



How to overcome the challenges faced with Myanmar's PEN services

Summary and recommendations

As life expectancy increases and the impact of communicable diseases lessens, non-communicable diseases (NCDs) are becoming a growing health problem in Myanmar. They accounted for 40 per cent of all deaths in Myanmar in 2010,¹ 59 per cent in 2014² and 68 per cent in 2018.³ NCDs can cause disabilities and lower quality of life, while expenditure people have to spend on treatment and referrals can be catastrophic to low income households. In order to adapt to this disease transition, NCD healthcare services must be expanded and improved, especially at the community level and in rural areas where access can be difficult.⁴ ⁵ The World Health Organization's Package of Essential Non-communicable Disease Interventions is helping address this, but the system needs expanding, with more training and improved supply chains, alongside greater public awareness of NCDs, to better tackle them in Myanmar.

In 2017, Myanmar's Ministry of Health and Sports adopted the World Health Organization's Package of Essential Non-communicable Disease Interventions (PEN), which is a set of cost-effective ways in which countries can deliver quality care with low resources. Through PEN, the intention is to integrate NCD services into primary healthcare to better prevent and control these conditions across Myanmar.⁶ It has now reached all 330 townships in the country.

PEN targets those 40 years old and above, and focuses on NCD screening, treatment and referral, with a focus on diabetes, hypertension, chronic respiratory diseases (CRD), cancers and cardiovascular disease (CVD). PEN services are being provided by basic health staff on the frontline of community-based care services at urban health centres, maternal and child health centres, and rural and sub-rural health centres.⁷

Through PEN, staff were trained on NCD screening, treatment and referrals, recording and reporting, health education, and behaviour counselling. This empowers them to be champions for NCD treatment in their communities.

Clinics are provided with essential NCD medicines, and equipment and supplies to measure patient information, such as their blood pressure and blood sugar level. Staff

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are monitored and supervised every six months to ensure they are delivering the services effectively.⁷

Research was conducted into PEN service delivery in four townships – Kun Hein, Kyaung Kone, Kyeik Hto and Minbu, which were selected based on their diverse geography reflecting the delta, hilly, central plain and lower part of the country. Researchers spoke to 131 basic health staff from 50 clinics and 260 patients.

What are the challenges with PEN?

Although, staff were trained to provide services for diabetes, hypertension, cancer and chronic respiratory disease and chronic vascular disease, only diabetes and hypertension services are provided at all clinics. No clinics could provide cancer services due to technical constraints and the need for expert opinions, while 45 per cent provided CRD services and 30 per cent provided them for CVD. Over 90% of basic health staff in the study areas received PEN training, and over half of people surveyed said they attended PEN clinics after receiving information from these staff.

Health staff faced challenges delivering PEN services, such as finding the recording forms complex and burdensome (47 per cent), and having no help to solve problems (50 per cent). While only seven per cent of staff were aware they were supposed to develop targets for the number of PEN patients they should see in a year, which was due to not knowing how to calculate this figure based on population size, NCD prevalence and number of registered patients. Without these targets, it is difficult to effectively allocate medicine and screening materials. Instead they were distributed by population size, which meant in some areas for example, there was not enough medicine for people with hypertension, while other medicines were overstocked and not used. Township health departments resolved the issue, however, by exchanging between each other.

A lack of equipment at clinics was cited by 56 per cent of healthcare providers as a barrier to accessing NCD services, making it the primary issue. While having enough medicine, equipment and trained staff were cited by providers and patients as important to the future sustainability of the clinics. Medicine and equipment comes from the Government's centralised NCD unit, which means that, for example, medicine may have expired by the time it reaches primary healthcare facilities and cannot be distributed.

Just six per cent of patients surveyed knew of the health services as “PEN”. The vast majority saw them as ordinary health clinics or centres where they access services. This lack of awareness may be a barrier for some potential NCD patients from seeking treatment as they are unaware the clinics focus on their specific conditions.

What is next for PEN?

- Build greater awareness about NCDs through print, broadcast and online media.
- Increase awareness about PEN to ensure more people seek treatment who need it.
- Expand PEN services.
- Expand the capacity of PEN to better diagnose, treat and refer diabetes and hypertension.
- Give all health staff training on NCDs using PEN.
- Strengthen the supply system to ensure all PEN services have medicine and up-to-date equipment in order to operate effectively.
- Conduct operation and implementation research on health issues in Myanmar, which can be used to develop evidence-based policies on NCDs.

References

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Endnotes

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