Key Takeaways

On 15 June 2023, SUNI-SEA consortium hosted a hybrid conference titled ‘Linking people, communities, and primary healthcare: an essential approach for tackling NCDs and achieving UHC’. The onsite event was held at the Wellcome Collection, London, UK. This conference aimed to explore how the lessons learned from the Scaling Up NCD Interventions in Southeast Asia research project (SUNI-SEA), can inform efforts to prevent and manage NCDs at the primary healthcare and community levels. With high-level speakers from across the world and diverse attendees spanning NGOs, academia, and policymakers. A total of 163 participants joined online, representing 34 countries from Africa, Middle East, Asia, and the Pacific, Latin America, and Europe regions.

The overall learning from this project emphasises the need for increased investment on NCDs and health systems particularly for strengthening of primary healthcare-level services and empowering people and communities. The sentiment was clear about addressing NCDs – people must come first.

You can read more about the project findings here: https://www.suni-sea.org/en/resources/

Some of the key takeaways from speakers and attendees:

- Adopting a community-based approach, integrated with strong primary health care, is key to achieving UHC and improving health outcomes: Community health services must be community-led, people-centred, and delivered through co-ownership.

- Sustainable scaling up requires engaging local authorities and advocating for bottom-up funding to support implementation and of NCD interventions and operationalise NCD policy.

- The Intergenerational Self-Help Group (ISHGs) model, led by older people, boosts self-care and increases awareness about NCDs: Groups in Myanmar and Vietnam significantly helped raised awareness and knowledge about NCDs which contributed to better disease prevention and management.
• Improved Posbindu (community-based screening and community mobilisation) was also successful in increasing knowledge and changing behaviour for addressing risk factors for NCDs.

• Multisectoral engagement and early involvement in NCD programs is essential: engaging stakeholders from beyond the health sector and addressing the social determinants of health leads to more comprehensive and impactful outcomes.

• Digital tools enhance NCD prevention and control: Leveraging digital tools, such as the Myanmar self-care app, can be valuable in improving access to healthcare services, particularly in challenging times like the COVID-19 pandemic or during political instability.

• Social participation and power dynamics impact health initiatives: The importance of social participation, peer support, and intergenerational solidarity were highlighted as critical factors in achieving equitable health outcomes.

• Recognising the gender dimensions and ensuring meaningful engagement of diverse populations, including those living with NCDs and mental health conditions, is essential for NCD responses. Engaging men in NCD prevention is critical.

• Adequate public funding for NCD responses and health systems strengthening is key to achieving UHC; by bringing services closer to communities, building the capacity of community health workers, and prioritizing prevention and integrated care.

• Community health volunteers and carers deliver critical services, but their roles and compensation must be considered to avoid perpetuating overreliance on their volunteerism and exacerbating gender inequities.

• People-centric approaches are key: People must be placed at the centre of NCD interventions with strategies tailored to their specific needs and contexts.

• Community and PHC interventions are cost-effective. The investments in health promotion, prevention and early detection and treatment of NCDs pays off, as chronic diseases and complications are averted.