



Better Health Programme South East Asia

Investing in action on non-communicable diseases

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 UK Government

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THE SCIENCE OF IMPROVING LIVES

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Why is this important?

Non-communicable diseases, such as heart disease, diabetes and mental health conditions, are a major cause of ill health and deaths worldwide. This group of conditions kill 41 million people each year, equivalent to 71 per cent of all deaths globally, according to the World Health Organization (WHO).¹

More than three-quarters of these deaths (77 per cent) occur in low-to-middle-income countries. An even higher proportion – 85 per cent – occur in people aged 30-69 years.

NCDs are a major health issue in South East Asia, with rates of NCDs approaching those of high-income countries. In 2019, 76 per cent of all deaths across South East Asia were attributed to NCDs, ranging from 69 per cent in the Philippines to 80 per cent in Vietnam. As a comparison point, NCDs account for 89 per cent of all deaths in the UK.

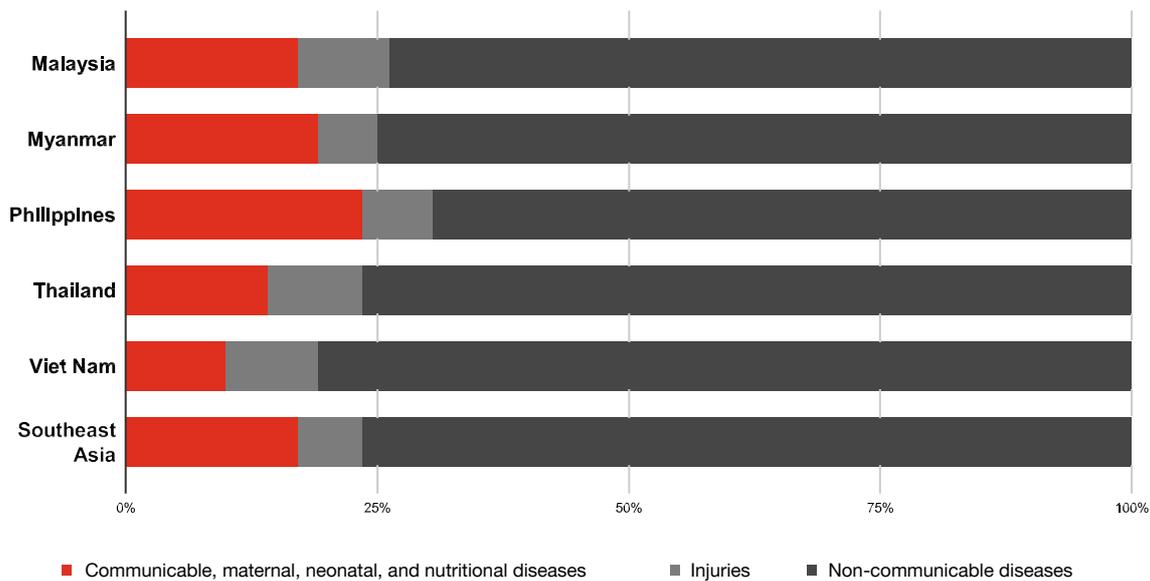


Figure: Deaths (%) by burden of disease groups for all ages combined, both sexes, 2019
Source: IHME. Global Burden of Disease 2019. Accessed Feb 2022

The recent COVID-19 pandemic has shown that people living with NCDs are at greater risk of death and has also caused delays in accessing needed NCD-related care. Those needing routine treatments, or cancer procedures, have been forced to wait for them, as health care systems struggle to keep pace with the demands of the pandemic.

