

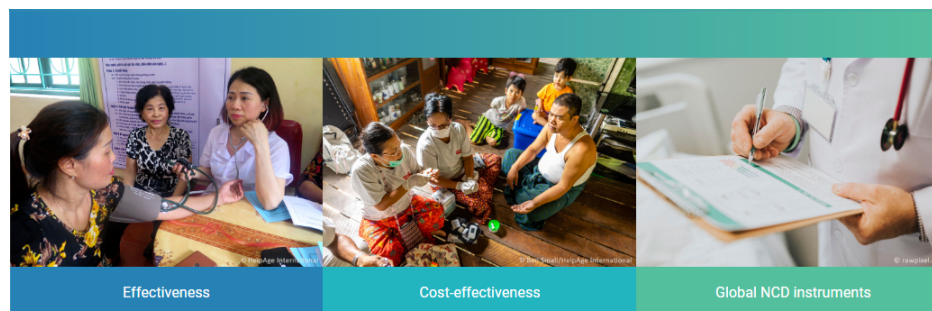
Building genuine synergy between community and primary health care in Vietnam

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Outline

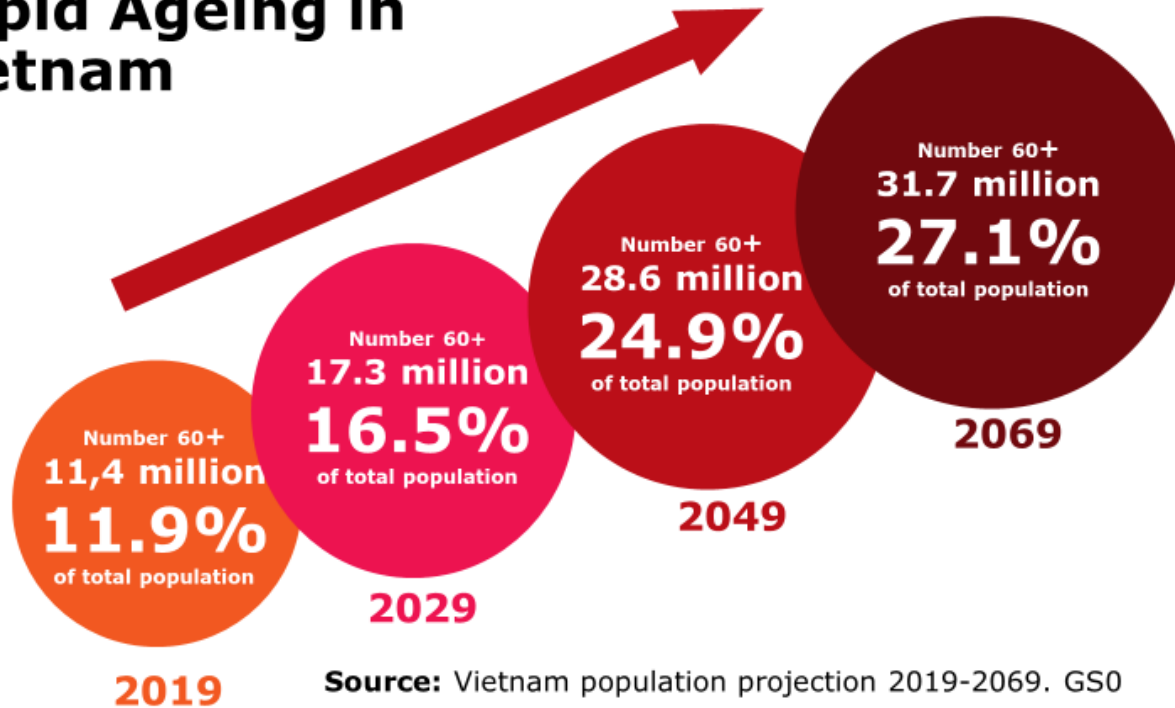
1. ISHCs scaling up – Healthy Aging Model in Vietnam
2. Policy context - Orientation
3. Policy orientation towards NCD and Population Aging
4. SUNISEA Synergy Approach via – Filling the gaps
5. Lesson-learnt/Policy Implication

Setting the scene - Vietnam

Rapid population aging

One of countries having the fastest aging rate

Rapid Ageing in Vietnam



What is Intergenerational Self-help Club (ISHCs) in Vietnam?

ISHC objective

- Provide opportunities for their members, majority of them are older people, to promote their role in **improving their food and income security, and health status**
- Provide opportunities for their members to **promote their roles and contributions** in helping others and local development
- **Improve the interaction** between community and the local authorities and other organizations, pushing for the better implementation of the rights and entitlements of older people and other marginalized groups and creating an age-friendly environment



ISHC organization structure

Membership:
50-70 in one village

ISHC Members:

- 70% +/-5% OP
- 70% +/-5% Women
- 70% +/-5% social/ economically poor)

ISHC Management Board Members

- At least 50% are female
- Elected every 2 years

Attractive to:

