Building genuine synergy between community and primary health care in Vietnam

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Effectiveness

Cost-effectiveness

Global NCD Instruments
Outline

1. ISHCs scaling up – Heathy 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

- **2019**: 11.4 million, 11.9% of total population
- **2029**: 17.3 million, 16.5% of total population
- **2049**: 28.6 million, 24.9% of total population
- **2069**: 31.7 million, 27.1% of total population

*Source: Vietnam population projection 2019-2069. GSO*
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

- Chair
- Vice Chair
- Book-keeper
- Treasurer
- CMB Members

Attractive to:
- Young & old
- Men & women
- Poor & non poor
- Rural & Urban

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

Group 1 Leader
- Group 1
  - 8 - 12 members

Group 2 Leader
- Group 2
  - 8 - 12 members

Group 3 Leader
- Group 3
  - 8 - 12 members

Group 4 Leader
- Group 4
  - 8 - 12 members

Group 5 Leader
- Group 5
  - 8-12 Members
Monthly meeting and many other activities during the month

- Quarterly communication on health
- Regular health check, twice a year
- Regular physical exercise, 5 times/week
- Access to health insurance
- Healthcare Volunteer Group

At least 5-10 volunteers, 2 home-visits per week/each

- 1 Cultural Group
- Cultural exchange & performance in monthly meetings
- Regular home visits

Support at least 1 case per month (labor, cash, in kind, techniques) and community support

Information, communication & education in monthly meetings

MULTI-FUNCTIONAL

ISHC ACTIVITIES

- Income security
- Health care
- Home care by paid care assistant
- Right and Entitlement
- Social care and social bonding
- Self-help & community support
- Lifelong learning
- DRR & CCA
- Resource mobilization

• Quarterly communication on health generating activities (IGAs)
• Livelihood input/Revolving fund
• At least 5 Economic Development Volunteers and 2 IGA groups

• 2 communication sessions on R&E per year
• 2 dialogues with local authorities per year
• Monitoring system, protection of rights

Membership fee; IGA profit/revolving fund interest; local donation; ISHC’s collective IGAs

1 paid care assistant/ISHC, pilot in some payable ISHCs only

Piloted in some natural disaster-prone areas

HelpAge International
Healthy & Active Ageing Component

1) Physical exercise & sport

2) Monthly health screening

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%

4) Healthier 90.6%

5) Wealthier 88.7%

6) Empowered 91.0%
Sustainability

ISHCs (with NCD interventions)

Systematic collaboration between AEs + ISHCs vs health sector

Legal framework (included in decisions of Govt., OP health care programs, etc.)

Ownership (ISHC – AEs - local health sectors)

Capacity building for/between ISHCs, AEs and relevant stakeholders (Training, M&E and technical visits)

Proper investment (Equipment, livelihood input, materials)

ISHC attractiveness (multifunction, diversify)
Setting the scene - Vietnam
High burden of NCD but poor and delayed access to care

NCD
- 75.3% of total national BOD

CVDs
- 41% of NCD deaths

Hypertension
- A major risk factor of CVDs*

26%
- HTN Prevalence (18-69 yrs)

75%
- Untreated/HTN patients (18-69 yrs)

90%
- Uncontrolled/HTN patients (18-69 yrs)

Setting the scene - Vietnam
A gatekeeping role of grassroots health level

The grassroots health facilities are responsible for providing PHC services.

People healthcare needs:
- Healthy/Without illness people: 80%
- People with mild illness: 15%
- Illnesses managed at PHC system: 5%
- Illnesses requiring hospitalization: 5%
- Severe illness: 80%
Setting the scene – Vietnam
Designated roles of CHSs in NCD prevention and control
Setting the scene – Vietnam

Urgent need for health system transformation

- **Budern of Disease**
  - Acute
  - Chronic

- **Health system orientation**
  - Hospital-centric
  - PHC-oriented with multi-sectoral engagement and community empowerment

- **Role of patients**
  - Passive
  - Proactive, health self-monitoring and disease self-management

- **Health personnel**
  - Individual technical competence
  - Team-work based
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/QD-BYT: guideline on prevention, early detection, diagnosis, treatment and management of the common NCD at the grassroots healthcare level.
- Decision 5904/2019/QD-BYT: professional guideline on diagnosis, treatment and management of common NCD at commune health stations
SUNI-SEA – Filling the gaps

Government and NGO Funding

Social Health Insurance Funding

Poverty Reduction, Social Protection

Health sector reforms – Decentralization

Screening

Health promotion prevention

Life-style intervention

Community

(ISHCs)

Early diagnosis

Primary Healthcare Facilities

(Commune health station)

Medical treatment
SUNISEA Vietnam Intervention framework

1. Enhancing political commitment and capacity in monitoring and supervision of policy implementation

2. Improving capacity for supporting the re-orientation of health services to greater health promotion and disease prevention

3. Strengthening community engagement and actions

4. Developing personal skills for the prevention and management of chronic conditions
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

**Capacity building for ISHCs**
- Provision of technical guideline, IEC materials, health equipments for health screening and monitoring
- Supportive M&E

**ISHCs**
- Health education and promotion for healthy lifestyle and treatment adherence via monthly meetings
- Screening for HTN and DB, fostering access to diagnosis and treatment at PHC

**Training in clinical knowledge and professional skills**
- Training in planning, NCD management, health information management, reporting
- Training in behavioral change communication and health education skills
- Providing technical guidance, practical manuals and health education materials

**PHC**
- Better quality diagnosis, treatment and management of HTN and DB
- Effective health education and patient counselling for behavioral change

**Providing health education**
- Improving quality of face-to-face patient counselling
- Providing health education material enhancing disease self-management

**Patients**
- Improving patients’ KAP in hypertension treatment and self-management
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
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