

STRENGTHENING SYNERGY BETWEEN PRIMARY HEALTHCARE PROVIDERS AND COMMUNITIES FOR PREVENTION AND CONTROL OF HYPERTENSION AND DIABETES IN VIETNAM

Hanoi, 2023



Scaling-Up NCD Interventions in South-East Asia (SUNI-SEA):

The increasing prevalence of non-communicable diseases (NCDs) and their high impact on mortality, morbidity, and public health, particularly in low- and middle-income countries, prompted the launch of an implementation research project, Scaling-Up NCD Interventions in South-East Asia (SUNI-SEA), implemented in Indonesia, Myanmar, and Vietnam. This four-and-a-half-year initiative began in 2019 and is a collaboration between 10 consortium members, namely University Medical Center Groningen (Netherlands); Faculty of Economics and Business, University of Groningen (Netherlands); University of Passau (Germany); Trnava University (Slovak Republic); HelpAge International; Age International; Sebelas Maret University (Indonesia); Thai Nguyen University of Medicine and Pharmacy (Vietnam); Health Strategy and Policy Institute (Vietnam); and Vietnam Association of the Elderly (VAE).

The SUNI-SEA project aims to identify the best and most affordable ways to expand programmes that prevent and control diabetes and hypertension in Southeast Asia. The project investigates which interventions work effectively and are worth the investment in other low- and middle-income countries.

Disclaimer

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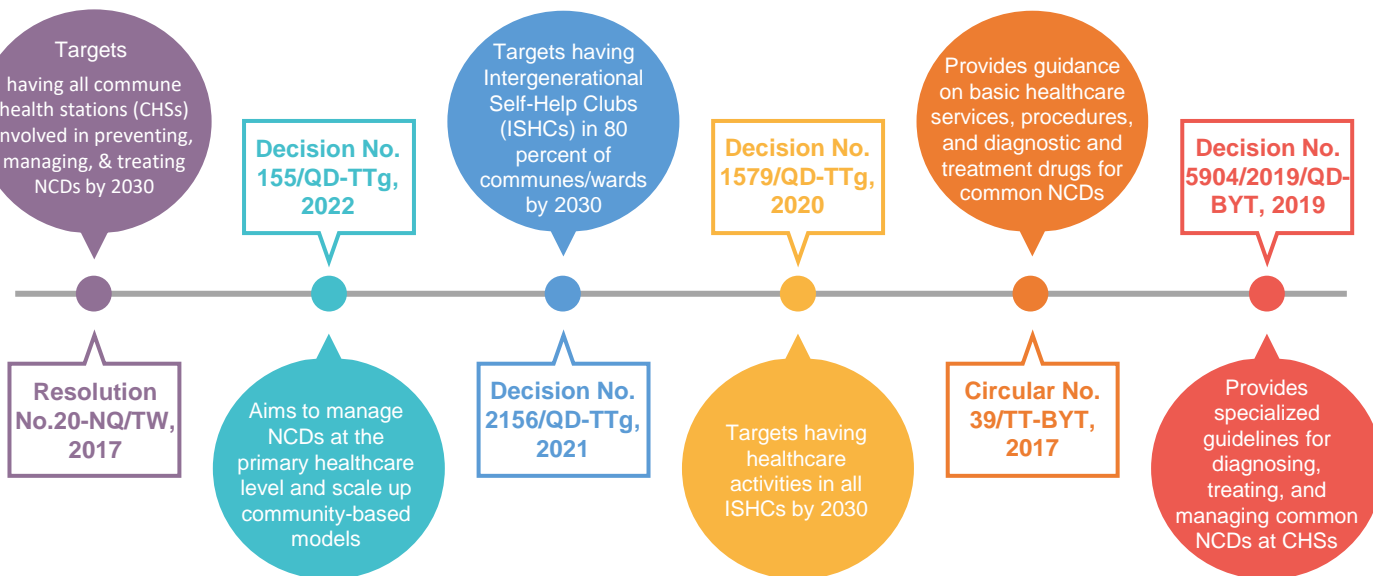
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1. INTRODUCTION

As one of the world's fastest ageing populations, but with a relatively low per capita income, Vietnam faces numerous challenges in community healthcare, especially in the area of non-communicable diseases (NCDs). In 2019, NCDs accounted for 73.7 percent of Vietnam's total disease burden and mortality nationwide¹. Among NCDs, hypertension (HBP) and diabetes mellitus (DM) are the most prevalent chronic diseases. However, rates of detection, treatment, and access to healthcare services to treat HBP and DM are still limited. According to the Ministry of Health, up to 56.9 percent of people with HBP and 68.9 percent of people with DM remain undiagnosed, and only 13.6 percent of those diagnosed with HBP and 28.9 percent of those diagnosed with DM are managed at healthcare facilities².