- Young & old
- Men & women
- Poor & non poor
- Rural & Urban

Chair

Vice Chair

Book-keeper

Treasurer

CMB Members

Group 1 Leader

Group 2 Leader

Group 3 Leader

Group 4 Leader

Group 5 Leader

Group 1

8 - 12 members

Group 2

8- 12 members

Group 3

8 -12 members

Group 4

8 -12 members

Group 5

8-12 Members

Interest groups

Social and cultural group

Physical exercise and sport group

Homecare volunteer group

Livelihood support group

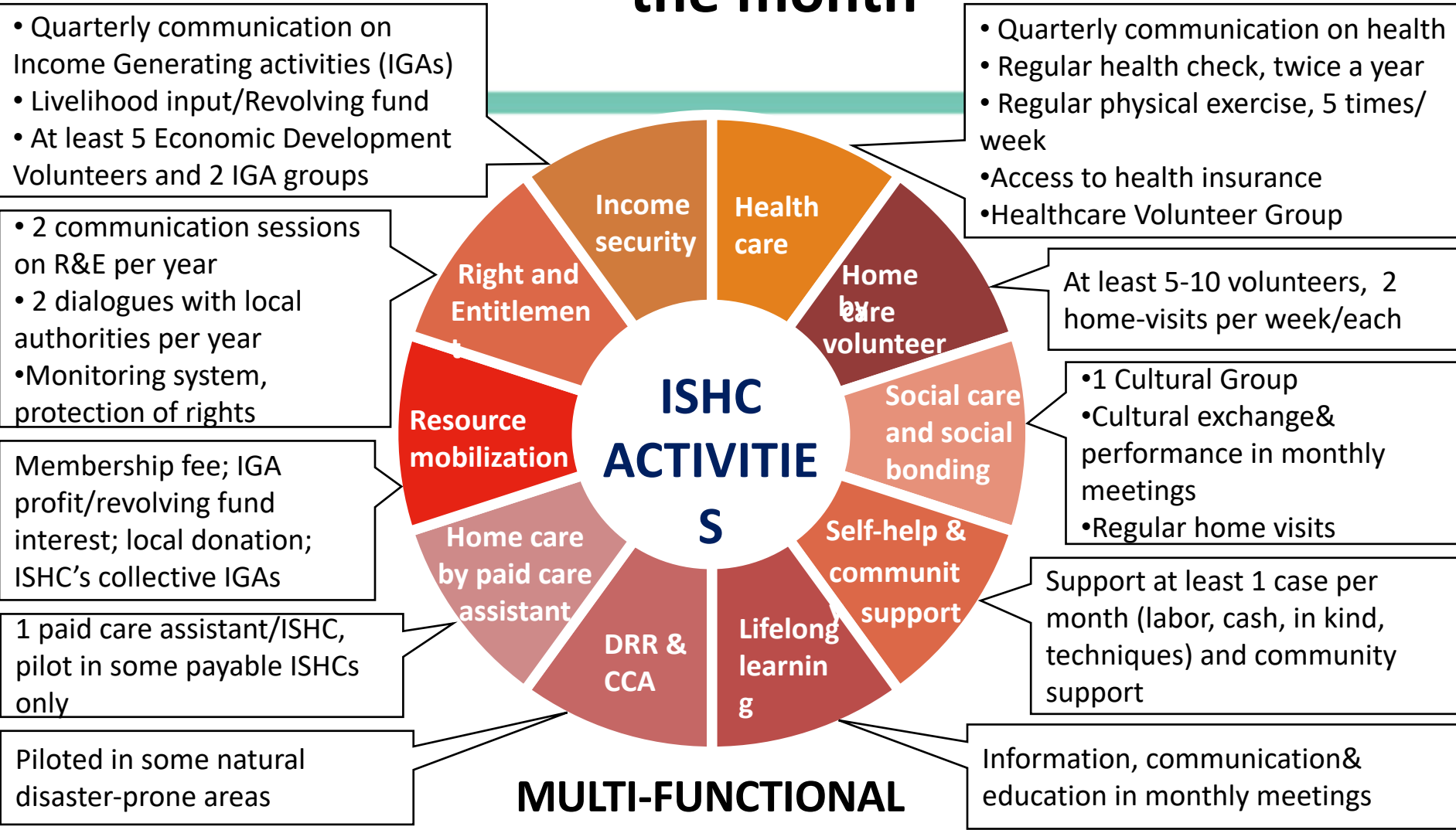
Resource mob. group

Community devt. group

Emergency respon. group



Monthly meeting and many other activities during the month



Healthy & Active Ageing Component

1) Physical exercise & sport



2) Monthly health screening

Monthly weight and blood pressure measurement and recording



At least one a month for ISHC members and OP receiving health screening

Họ và tên	Ngày sinh	Giới tính	Địa chỉ	Ngày khám	Trọng lượng (kg)	Áp suất máu (mmHg)
Nguyễn Văn A	15/10/1980	Nam	Hà Nội	01/12/2009	65	120/80
Nguyễn Thị B	20/05/1975	Nữ	Hà Nội	01/12/2009	55	110/70
Nguyễn Văn C	10/08/1960	Nam	Hà Nội	01/12/2009	70	130/90
Nguyễn Thị D	05/03/1985	Nữ	Hà Nội	01/12/2009	45	100/60
Nguyễn Văn E	18/11/1970	Nam	Hà Nội	01/12/2009	60	115/75
Nguyễn Thị F	02/07/1990	Nữ	Hà Nội	01/12/2009	50	105/65
Nguyễn Văn G	25/09/1955	Nam	Hà Nội	01/12/2009	75	135/95
Nguyễn Thị H	12/04/1988	Nữ	Hà Nội	01/12/2009	48	102/62
Nguyễn Văn I	08/06/1965	Nam	Hà Nội	01/12/2009	68	125/85
Nguyễn Thị J	30/01/1978	Nữ	Hà Nội	01/12/2009	52	108/68

