

SUNI-SEA



Key Note

Closing Conference 15 June 2023

GACD
number
SU 02

H2020 Project 825026
SC1-BHC-16-2018
DG Research and Innovation
European Commission

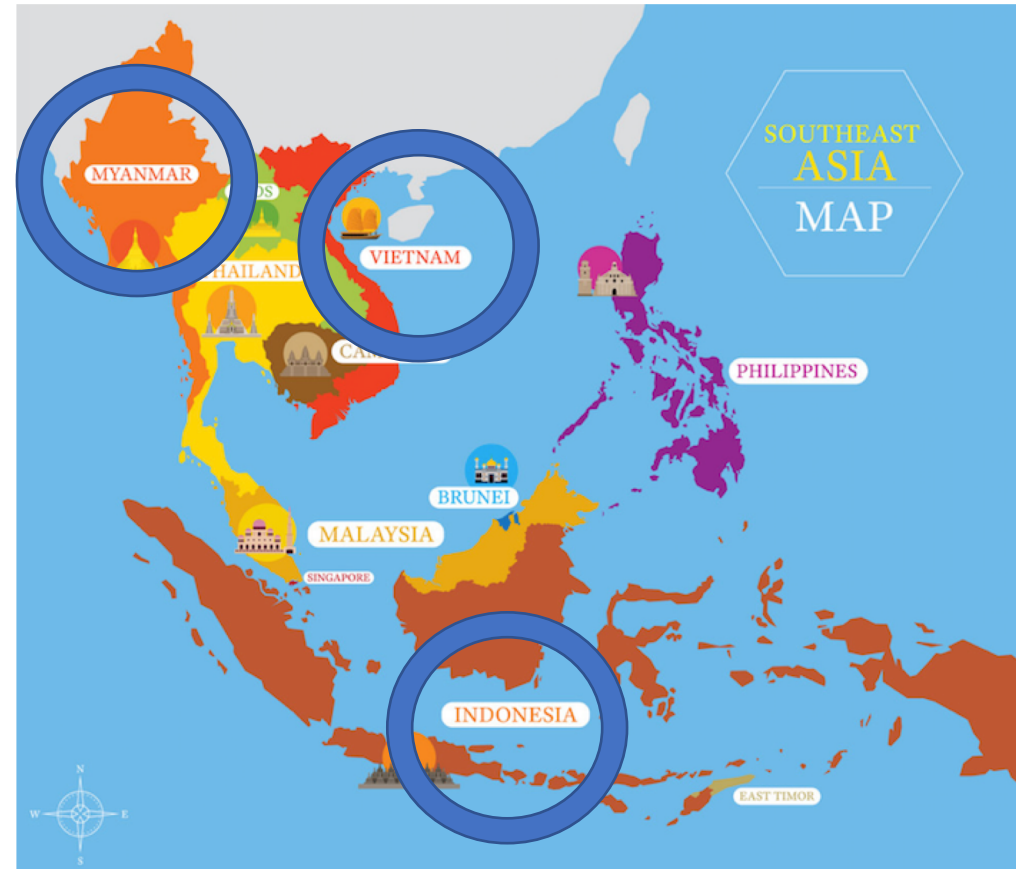


Financed by European Union

The SUNI-SEA project UMCG and international partners