The rise in NCD prevalence in middle-income countries is not just a population health issue but also has significant economic and social impacts. The estimated economic losses from NCDs, including direct and indirect costs, in the Philippines in 2017 was PHP 756.5 billion, equivalent to 4.8 per cent of gross domestic product (GDP).²

In Malaysia, the economic cost attributed to NCDs in 2017 was RM 8.91 billion,

equivalent to 0.65% of the country's GDP, with additional intangible costs estimated to contribute an additional RM 100.79 billion (7.4% of GDP).³ The annual economic losses from NCDs in Thailand are estimated to be THB1.6 trillion (9.7% of GDP).⁴

The challenges presented by NCDs in South East Asia are clear. Yet investments can be made to prevent NCD risks and delay the onset of NCD which in turn improve population health and productivity. This brief provides an overview of progress on such action and investments in four South East Asian countries – Malaysia, the Philippines, Thailand and Vietnam – in the first two-and-a-half years of the UK Government funded Better Health Programme. It also identifies themes which ran across activities in multiple countries and looks ahead at the sustainability of these efforts beyond the programme.

¹ "Non communicable diseases", *World Health Organization*, April 13, 2021, <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.
² "Prevention and control of noncommunicable diseases in the Philippines – The case for Investment.", *World Health Organization*, accessed March 31, 2022, https://www.who.int/docs/default-source/wpro---documents/countries/philippines/reports/prevention-and-control-of-noncommunicable-diseases-in-the-philippines---the-case-for-investment.pdf?sfvrsn=6005b6d1_2.
³ "The Impact of Noncommunicable Diseases and their Risk Factors on Malaysia's Gross Domestic Product.", *Lead NCD Malaysia*, September 8, 2020, <https://leadncdmalaysia.com/wp-content/uploads/2021/09/Report-of-launch-and-webinar-FINAL-15-October-2020.pdf>.
⁴ "Prevention and Control of Noncommunicable Diseases in Thailand – The Case for Investment.", *World Health Organization*, November 23, 2021, <https://thailand.un.org/en/159788-prevention-and-control-noncommunicable-diseases-thailand-case-investment>

Why was the programme established?

The UK Better Health Programme (BHP), established in 2019, is part of a global initiative. Its aim is to provide technical assistance in eight low-to-middle-income countries in their efforts to tackle the burden of NCDs, and in line with the global NCD-related targets for 2030 as part of the UN's Sustainable Development Goals.

The countries originally involved were Brazil, Mexico, South Africa and, in South East Asia, Malaysia, Myanmar, the Philippines, Thailand and Vietnam. ⁵

The work in South East Asia is managed by PwC, with agreed BHP activities coordinated and led by an in-country partner, including FHI360 and RTI.

The Better Health Programme provided technical support in five key areas. These included:



Strategies to counter NCDs



Digital health initiatives



Health education and training



Health provider performance improvement



Life sciences initiatives

⁵ Following events in Myanmar in 2021, the UK government suspended the programme in that country.

What has the Better Health Programme been doing since establishment?

Each country developed a unique set of activities based on priorities agreed with partner governments, following a comprehensive scoping study. These ranged from focusing on reducing NCD risk factors (Malaysia, Thailand), strengthening health systems (Thailand, Vietnam), providing education and training (Malaysia, the Philippines, Vietnam, Thailand) and creating digital health solutions (Malaysia, the Philippines, Vietnam).

Activities include:

- Community-based public health engagement and development in Malaysia;
- Improvements in health systems interoperability and in the use of NCD data for decision-making at the commune level in Vietnam;
- Generating NCD training and local learning exchanges for gestational diabetes and health technology assessments in the Philippines; and,
- Increasing the uptake of health facility accreditation in Thailand.

You can find more details in the [Achievements section](#).

Each country programme faced significant challenges presented by the COVID-19 pandemic, which emerged in South East Asia in January 2020 (just as programme activities were commencing). As lockdowns were introduced, teams had to find adaptive solutions, including developing previously untested digital approaches to health education.

At a glance

41m people each year die worldwide from NCDs

76% of all deaths in SE Asia are due to NCDs

The UN wants to reduce global NCD deaths by 1/3 from 2030

Emerging themes

As part of the programme's primary goal of tackling NCDs, each country's team adopted bespoke approaches to the issues and context. However, the programme has also highlighted a number of emerging, common themes that go beyond specific in-country work. These may provide useful pointers for others working to tackle a health issue, whether it is an NCD or other health condition. To hear more about these themes, please follow the video links below.