Vietnam has implemented various policies focusing on ageing and managing and preventing NCDs. Key policies include:



The Scaling-Up NCD Interventions in South-East Asia (SUNI-SEA) project, funded by the European Union, has developed and implemented community-based intervention models in Indonesia, Myanmar, and Vietnam. In Vietnam, the intervention model is implemented by promoting coordination between Commune Health Stations (CHSs) in communes, wards, and towns and Intergenerational Self-Help Clubs (ISHCs) in HBP and DM prevention and management activities. This model has been implemented in seven districts of Ninh Binh province and Hai Phong city.

INTERGENERATIONAL SELF-HELP CLUB

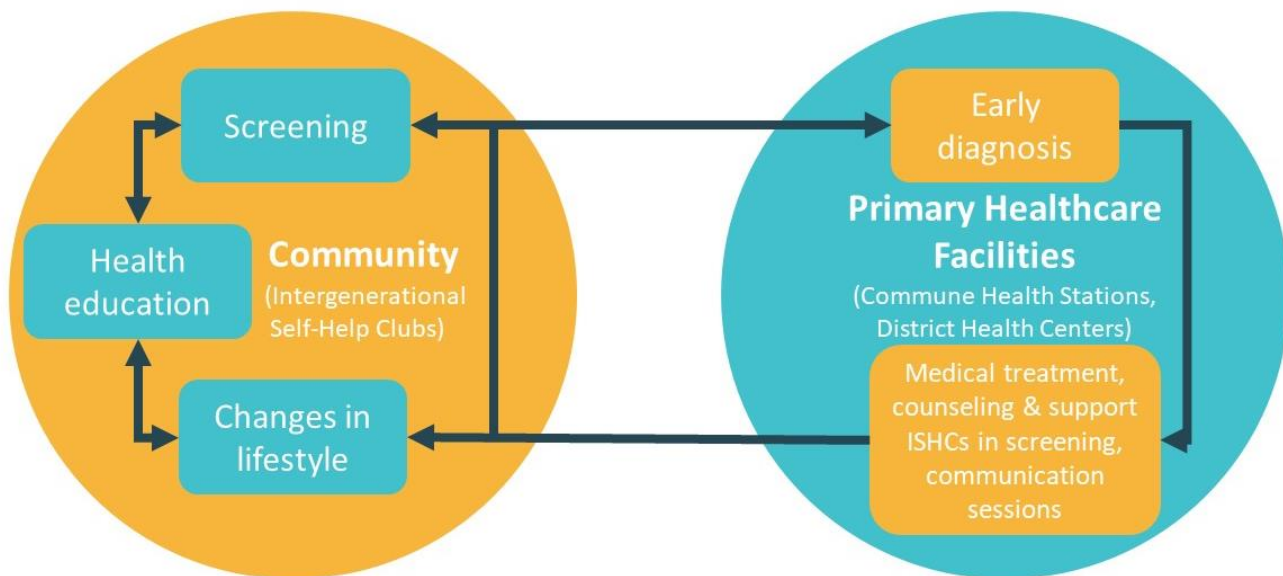
- is a **voluntary community-based social organization** established under decisions 1533/QD-TTg, 2016, 1336/QD-TTg, 2020 and 2156/QD-TTg, 2021
- Each club covers **08 diverse activities**, such as healthcare and income generation, which address the practical needs of its members and the community
- has the **capacity to connect different sectors** through its diverse activities, creating a **comprehensive approach** that can effectively combat NCDs

1 WHO Global Health Observatory website. Disease burden 2000 – 2019. (Link: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys>)

2 Vietnam Ministry of Health. 2015. Results of the National Non-Communicable Disease Risk Factor Survey, 2015 (Link: https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/viet-nam/steps/vietnam-2015-steps-report.pdf?sfvrsn=547961b6_2&download=true)

