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

Each phase in the lifetime requires another approach for motivating people to pay attention to their own health.
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

Pushing up the curve: improve health