The themes included:

Developing a community-based approach to addressing NCD risks

Malaysia

Enhancing existing healthcare measures to improve provider quality

Philippines

Improving digital health systems for data-drive decision making

Vietnam

Supporting the project's work with research-based evidence

Thailand

Achievements

Each country team established specific objectives for their programme – covering aims as diverse as policy and strategy development (including in digital health and NCD surveillance), delivering health education & training, and the development of specific tools and platforms to support NCD data quality or community engagement

To find out more about the specific achievements in each of the four countries involved in this programme:

Malaysia

Philippines

Thailand

Vietnam



Malaysia



Workshop training for Community Health Volunteers (CHVs) in Malaysia

The community development model for the Better Health Programme team in Malaysia was unique amongst the activities in the other three South East Asian countries. It works with community health volunteers (including engagement through a digital health app) to develop the community's capacity for preventing non-communicable diseases through a healthier diet and weight loss.

The digital health app, MyBHP, was just one of a series of novel initiatives from the team that helped to mobilise the community. A joint community and business engagement approach was framed using research methods, which provided the necessary evidence to support their approach.

However, the community engagement model meant it faced the greatest challenges during the COVID-19 pandemic. Supporting the community health volunteers was a particular challenge during the COVID-19 lockdowns, when it was impossible to meet them directly or for the BHP Malaysia team to talk to local community leaders. That was why, from May 2021, the team had to explore virtual approaches in order to reach its target audiences.

The team created the MyBHP app and the MyJomSihat Facebook group to encourage healthy eating and physical activity options. This included options during the pandemic when exercise outdoors was restricted.

It also explored the links between NCDs and COVID-19, such as increased risk of severe illness if people already had one or more NCD.

The MyBHP app also linked both local food vendors and food outlets as part of an obesity-reduction programme. Additionally, the team held a webinar in August 2021 for local businesses, offering general marketing advice for healthier food options. It also provided information on BHP Malaysia and how businesses could use its platforms to market their own (healthier) food products.

Alongside its community work, the team published a research protocol paper outlining its approach. This covers three very different lower socioeconomic neighbourhoods of Kuala Lumpur, each focusing on a different ethnicity (Malay, Indian and Chinese). The research adds to existing knowledge about applying a bottom-up, community-driven approach to health promotion – one where volunteers worked alongside businesses to improve each community's knowledge of NCD risks.

Their research paper is available at BMC, Implementation Science Communications – Development and Evaluation of a digital, community-based intervention to reduce noncommunicable disease risk in a low-resource urban setting in Malaysia: a research protocol.

'We've adopted a holistic method. We were determined that our community-based approach is supported by evidence to show that our approach can work.'

Dr Shiang Cheng Lim
BHP Malaysia
Country Technical Lead

At a glance

- ❖ Published 9 articles including papers, blog editorials and journal articles
- ❖ 843 people used the MyBHP app, including 8 food vendors
- ❖ 584 people accessed the MyJomSihat Facebook group

The Philippines



The Better Health Programme Philippines team (BHP PHP) has been leading work with the Pasig City Health Office on how best to tackle gestational diabetes mellitus (GDM), a condition that some women experience during pregnancy, and which causes high blood sugar levels. Women of certain ethnic origins – including some from South East Asia – appear to be at higher risk than other ethnicities.

Significantly, the project's GDM training programme was recently awarded the coveted Certificate of Appreciation from the Pasig City Health Board

in recognition of the team's commitment to health and for its contributions as Pasig City's training partner in the first ever Training of Trainers on GMD.

The course is intended for primary health care providers in local government units (LGUs). These include physicians, nurses, midwives, medical technologists and nutritionists who are responsible for caring for pregnant women or those of reproductive age. It may lead to requests for training from other interested Philippines LGUs.

A second important strand of the team's work has been on the Digital Health Intervention programme, assisting LGUs to enhance the implementation of their NCD programmes.

The team developed an NCD-specific Multi-Programme Local Mapping Tool (MuPLoMT) for electronic notification and online decision-making. Crucially, this supports local disease registries to record selected NCD cases where the Department of Health has defined the formats and reporting schedules to be used.

