

Scaling-Up NCD Interventions in South-East Asia

Scaling-Up NCD Interventions in South-East Asia (SUNI-SEA) is a research consortium project delivered through a collaboration of nine consortium members: University Medical Center Groningen, Netherlands; University of Groningen, Netherlands; University of Passau, Germany; Trnava University, Slovak Republic; HelpAge International; Age International; Thai Nguyen University, Vietnam; Health Strategy and Policy Institute, Vietnam; and Sebelas Maret University, Indonesia.

The project aims to strengthen the provision of diabetes and hypertension prevention and management services through evidence-based research in Indonesia, Myanmar and Vietnam, by better understanding effective scaling up strategies for existing NCD interventions. The project will look at both community-based activities and primary health care services as well as the synergies between these for health impact.



Critical success factors for scaling up hypertension and diabetes prevention and management measures will be defined by validating:

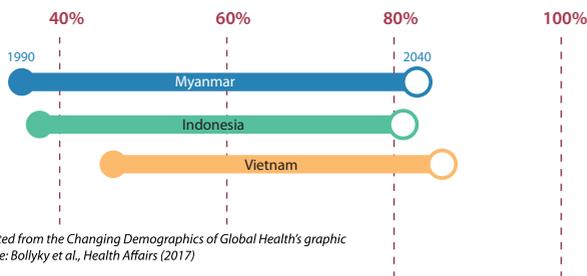
- the contextual factors for effective and efficient implementation of non-communicable disease (NCD) interventions;
- the core components of community-based and health facility-based interventions;
- the most cost-effective and sustainable scaling up strategies.

SUNI-SEA will contribute to the global NCD evidence base, contributing to the efforts of the Global Alliance for Chronic Diseases, the Global NCD Alliance and the World Health Organization (WHO). The project will create training and learning materials, draw lessons learned from these three countries and provide recommendations for worldwide implementation of NCD interventions. The research findings will help strengthen effective action for achieving the Sustainable Development Goals (SDGs), in particular SDG Goal 3 on health. The duration of the project is from 2019-2022 and is financed by the European Union.

Responding to NCDs in Indonesia, Myanmar and Vietnam

The burden of NCDs, such as cardio-vascular diseases and diabetes, is increasing in low- and middle-income countries. In South-East Asian countries, more than half of all deaths are caused by NCDs.

NCD Share of Health Burden



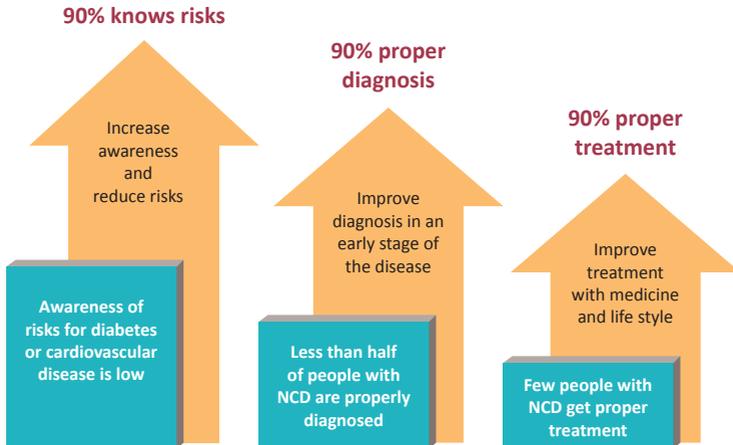
Adapted from the *Changing Demographics of Global Health's* graphic
Source: Bollyky et al., *Health Affairs* (2017)

Indonesia, Myanmar and Vietnam have national or large-scale evidence-based programmes to prevent diabetes and hypertension, to detect people at risk, and to treat patients. These countries apply different strategies in financing

(health insurance and public funding), in the use of standards (WHO-PEN protocols and local guidelines), in community involvement (individuals and groups) and in the use of ICT (computer/mobile phone applications). Indonesia, Myanmar and Vietnam have the ambition to achieve universal health coverage, and scale up NCD prevention and control.

In order to reduce the burden of NCDs, the following factors are vital:

- More people need to be aware of risk factors for NCDs, such as being overweight, hypertension or smoking.
- More people need to get a proper diagnosis of a disease at an early stage.
- More people need proper treatment for and management of their diseases.

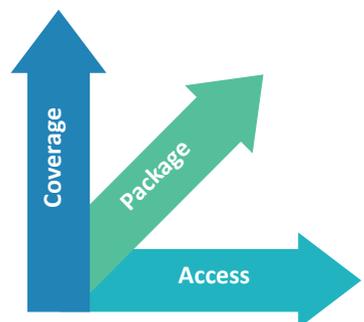


Our target is for 90% of the population to know the risk factors, 90% of those at risk to get a proper diagnosis, and 90% of those diagnosed with NCDs to receive appropriate treatment. These are known as the 90-90-90 targets, and have been adapted from the WHO's approach to HIV/AIDS to addressing the rising challenge of NCDs.

How do we achieve the 90-90-90 targets?

The United Nations is promoting universal health coverage to achieve better health. This consists of three elements:

- Increase access to services in the community or in the health facility, for example by making healthcare affordable for everybody.



- Increase the package of services, for example by making NCD screening available for all adults.
- Increase coverage of services, for example by building new health facilities or initiating more community groups.

What do we need to do?

We want people to be aware of NCD risk factors and avoid becoming overweight, hypertension and smoking as soon as possible. This is primary prevention.

We want people with risk factors to be diagnosed as early as possible and provide them with personalised support to avoid the need for medical treatment for a disease. This is secondary prevention.

We want people with diseases to get proper treatment, both medicines and lifestyle support, to minimise complications that affect their wellbeing. This is tertiary prevention.

These interventions can happen in communities and in primary health care facilities.

The SUNI-SEA consortium:



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