

CHAPTER I

INTRODUCTION

Myanmar is one of the developing countries in the Southeast Asia. Economic development within the country in the recent years favoured epidemiological transition. Therefore, changes in the disease pattern in the country occurred and which attracted health planners to give more attention on non-communicable diseases (NCDs).

Since I am working in the Central Epidemiology Unit (CEU) of the Department of Health, I have to monitor the trend of diseases in monthly basis. Although I found increasing number of NCDs in disease reports, magnitude of the communicable diseases (CDs) are still leading in the disease list.

NCDs and CDs are differ in some characteristics. Age at onset, duration of illness, sex specificity, case fatality and age specific mortality rates etc. .

Therefore, I think an another indicator to measure the diseases problem becomes necessary to prioritize our intervention programs in the country since our resources are always scarce. I found the indicator, Potential Years of Life Lost (PYLL) used by Center for Disease Control (CDC) and its advantages as well as drawbacks were explored in the literature.

A project on prioritization of diseases by PYLL indicator was proposed to health planners in the Department of Health and demonstration of trend and burden of CDs were elaborated in the essay.

Cause specific death data bases in Thailand were explored in Data Exercise to get first hand experience before actual implementation of the proposed project in Myanmar. Review of the available literature was also done and described in the Annotated Bibliography.

In essay, I described a Health Transition in the world is occurring due to a decline in fertility, reduced communicable diseases (CDs), and increased non-communicable Diseases (NCDs) morbidity and mortality.

Thailand is experiencing such a Health Transition. Economic development favored changes in life styles. Stressful civilization propagated many NCDs. Therefore, health planners made more emphasis on NCDs.

At the same time, there are emerging problems of new CDs and re-emerging old CDs in the community. AIDS and its counterparts are salient examples in Thailand.

Although we achieved eradication of some diseases in the world, the problem of CDs is still existing in Thailand. In some areas, noticeable increases in numbers of cases were found in recent years.

Therefore, this essay was written with the primary intention of monitoring trends and assessing burdens with PYLL of CDs prevalent in recent years.

In my proposal, I suggested, as public health concepts are changing from time to time, problem identification in priority setting has shifted to measurement of Quality Adjusted Life Years (QALYs) and Disability Adjusted Life Years (DALYs).

Cost calculation based on DALYs is a recent development in the assessment of disease burden in public health. The World Bank and WHO uses this approach to prioritize and to evaluate intervention measures.

Potential Years of Life Lost (PYLL) is the pre-requisite indicator for calculation of DALYs. It contributes major portions of DALYs, especially in developing countries where young deaths are common.

Therefore, a project on the prioritization of the burden of disease in Myanmar using the PYLL indicator is proposed as a primary task for economic evaluation of intervention programs.

Data Exercise is aimed at getting first hand experience before I implement proposal. In a National Burden of Disease study (NBD), cause specific mortality data base is essential. Many countries do not have complete information on this and Thailand is not an exception.

This exercise includes an exploration of various data bases (surveys, records etc.) and a study of methods to estimate data where real ones were lacking.

Disease models application, focus group discussion and consultation with experts were done to make use of available data.

Underlying causes of discrepancy in data bases and prevalence of ill-defined causes of death were investigated. Also, methods to allocate poorly defined causes of death were determined during this exercise.

In my bibliographic (literature) review, a series of readings were explored to get information about Potential Years of Life Lost (PYLL) study. Economic evaluation of Quality Adjusted Life Years (QALYs) including Disability Adjusted Life Years (DALYs) were literally reviewed. Morbidity and mortality patterns in recent years and a trend study were carried out to know the situation.

Advantages and disadvantages of measurement indicators were reviewed. Available survey data were collected and verified. Literature on burden of disease and different ways to prioritize public health problems were taken into consideration.

My presentation topic was different from my thesis (port folio). I had done a class exercise study on "Health Care Seeking Behaviour of Foreign Migrants in Bangkok." In which, I described Thailand is facing escalating problems of both internal and external migration due to economic developments. Many foreigners come and work here legally as well as illegally.

According to the records from Immigration Department, their number is increasing everyday. The National Health and Nutrition Survey revealed that about 16% of local Thai people were sick within one month prior to their interview (NSO, 1986).

Therefore, we would like to know about the condition of health status among foreign migrants since they are vulnerable to diseases, away from their own places and concerns. We made one hundred interviews and collected data were analyzed. Discussion and suggestions based on the findings were included.

All of the above mentioned parts were aimed at improvement of the Health Management Information System in my country leading to developments in health care systems.