

Integrating NCD services into primary healthcare through package of essential non-communicable disease interventions in Myanmar

Burden of NCDs in Myanmar

An estimated 68% of deaths among adults in Myanmar is caused by non-communicable diseases (NCDs), and cardiovascular diseases account for one-fourth of deaths caused by NCDs.^{1,2} The most common types of cancer among women are breast, cervix and lung cancer. Among men, lung, liver and stomach cancer are the most prevalent.

The 2014 National Survey on the Prevalence of Diabetes and Risk Factors for Non-Communicable Diseases (STEPS, 2014) reported that the prevalence of diabetes is 10.5% for among adults aged between 25 and 64 years. In regards to other major NCDs, 26.4% of this adult group has hypertension. Around 26.1% and 19.8% of people currently smoke tobacco and drink alcohol respectively.³ The prevalence of being overweight (BMI >25 kg/m²) and obesity (BMI >30 kg/m²) were 22.4% and 5.5%, respectively. This survey was an extensive survey showing the magnitude of the problem of diabetes and the risk factors for major NCDs.



Primary health care and non-communicable diseases

Properly functioning health systems are vital for the prevention and control of NCDs, as well as the improvement of health outcomes in general. In developed countries, launching NCD specific responses within health systems has significantly contributed to declining NCD trends. Such a response is also urgently needed in low-and middle-income countries (LMICs) to curb the steadily rising NCD epidemic. It is also part of the solution to strengthening equity and efficiency of health systems.

To strengthen the equity and efficiency of health systems for NCDs in Myanmar, primary health care services for NCDs need to implement early detection and early treatment. Around 70% of Myanmar's population lives in rural areas, where the primary destinations for health care are rural health centers, sub-rural health centers, and private clinics. More investment in prevention and primary care can reduce the cost of treating CVD, diabetes and COPD by carefully selecting essential evidence-based interventions. It also minimizes the cost of treating complications of NCDs that require hospitalization (e.g. heart attacks, strokes, amputations, blindness due to diabetic or hypertensive retinopathy, and end stage renal disease requiring dialysis).

1. World Health Organization (WHO), Non-communicable Diseases Progress Monitor 2017, <http://who.int/nmh/publications/ncd-progress-monitor-2017/en/>
2. World Health Organization (WHO), Myanmar NCD Country Profile 2014 http://www.who.int/nmh/countries/mmr_en.pdf
3. The Ministry of Health and Sports, the Republic of the Union of Myanmar, Report on National Survey of Diabetes Mellitus and Risk Factors for Non-communicable Diseases in Myanmar, 2014.

Package of essential non-communicable (PEN) disease interventions

The WHO has developed a Package of Essential Non-Communicable Disease Interventions (PEN) to facilitate action on NCDs in low resource settings. PEN offers minimum standards to strengthen national capacity to integrate and scale-up care for NCDs. It is a package of innovative, action-oriented and cost-effective, essential population-wide as well as individual interventions. These interventions include methods for early detection and diagnosis of NCDs using inexpensive technologies, various approaches to modify NCD risk factors, and affordable medications for prevention and treatment of NCD conditions.

Package of essential non-communicable (PEN) disease interventions

Low per capita health expenditure in many developing countries is not adequate enough to integrate NCD interventions into primary care comprehensively. The World Health Organization (WHO) developed the Package of Essential Non-communicable (PEN) Disease Interventions for primary care in low-resource settings as an affordable alternative.⁴ It is a prioritized set of cost-effective interventions allowing innovative and action-oriented response to the problems and challenges of care for people with major NCDs.

PEN is a tool to improve access of cost effective interventions to poor people in resource constrained settings. PEN interventions have effective approaches to reduce NCD burden in low-and middle-income countries (LMICs), and includes a mixture of population-wide and individual interventions. These cost-effective interventions include methods for early detection of NCDs and their diagnoses using inexpensive technologies, non-pharmacological and pharmacological approaches for modification of NCD risk factors. They also feature affordable medications for prevention and treatment of heart attack, strokes, diabetes, cancer and asthma.

Myanmar has adopted the WHO's PEN interventions package and has further developed interventions according to the needs of the country. It includes four protocols for prevention of heart attacks, strokes and

kidney disease through integrated management of diabetes and hypertension, health education and counselling on healthy behaviours, management of asthma and chronic obstructive pulmonary disease, assessment and referral of women with suspected breast cancer and cervical cancer, and assessment and referral for oral cancer at primary health care. Although there are possible benefits of these interventions, such as reduction in medical care cost and improved quality of life and productivity, the limited capacity of health system still contributes to substantial gaps in the implementation of these interventions.