2. SYNERGY MODEL

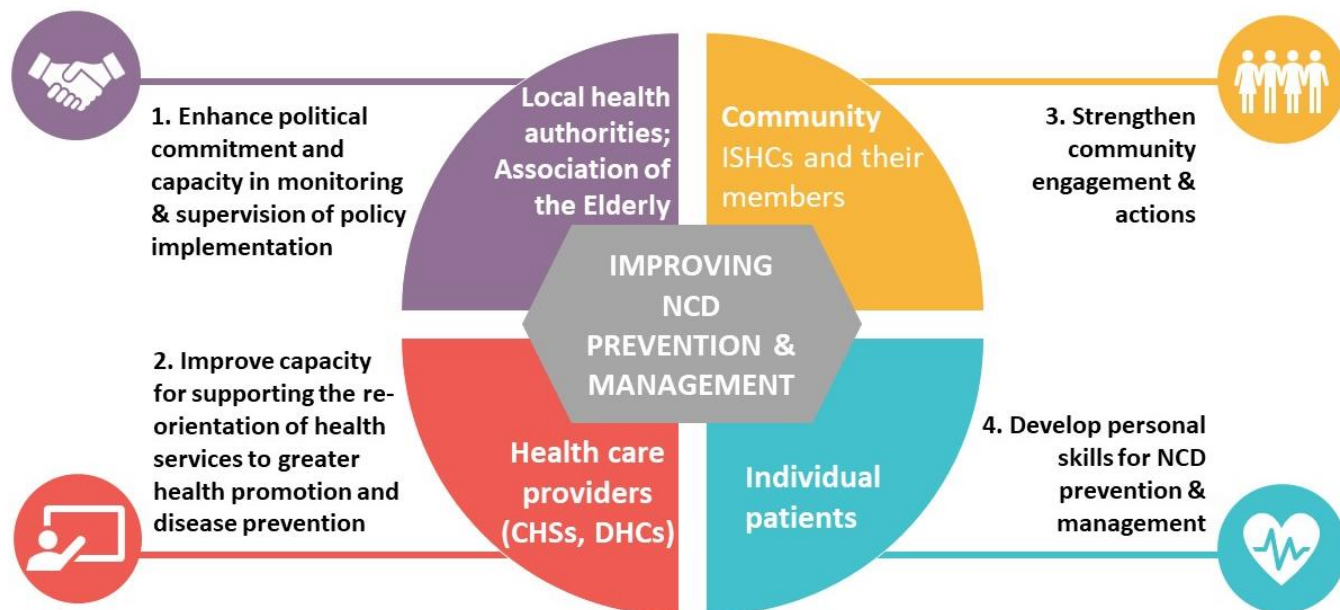
2.1. Overview of the model



Synergy model between the health sector and community-based clubs in hypertension and diabetes prevention and management.

In this model, ISHCs are equipped with the knowledge and skills to conduct general screening for HBP and DM risk factors, provide health education, classify risk levels, and refer individuals at high risk to healthcare facilities. Health staff from primary healthcare facilities, specifically CHSs and district health centres (DHCs), are trained to enhance their knowledge about HBP and DM. The facilities strengthen their connection with ISHCs through screening sessions and communication sessions about NCDs held at the clubs. They also receive and manage high-risk community members who are advised by the ISHCs to consult a health facility. As well, the clubs promote healthy lifestyles and the self-care of members.

2.2. Intervention activities in Vietnam



Intervention framework.



(1) Local healthcare authorities and Associations of the Elderly (AEs)

- Together, successfully organised kick-off, workshops, and consultations between stakeholders to agree on intervention content and coordination mechanisms;
- Signed a collaboration programme between the Ninh Binh's AE and the Department of Health in healthcare for older people through ISHCs (two provincial-level programmes and eight district/city-level programmes); and
- Regularly monitor, supervise and hold periodic meetings to discuss and implement solutions for more effective local implementation.

(2) Primary healthcare facilities (CHSs and DHCs)

- Staff are provided with improved capacity to deliver quality diagnosis, treatment and management services, and to enhance effective communication and behaviour change counselling to the population in relation to NCDs. The project has organised training courses for 123 healthcare professionals from 114 health stations and seven health centres in Ninh Binh province and Hai Phong city.
- Developed and provided a flipchart guide, "Diagnosis and management of hypertension at commune health stations," for CHSs in the commune/ward/township in two project sites.



