



Using community structures to prevent and manage non-communicable diseases

Summary and recommendations

Non-communicable diseases (NCDs) are causing more and more deaths in Myanmar, yet the health system is not well prepared for this trend. Staff are not adequately trained, health facilities poorly equipped and the country's population is unaware of the causes and risks of these conditions. Community structures, such as inclusive self-help groups, can use their frontline presence to help strengthen the health system by linking people up with health services, performing basic screenings and raising awareness about NCDs. To ensure the success and sustainability of these community structures, the Government needs to integrate them into the existing health system. This will help to guarantee they are well resourced and can contribute to existing and future policies and plans.

Of all deaths in Myanmar, 68 per cent were caused by NCDs in 2016, up from 49 per cent in 2000, with cardiovascular diseases, cancers, respiratory diseases and diabetes the most common. Lifestyle choices contribute considerably to NCDs. In Myanmar, alongside an ageing population, unhealthy behaviours, including tobacco and alcohol use, poor diets and lack of physical activity, are common, and these risk factors are leading causes of multiple NCDs.

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. The Government has shown commitment by prioritising NCDs in the Ministry of Health and Sports' National Health Plan (2017-2021), with the aim of preventing and managing the prevalence of these conditions. Strengthening the country's health system to improve health outcomes and the quality of care, while ensuring accessing services does not lead to catastrophic health expenditure among patients is vital to achieve this, and community structures can play a key role. By acting now and guaranteeing accessible and affordable healthcare for all, we can ensure people of all ages live

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healthier and more productive lives and lessen the pressure NCDs place on Myanmar public health system.

How community structures can support Myanmar's health system

Communities need to be fully informed about NCDs, and be able to access fully-equipped health facilities in order to realise their right to health. There must be mechanisms in place that allow individuals to give feedback on services to ensure they be constantly improved. Community-based organisations, particularly Myanmar's inclusive self-help groups (ISHGs) can help facilitate this. These groups are ideally positioned to educate community members about the causes of NCDs and how to change behaviours, such as improving diets and exercising more, to reduce the risk of developing these conditions.

What are inclusive self-help groups?

ISHGs are village-based organisations that help improve the health and wellbeing, livelihoods and access to social protection for older people and other vulnerable individuals. ISHGs bring community members of all ages together to work with and support each other, encouraging active participation and building social networks that strengthen bonds between people.

In East Dagon in Yangon, ISHGs are screening people aged 40 and over to detect early signs of different NCDs, including diabetes, cardiovascular disease and oral cancer, and referring those who show symptoms to health facilities. Through a project implemented by HelpAge International, together with the University of Public Health and University of Medicine 2 in Yangon and Thammasat University in Chiang Mai, Thailand, we provide the groups with three days of training, equip them with screening kits and have them follow up with those referred to ensure they are seeking medical support.

All data collected during screenings is recorded digitally through an easy-to-use app that uploads the information in real-time to a HelpAge data server. This can be used to provide evidence on the prevalence of NCDs to the government to influence national health policy.

Working to prevent and manage NCDs through communities is an effective strategy as it empowers people to take responsibility for their own health and work together to strengthen health services. This helps to reduce prevalence of NCDs and deaths caused by them through:

- improving people's awareness on how healthy lifestyle choices reduce the risk of NCDs
- increasing the availability and accessibility of NCD services in local communities
- boosting the number of people accessing health services

- reducing out-of-pocket expenditure on healthcare
- providing empirical evidence that can be used to improve services
- improving links between communities and the public health system to ensure NCD prevention and control strategies more effectively meet people's needs.
- greater community involvement in government health plans can help overcome challenges in service delivery.

What next?

In the coming years, the work of ISHGs needs to be integrated into Myanmar's health system. The Myanmar Government's Ministry of Social Welfare, Relief and Resettlement already recognises the community health work being carried out by the volunteers, and is actively committed to creating more ISHGs across the country. But more can be done to recruit additional health volunteers at the community level. And health policies should formally recognise the contribution of ISHGs to primary healthcare to enable the Government to better estimate staffing and resource needs. ISHGs have great potential to expand access to primary healthcare and improve the quality of care, and the more the Government embraces these structures, the more communities can contribute to Myanmar's achievement of universal health coverage and the targets set out in the SDGs.

References

1. World Health Organization, Global Health Estimates, 2016

Endnotes

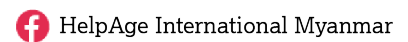
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