The team is also keen to share its learning and knowledge, specifically to support local clinicians, public health practitioners and decision-makers, with information that is based on international best practice, tailored to the needs of the Philippines. Working with the University of the Philippines' College of Public Health, it recently helped to establish an NCD portal – an online resource and communication hub – to share NCD information.

"I think it's so important that – whether we work in health, local government or national policy-making – we avoid working in silos. The NCD portal means we have an easy way of communicating with each other, a factor that has underpinned the Better Health Programme's work in the Philippines."

Dr Rogelio Ilagan
BHP Philippines
Country Technical Lead

At a glance

- ❖ 138 health care staff from more than 40 government facilities have attended the team's training on gestational diabetes mellitus (GDM)
- ❖ 2 LGUs (Pasig and Iloilo cities) will benefit from the team's NCD-specific mapping tool

Thailand



BHP Thailand team presenting at the Healthcare Accreditation Forum, held from 8-11 March 2022

For the team in Thailand, two major achievements from the last three years stand out, in particular.

The first is in the area of Provider Performance Improvement (PPI). In collaboration with Thailand's Healthcare Accreditation Institute (HAI), the team facilitated workshops and meetings between a senior UK expert and the Institute. This resulted in increased capability to deliver hospital accreditation processes in Thailand – even during COVID-19 lockdowns – and relevant lessons to strengthen the National Reporting and Learning System to promote patient and personnel safety.

As part of the team's work on improving patient safety, the Institute has been given opportunities to learn from international experience, best practice, and to update their awareness of global trends.

In addition to strengthening health systems, BHP Thailand also carried out a novel piece of population health work to reduce salt and sodium levels in food.

Very early on in the project, the team wanted to enable consumers to make informed and healthy food consumption choices. With the Thai Low Salt network, and alongside the Ministry of Public Health's NCD Division and other stakeholders, it is supporting efforts to ensure that sodium and other nutrient content are clearly marked and understandable on food packaging labels. Based on this work, the team submitted a research paper for publication (under review).

Related to this, BHP Thailand has also been working with stakeholders on supporting a salt tax policy that could lead to changes in food product formulation, so people can have access to healthier products with lower levels of salt.

Throughout these two strands of work and across the BHP Thailand programme more broadly, the team has strengthened in-country expertise (for example, supporting Thai clinicians and policymakers with leading roles in national conferences), which contributes to greater sustainability.



BHP Thailand team at the Surveyor Annual Meeting held on December 19-20, 2020.

“Our work has been important because it shows how to benchmark quality of care and patient safety improvement measures, from our incidence data in Thailand, against global standards.”

Dr Inthira Suya
BHP Thailand
Country Technical Lead

At a glance

- ❖ 56 hospitals have joined the Healthcare Accreditation programme, and almost 150 hospitals joined the 2P safety programme in 2021
- ❖ More than 20 organisations joined learning exchanges with UK and international experts on packaging labels and social marketing strategies for salt and sodium intake reduction
- ❖ 104 healthcare professionals trained in e-journal development

Vietnam

The BHP Vietnam team has concentrated its efforts on improving the digital health ecosystem in Vietnam. This included streamlining patient information to ensure a more joined up data exchange between health facilities.

Until now, selected patient information has been linked to the Vietnam social insurance system in order to process payments for assessment, examination, and treatment costs. However, information systems in separate hospitals across the country rarely “talk” to each other, nor have they been able to share information easily with the Ministry of Health to contribute data to aggregated population health results.

The team provided technical assistance to the Ministry of Health to improve the interoperability of existing health data systems. One of the team’s notable achievements involved conducting a pilot study to introduce the internationally recognised clinical reference concepts, known as Systemized Nomenclature of Medicine, or SNOMED, as the new standard for health information systems in Vietnam.

Using SNOMED terms helps to capture clinical data in a standardised, structured format, using a controlled medical vocabulary, while adapting it to the Vietnamese context. This is a key foundation for reliable and valid data within health information systems.

