

Scaling-Up NCD Interventions in South-East Asia



Myanmar situation analysis on NCD prevention and control Recommendations for implementation research in SUNI-SEA

Epidemiology

Country	Myanmar ¹
Death rate NCDs	68%
Cardiovascular diseases mortality	20 % of NCD deaths
Diabetes	4.7% men/7.0% women
Hypertension	24.7% men/28.0% women
Overweight/Obesity	Obesity: 2.6% men/8.4% women
Smoking	43.8% men/8.4% women
Use of alcohol per month	38.1% men/1.5% women
Physical activity not meeting standards	12.5% men/18.8% women
Remarks	Obesity is growing quickly in Myanmar.

Ongoing interventions

National strategy

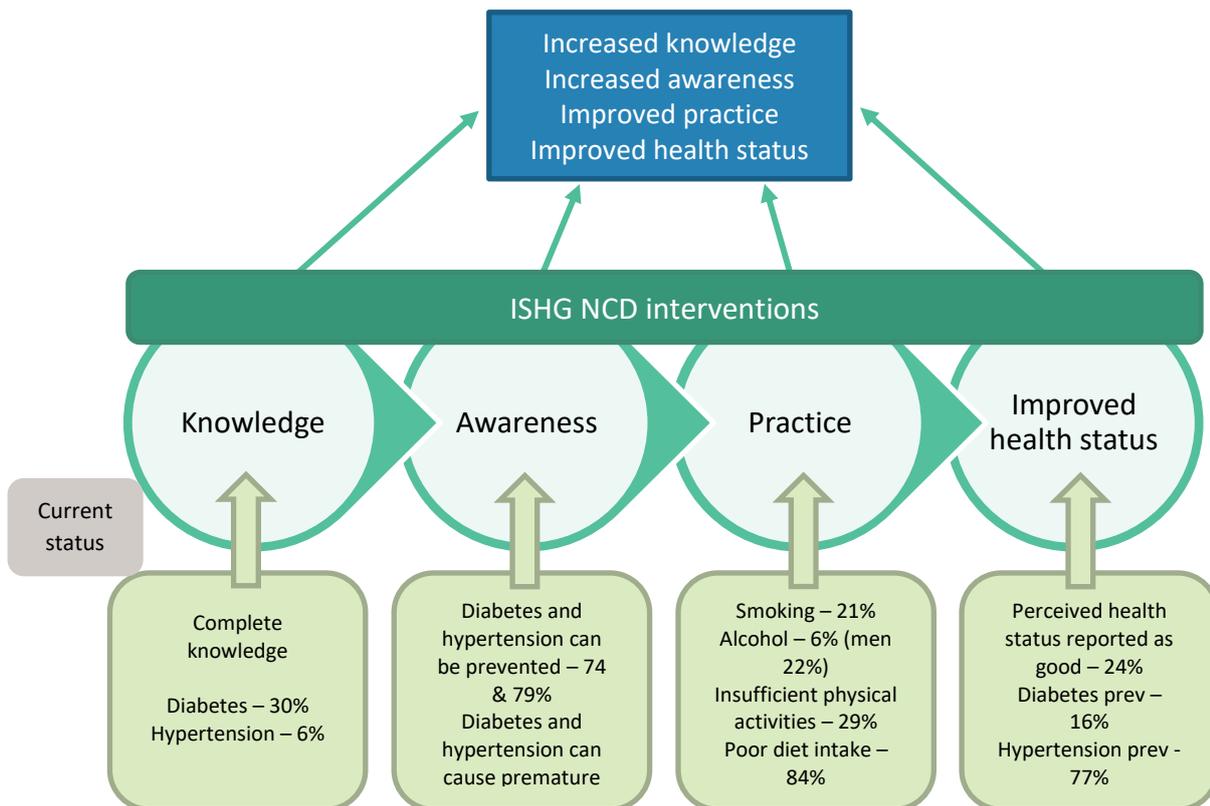
Currently, NCD services in Myanmar are mainly provided in hospitals. The Ministry of Health and Sports (MoHS) has formulated a National Strategic Plan for Prevention and Control of NCDs. The ministry is rolling out Primary Healthcare Essential NCD (PEN) interventions. The Ministry is committed to provide basic health staff training, essential medicines, technologies, and tools for the PEN implementation.

