



Tackling non-communicable diseases to achieve universal health coverage in Myanmar

Key messages

- Of all deaths in Myanmar, 68% were caused by NCDs in 2016, up from 49% in 2000.¹
- Unhealthy behaviours, including poor diets and tobacco use, are increasing in Myanmar, which puts more and more people at risk of non-communicable diseases.
- Poverty rates steadily declined between 2004 and 2015, but 37% of people are still below or near the poverty line where health risks are a considerable concern, highlighting the social inequalities in health outcomes.²
- NCDs are on Myanmar's health policy agenda, but scarce and poor-quality data is hampering efforts to tackle them.

Myanmar aims to achieve universal health coverage by 2030 as part of its commitments to the third UN Sustainable Development Goal (SDG) on health and wellbeing. Currently, healthcare services need to reach an estimated 54.8 million people, including 5.6 million people aged 60-plus (10.3% of the total population). The number of older people is growing too - by 2030, Myanmar's population is predicted to reach 58.9 million, with 7.7 million 60-plus (13.1% of the population).³

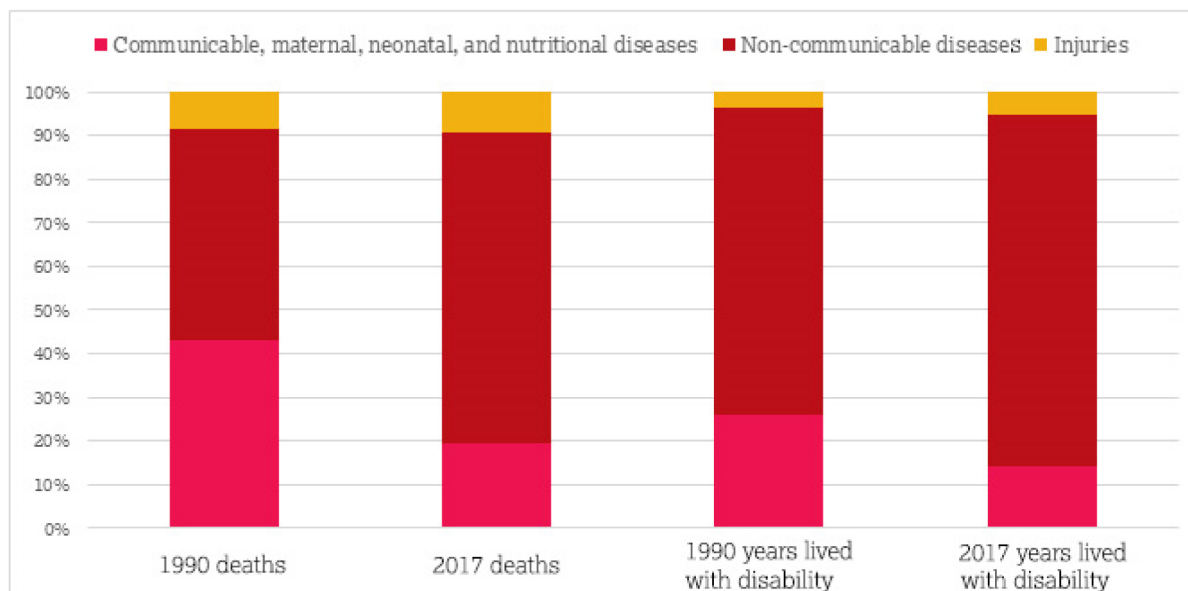
Myanmar is on the right track. Poverty levels have fallen from 32% in 2004 to 19% in 2015 and household expenditure has grown 15% in the same time, which should provide households with more money to spend on healthcare. Yet 37% of people live near or below the poverty line, and this remains a challenge in Myanmar achieving its targets.⁴ Significant changes are needed to today's health and social systems to ensure this growing population will have universal and quality care.

Key to this is preventing and treating non-communicable diseases. Demographics are shifting as life expectancy increases. People 60+ made up 9% of the Myanmar population in 1990. Today the figure is 12% and by 2050 it is estimated to be 21%, equalling the proportion under 14.⁵ Meanwhile, deaths from NCDs have increased from

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Fig 1: Deaths caused by major disease groupings and years lived with disability caused by major disease groupings in 1990 and 2017



an estimated 49% of all deaths in 1990 to 71% in 2017, with heart disease, chronic bronchitis and emphysema, cancer, and diabetes among the greatest threats.⁶ NCDs are not only the leading cause of mortality, but they also lead to 80% of years lived with disability in Myanmar, impacting quality of life and leading to further health challenges.⁷ Metabolic conditions, such as type 2 diabetes, caused 4.6% of years lived with disability in Myanmar in 1990, growing to 7% in 2017.⁸ Delayed diagnosis and treatment, low quality treatment options, and poor adherence to assigned treatments are exacerbating the issue.

Non-communicable disease risk factors in Myanmar

Access to clean air and water, safe working conditions, health services, family and community support, and education are just a few of the external factors that impact our health. This means our physical, economic and social environments have considerable impact on an individual's or communities' health, particularly in relation to NCD prevalence.

Lifestyle choices also contribute considerably to NCDs. In Myanmar, alongside an ageing population, unhealthy behaviors, including tobacco and alcohol use, poor diets and lack of physical activity, are common, and these risk factors are leading causes of multiple NCDs. Almost all adults in Myanmar (94%) are exposed to at least one NCD risk factor, and 20% of the population live with three or more. Evidence shows unhealthy behaviours are increasing too. In 2009, 22% of people smoked tobacco and 29.7% used smokeless tobacco, such as chewing betel nut. This rose to 26.1% and 43.2% in 2014, respectively. When measuring body mass index, 5.5% of people were found to be obese (30 BMI and above) in

2009, increasing to 6.8% in 2014.^{9 10}

For many people, healthy behaviours may be out-of-reach due to cost or competing priorities, and levels of awareness about NCD risk factors may mean they are unaware of the danger they are putting themselves in. As such, individuals are unlikely to be able to directly control many of the causes of good or bad health, which makes putting the blame on individuals inappropriate. Health systems need to be improved to enable individuals to make the right choices and access the diagnosis and treatment they need.