(3) The community, via ISHCs

HelpAge International in Vietnam and Vietnam Association of the Elderly (VAE) organised training classes, monitoring, support, and capacity-building activities to prevent and manage NCDs to relevant stakeholders. They organised media events and provided necessary materials, equipment and tools for 59 ISHCs in Ninh Binh province and Hai Phong city. As of the end of 2022:

- 650 members** of ISHCs, AEs at all levels, and health staff have improved their capacity
- 100% ISHCs** at project sites successfully organised screening events for 3,486 people
- > 1000 members** identified at high risk of HBP and/or DM were advised to visit a health facility for further check-ups and proper treatment
- 272 communication sessions** were organised at 59 ISHCs; and
- > 95% members** do regular physical exercises (at least five days per week for 30 minutes per day)

(4) ISHC members and patients as ISHC members

ISHC members have their awareness and personal skills in NCD prevention and self-management enhanced through participation in screening activities, communication, counseling, lifestyle changes, and advised to go to the healthcare facilities.





2.3. Intervention results*

Due to the impact of the COVID-19 pandemic, the planned time to implement local interventions was truncated. However, results were still achieved. By the end of 2022:

(1) Package: Prevention, screening, and early detection services are deployed more widely in the community

<p>ISHCs implemented screening for NCD risks and health education</p> <p>59 ISHCs in Ninh Bình province and Hai Phong city have conducted:</p> <ul style="list-style-type: none"> • 118 screening events for the risk factor of HBP and DM • 272 communication sessions about HBP and DM prevention and control 	<p>ISHCs & local AEs and CHS established systematic collaboration</p> <ul style="list-style-type: none"> • 31/41 (75%) CHSs have coordinated with ISHCs and AEs in the project sites to implement coordinated activities in health care for the people 	<p>CHSs conducted NCD community screening</p> <ul style="list-style-type: none"> • The number of CHSs implementing HBP screening increased by 50.8% • The number of CHSs implementing DM screening increased by 38.8%
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(2) Quality: Improved quality and efficiency of health services and operations

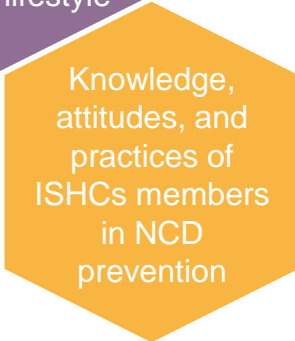
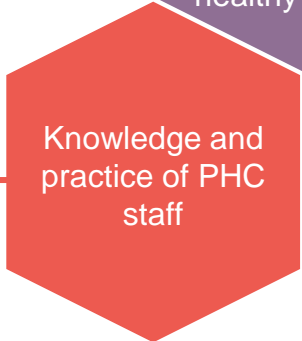
HBP Patients improved their knowledge about treatment adherence & disease risk factors, the average knowledge score **increased by about 15%** compared to before the intervention



The rate of HBP patients with drug adherence **increased by 8.8%**

The percentage of patients practicing the paleo diet **increased by 13.1%**

The percentage of medical staff/doctors who answered correctly about the threshold for diagnosing BP **increased by 24.7%**



The members of ISHCs have better knowledge in many areas: symptoms, risk factors, complications of HBP and DM

The improved practice of health workers in health education counseling for patients on a healthy diet, lifestyle, and BP monitoring

(3) Coverage – More people and patients have access to disease prevention and treatment management services in the community