Weight pressure and BP monitoring booklet

3) Health & care awareness for self care



4) Health check-up by doctors



5) Health insurance

6) Referral

Impact level results

1) Happier **98.6%**



2) Improved solidarity **95.9%**



3) Enhanced confidence **93.2%**



6) Empowered **91.0%**



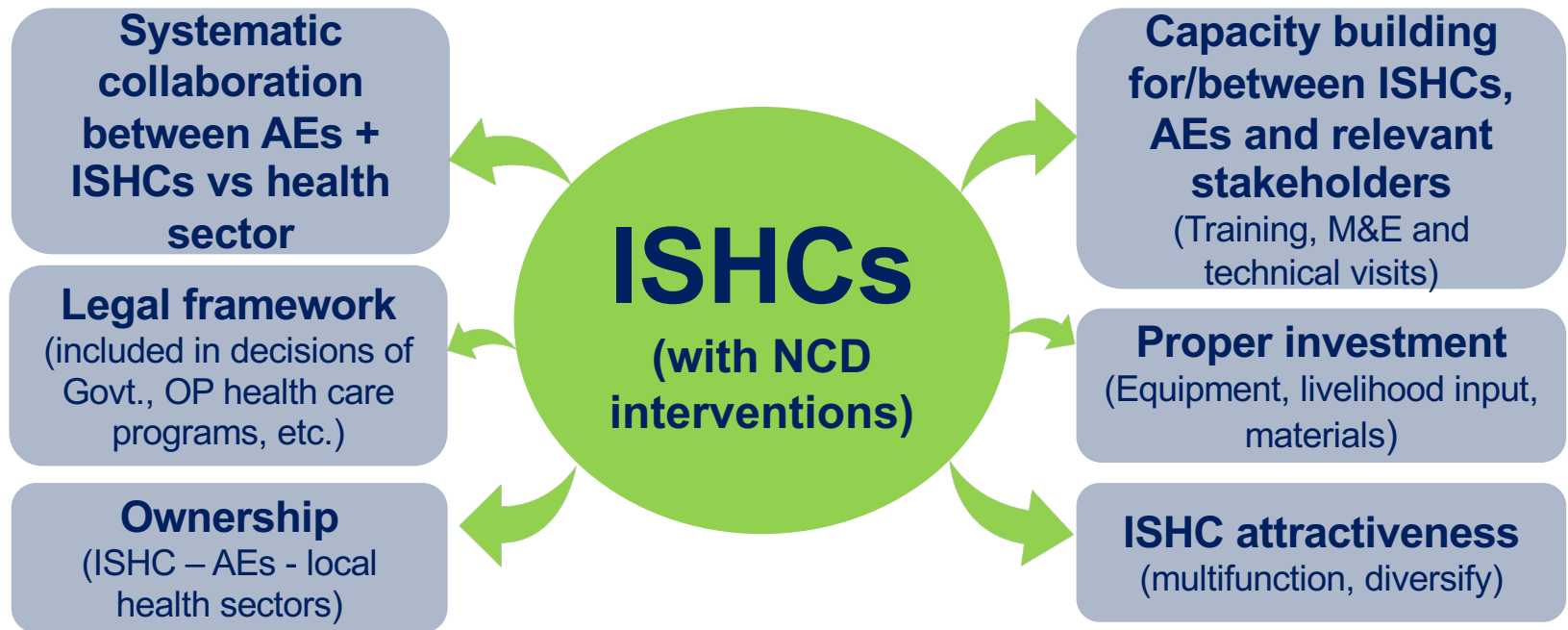