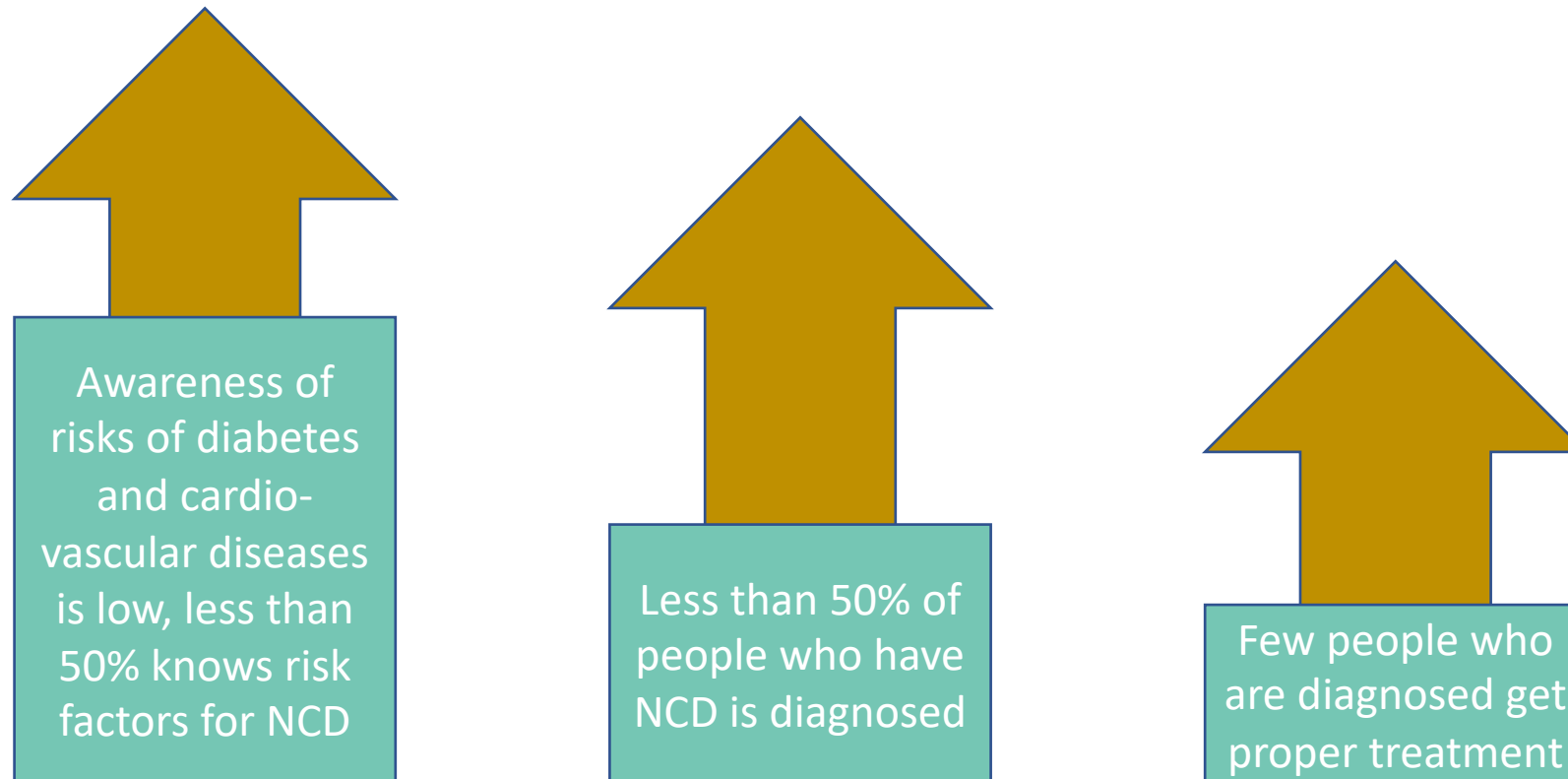
- In three countries:
Indonesia, Myanmar and Vietnam
- Collaboration of universities, health institute and non-governmental organisations
- Jan 2019 – June 2023
- In context of GACG for global scaling-up of NCD prevention and control