3.463 people attended the ISHC’s communication sessions

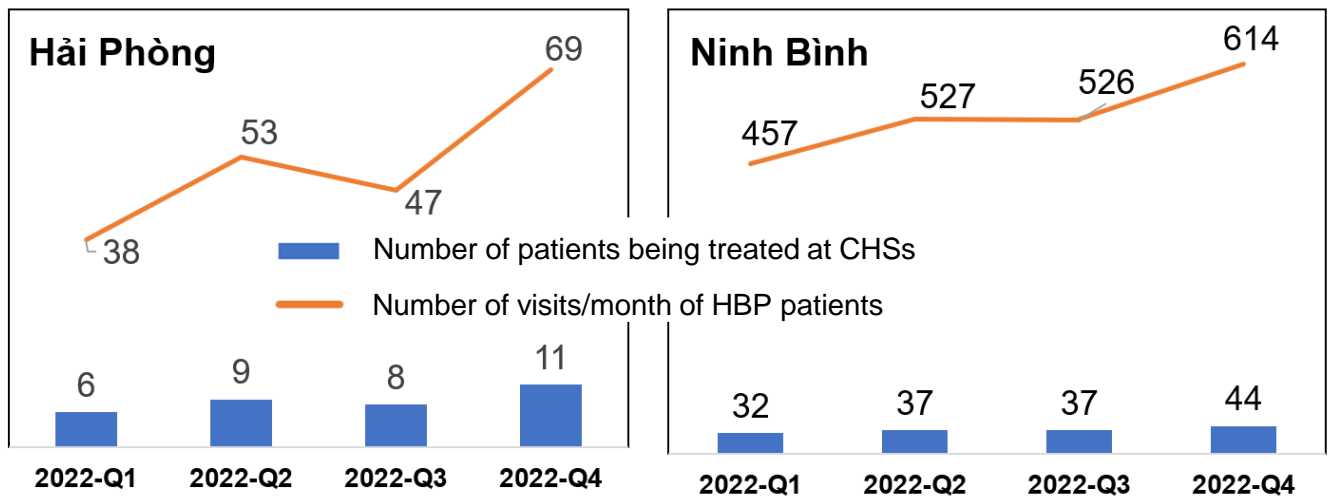
3.485 club members are screened for risk of hypertension and diabetes at the club, of which 92% are screened twice a year

Increased 2.050 newly diagnosed people with HBP in one year

Increased ~400 newly diagnosed people with DM in one year

Increased 17,7% of HBP patients receiving counseling during routine check-ups at CHSs after intervention

Patients with hypertension visiting CHSs in 2022 increased (according to the chart below):



From 2021-2022:

- **845 high-risk cases of HBP** were detected and advised to go to the CHSs or DHCs for diagnosis and treatment.
- **361 high-risk cases of DM** were detected and advised to go to the CHSs or DHCs for diagnosis and treatment.

(*) Source: Research results of the project in Vietnam

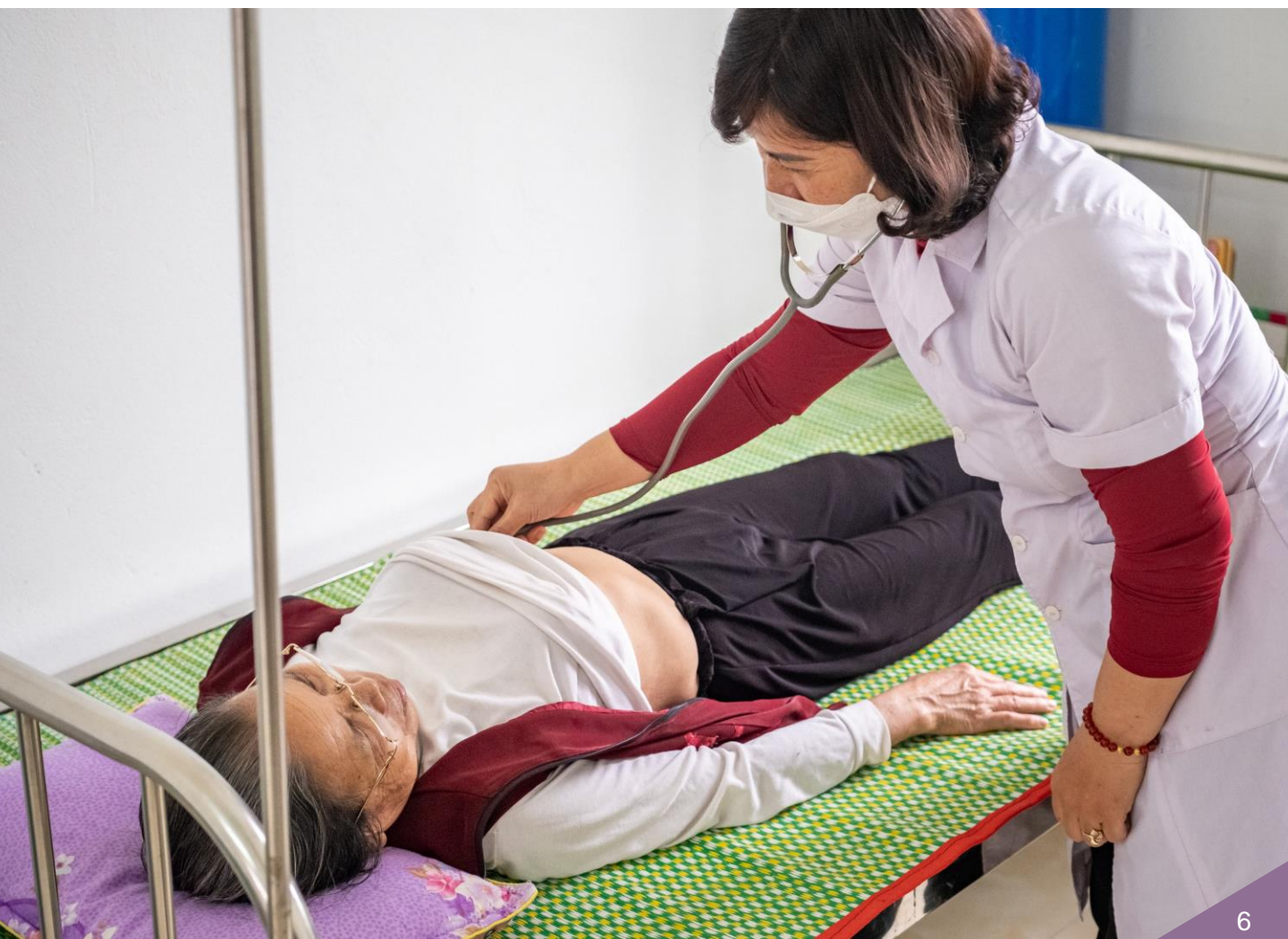
3. GAPS IN THE IMPLEMENTATION OF INTERVENTION ACTIVITIES

