

Scaling-Up NCD Interventions in South-East Asia



Phân tích thực trạng về kiểm soát và dự phòng các bệnh không lây nhiễm Các khuyến nghị dành cho nghiên cứu triển khai trong dự án SUNI SEA

Epidemiology

Country	Vietnam
Death rate NCDs	75%
Cardiovascular diseases mortality	40% of NCD deaths
Diabetes	3%
Hypertension	18.5% men/10.2% women
Overweight/Obesity	Obesity: 1.2% men/2.1% women
Smoking	57% men/1.7% women
Use of alcohol per month	25.1 % men/0.6%women
Physical activity not meeting standards	27.1% men/30.9% women
Remarks	NCD morbidity and mortality increased by 30% between 1976 and 2009.

Ongoing interventions

National strategy

The government of Vietnam has introduced a social health insurance system that will be fully rolled out by 2025. The government will strengthen the primary healthcare system with a focus on delivering a basic package of health services. With adequate staff and resources, healthcare will be closer to the people, and management of NCDs will be available to all the communities. By increasing the coverage of the national health insurance, the numbers of people who have access to NCD services will increase.

Primary healthcare facility interventions

The project called 'Management of hypertension and diabetes at grassroots level' is a health care facility intervention, funded by the Ministry of Health in Vietnam. The objective of this intervention is to implement or shift care like screening, diagnosing, and management of NCD patients or risk groups to community health stations. Medical doctors, assistant doctors, and village health workers are trained in NCD management at commune health stations. The 'Integrated model for NCD and mental disorder prevention and management at CHSs', had comparable objectives. In addition to providing the services described, a monitoring framework for patients was established. In Bac Giang province, a direct referral system between the commune health stations and the district hospitals was added to service delivery. The pilot project on basic health service packages at commune health stations offered counselling for patients on how to use medicines and to guide patients to do self-monitoring of blood pressure.



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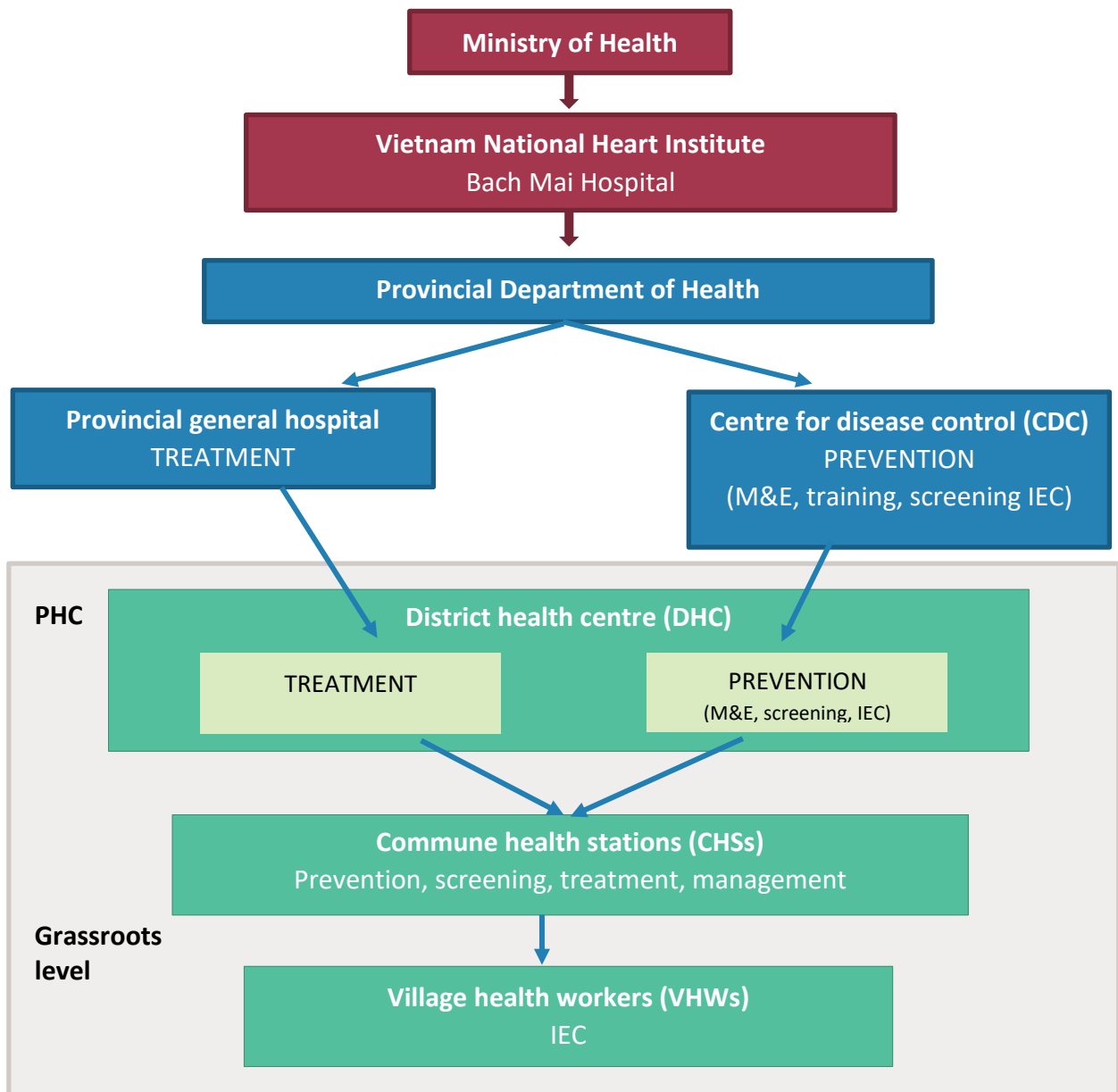
HelpAge
global network



