These approaches serve to:

1. Offer chronic care and support for patients with hypertension, along the patient journey.
2. Enhance the quality of service provision.
3. Increase patient awareness and empowerment through person-centered care approaches.

Communities for Healthy Hearts implements a multi-strategy hypertension prevention and care model that includes:

- Reaching people at risk of hypertension with targeted messages.
- Increasing diagnosis through enhanced blood pressure screening in primary health care services and highly trafficked non-traditional locations, such as marketplaces, pharmacies and local businesses.
- Decentralizing hypertension management to public and private primary care clinics and increasing access to health insurance coverage.
- Developing a cadre of lay community case managers who support continuous care and treatment adherence among clients at home.
- Using analogue and digital tools to boost client medication adherence and self-care, and track client outcomes over time.

ATTACKING HYPERTENSION FROM ALL SIDES: IMPROVING HYPERTENSION PREVENTION AND CONTROL IN VIETNAM THROUGH A HOLISTIC MULTI-STAKEHOLDER APPROACH

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1. HYPERTENSION IN VIETNAM

1/4 VIETNAMESE ADULTS HAVE HYPERTENSION

Over 50% of hypertension cases are not detected


2. ABOUT COMMUNITIES FOR HEALTHY HEARTS

Launched in 2016, PATH implemented the Communities for Healthy Hearts project using a multi-sector approach that engages the government, public and private health care providers, social enterprises, and community members to improve hypertension (HTN) management and control.

The program is piloted in 4 districts of Ho Chi Minh City (HCMC) over a 3-year period, in collaboration with HCMC’s Provincial Health Department and Preventive Medicine Center, and the Novartis Foundation.

3. APPROACH

Communities for Healthy Hearts implements a multi-strategy hypertension prevention and care model that includes:

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- Increasing diagnosis through enhanced blood pressure screening in primary health care services and highly trafficked non-traditional locations, such as marketplaces, pharmacies and local businesses.
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4. STAKEHOLDERS INVOLVED IN HYPERTENSION MANAGEMENT

16 COMMUNE PUBLIC HEALTH STATIONS THAT MANAGE 358 CHECKPOINTS

- Coordinate case management in the community.
- Manage health volunteers and 358 checkpoints.

132 HEALTH VOLUNTEERS

- Raise awareness.
- Provide screening and referrals.
- Support community-based case management.

358 CHECKPOINTS RUN BY LOCAL BUSINESSES & COMMUNITY LEADERS

- Provide accessible blood pressure measurement.
- Provide information on hypertension, blood pressure measurements & appropriate referrals for next steps.

29 HEALTH FACILITIES

- Providing clinical hypertension services.
- Coordinating with commune public health stations and health volunteers.

170 CHECKPOINTS MANAGED BY SOCIAL ENTERPRISES AND PRIVATE SECTOR PARTNERS:

- Provide accessible blood pressure measurement.
- Provide information on hypertension, blood pressure measurements & appropriate referrals for next steps.

5. RESULTS

Screening to treatment cascade from September 2016 to October 2018

- 144,979 Number of people screened
- 48,752 Number of people with elevated BP already known or newly discovered and referred for diagnosis
- 27,962 Number of people received hypertension follow-up diagnosis
- 32,066 Number of people with hypertension in treatment

In contrast, the Vietnam 2015 National Survey on the Risk Factors of Non-communicable Diseases (STEPS) found that only 10 percent of people with hypertension were being managed by a health facility.

1/3 HYPER TENSION CASES ARE NOT MANAGED

86.4% HYPER TENSION CASES ARE NOT MANAGED

Source: PATH Vietnam

1/3 HYPER TENSION CASES ARE UNTREATED

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