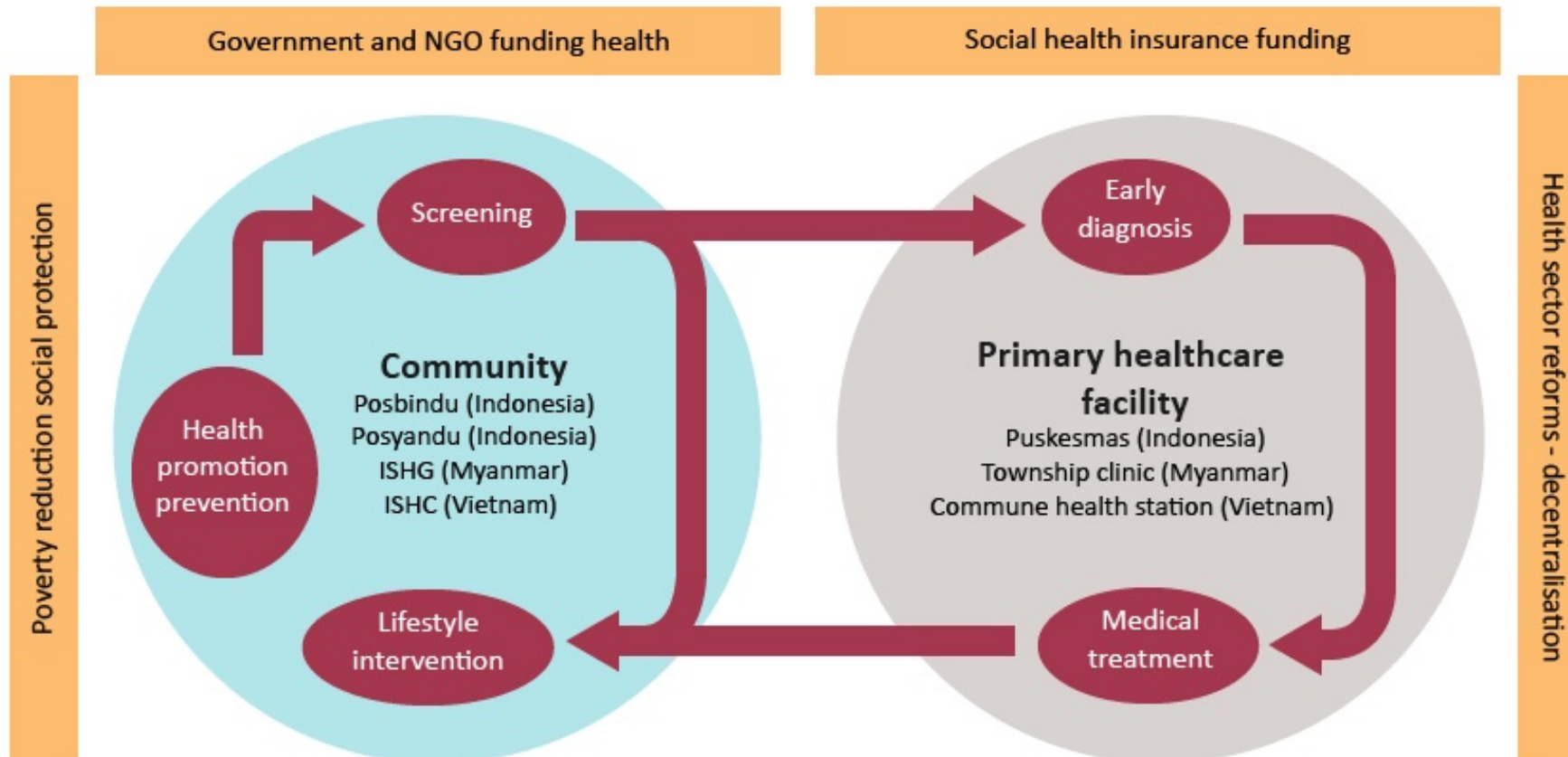
Contribute to Universal Health Coverage Increase NCD knowledge, prevention, early diagnosis and treatment



Situation in Vietnam, Myanmar and Indonesia in 2019



SUNI-SEA: create synergies between communities and PHC facilities



Synergies between community-based activities and primary health care services will enhance impact on health