Age International
Member of the HelpAge global network



National NCD control programme



Community interventions

One of the relevant community based interventions in Vietnam is the Intergenerational Self-Help Club (or ISHC), a multifunctional and sustainable solidarity group. The aim of this group is to improve the wellbeing of older people and communities through inter-generational and self-help approaches. Through its multiple activity areas, ISHC brings long lasting and comprehensive benefits, including social security, poverty reduction, healthy and active aging, including activities aiming to prevent and manage non-communicable diseases like diabetes and hypertension. The healthcare related activities in ISHCs are divided up into seven main activities: self-care education, blood pressure and weights monitoring, appropriate physical exercises, periodic health check-ups, access to health insurance, home care volunteers, paid care assistants. Self-care education consists of health promotion and health literacy sessions at least once per quarter. Blood pressure and

weight monitoring is being conducted at least once a month for ISHC members. ISHCs organise and encourage club members to participate in regular physical exercise (exercising, playing sports, practicing tai chi, walking, etc.). Members are encouraged to participate at least 3 times per week. Periodic health check-ups are coordinated with local (communal) health centres, or mass organisations such as local Women’s Union, Association of the Elderly, Fatherland Front and National Red Cross.

Alignment with findings from the literature review

The main goal of the four different primary healthcare facility interventions is to shift part of the prevention and management of NCDs to the grassroots level of the healthcare system. Unfortunately, we did not find any studies within Southeast Asia focusing on the shift of care of primary healthcare interventions to the grassroots level of the healthcare system. Group counselling focused on tobacco cessation was considered to be cost-effective, similar to brief advice by a physician and pharmaceutical aides. Screening is cost-effective when targeting high-risk groups and follow-up treatment is provided. Counselling is cost-effective in the moderate to high-risk cardiovascular disease population. Although highly cost-effective, in a resource-limited setting, total budget impact of these cost-effective interventions should be considered. In the high-risk (pre-)diabetes population both a self-management programmes as well as drug therapy and counselling was cost-effective, both when considering primary prevention and when targeting further progression of the disease. The piloted community programme of ISHC in Vietnam as described above mainly focusses on screening and early detection of risk factors, monitoring of risk factor development, health education on self-care and prevention of risk factors, and lifestyle interventions. Community group counselling and community walking groups are effective. Community screening for undiagnosed and untreated hypertension in Vietnam is (cost-) effective, depending on specification of the target group, screening interval and treatment uptake, this was considered to be.

In general, the piloted interventions are in line with evidence found in literature on (cost-) effectiveness focusing on Southeast Asia. Shifting care to the grassroots level of the healthcare system in Vietnam is likely to improve access and coverage.

Lessons learned for SUNI-SEA

ISHC activities will be at the heart of the implementation research in SUNI-SEA. Community-based screening for diabetes and hypertension will be expanded. ISHCs will play a role in achieving high attendance rates. Follow-up in community groups will enhance peer support in achieving health goals for improving lifestyles.

In addition, screening in commune health stations, and mass screening through organisations will enhance awareness.

Close collaboration between ISHC health volunteers and commune health station staff will improve follow-up of people with identified risk factors in health facilities. Community groups will support diagnosed patients with hypertension and diabetes to adhere to treatment.

SUNI-SEA activities in Vietnam 2020 - 2022

Intervention Component	Activity
Capacity building	<ul style="list-style-type: none"> • Training for ISHC volunteers • Workshops on group motivation and care • Training of primary healthcare staff
Health screening	<ul style="list-style-type: none"> • Basic screening on BMI, blood pressure, diabetes • Screening for high risk community members and patients in commune health stations
Health promotion	<ul style="list-style-type: none"> • Health education sessions • Information on existing services • Continuum of care for high risk community members • Promotion of physical exercise • Promotion and creation of activity clubs (gardening, walking etc)
Cross-cutting social security, inclusion and well-being	<ul style="list-style-type: none"> • Continuum of care and social support for bed bound community members • Establishing relations with mass organisations in health and well-being • Creating sustainable referral system between community and commune health stations