3.1. Interventions at health facilities

- For primary healthcare facilities, coordination will be more effective if financial mechanisms are put in place to encourage health workers to strengthen screening, prevention, and management of NCDs in their locality.
- There should be improvements in the limited availability of drugs to treat HBP and some co-morbidities for patients.

3.2. Interventions in the community

- Formal connections between ISHCs, Association of the Elderly and the health sector have not yet been fully established at district and commune levels in some areas. As a result, some clubs lack reciprocity with CHSs in screening and communication activities related to NCDs and example persons with a high risk of HBP and DM after screening are advised to visit health facilities, but CHSs do not yet encourage patients to join community activities for lifestyle changes.
- Proficiency levels among ISHCs varies. Some health volunteers are not proficient in screening skills, particularly in accurately measuring blood pressure according to guidelines. Many clubs continue to use the tablets screening application for entering data after the screening, and upload the data to the project's database later. Some members have inadequate computing skills and lack support from younger members in the clubs.



4. RECOMMENDATIONS TO STRENGTHEN SYNERGIES BETWEEN PRIMARY HEALTHCARE PROVIDERS AND COMMUNITIES FOR THE PREVENTION AND CONTROL OF HYPERTENSION AND DIABETES

4.1. For the healthcare sector

(1) Review, revise, and adjust legal documents and policies to organize community NCD prevention and management implementation more efficiently.

(2) Develop, update, share and regularly use databases that are categorised by age, gender, and risk status, as well as diseases, for NCD management and prevention.

(3) Enhance education and awareness by:

- Developing educational programmes and information about NCDs to improve community awareness of risks, symptoms, prevention, and disease management. This information should be communicated in an easily understandable manner, targeting specific audiences, especially about NCDs;
- Organising training programmes to enhance the capacity of healthcare professionals in NCD management, detection, and treatment, especially at the primary healthcare level;
- Strengthening communication about the effectiveness of the collaboration model between the healthcare sector and ISHCs in NCD prevention and management. Increase community awareness and education about the importance of healthy lifestyle changes and adherence to preventive measures.

(4) Strengthen coordination and collaboration between the Association of the Elderly at all levels and ISHCs in providing healthcare services for older people, with a focus on community-based NCD management and prevention. This may be done by:

- Establishing cooperation programmes between the VAEs and the Ministry of Health in healthcare for older people, focusing on community-based NCD management and prevention with the support of primary healthcare providers;
- Regularly monitoring and evaluate the effectiveness of the collaboration between the healthcare sector and ISHCs;
- Building and strengthening the linkage system between the primary healthcare facilities and the community; and
- Establishing a two-way coordination mechanism for referring high-risk cases from ISHCs to CHSs and vice versa for cases that have been treated and become stable. ISHCs can help support treatment adherence and healthy lifestyle changes.

