From concept to implementation of Community Health Clinic

Than Lwin Tun,¹ Nang Naing Naing Shein,² Nyein Aye Tun ³

¹Department of Traditional Medicine, Ministry of Health and Sports, Nay Pyi taw, Myanmar
²Basic Health Services Section, Department of Public Health, Ministry of Health and Sports, Nay Pyi taw, Myanmar
³Basic Health Services Section, Department of Public Health, Ministry of Health and Sports, Nay Pyi taw, Myanmar

Editor’s note: Dr. Nyein Aye Tun is serving as the Deputy Director of Basic Health Services, Department of Public Health, Ministry of Health and Sports, Myanmar and the project manager of Elderly Health Care Project in collaboration with WHO.

KEY WORDS
“Public health is of great importance for the country. I would like to say that the good health of the public is the best fortune for the country.” I do not mean the kind of good fortune that comes easily as a gift from others, but one acquired through intellect and zeal. Public Health is an invaluable resource for our country, hence the need to make concerted efforts for public health care.”

(Excerpt from the inaugural speech delivered by the State Counselor, H.E. Daw Aung San Suu Kyi at the ceremony unveiling the National Health Plan [2017–2021] on 31st March 2017 at Myanmar International Convention Center-2, NayPyiTaw, Myanmar)

(Reference: Reflections of a Public Health Professional by H.E. Dr. Myint Htwe, Union Minister for Health and Sports, Myanmar, Volume 1, September 2017)

SPECIAL ACHIEVEMENT
Like other developing countries, Myanmar has been struggling with double burden of communicable and non-communicable diseases (NCDs) and also facing with the emerging issue of increasing number of ageing population. Over the last decade, the health needs of the population had altered considerably because of changes in dietary intake pattern and disease patterns, increased life expectancy and increased ageing population. According to STEPS survey (2014) which had investigated the prevalence of NCDs in 25 to 64 years old population in Myanmar, 26.4% had hypertension, 10.5% had diabetes mellitus, and 22.4% had been categorized as overweight. Another national survey on causes of death using verbal autopsy in Myanmar (2016–2017) showed that 74% of total deaths were due to NCDs. These data indicate the growing need to provide health care in local community setting.

https://e-jghs.org
Moreover, Myanmar’s 2014 Census revealed that there are about 4.5 millions of ageing population which accounts for 8.7% of total population. Among them, 40% are male and 60% are female. Seventy percent of them is residing in rural area and 30% in urban area. By 2050, the proportion is expected to reach nearly 20% of the total population. With significant increase in ageing population, the increased number of people with disabilities and chronic illnesses became recognized. According to the hospital statistics report (2014–2016), the leading causes of morbidity and mortality of ageing population are NCDs such as Hypertension, Diabetes, Ischemic Heart Disease and Cerebrovascular diseases. Therefore, the health care services should be formulated according to the needs of ageing population. With 70% of rural population, delivery of health care services is more challenging in rural area.

Therefore in March 2018, the Union Minister for Ministry of Health and Sports has highlighted the concept of Community Health Clinic (CHC) model for strengthening community health services to meet the changing health needs of the community and for efficient utilization of limited resources. He also guided the health care professionals to increase their efforts for raising health literacy of the community as a priority.

The meeting — “From concept to implementation of CHC model” was held in Nay Pyi Taw in August 2018. The Union Minister for Health and Sports, the Union Deputy Minister, Director Generals, Deputy Director Generals, State and Regional Health Directors and Deputy Directors attended the meeting. The Union Minister encouraged for strengthening implementation of CHC model at all States and Regions. The CHC is the action oriented public health care activity, providing health care services focusing on screening and treatment of uncomplicated diabetes and hypertension, health care for ageing population and health literacy promotion on every Wednesday at Rural Health Center (RHC) and Urban Health Center.

