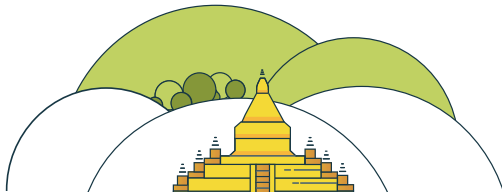




HYPERTENSION IN MYANMAR



IDEAL CONSUMER JOURNEY

CONSUMER

- Aware of hypertension and understands as a chronic condition
- Knows risk factors and when/where to get screened
- Recognizes hypertension as a risk factor for other serious conditions

CONSUMER

- Motivated to get screened annually if ≥ 40 years old
- Returns for repeat measurement if instructed to do so

PROVIDER

- Assesses family history and other risk factors
- Recommends repeat blood measurement and refers to higher skilled providers appropriately

CONSUMER

- Had initial blood pressure measurement taken on a prior dat

PROVIDER

- Counsels on hypertension effects and risk factors, and healthy lifestyle choices for hypertension prevention and management
- Prescribes medication as appropriate according to standardized guidelines

CONSUMER

- Able to routinely acquire and afford prescribed medications
- Follows treatment regimen and presents for follow-up

PROVIDER

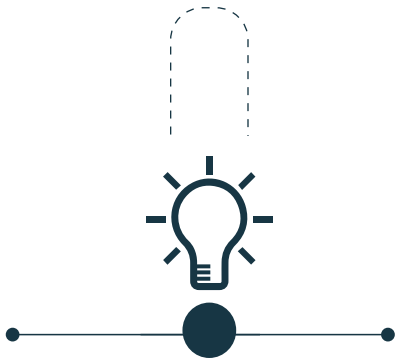
- Prescribes medication according to standardized guidelines and titrates medication dosage appropriately until goal blood pressure achieved
- Modifies medication selection if goal blood pressure not achieved
- Counsels on of medication adherence and possible side effects

CONSUMER

- Adheres to treatment plan
- Returns to provider for regular follow-ups and blood pressure monitoring

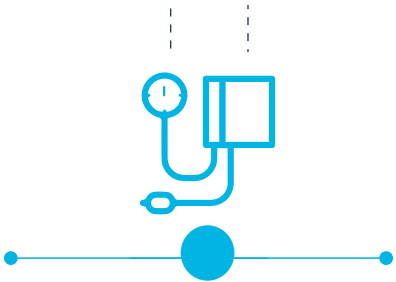
PROVIDER

- Ensures treatment adherence and proper follow-up
- Modifies treatment regimen as needed to maintain goal blood pressure



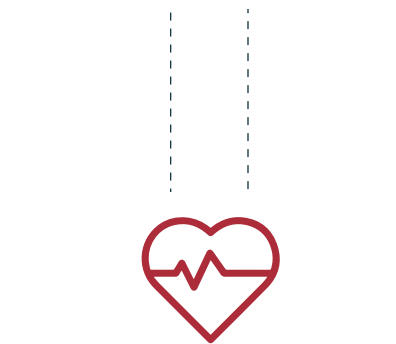
AWARENESS

Total population ≥ 40 years



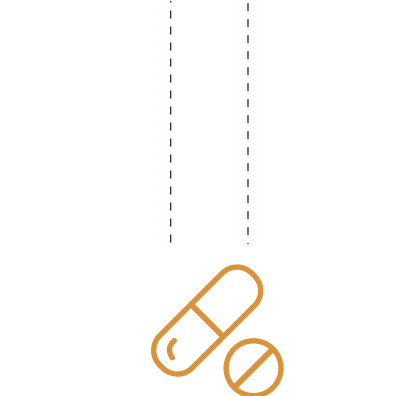
SCREENING

Total population at risk ≥ 40 years



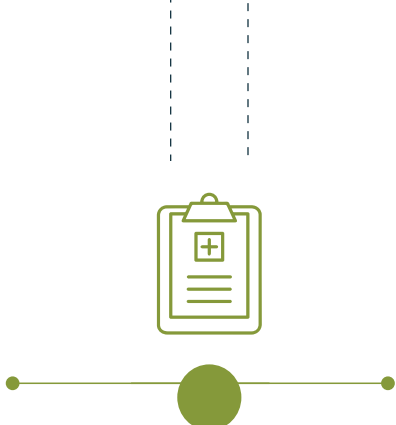
DIAGNOSIS

All people with hypertension



MANAGEMENT

All people with hypertension



CONTROL

All people with hypertension

ACTUAL CONSUMER JOURNEY

CONSUMER

- Limited knowledge of increased risk at ≥ 40 years of age
- Inadequate hypertension health information from trusted sources available
- Some are aware of the association between hypertension and a high-salt diet
- Common misperception that hypertension “comes and goes”

CONSUMER

- Know they should get their blood pressure checked

PROVIDER

- Inconsistent referrals and follow-up for additional tests can delay diagnosis and treatment
- Blood pressure screening is often available at hospitals, health centers, and pharmacies

CONSUMER

- Pay out-of-pocket
- Drug regimens often unaffordable for long-term treatment
- Drugs purchased in small quantities

PROVIDER

- Short courses prescribed at diagnosis and throughout treatment, requiring frequent refills
- Wide availability of drugs available, but only a few are prescribed
- Combination drugs are less available
- Poorly enforced regulations for dispensing medications
- Prescriptions often not required for medication purchases

CONSUMER

- Low follow-up rate with provider after initial treatment regimen is prescribed

PROVIDER

- No requirements for continuing medical education on hypertension
- Limited ability for additional laboratory investigation
- No standardized system of client-based records
- No national standardized treatment guidelines for hypertension
- Multiple international treatment guidelines in use

CONSUMER

- Most patients obtain prescribed regimens but struggle with proper adherence
- Patients tend to take drugs after experiencing symptoms or engaging in risk behavior
- Forget to take drugs when daily routine changes
- Take traditional medicine in addition to prescribed drugs

PROVIDER

- Most providers do not counsel effectively on the importance of adherence
- Many providers lack sufficient training on counseling