5) Healthier **90.6%**



6) Wealthier **88.7%**

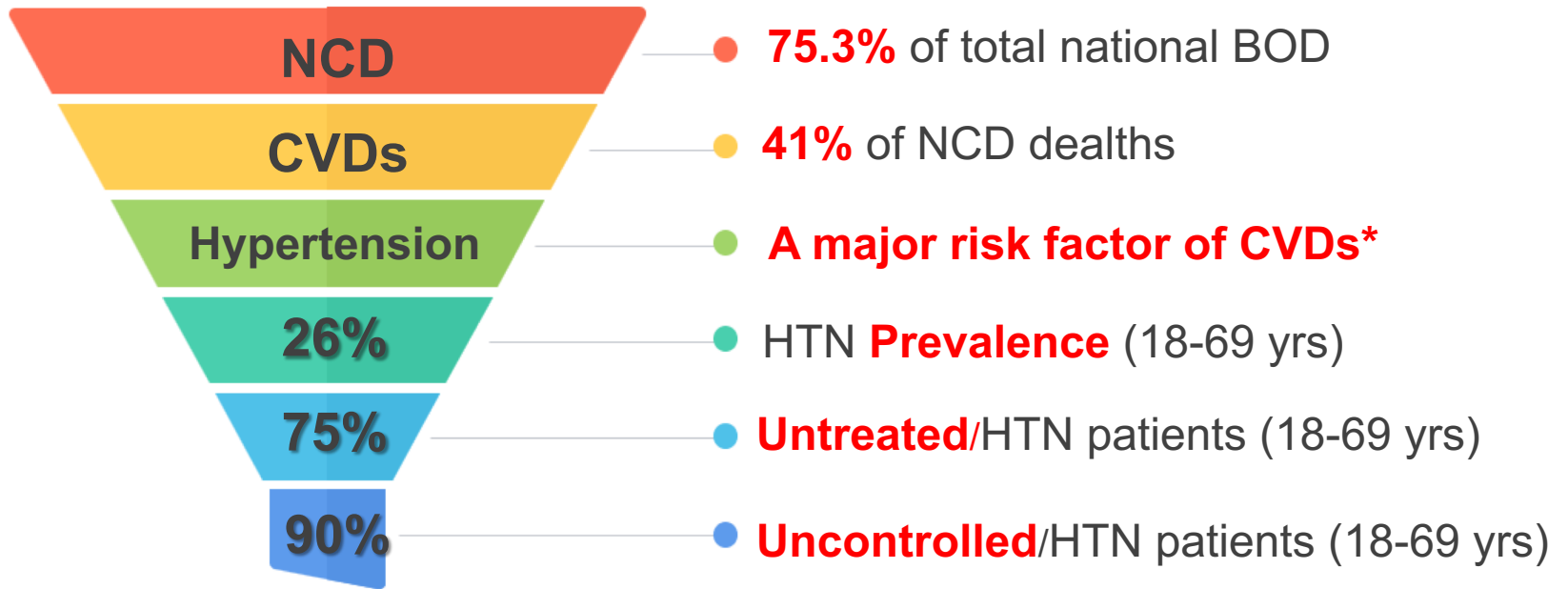


Sustainability



Setting the scene - Vietnam

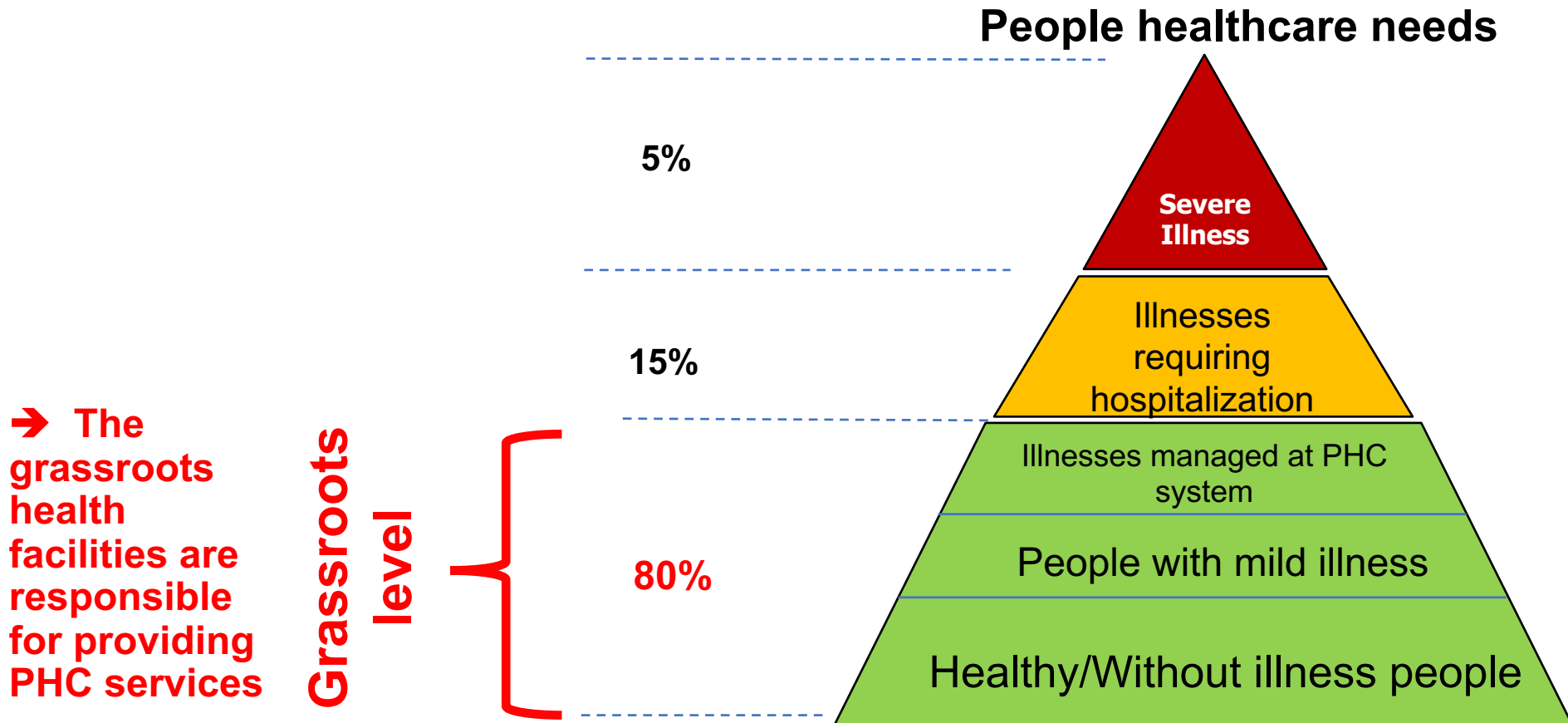
High burden of NCD but poor and delayed access to care



Source: Vietnam BOD study (2017), VN STEPs (2021); *Flávio D. F, Paul K. W., (2019)

