Community Based Health Seeking Behaviour (CBHSB) Model for Early Detection, Management and Prevention of Noncommunicable Diseases: A Health Systems Strengthening Project of European Union in Myanmar

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HelpAge International, Myanmar
Country Information

States and Regions: 15
Population: 53 million
Elderly population: 9%
Sex ratio: 1047
Economically active population: 66%
Ethnic groups: 139
Crude Death Rate: 8.1
Total expenditure on health per capita: USD 103
Burden of Diseases by Causes 1990-2020

Infectious disease mortality

NCD mortality


36 44 48 56 65

36 57 56 26

HelpAge International
Out of Pocket Expenditure Vs Health Expenditure

Out of Pocket Expenditure

<table>
<thead>
<tr>
<th>Year</th>
<th>Out of Pocket Expenditure</th>
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<tbody>
<tr>
<td>2010</td>
<td>79</td>
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<tr>
<td>2011</td>
<td>82</td>
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<tr>
<td>2012</td>
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<td>2013</td>
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<tr>
<td>2014</td>
<td>74</td>
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<td>2015</td>
<td>74</td>
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Health expenditure as % of general expenditure

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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2010</td>
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<tr>
<td>2011</td>
<td>1.14</td>
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<tr>
<td>2012</td>
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<td>2013</td>
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<td>2014</td>
<td>1.3</td>
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<td>2015</td>
<td>1.4</td>
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Health expenditure as % of GDP

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<td><strong>Project Title:</strong></td>
<td>Strengthening public health capacity to respond to Myanmar’s disease transition</td>
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<td><strong>Duration:</strong></td>
<td>2015-2020</td>
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<td><strong>Donor:</strong></td>
<td>European Union</td>
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<td><strong>Overall objective:</strong></td>
<td>To contribute to the process of health reform in Myanmar to achieve the goals of equitable and universal health coverage</td>
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<td><strong>Specific objective:</strong></td>
<td>To strengthen the UPH and wider health stakeholders to support evidence-based policy and improved health services, particularly in preparation to transition towards non communicable diseases in Myanmar</td>
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</tbody>
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## The Health Systems

### Ministry of Health and Sports
- Permanent Secretaries - 2

#### Public health
- State/region 15
- Districts - 40
- Township - 330
- Station health unit - 356
- Rural health centers - 1889
- Sub rural health centers - 8406

#### Food and drug

#### Medical services
- General hospital - 4
- Specialist hospitals - 50

#### Sports and physical edu.

#### Traditional medicines
- Hospitals - 16
- Clinics - 243

#### Medical research

#### Human resource for health
- Medical universities - 5
- Dental universities - 2
- Nursing universities - 2
- Pharmacy - 2
- Medical technology - 2
- UPH - 1, UCH - 1

### Strengths
- NCD strategic plan in place
- NCD action plan under preparation
- Established community clinics
- Responsive health systems

### Need attention
- Improving access
- Generating demand
- Community focused
About Inclusive Self Help Groups (ISHGs)

- National advocacy of older persons rights
- Technical support to ISHGs
- Livelihood, DRR, income generation, emergency health care support etc

Diagram:
- National federation
  - Township network committee
    - ISHG
    - ISHG
    - ISHG
    - ISHG

Integrated Health-CHM

HelpAge International
The Model

Promote HSB

Periodic Health Check-ups

Screening, diagnosis & referral

Health literacy
The Model

ISGHs

HelpAge Screening Guidelines

HelpAge Screening Kit
The Model

- Screening of diabetes and hypertension
- Elderly care
- Health literacy

Community Clinics

Legend:
- Health Facility
- OPHSG
- Yangon River
The Activities

- Screening Diabetes
- Screening BP
- Screening Oral Cancer
- Online Data Collection
- Measuring BMI
- Health Promotion
Output

• Screened – population above 40 years
• Referred – 100 %
• Health promotion- one to one and as groups
• New diabetes cases identified and referred- 9 %
• New hypertension cases identified and referred- 12 %
• Symptoms of oral cancer- 0.6 %

• Initial cost for integrating health for one ISHG- 294 USD
• Running cost per month per ISHG- 161 USD
• Unit running cost per screening/month -1USD
Future Plan

• Expansion to over 150 ISHGs currently in operation.
• Four years multi-country implementation research project commissioned by European Union based on this model- Scaling Up of Noncommunicable diseases Interventions in South East Asia (SUNI- SEA).
• Mobilising funds for scale-up
• Exploring other models for sustainability- social marketing, social franchising, PPP etc.
Thanks for your attention

Our partners

University of Public Health, Myanmar
University of Medicine 2, Myanmar
Thammasat University, Thailand

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