Different approaches in community mobilisation



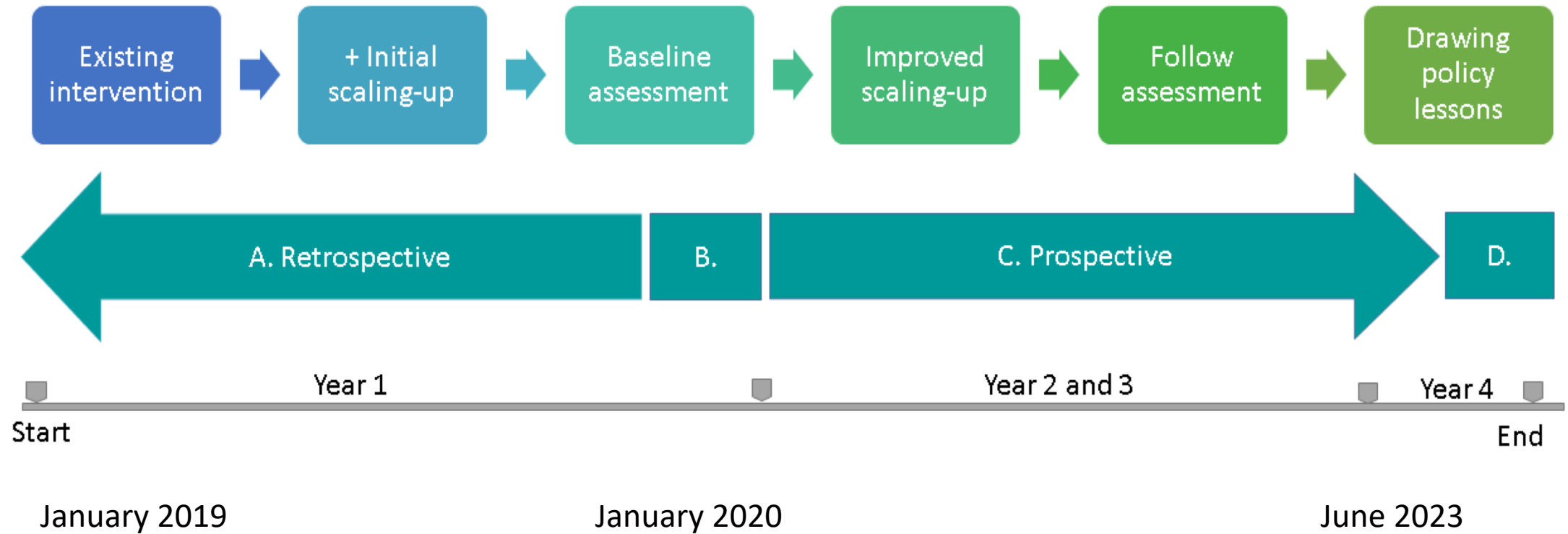
Intergenerational self Help Groups

- Autonomous community groups
- Community development as primary focus
- Health component strengthened with health promotion, screening NCDs, counselling