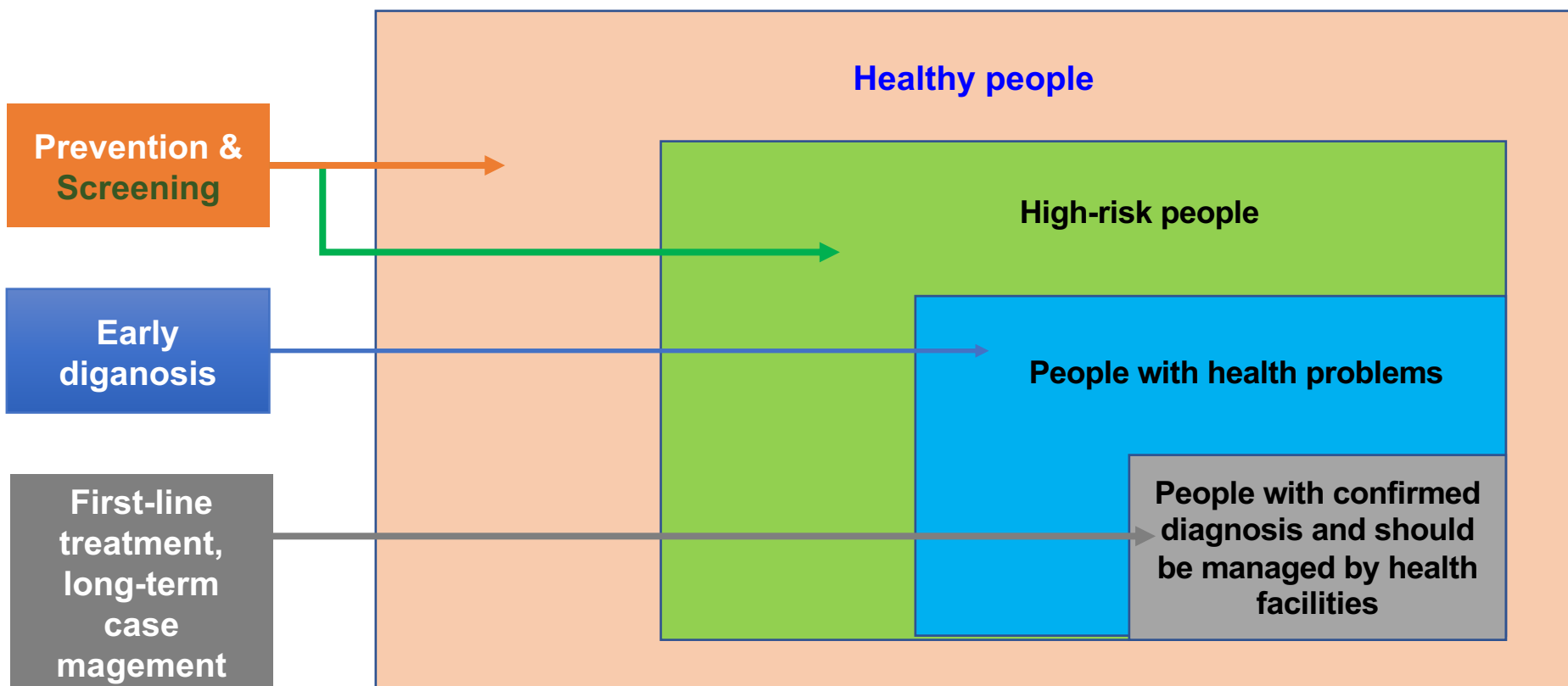
Setting the scene - Vietnam

A gatekeeping role of grassroots health level



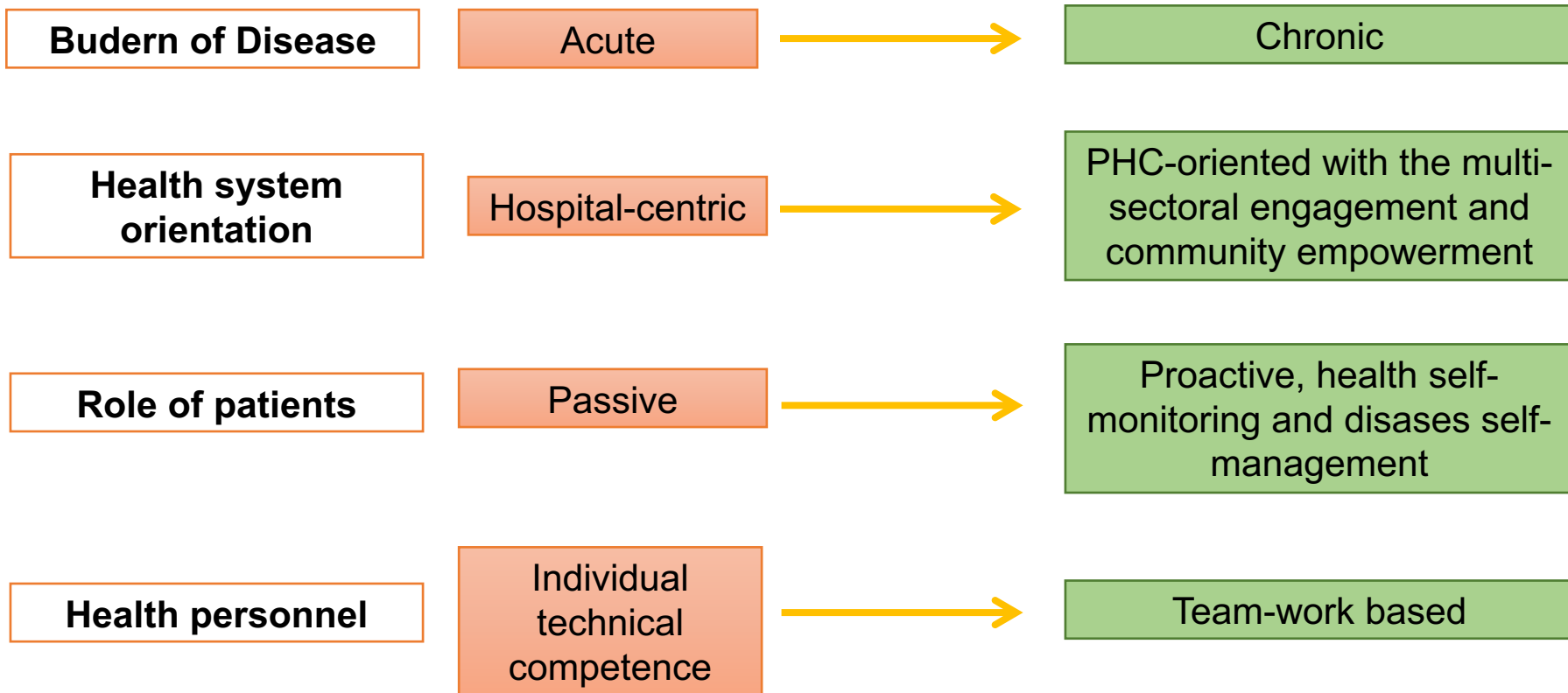
Setting the scene – Vietnam

Designated roles of CHSs in NCD prevention and control



Setting the scene – Vietnam

Urgent need for health system transformation