Global influences also have an impact. In recent years, as democracy returned to Myanmar and it has opened to global economic interests, the country's development has picked up pace. However, the expansion of the economy in Myanmar may in some instances add to, rather than reduce, some health risks. Where economic policies welcome large profit-driven international corporations, these organisations often market and sell tobacco

Priority research areas

The key research areas outlined in the Prioritized Research Agenda for the Prevention and Control of NCDs in Myanmar (2017) include:

- how NCD risk factors are distributed across the country
- how to strengthen the cancer registry and health management information systems
- how to develop and promote healthier food production, marketing and consumption.

products, and highly-processed foods high in salt and sugar and low in fibre. This happens at the expense of people’s health, and policies need to be put in place to mitigate the potential pitfalls of the open market.



NCDs at the global level

There have been hard-won advances on NCDs at the global level, and while policymakers are increasingly paying attention to them, the problem continues to grow. Addressing NCDs is the responsibility of governments, but commercial interests continue to impact public health and influence political decision-making. This was highlighted at the 72nd World Health Assembly in May 2019 when leading NCD agencies called for governments to:

- elevate the voices of marginalised people living with NCDs
- ensure adequate funding for NCDs
- remove subsidies to businesses that promote unhealthy products
- implement affordable, feasible and cost-effective intervention strategies, such as those in WHO’s “best buy” list.

Myanmar’s non-communicable disease health policy

In 2017, the Myanmar National Health Plan 2017-21 launched with the aim of expanding basic health services, increasing the availability of services and reducing out-of-pocket expenses. The Government has also committed itself to achieving universal health coverage and full health insurance coverage by 2030.

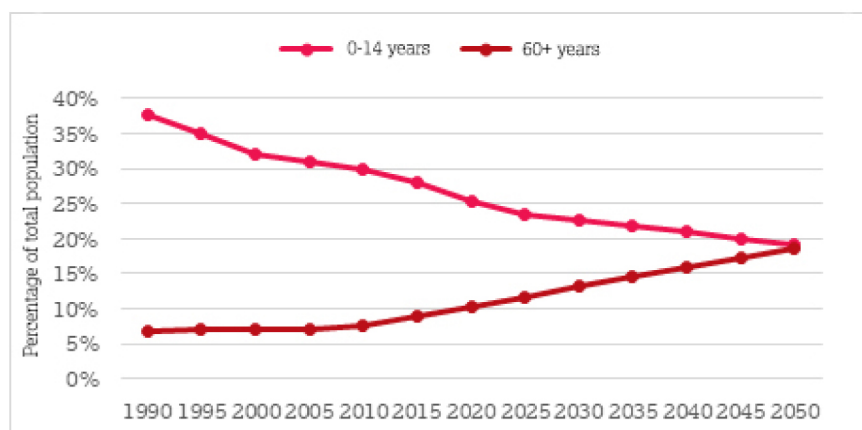
To address the challenges posed by NCDs, the Government has created an NCD unit within the Ministry of Health and Sports’ Department of Public Health and has been expanding non-communicable disease interventions.

Within the National Health Plan, there is a Strategic Plan for Prevention and Control of NCDs, which has been implemented with support from HelpAge International to prioritise and improve work on NCDs, monitor trends, and tackle risk factors.

The plan shows promising intent from the Government, and it is positive that ministries, academia, civil society and think tanks were involved from the outset. But a lack of funding for NCD programmes, and poor collaboration across different ministries and stakeholders remain as challenges in delivering this plan.

Cross-Government commitment, ongoing training for health staff, technical support across all levels of the health system and engagement between different health systems across the country are all needed to ensure the plan succeeds and meets its targets, as well as those in the SDGs, by 2030. Up-to-date, relevant data is also needed to inform decision-making, but what is available is limited, does not disaggregate by geography and is not standardised, which makes it difficult to compare.

Fig 2: Changing age demographics in Myanmar 1990-2050



Package of essential NCD interventions in Myanmar

One of the ways HelpAge International is helping the Myanmar Government to tackle NCDs is with the roll-out of a package of essential NCD interventions, or PEN, which has now been introduced to all 330 townships in Myanmar. It includes inexpensive methods for detecting and diagnosing NCDs early, approaches to reduce NCD risk factors, and affordable medicines to treat the conditions. Its roll-out targets have been met. Training has been conducted in all of Myanmar's 330 townships, helping Myanmar to contribute to the WHO's "triple billion" targets announced in March 2019, which aim to get one billion more people benefiting from universal health coverage, protected from health emergencies and enjoying better health and wellbeing.

The three key objectives of the package are to:

- improve the efficiency of NCD care at the primary health level
- improve the quality of NCD care at the primary health level
- substantially improve people's health.

What more can Myanmar do?

Key steps that the Myanmar Government should take to build on its progress tackling NCDs include:

- continuing to develop evidence to help revise and redevelop health policies
- improving adherence to treatments
- enforcing existing tobacco and alcohol laws
- implement affordable, feasible and cost-effective intervention strategies
- consider raising "sin taxes" on goods such as alcohol and cigarettes and use this money to tackle NCDs
- ensuring multiple sectors are working on addressing NCDs together
- incorporating health into all government policies.



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Endnotes

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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