Scaling-Up NCD Interventions in South-East Asia



10 Key takeaways

- 1. Primary Health Care Facility (PHC) Interventions and Community-Based Interventions (CBI) are already being implemented at scale by governments, with all three countries seeking to fund their NCD prevention and NCD control activities via health insurance.
- 2. Though national NCD strategies are evidence-informed, increased evidence collection at country-level is fundamental in all three countries to determine whether the international strategies developed are fit for purpose within each country's context.
- 3. Lack of evidence at country-level presents a barrier to tailoring the International NCD strategies to the unique needs and contexts of the respective countries and thus further study is required in all three countries in order to develop guidelines that adapted to their respective primary healthcare settings.
- 4. There is a clear need to reach more people with NCD-services to ensure that vulnerable individuals are not left behind. Increasing and improving the range of services offered for example by adding screening in new communities should be a scale-up priority.
- 5. Community Health Workers are crucial as they can act as gatekeepers between PHCs and communities, especially in rural areas and therefore investments should be made in their knowledge and skills.
- 6. Empowerment programmes seem to be effective in improving health, probably by influencing self-efficacy. Important prerequisite to reach this aim, is trust between members and professionals, cadres, or community workers.
- 7. While counselling and mass media campaigning appears to be most effective method to target tobacco use with, extensive group counselling was found most effective to combat alcohol misuse.
- 8. In low-resource settings, investing in mass media campaigns may be an appropriate approach to encouraging healthy lifestyle and health seeking behaviors while balancing high costs of other interventions.
- Community play a crucial role in screening and provision of health education. Generally, community/group-based interventions were found to be more effective to target the unhealthy behaviors linked to NCDs. Thus, engaging smaller groups of people with high risk factors is important to achieve success.
- 10. A comprehensive and integral approach as in the Chronic Care Model seem to be most effective. This means for instance that there has to be follow up after screening and treatment and that communities and PHC's have to work together. Actively providing reminders for appointments increases uptake of screening and adherence to courses of healthcare as well as management of conditions.

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