

METF NEWS

August - September 2016

This two- monthly newsletter is designed to convey information on the malaria elimination-related activities of the Malaria Elimination Task Force (METF).





METF ExCom meeting,29 July 2016

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> MALARIA NEWS...

This month vs. last year...

A year ago, 1 case of fever out of 37 was a *PF*. This year, it is down to 1 case of fever out of 63. Comparatively, 1 case of fever out of 18 was a *PV* in August 2015, and 1 case of fever out of 22 in August 2016.

	August 2016	August 2015
Number of MP	1021	621
Fever cases	11575	9681
PF cases	183	261
PV cases	526	557

General trends

	PF incidence during rainy season (cases/1,000 persons. month)			
	2014	2015	2016	
Area 1 (Hpapun)	15.0	5.2	3.2	
Area 2 (Myawaddy North – Hlaingbwe)	2.3	0.2	0.1	
Area 3 (Kawkareik, Myawaddy South)	2.1	1.3	0.2	

Despite the rainy season, where a malaria transmission peak is usually expected, the *PF* incidence figures in the 3 program areas remain very low (divided by 5 between 2014 and 2016 in Mutraw, by 10 in Duplaya, and by 20 in Hpa An), as shown in the table:

Hotspots Mass treatment (TMT)

So far, 43 hotspots have been fully treated, with a 85% average participation (people taking at least 1 round). TMT has been started in 7 new hotspots where the team could achieve 98% coverage (between 91% and 100% of eligible population), and surveys allowed to identify 6 new hotspots which will be addressed as soon as Community has been mobilized.

Village code	M12 PF prevalence	Baseline PF prevalence	Decrease from baseline
189	0,0%	32,4%	-100%
577	0,7%	24,0%	-97%
237	3,3%	24,1%	-86%
257	0,0%	25,5%	-100%
194	0,9%	32,4%	-97%
219	2,9%	25,0%	-88%
195	0,0%	32,7%	-100%
203	0,0%	23,9%	-100%
273	4,0%	26,3%	-85%
292	0,0%	25,0%	-100%
228	0,0%	27,3%	-100%
260	1,9%	27,8%	-93%

1 year after TMT, the PF reservoir has not reconstituted in hotspot villages

From 12 hotspots having received MDA a year ago, measurement of prevalence 12 months after intervention (M12) shows a lasting decrease of PF prevalence, from 85% to 100%.

> TEAM NEWS

Executive Committee

An Executive Committee meeting

was held on 29 July. Progresses of the elimination was discussed, as well as projects for the year ahead were presented and discussed with the ExCom members. The main discussion topic was on the evolution of the Malaria Posts, in order for them to provide a larger service to the community, in an environment where Malaria is getting scarce.

METF data version 2.0

A new version of the reporting METF data web portal been has developed, allowing display data geography levels, from the State to the Village. Integration of data from other partners has been taken into consideration and will be possible for sharing. data Please contact data@shoklo-unit.com for access or more informations.

New SMRU Website

SMRU website The (http://shoklo-unit.com) has been renovated. METF latest news and links useful to documents (latest reports, ...) can be found under the 'Malaria elimination' section on the website.

Monitoring & evaluation

A new Monitoring and Evaluation team (6 persons) has been appointed in METF. Their task is to assess the quality of the service provided by the malaria posts, on a basis of random visits. Findings from these activities will be shared in order to give information to improve training of Malaria post workers.

METF faces

Mr Kulermoo, in charge of Malaria Posts data management.

Kulermoo was born in Bagoo division 25 years ago. After finishing school in Umpium Karen refugees camp, he studied Public health during 4 years, and has earned a Bachelor degree.

He is working in Mae Sot in the METF team since April 2015. He is in charge of merging all weekly data from the different sources (SMS, web entry...). He validates the data when they arrive, he calls back when errors are detected or when there are delays. He then produces several essential reports: lists of malaria posts from where no data have been sent on time and the data files used for all statistics related to the MP work and the figures featured in the METF monthly report. These reports are key to monitor activity and help program managers and area teams to concentrate on places that do not function well.



PROJECT & PARTNERS NEWS

LFA visit

A joint LFA (Local Funding Agent) and Unops team came to visit several randomly selected METF sites during September. A first round allowed them to visit MP in METF Area 2 and 3. They are going to come back shortly to visit 5 places in Hpapun township (where access is more difficult). They declared they were impressed by the job done so far, and we are waiting for their report.

Consultation and advocacy workshop in Hpa An

This meeting was organized by KDHW and chaired by Dr Marta, KDHW Malaria, Tuberculosis and AIDS special advisor. Representatives from organizations such as KDHW, ARC, IRC, IOM, MI, UNHCR, UNICEF, ICRC, MAM, CPI, ADRA and METF were participating. KDHW introduced their new organigram. One of the issues discussed during the meeting was the sharing of information and data (coordination) among organizations operating in similar areas.

Common report for RAI-ICC Malaria Elimination implementers.

METF, MAM (Medical Action Myanmar) and CPI (Community Partners International) agreed on the need to coordinate their data and their communication, following a coordination meeting hosted by MAM in Yangon in June. Data pertaining to the 3 programs are being merged and a common report will be produced by the end of the year.

Expanded Malaria TSG meeting - Nay Pyi Taw, 9 August 2016

An expended Technical Support Group (TSG) meeting, headed by Dr Aung Thi (deputy director NMCP, DoPH) was held. Main topic for discussion was the 2017 work plan and budget finalization for 2017. METF, together with the 2 other ICC implementers (MAM and CPI) presented their work.

METF in Oxford (Oxford Tropical Network conference)

METF participated to the OTN conference in Oxford, on 7 to 9 September. Two oral presentations (Jordi Landier on elimination and May Myo on the determinants of Community engagement) and 1 poster (Dr Khin Maung Lwin on Tak Province Community Ethics Advisory Board (T-CAB)) were presented.