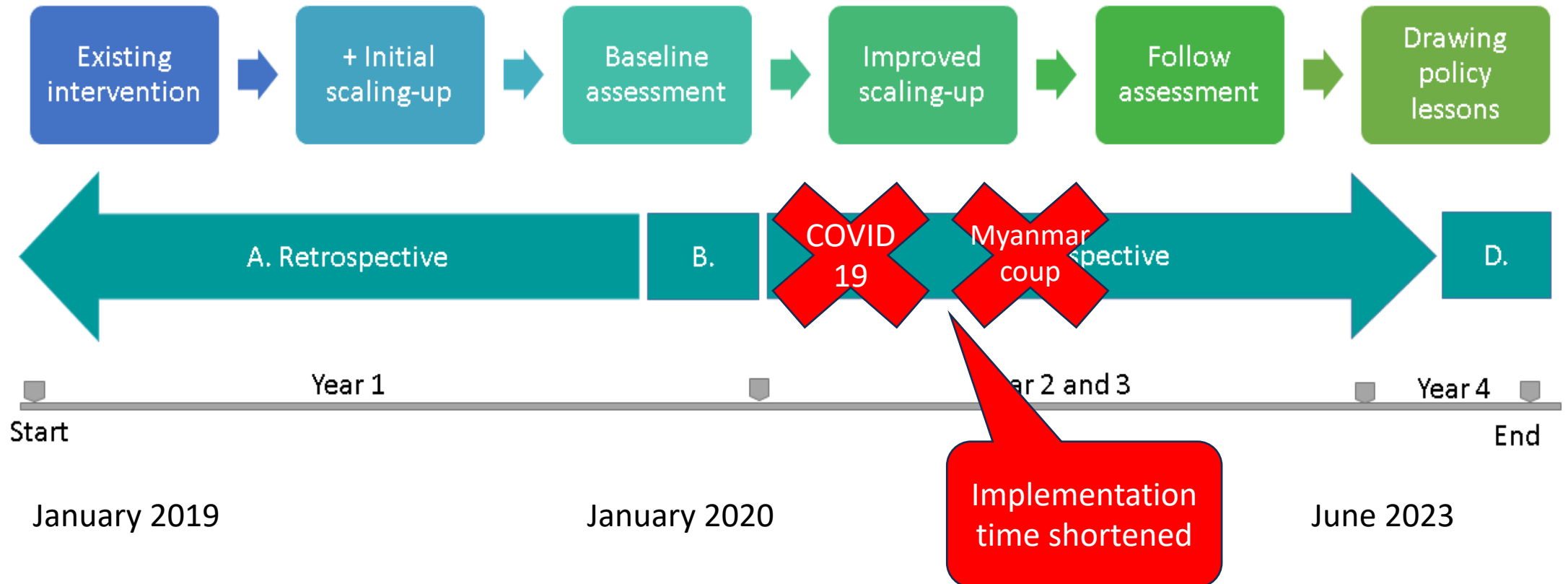
Posbindu

- Outreach from Puskesmas (PHC facility)
- Volunteers (cadres) under supervision of professionals
- Community sensitisation
- Screening NCDs, counselling