Policy response

Central Party's orientation

- Resolution 20-NQ/TW: **95% coverage of NCD treatment and management** at the grassroots health level (Commune health stations-CHSs), highlighting the community engagement in health program.

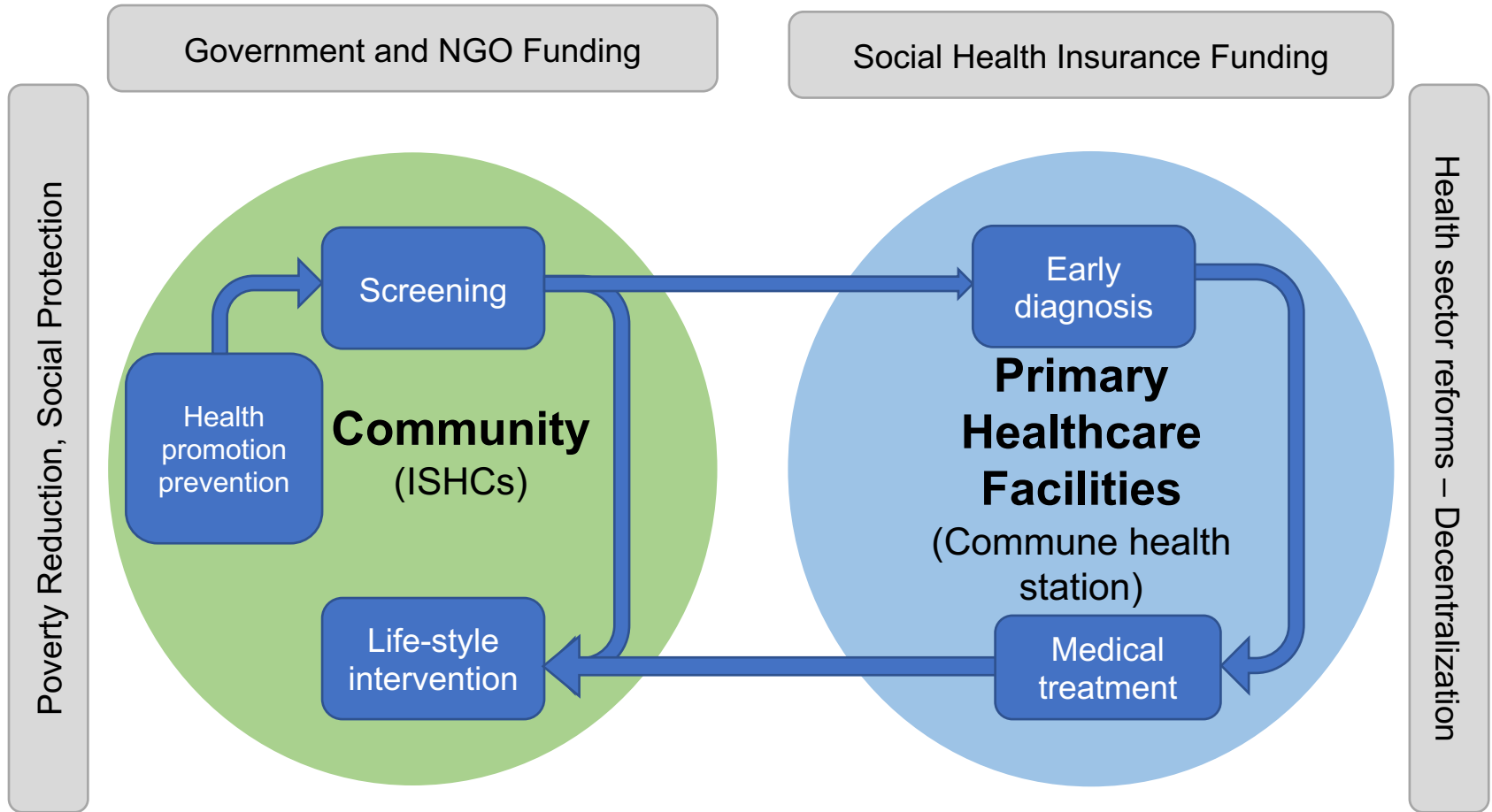
Government's strategy on NCD and population aging

