

SUNI-SEA

*Working with community-based groups
in Vietnam, Indonesia and Myanmar*

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What motivates people to pay attention to their health?



Young people

“I feel healthy. Why should I waste time on talking about things that do not affect me.”

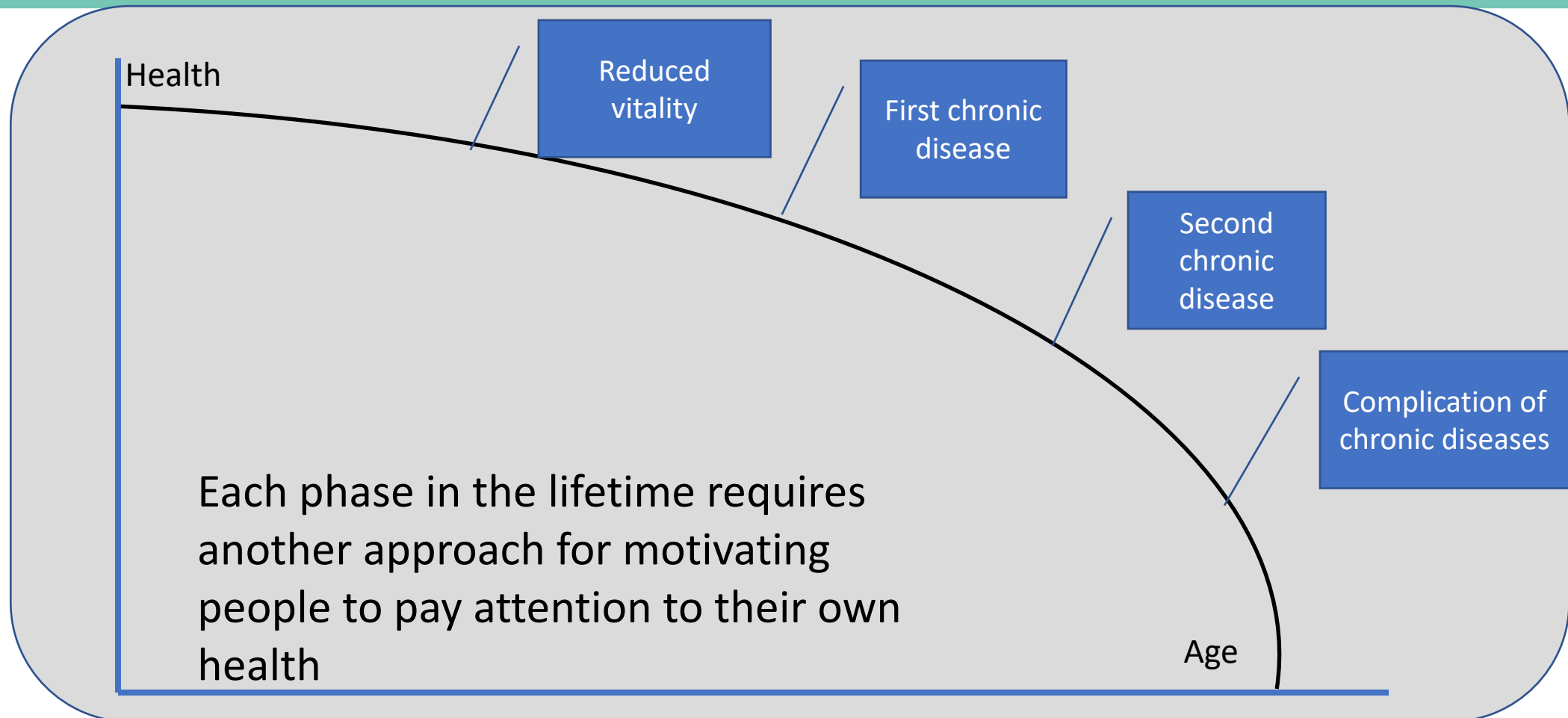
(Interview young man, 27 years
Posbindu, Indonesia)

Older people

“Sometimes I felt tired, lightheaded, but I ignored it. Then a club volunteer measured my blood pressure and weighed me and told to go to the commune health station for check on hypertension. Now I better understand the severity of hypertension, how to control it and the importance of compliance to treatment.”

(Interview older man 81 years ISHC,
Vietnam)

Understanding the life course: reduction of health and start of chronic diseases



Facilitators and barriers for engagement in health (NCDs)



Facilitators

- Knowledge on chronic diseases
- Experience with chronic diseases (patient organisations)
- Higher health literacy
- Higher education level

Barriers

- Poverty
- Lack of access to information and services
- Misinformation (advertisements)
- Low education levels, illiteracy
- Mental dissociation (smokers)

We need smart strategies to engage with people on health issues addressing their own interests

Different approaches in community mobilisation



Intergenerational Self Help Groups

- Autonomous community groups
- Community development and solidarity 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

Engagement strategies applied in SUNI-SEA



- Co-creation
 - community groups take ownership of their own health activities and emphasise elements they find most important
 - cultural sensitive approach in working with communities
- Easy access
 - lowest possible barriers for access, e.g., services in the neighbourhood, free entry, age-friendly
 - easily accessible and simple information (posters, folders, social media)
 - mouth-to-mouth promotion (including social media) based on people's satisfaction
- Peer support
 - lifestyle advice from peers easier accepted then from professionals
- Work through community leaders and opinion makers
 - formal and informal leaders, community organisations, religious organisations, local government organisations

Volunteers and cadres



- Often have high intrinsic motivation (helping people) and also status
 - There is a limit to voluntarism (risk of becoming unpaid employee)
- Background of volunteers matters
 - education level
 - understanding relevance of health actions
 - possibility to organise and manage
- Challenges
 - medical-technical character of screening
 - digital systems (electronic records, reporting, e-learning)
- Ongoing support and mentoring needed to maintain quality
 - self-efficacy of volunteers often under pressure, decrease in KAP over time

Way Forward



- Continuing support from local authorities
 - financial resources
 - legitimacy of activities
 - volunteers
- Support from national authorities
 - in policies and quality assurance
- Continuing support from health workers
 - capacity building and mentoring
- Continuing digitalisation
 - e-learning, health education
 - EMR, reporting

Back to the life course approach: Longer living in good health is common goal