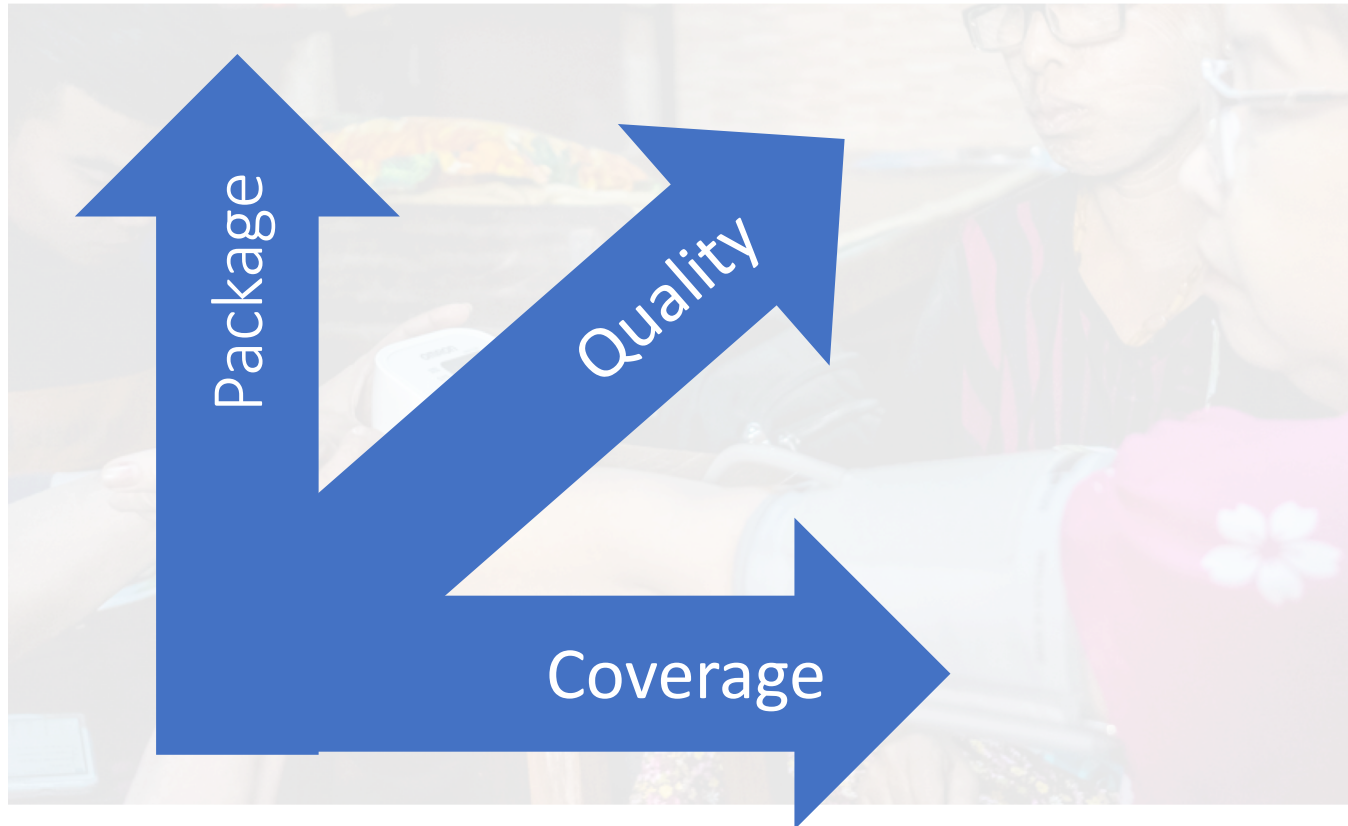
Phases in the action research project



Phases in the action research project

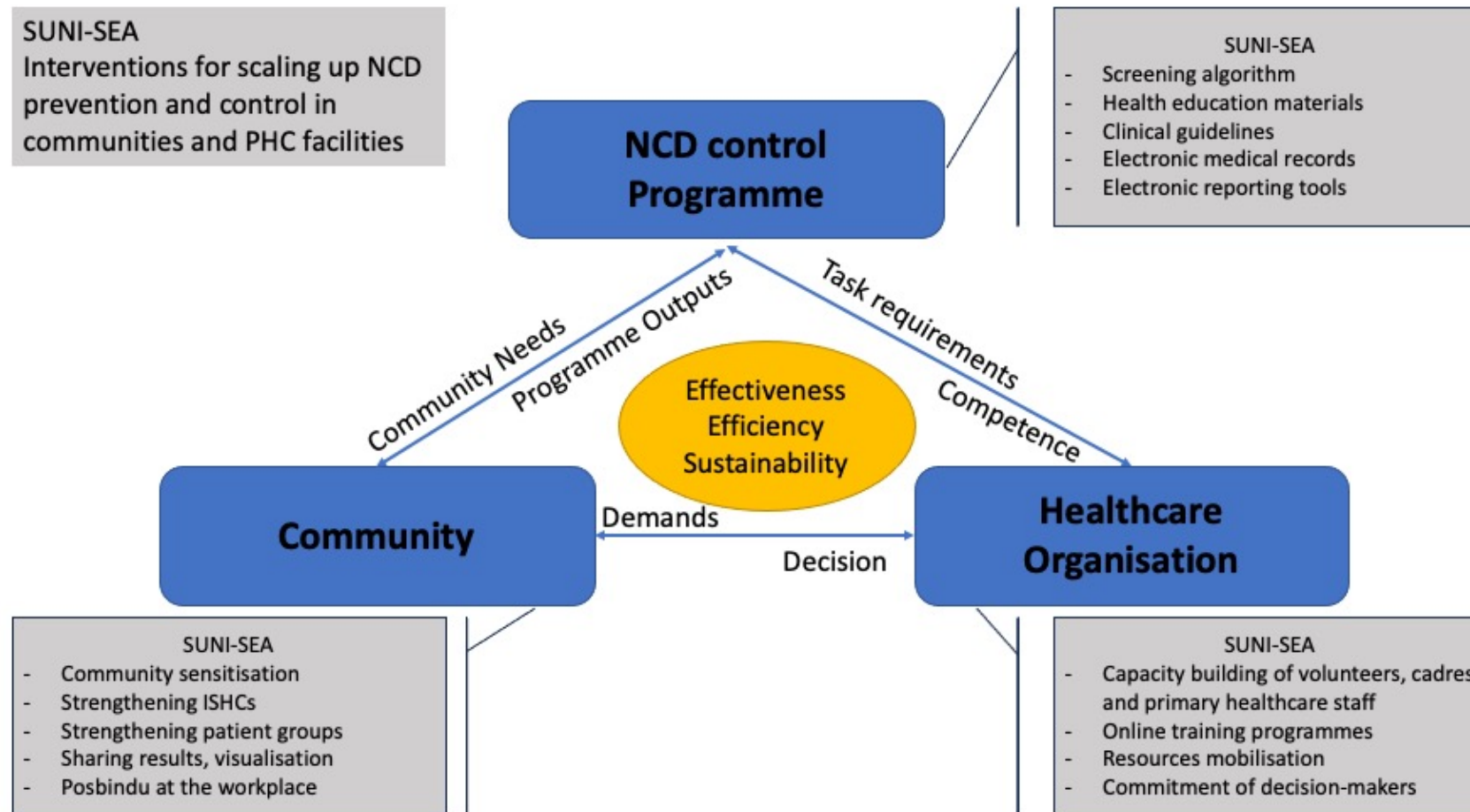


SUNI-SEA: scaling up strategy following model Universal Health Coverage



- Increase package of health services in communities and PHC
- Increase coverage to increase reach more people
- Increase quality to improve impact

Comprehensive actions based on analysis in retrospective phase



Actions in countries based on analysis in retrospective phase



Communities

- Community sensitisation
- Strengthening ISHCs
- Strengthening patient groups
- Sharing results, visualisation
- Posbindu at the workplace



Actions in countries based on analysis in retrospective phase



Healthcare Organisation

- Capacity building of volunteers, cadres and primary healthcare staff
- Online training programmes
- Resources mobilisation
- Commitment of decision-makers



Actions in countries based on analysis in retrospective phase



NCD programme

- Screening protocol
- Health education materials
- Clinical guidelines
- Electronic medical records
- Electronic reporting tools



Activities for sustainability of scaling up efforts



- Engagement with local, district, provincial and national authorities for implementation
- Advocacy for inclusion in policy and practice in Indonesia and Vietnam
- Spreading ISHC experiences through HelpAge International



Research conducted



Baseline and endline survey

- Representative sample of the target population and control group
- Interviewed twice (2021 – 2023)
- Quality of life questions
- Knowledge, attitudes and practices
- Health seeking behaviour