(5) Promote research and technological developments. This can be done by integrating health screening data entry software (DHIS2) into the existing system of healthcare facilities to ensure sustainability and optimise the use of health screening data at the community level. This aids in planning, decision-making and policy advocacy by healthcare managers, and in policy formulation for NCD prevention programmes in Vietnam.

(6) Enhance multi-sector cooperation. This can be done by promoting multisector cooperation among healthcare facilities, non-governmental organisations, the private sector and other partners in NCD prevention and management. This cooperation can provide resources, knowledge, and specialised techniques to the community, ensuring the continuity and effectiveness of healthcare programmes.

4.2. For the Associations of the Elderly, and civil, social, and socio-political organisations

(1) Enhance coordination with the healthcare sector by:

- Establishing cooperation programmes between VAEs and the Ministry of Health in providing healthcare services for older people, focusing on community-based NCD management and prevention, with the support of primary healthcare providers;
- Coordinating with the healthcare sector and grassroots Association of the Elderly to organise activities related to NCD prevention and management for ISHCs and the community, such as screening and communication sessions;
- Supporting the connection and improvement of relationships between ISHCs and local healthcare facilities; and
- Regularly monitoring and supervising these coordination activities at the grassroots level to ensure effective implementation.

(2) Encourage regular health check-ups. This can be done by collaborating with ISHCs to encourage and motivate club members and older people to participate in regular health check-ups for early detection of NCDs.

(3) Actively strengthen established ISHCs and replicate new ISHCs in order to contribute to the prevention and management of NCDs in the community.

(4) Participate in policy development. This can be done by engaging in political activities, and submitting proposals and opinions on policy decisions related to the prevention and management of hypertension and diabetes. This can help improve the quality of healthcare services and enhance coordination between healthcare facilities and the community.

4.3. For Intergenerational Self-Help Clubs

(1) Enhance education and awareness by:

- Continuing to organise awareness-raising campaigns on healthcare for club members and the community, including content related to NCD prevention and management; and
- Actively seeking out and updating information and knowledge about NCD prevention and management.

(2) Strengthen coordination with the Association of the Elderly and primary healthcare providers in regard to NCD prevention and management for club members and the community by:

- Proactively connecting and planning coordination with local healthcare facilities to organize biannual screenings for identifying people at risk of hypertension and diabetes for club members; and
- Advocating and encouraging club members to participate in screenings at their club to identify risks of hypertension and diabetes.

(3) Continue referring high-risk members to healthcare facilities and provide support in disease monitoring and management, including sharing information on healthy diets and lifestyles, assisting in monitoring health indicators such as blood pressure and blood sugar, and providing psychological support for those living with NCDs.

(4) Continue encouraging club members to participate in regular health check-ups and provide information on primary healthcare facilities to ensure convenient and reliable access to healthcare services for members.

(5) Continue organising monthly meetings and physical activities and sports, such as qigong, walking, soft volleyball, and cultural and artistic activities, to improve members' fitness and encouraging members to maintain a healthy lifestyle to reduce the risk of illness. At the same time, organise social and recreational activities to build solidarity and provide emotional support among members of the club.

5. CASE STUDIES

Implementation of healthcare activities through Intergenerational Self-Help Clubs in Ninh Binh province



Ninh Binh's AE signing a cooperation agreement with the Department of Health

The SUNI-SEA project has been implemented in four districts or cities in Ninh Binh province, with 25 ISHCs being established. In 2022, with support and advice from HelpAge International in Vietnam and the Ninh Binh Association of the Elderly (AE), leaders of the AE met with officials from the province's Department of Health to discuss collaborating on strengthening support for healthcare activities being implemented in ISHCs. In August 2022, Ninh Binh AE and the Department of Health officially signed a cooperation agreement together to maintain and scale up healthcare activities offered by ISHCs for older people, club members and community members, with specific roles and tasks for each party to the agreement.