- National Strategy on NCD Prevention for the period 2015–2025; National Action Plan on NCD Prevention and Control 2022-2025: **(i) NCD management at PHC level; (ii) scaling up the community-based NCD care models**
- The National Program of Action on Ageing 2021-2030 (No 2156/QĐ-TTg dated 21 Dec 2020) with the target: **at least 50% of communes/wards have ISHC model by 2025 and 80% by 2030**

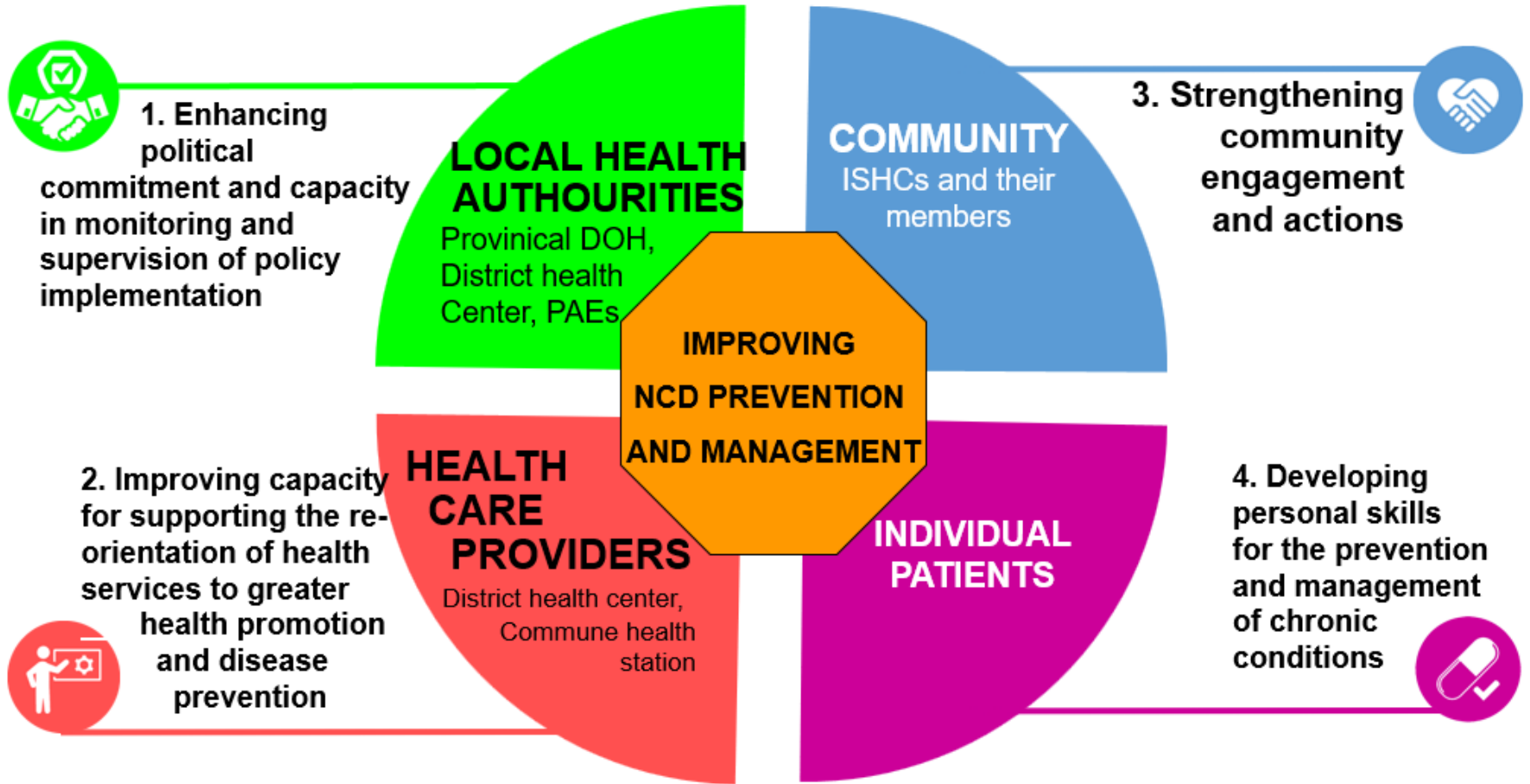
Health sectors's PHC-oriented policy and guideline on NCD

- Circular 39/2017/TT-BYT on guiding the 'Basic Health Service Package for the grassroots level: .Core health services/procedures and medications for diagnosis and treatment of common NCD, covered by the health insurance program.
- Decision 3756/2018/QĐ-BYT: guideline on prevention, early detection, diagnosis, treatment and management of the common NCD at the grassroots healthcare level.
- Decision 5904/2019/QĐ-BYT: professional guideline on diagnosis, treatment and management of common NCD at commune health stations