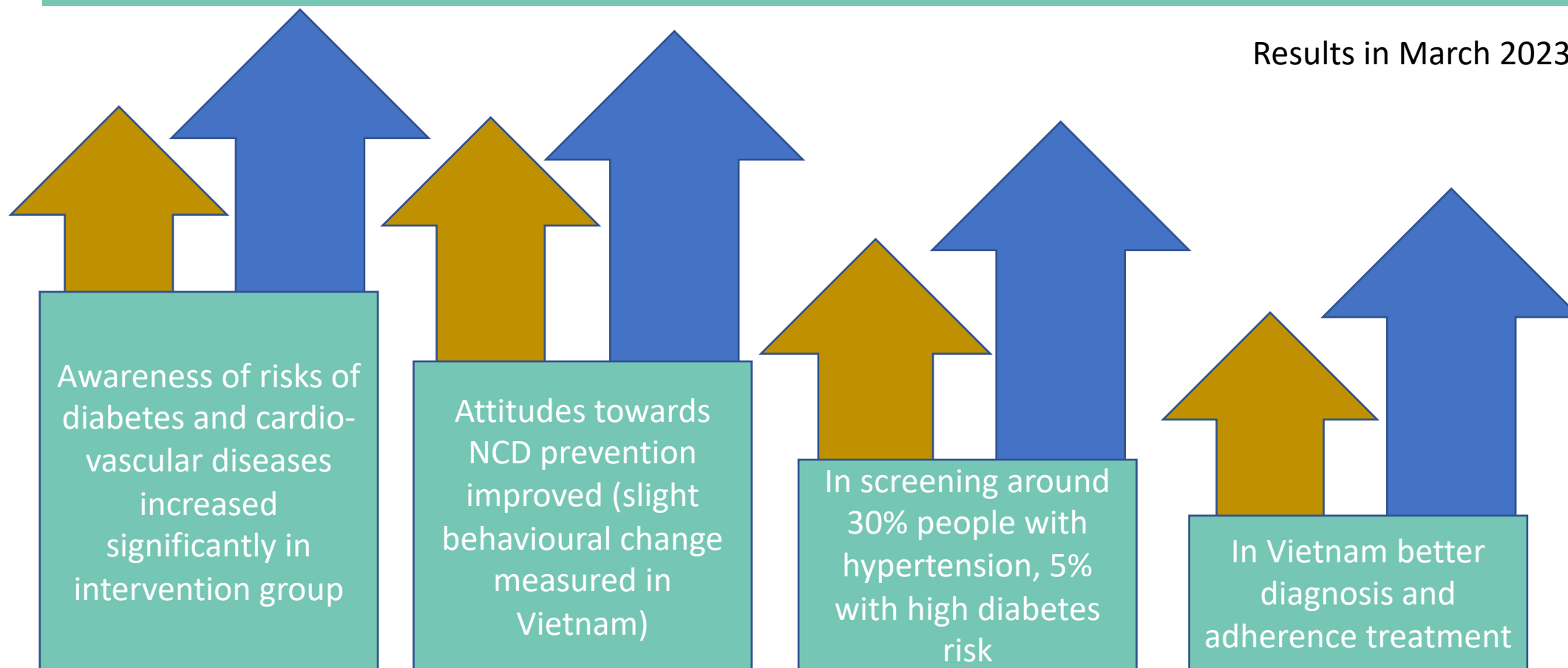
Specific research activities

- Evaluation of training programmes for volunteers and cadres
- KAP and satisfaction surveys users
- Evaluation of functioning ISHCs
- Evaluation of innovative Posbindu
- Evaluation of digitalisation
- Evaluation of scaling-up process
- Cost benefit analysis

We achieved increase in NCD knowledge, attitudes towards prevention, identification of risk factors, and treatment



Results in March 2023



What were contributing factors to successes and failures?



Facilitators

- Relevant existing policies and practices
- Community co-ownership of interventions
- Increased access to health education and screening in communities and work place
- Investment in capacity building of community groups, volunteers and healthcare workers
- Frequent supervision and support by PHC facility staff
- Commitment by decision-makers to support community initiatives

Barriers

- Weak systems to build community engagement on
- Time constraints to implement interventions as required
- Insufficient support to volunteers and cadres to maintain capacities for screening and counselling and handle electronic information systems
- Turn-over of staff and volunteers affecting continuity
- Lack of commitment by authorities to invest in community-based systems, bias to curative care

What are the costs (in Vietnam)?



Costs of ISHCs and PHC

- US\$ 45 per member of ISHC to strengthen club with health component
- US\$ 34 per person screened
- US\$ 200 per diagnosed case of NCDs


Costs and savings for health system

- Initial increase of costs due to detection of new cases US\$ 35,000 per ISHC (average 60 members)
- Potential savings due to early detection and avoiding complications US\$ 11,400 per ISHC

Important conditions

- Synergy between community activities and PHC facilities is necessary. Without follow-up in PHC after community screening there will be no saving
- Quality standards of community activities must be guaranteed to achieve savings


Scaling up NCD prevention and control in decentralised health systems



Devolved governance

Bottom-up from community to facility to District to Province to National level

- Planning: health education and screening
- Volunteers: recruitment and retention
- Resources mobilisation from local sources: according to needs
- Management: community participation
- Reporting and accountability



Quality assurance

Top-down from national to facility and community level in cascade approach

- Technical guidance based on scientific evidence
- Standards and guidelines for quality of service provision
- Capacity building and continuing professional development
- Supervision and mentoring

Take home messages from the SUNI-SEA action research



- A first paradigm shift is needed: the global community must invest NCD prevention and control in LMICs. A Global Fund for NCDs is needed.
- A second paradigm shift is needed: LMICs need to emphasise health promotion and early detection of risk factors and NCDs in communities and PHC facilities
- The investments in combined activities in communities and PHC facilities are cost effective if synergy is maintained and quality is guaranteed.

Thank you for your attention



Questions to:

Jaap Koot

Project coordinator UMCG

j.a.r.koot@umcg.nl