After the signing event, both parties instructed their sector colleagues at district level to sign agreements to collaborate to support ISHC activities. As of April 2023, AEs and DHCs in all eight districts had signed agreements to collaborate on health programmes. This demonstrates the dedication of the Ninh Binh AE and Department of Health to healthcare at the local levels. *"We're trying our best to make sure that the activities that have been agreed upon and signed at the provincial level will impact the lives of all local people, and not just exist on paper,"* said Mr. Dinh Ngoc Ha, president of Ninh Binh AE.

In addition, the Ninh Binh AE signed a joint agreement with the Department of Population and Family Planning (POPEP) to organise communication activities for ISHCs and the community. In 2022, the two sides coordinated for organising eight communication events in eight districts and cities. Following their success, the Ninh Binh AE and POPFP plan to organise 30 communication events in eight districts or cities across the province in 2023.

In April 2023, Ninh Binh AE signed a cooperation agreement with the Community Health Investment Joint Stock Company. The main areas of cooperation activities covered are training, raising awareness, self-care skills and therapeutic methods for the ISHCs. The company will support ISHCs with health monitoring equipment; coordinate with CHSs to organise health check-ups twice a year; and organise communication events.



Ninh Binh AE signing a cooperation agreement with the Community Health Investment Joint Stock Company.

Although the SUNI-SEA project has come to an end, Ninh Binh AE is still committed to maintaining and supporting activities at ISHCs, and is actively seeking external resources to achieve their commitment. This includes supporting activities at the clubs, replicating the project's model to non-project sites and continuing to establish new ISHCs across the province. This is in accordance with Decision 1336 on replicating the ISHC model and the Prime Minister's Decision 1579 on healthcare programmes for older people in the 2021-2030 period.



Lifestyle changes: The key to effective prevention and management of non-communicable diseases

Club management boards, health volunteers from ISHCs, and relevant stakeholders were equipped with basic knowledge about managing and preventing NCDs through training. ISHCs then they passed on this knowledge to their members through club communication sessions and screening events. At screening events, members at high risk of hypertension and/or diabetes were advised to go to health facilities for proper check-ups and treatment. ISHCs also organised exercise activities and encouraged members to participate to improve their health.

After understanding the hazards of the two diseases and the need to implement healthy lifestyle changes, ISHC members actively exercised, followed proper diets, limited alcohol intake and stopped or reduced smoking. As a result, their health has improved, particularly for individuals with hypertension and diabetes.

Ms. Ninh Thi Hoa, a member of Lien Huy ISHC in Ninh Binh, said, *“At the screening event, I was detected as being at high risk of hypertension and referred to the Commune Health Station for a proper check-up. I visited the CHS and was diagnosed with hypertension. They gave me a monthly prescription, while both the club and the CHS advised me to exercise, follow a healthy diet, take my medicine regularly, eat more fruit and drink a lot of water. Every day I strictly follow this advice. Each morning from 7 am to 8 am, we exercise together. Regular exercise not only helps control my disease but also helps me improve my physical strength and health so that I can support my family more. Up to now, my blood pressure has been stable, and symptoms of headache and dizziness have also greatly reduced. Thanks to the club, my hypertension was detected and I started treatment early. My condition has now improved. I feel very lucky.”*



Ms. Ninh Thi Hoa



Ms. Pham Thi Voi

Ms. Pham Thi Voi, a member of My Loc 1 ISHC, said, *“A doctor diagnosed me with diabetes and hypertension a few years ago. These disorders have had a significant impact on my life. I was frequently anxious. My daily chores were challenging for me. Both the club and the Commune Health Station look after and visit me regularly. I was reminded to take my medication on a regular basis as prescribed by the doctor, to participate in club sports and cultural activities, and so on. Thanks to that, my situation is currently stable. I feel more confident and at ease now, and no longer afraid like before.”*

Healthy lifestyle modifications have helped the community's management and prevention of NCDs. To make this more widely impactful, authorities at all levels, health facilities, the VAE and ISHCs should continue to enhance their synergies, aggressively run communications campaigns and awareness-raising activities about NCDs, perform advocacy and maintain access to primary healthcare services.

SUNI-SEA project – “***Scaling-Up Non-Communicable Disease Interventions in South East Asia***” is funded by the European Union.

In Vietnam, HelpAge International in Vietnam in collaboration with Vietnam Association of the Elderly implementing the project, with the participation of the Health Strategy and Policy Institute - Ministry of Health, and the Thai Nguyen University of Medicine and Pharmacy.