The goal of the CHC is to ensure improved accessibility to effective and efficient health care in community and contribute to reduction of NCDs morbidity and mortality in Myanmar. The three main objectives of CHC model are 1) to promote health literacy through motivation and supporting community members; 2) to provide screening, proper treatment with essential medicines and appropriate referral of people with NCDs such as hypertension and diabetes mellitus; 3) to serve the health needs of the vulnerable and underprivileged people including ageing population. The activities of CHC includes measuring body mass index, blood pressure and blood sugar level; treatment of uncomplicated cases of hypertension and diabetes mellitus; referral to higher centers; promotive, preventive and curative health care services for the ageing population and promoting health literacy.

In line with the Union Minister’s Guidance, our team developed a plan for implementing the CHC model nation wide in Myanmar. With the principles of quality, partnership, equity, effectiveness, efficiency and community involvement. The CHC model was built on the existing health service delivery platform that is already available in the country. This model places community at the center of care while acknowledging the contributions of community health volunteers, civil society organizations, and local and international non-governmental organizations.

After development of guidelines for implementation of CHC, the model was discussed among all State/Regional health personals for ensuring successful implementation at operational level. Necessary arrangements were made for supplying required essential medicines and equipment. The Basic Health Services Professionals, the main implementers at the community level, were
trained on management of hypertension and diabetes and elderly health care. For ensuring successful transformation from advocacy to action and active community involvement, respective township medical officers conducted advocacy meetings at the local level.

The pilot model was conducted in Pyin-Oo RHC in Nga-phe Township, Min Bu District, Magwe region. This RHC is one of the 1,796 RHCs which provides primary health care services in Myanmar. It is about 173.29 square miles wide and located about 53 miles, 46 miles, 3 miles, and 13 miles away from Magwe regional hospital, Min Bu District hospital, Nga-phe Township hospital and Padan station hospital, respectively. Among 32 villages in its catchment area, 9 are hard to reach ones, covering 11% of total population of 13,387.

Before opening the CHC in Pyin-Oo RHC, there were low public awareness and utilization of health care services regarding NCDs and ageing health care. With the motto “Your health, ur mission” implementation of CHC was started in 2018. The Basic Health Services Professionals have made a great effort by providing health care services not only at RHC but also by conducting mobile clinics at hard to reach villages (Fig. 1). Within 7 months of implementation, not only the awareness but also the utilization of health care services on hypertension and diabetes respectively. Among those screened, 179 are elderly people. Fifty-seven and 16 out of them received treatment for hypertension and diabetes respectively, reflecting the improved health seeking behavior among the local community including the vulnerable and poor groups (Fig. 2).

The township medical officer from Nga-phe Township health department has provided supportive supervision and necessary on-job training to Basic Health Services Professionals once a month. The active involvement of local community including community health volunteers and partners like local NGOs (Myanmar Maternal and Child Welfare Association, Myanmar Women Affairs Federation, Myanmar Red Cross Society) are well recognized in achieving the intended results like early detection, prompt treatment and early referral of cases that need further management at higher centers. The Department of Public Health plays the role of coordination and supporting for the implementation of CHC in every State and Region while the leadership of respective State/Regional Health Director is crucial for successful implementation of CHC in every township. The CHC is expected to contribute to achieving Universal Health Coverage (UHC) by improving access to quality health services

Fig. 1. Field Visit to hard to reach area.
without financial hardship and improving quality of life which also in line with National Health Plan of Myanmar (NHP, 2017–2021).

Our team applied this CHC model for the Dr. Lee Jong-Wook Memorial Prize for Public Health in October 2018 and was selected for the award by the Executive Board of the World Health Organization in February 2019. While Myanmar is trying to move towards UHC, this award serves as a catalyst for our effort by energizing and charging up the health staff for taking up new challenging projects which would work for the benefit of the communities. This will also allow our team for contributing not only in community health but also in social support for basic health workforce through construction of community center and donating drug fund to Pyin-Oo RHC and scholarship fund for outstanding students who are attending University of Community Health and University of Public Health.

ACKNOWLEDGEMENT

We would like to express our sincere thanks to H.E Dr. Myint Htwe, Union Minister for Health and Sports who guided and encouraged to implement the Community Health Clinic model for better health of the rural community.

A special thank and appreciation goes to the Basic Health Services Professionals and community members from Pyin-Oo village who actively involved in conducting this endeavors.