With support from the Ministry of Health, and oversight from BHP Vietnam, a national consultant team also helped to persuade stakeholders of the value of the Fast Healthcare Interoperability Resources (FHIR), the global industry standard for passing healthcare data between systems.

Another major piece of ongoing work for the team is about improving the documentation of the major



Handover of the country registration for SNOMED CT from FCDO Vietnam to the Deputy Minister of Health, Prof. Tran Van Thuan

causes of death in Vietnamese people. While a very sensitive issue, reliable data about causes of death is key for health policymaking.

But, as more than 70 per cent of deaths occur outside of health facilities, it is often difficult for community health staff to record the cause of death accurately – including NCD-related deaths.

Work over many years has tried to address the challenge of limited data on premature NCD deaths in the community, without much progress. The BHP Vietnam team was instrumental in testing a new digital technology approach using artificial intelligence.

This work has included a pilot study engaging commune health staff to conduct a standardised verbal autopsy, and then used an artificial intelligence tool for cause of death classification. BHP Vietnam coupled this with ongoing training of commune health staff in using the verbal autopsy in the Me Linh district of Hanoi, where lay interviewers have been recruited alongside trained professional staff for cause of death classification. If successful, the team plans to scale up the project across Vietnam.

‘To support Vietnam in making a significant leap forward on treating non-communicable diseases, we had to first quantify the scale of the problem. By addressing the issue of electronic health data connectivity, quality of care for patients will be improved and policymakers will have more reliable data to help them clarify their priorities.’

Dr Nam Nguyen
BHP Vietnam
Country Technical Lead

At a glance

- ❖ Inclusion of the NCD surveillance system, developed by BHP Vietnam, in the National Action Plan on prevention and control of non-communicable diseases and mental health disorders, for the period 2022-2025
- ❖ The SNOMED system is now used in 3 hospitals
- ❖ 62 health workers, all from semi-urban areas, have been trained for verbal autopsy reports to enable cause of death data collection, coding and reporting

Lessons learnt

The ambitious programme was developed to support the existing work by individual governments to quantify, measure and develop appropriate care for people with NCDs and share expertise. This summary provides insights into a number of achievements and lessons learnt prior to the November 2022 end date for the three-year Better Health Programme.

One measure of the programme's success is the extent to which the developments have been integrated into each country's longer term public health strategies. There are already strong signs that using digitised approaches to conduct disease surveillance more accurately have been embraced by the various governments. Importantly, this will help to show health providers in each country which interventions work – and which don't. Some of the programme's activities may also help, in the longer-term, to align national health policies and procedures with international best practices and principles.

The small selection of activities highlighted here point to a number of lessons learnt which could be translated into other contexts.

Each country developed its own approach and, naturally, developed its own solutions. However, each was keen to learn from different approaches developed by the other BHP teams in South East Asia. Networking and active learning exchanges between the projects was key. The teams also found that links with other countries involved in the global BHP (Brazil, Mexico, South Africa) were beneficial and broadened the scope of learning exchanges.

All the teams recognised from the outset that their work benefited from research – relying on and adding to evidence. Activities were designed to be scientifically-based, quantifiable and appropriate to the country and its situation. Integrating a research-based approach alongside the practical challenges of setting up and running projects was essential in order to share any learning across BHP countries and with the wider international health research community. Finding appropriate outlets for promoting BHP supported work, to policy makers in both South East Asia and in the UK, was also a consideration and this challenge should be borne in mind in future similar projects.

Next steps

The BHP SEA has until the fourth quarter of 2022 to further embed projects into ongoing NCD programmes and arrange to transfer ownership/leadership of ongoing activities, practical tools and intellectual property to local stakeholders. BHP SEA teams have helped to support efforts by partner governments to record, monitor and address chronic diseases over the past three years. We know addressing NCDs requires longer term investment and ongoing action to protect current and future populations from NCDs.

If the countries involved are to work effectively towards the UN 2030 target for reducing NCD-related deaths, much still needs to happen. It is to be hoped that the work of the BHP teams has contributed concretely to progress on meeting those targets in the next decade, even after the programme's current UK funding ends.



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