

Background

- In Southeast Asia (SEA), Non-communicable Diseases (NCDs) are the leading cause of death. Specifically, diabetes and hypertension have become a major public health issue.
- **Community-based interventions**, targeting various aims, including NCD prevention are common in SEA. Community-based interventions are implemented in a population, aimed at behavioural change in individuals with varying levels of risk.
- Evidence on the link between community-based interventions and health is scattered and overview lacks. In addition, little is known about contextual influences and program elements, for instance the synergy with health-facility-based NCD-interventions.

Aims:

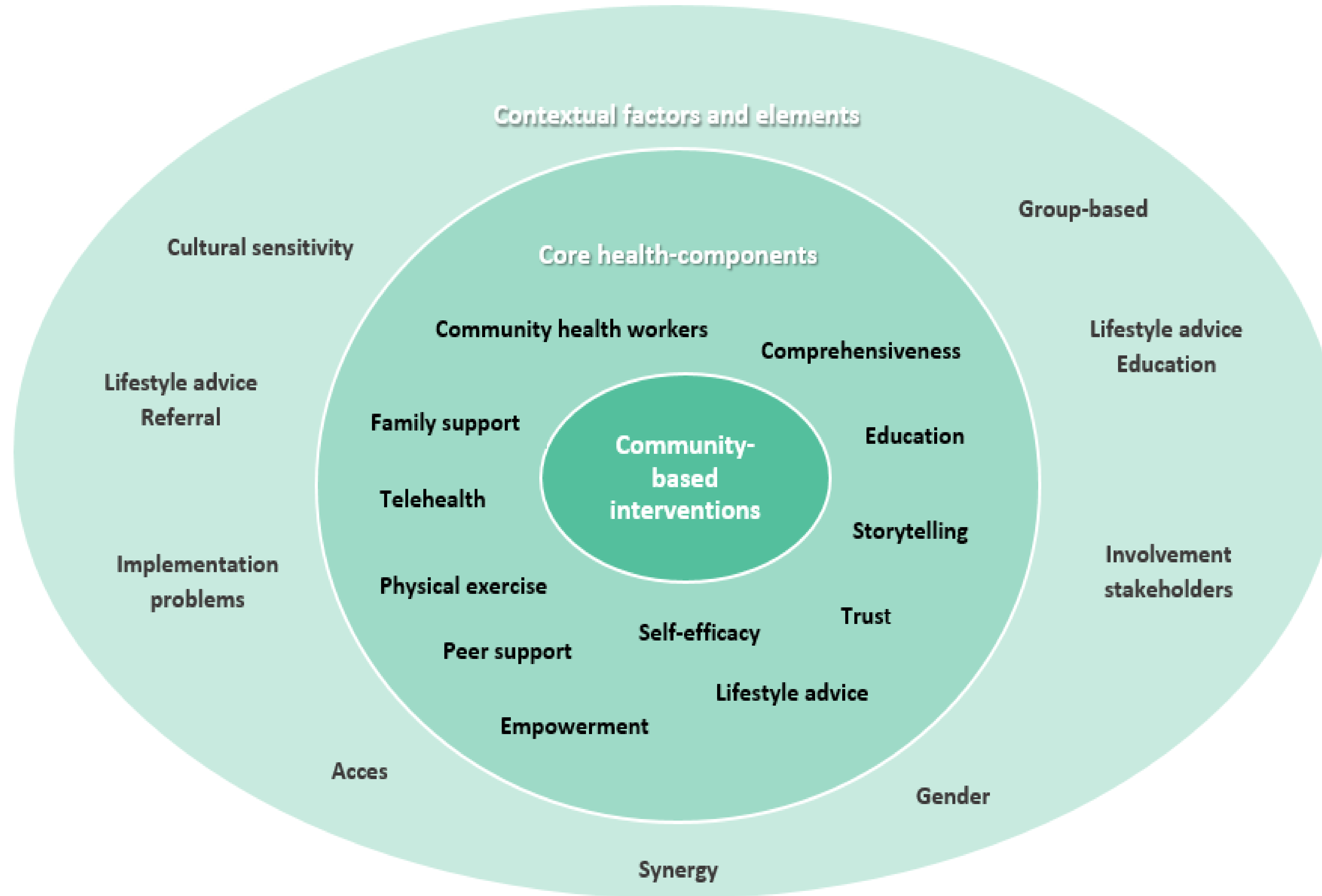
1. To assess the core health-components of community-based interventions;
2. Which contextual factors and program elements affect the impact of community-based interventions on health, in Southeast Asia.

Methodology

- A **Realist review design**, i.e. a method of systematic reviewing of complex social interventions.
- Both scientific documents and grey literature, in both the English and local languages were included to review aspects and settings closer to the communities and their context.
- Combining empirical evidence with theoretical understanding results in explanatory analysis about what could work, for whom and in what circumstances.
- A total of 79 documents were included in the synthesis.

Results

We found 12 core health-components of interventions and ten contextual factors and intervention elements. Figure 2 illustrates all core health components and contextual factors and elements.



Conclusion & Key messages

Our review provides an overview of effective core health-components and contextual factors and program elements of community-based interventions, regarding diabetes and hypertension.

Effective interventions provide:

- **A comprehensive approach**, offering a combination of activities aiming at increasing knowledge, improving skills, and enhancing self-efficacy towards health behaviour.
- **Telehealth**, also in rural areas, to enable provision of reliable information, and also for more direct provider – user interaction when access to healthcare is limited.
- **Storytelling**, increasing health literacy in people with limited competencies. Storytelling can easily be adapted to the context, making it culturally sensitive.
- **Conducive environment**, in terms of optimal implementation with for instance sufficient and adequately trained staff and ideal infrastructure and equipment. Effective interventions are custom-made, fitting in local cultural and social context.

By using a realist methodology, this review contributes to an in-depth understanding of what components and context elements community-based interventions need, to be as effective as possible.

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