Pilot of PEN interventions in Myanmar

From 2012, the Diabetes Control Project and University of Medicine 2, Yangon piloted PEN Interventions as a subset of primary healthcare facilities in two townships (Hlegu and Hmawbi) in the Yangon Region, with the support of WHO. The covered population (catchment area of the trained PHC facilities) consisted of 179,386 people. In the first 6 months of operation, 4005 persons were screened (2.2% of covered population), resulting in 455 diabetes cases (11.4% of those screened), with 147 being new diagnoses (32.3% of the diabetes cases). In addition, 2111 hypertension cases were found (52.7% of those screened), with 795 being new diagnoses (37.7% of the hypertension cases).

The pilot achieved good results in the control of diabetes and hypertension of many individual patients and drew strong interest and participation of the local people and civil society organizations.

4. Package of Essential Non-communicable (PEN) Disease Interventions for Primary Care in Low-Resource Settings, World Health Organization (WHO) 2010.

Expansion of PEN interventions in Myanmar

Based on the successful pilot of PEN interventions, the Ministry of Health and Sports, Government of the Republic of Union of Myanmar is now planning an expansion in all townships of Myanmar in a phased manner, under the leadership of NCD Unit of the Department of Public Health of the Ministry.

Advocacy workshops at regional level

In order to improve knowledge among policy makers and public health implementers across Myanmar on addressing the rising burden of NCDs, advocacy workshops at regional level will be conducted in each of 15 states and regions of the country (including Nay Pyi Taw) under the European Union supported public health capacity building project implemented by HelpAge International and partners. The purpose is to raise awareness among government authorities, universities and wide health stakeholders on NCD issues and changing health trends in Myanmar.

Training for PEN expansion

The next action to be taken is to provide trainings of trainers at sub-regional level in all 330 townships and 15 state/regional health departments on NCDs in health service delivery through PEN implementation. It is important for these sub-national authorities, who



oversee service delivery, to be aware of the changing nature of the health burden across the country. This training will educate and facilitate to improve primary health care services on NCDs and PEN implementation methods conducted by township level medical staff. Trainers are from University of Medicine 2, University of Public Health and NCD Unit, Department of Public Health, Ministry of Health and Sports.

The Ministry is committed to provide basic health staff training, essential medicines, technologies and tools for PEN implementation. HelpAge International will provide trainings of trainers to township medical officers, and 35,000 manuals for basic health staff nationwide.

Progress so far in expansion of PEN interventions

Two training manuals on PEN interventions have been developed for the trainings of Township Medical Officers, other medical/public health officers as well as for Basic Health Staff. Five advocacy workshops were organized in Nay Pyi Taw, Yangon, Mandalay, Bago and Mon during 2016. The trainings for township medical officers and other medical/public health officers on PEN Interventions were already held from 20 townships in March 2017 from those states and regions where advocacy workshops were organized in 2016. In the remaining months of 2017, the advocacy workshops in 5 new states and regions will be organized, and PEN implementation will be expanded to the next 70 townships. In the coming years, PEN interventions will be scaled up to all 330 townships in Myanmar.

Authors:

Dr. Win Moh Moh Thit,
Dr. Kyaw Myint Myat Thein,
Khin Thiri Maung,
Dr. Tej Ram Jat,
Prof. Ko Ko,
Prof. Kyawt San Lwin,
Prof. Khay Mar Mya



Strengthening public health capacities for responding to Myanmar's disease transition

Strengthening Public Health Capacity to Respond to Myanmar's Disease Transition is a project jointly implemented by HelpAge International, University of Public Health (UPH), Yangon, University of Medicine 2, Yangon, and Thammasat University, Thailand. This project is supported by the European Union as part of its Supporting Public Health Institutes Programme under the Investing in People Initiative. The objective of this project is to strengthen the UPH and wider health stakeholders to support evidence-based policy and improved health services, particularly in preparation for the transition towards non-communicable diseases in Myanmar. The project builds national evidence, knowledge and collaborations in order to help integrate NCDs and mental health into the mainstream of national health policy dialogue and service delivery, and also works for strengthening the institutional capacity.

Facebook : <https://www.facebook.com/SPHCmyanmar/>

Website : www.sphcmyanmar.org

Published By:



Supported By:



HelpAge International
Myanmar Country Office
No. 25/E, Sein Villa, Thiri Mingalar Avenue Street,
Ward No. 7, Kabar Aye Pagoda Road,
Yankin Township, Yangon, Myanmar

☎ 95-1-665574
🌐 www.helpage.org
📘 HelpAge International Myanmar

This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of HelpAge International Myanmar and project partners and can under no circumstances be regarded as reflecting the position of the European Union.

Published in: October 2017