SUNI-SEA – Filling the gaps



SUNISEA Vietnam Intervention framework

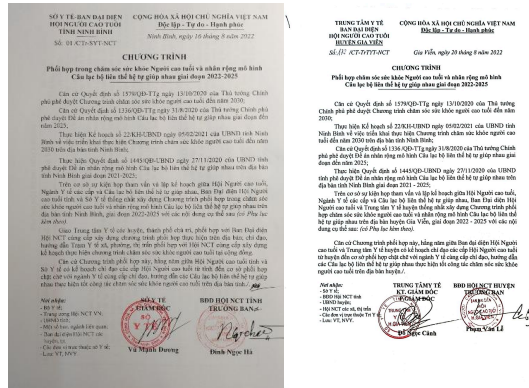


Continuous collaboration and stakeholder engagement

Early stakeholder engagement



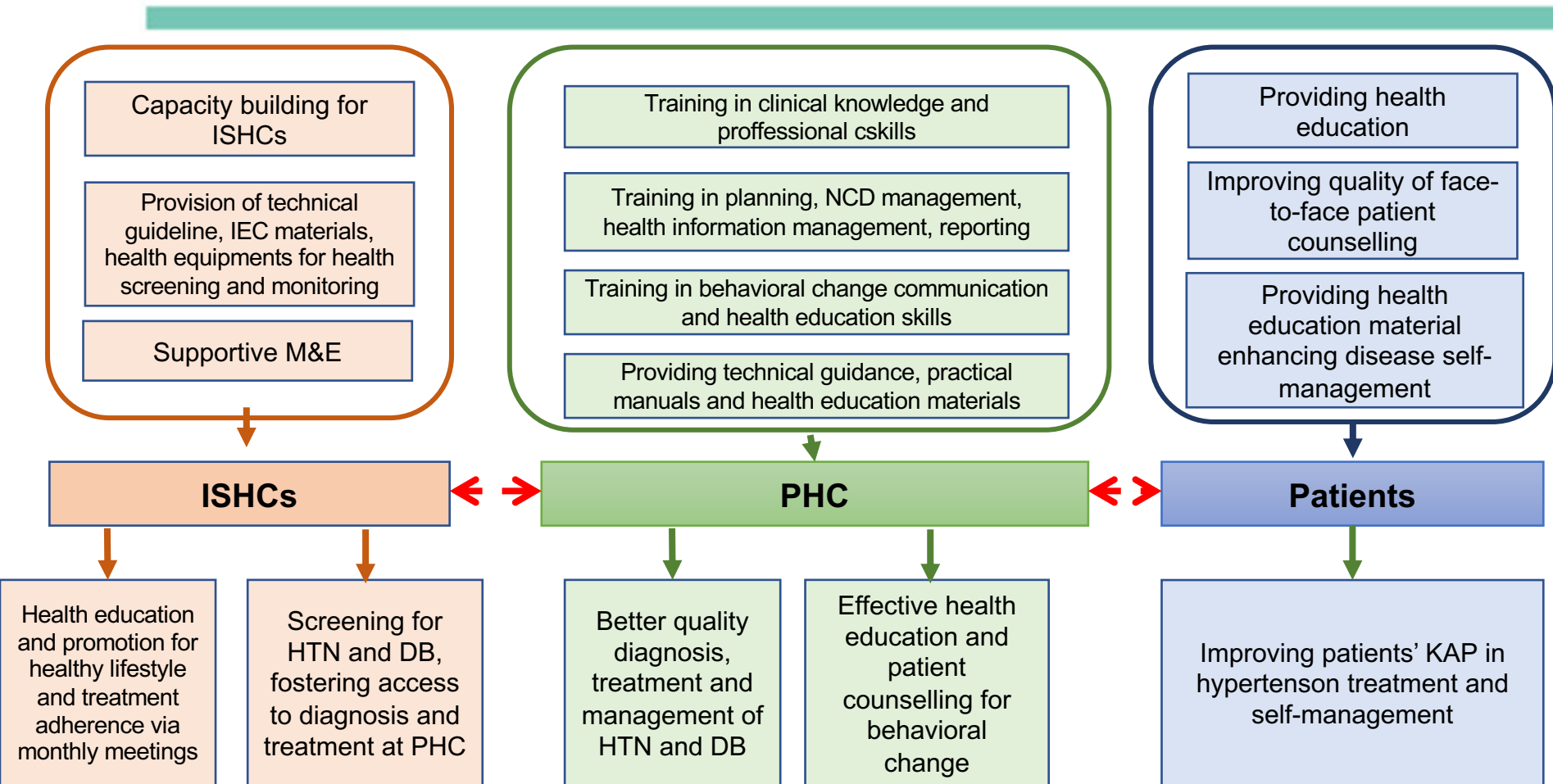
Written collaboration agreement between health sector and elderly associations



Periodical stakeholder meetings



Comprehensive intervention package across intervention groups



Three-dimension scaling-up outcomes

MORE

- # ISHC implemented screening for NCD risks and health education
- # ISHCs and CHS established collaboration
- # CHSs conducted NCD community screening
- # CHSs provided regular treatment for hypertension

BETTER

- Knowledge and skills of ISHCs health volunteers
- KAP of ISHCs members in NCD prevention
- Knowledge and practice of PHC staff
- KAP of patients in medication adherence and healthy lifestyle

INCREASE

- # ISHCs members attending health education
- # more people screening via ISHCs and CHS
- # newly diagnosed patients
- # visit by hypertensive patients to CHS
- # patients with hypertension treated by CHS
- # patients received health education by CHS
- # high-risk people referred from ISHCs to PHC for further diagnosis and treatment**

service delivery

Increasing screening

Increase service quality

Reaching more people

Package

Quality

Coverage



KEYS TO SUCCESS



Favourable policy context support synergy scaling-up: NCD and population aging strategies.



Nationwide network of CHSs and on-going national scaling-up of ISHCs



Existing political and administrative arrangements of health sectors and elderly association at all levels



Continuous stakeholder engagement from the beginning



Proactive roles of elderly association in facilitating synergy approach and stakeholder interaction