malaria and the use of antimalarial medications. Such providers rely solely on symptoms for diagnosis and many continue to use ineffective antimalarial drugs that are no longer considered efficacious or that lack proper quality assurance. Additionally, these providers often fail to track suspected malaria cases through the national surveillance system.

Recognizing the importance of improved case management among private providers in Burma, through the USAID/PMI MalariaCare project, PSI recruits and trains a network of rural Community Health Service Providers (CHSPs) or village health workers on how to properly detect (using malaria rapid diagnostic tests- mRDTs) and treat uncomplicated malaria cases. Once trained, CHSPs play a critical role in providing effective malaria case management to their local communities in a timely manner. Despite the overall decreasing malaria incidence in Langkho, the northern part of the township – due to the geographical terrain, sits less than 1000ft above sea level and is covered by farming land and streams – is defined as high risk (stratum 1a) and still experience P.F transmission. Given the limited public-sector healthcare coverage and high-risk designation, MalariaCare and PSI worked to expand the CHSP program to the region in November 2016.



<sup>1</sup> Mu, Thet Thet, Aye Aye Sein, Tint Tint Kyi, Myo Min, Ne Myo Aung, Nicholas M. Anstey, Myat Phone Kyaw, Chit Soe, Mar Mar Kyi, and Josh Hanson. "Malaria incidence in Myanmar 2005–2014: steady but fragile progress towards elimination." *Malaria Journal* 15, no. 1 (October 18, 2016). doi:10.1186/s12936-016-1567-0.

Despite hesitation among some private providers to become CHSPs because they believed malaria no longer existed in the region, PSI was able to recruit 22 new CHSPs. Over the course of a two-day training, the new CHSPs were guided through the procedure for properly diagnosing malaria using an RDT, what to do in the case of a positive or negative test, where to refer severe malaria cases, which drugs are effective or ineffective for malaria treatment, and how to properly report each case. CHSPs were given necessary job aids and also trained on how to conduct malaria education sessions for their communities. CHSPs were also trained on Active Case Detection (ACD), screening populations for malaria irrespective of the presence of symptoms, depending on their area's needs.

The post training evaluation found that the new providers were well informed on essential malaria knowledge: prevention, diagnosis and case management, effective referral networks for severe malaria cases and other illnesses, and malaria reporting. An important result from the training was that providers' attitudes toward providing malaria services were transformed. Providers who were previously reluctant about providing malaria services to their community were now positive and enthusiastic.

From December 2016 to June 2017, a total of 2,099 suspected malaria cases in Langhko were tested with mRDTs by these 22 CHSPs. Five malaria confirmed cases were detected during these seven months (three P.f. and two P.v.). Four of these cases were treated and reported according to National Malaria Treatment Guidelines and one case was referred to a higher level health facility due to severe signs and symptoms. The CHSPs have also conducted health education sessions not only at their villages but in nearby villages as well.

The CHSPs continue to receive supportive supervision and monitoring every month from PSI/Myanmar staff and are proud of their ability to provide comprehensive malaria services to their community and people in need. They understand the importance of their role not only in the community but also in advancing the malaria elimination agenda.

For more information or to request program or technical assistance:

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