Community interventions and primary healthcare facility interventions

PEN interventions were piloted in 2012 by the Diabetes Control Project and University of Medicine 2, Yangon with support from the WHO. The pilot generated good results in the control of diabetes and hypertension. Thereafter, pilot trainings of volunteers to provide health promotion, basic NCD screening and referral services were conducted in seven Inclusive Self-Help Groups (ISHG) in East Dagon. There are currently 136 ISHG in the country. The groups have health committees but are yet to roll out NCD-specific activities. Much of the guidelines and training materials for communities have not yet been validated.

¹ Cause of death, by non-communicable diseases (% of total), based on the data from WHO's World Health Statistics.
<https://data.worldbank.org/indicator/SH.DTH.NCOM.ZS>





Inclusive self-help groups (ISHG) lessons learned since 2009

- **Social inclusion** – Through ISHGs, older people (but also younger people) feel valued as they contribute to the development of the whole community.
- **Better quality of life** – ISHGs can be effective in promoting income security and improving quality of life in the community.
- **Social support** – as a result of monthly meeting activities, members of all groups are able to share their experiences and jointly address problems faced by the groups.
- **Community mobilisation** – ISHGs learn to implement activities in coordination with Township Network Committees – thus gradually becoming less dependent on HelpAge.
- **Strong model included in national priorities** – The Department of Social Welfare of the Ministry of Social Welfare Relief and Resettlement has been extremely supportive of the ISHG model and has shown commitment to expand the number of ISHGs.

Alignment with findings from the literature review

The ongoing expansion of both the PEN interventions and the health activities in ISHGs is largely in line with the findings from the literature review. The proposed screening is cost-effective. From cervical cancer screening, we know that low turnout rates are affecting effectiveness of the programme. Good health information and reminders (e.g. by phone) may help increasing coverage.

Group and individual counselling among at-risk and NCD diagnosed patients should be included in the community programme. Group counselling has been found effective for the reduction of smoking and harmful use of alcohol. Positive peer support can help achievement of individual goal setting. Providing diet and exercise counselling has been found to be effective and should be part of the standard activities of the ISHGs. The ISHGs may also be considered as a platform to conduct group counselling with subgroups

diagnosed with one or more NCDs, especially diabetes. Changing lifestyle and self-management of diabetes can be supported in groups. Where possible, family members and important peers of diagnosed individuals may also take part in part of training sessions for NCDs. Prevention and early treatment of diabetes can reduce the healthcare costs.

The use of other policy instruments may also be something to consider for Myanmar as these can offer cheaper ways to reach a large part of the population. Mass media campaigns on salt intake, cholesterol and tobacco consumption have been found cost-effective in targeting individuals at risk of cardiovascular disease. Taxes on both tobacco to reduce smoking rates and sugared drinks to reduce blood sugar levels are also cost-effective alternatives to consider.

Lessons learned for SUNI-SEA

ISHG activities will be at the heart of the implementation research. Community-based screening for diabetes and hypertension will be introduced. ISHGs will play a role in achieving high attendance rates. Follow-up in community groups will enhance peer support in achieving health goals for improving lifestyles.

Close collaboration between ISHG health volunteers and primary health care providers will improve follow-up of people with identified risk factors in health facilities. Community groups will support diagnosed patients with hypertension and diabetes to adhere to treatment.

SUNI-SEA activities in Myanmar 2020 - 2022

Intervention Component	Activity
Capacity building	<ul style="list-style-type: none"> • Training for ISHG volunteers • Workshops on group motivation and care
Health screening	<ul style="list-style-type: none"> • Basic screening on BMI, blood pressure, diabetes • Screening for high risk community members
Health promotion	<ul style="list-style-type: none"> • Health education sessions • Information on existing services • Continuum of care for high risk community members • Promotion of physical exercise • Promotion and creation of activity clubs (gardening, walking etc)
Cross-cutting social security, inclusion and well-being	<ul style="list-style-type: none"> • Continuum of care and social support for bed bound community members • Piloting community-based health insurance scheme • Creating sustainable referral system between community and PHC level