Supplementary Data 1. CH2 project overview

Description of the model of the Communities for Healthy Hearts program

The overall aim of CH2 is to test a hypertension screening, detection, treatment and management cascade model in four lower income communities in HCMC. The three-year program, from 2016 to 2018, is implemented through a partnership between the HCMC Provincial Health Department (PHD), Preventive Medicine Center (PMC), PATH and Novartis Foundation. CH2 was designed to together with HCMC health authorities, and is based on Audience assessment, existing local health systems and the global HEARTS package, the Expanded Chronic Care Model and the WHO Framework on Integrated People Centered Health Services.

The main objectives of CH2 are to increase the number and proportion of patients aged 40 and above who are diagnosed with hypertension, placed on treatment and able to achieve blood pressure control. Specifically, CH2 aims to achieve the following five objectives:

1. Increase awareness of hypertension and demand for screening and treatment among adults.
2. Increase availability of hypertension screening and referral services.
3. Increase availability of hypertension services, reflecting the full continuum of patient-centered care in public and private facilities.
4. Reduce loss to follow-up by strengthening referral systems, increasing patient contact, and empowering patients.
5. Enable country-level decision-makers to use project evidence to sustain and scale hypertension services.

In HCMC, the urban poor have diverse health seeking behaviors and often opt for private or tertiary public care. CH2 focuses on establishing a network of providers from the community, public health services from primary health care to district levels, health authorities at the provincial level, and the private sector (see Figure 1 below). By utilizing behavior change communication; leveraging nontraditional partners to increase access to blood pressure measures; developing a cadre of community chronic disease care manager,
strengthening health care provider capacity in hypertension diagnosis, treatment, and management; standardizing services and patient flows; and developing digital health and mobile health (mHealth) tools to reinforce adherence and retention.

Fig. 1. The Communities for Healthy Hearts health care delivery model

Implementation strategy

CH2 is guided by a project technical working group (TWG) and project steering committee (PSC). The TWG includes technical experts from national and international organizations who provide technical assistance and consultation for project implementation to ensure that activities will be conducted according to national guidelines and standards and international best practice. The PSC includes representatives from the HCMC Provincial Health Department, HCMC PMC, District Health Centers, and District Health Bureaus, and helps to coordinate project activities at the provincial, district, and commune levels. The PSC also provides inputs on performance to aid in assessing and reporting on project progress.

1. Raising awareness and fostering demand
Hypertension awareness is limited in Vietnam, and this lack of knowledge translates into low uptake of routine blood pressure measures, less focus on preventative behaviors, and lack of person-centered hypertension medication support. Under Objective 1, CH2’s aim is to significantly increase hypertension awareness and blood pressure (BP) screening among those aged 40 years and older.

2. Nontraditional partners and their role in increasing access to blood pressure screening and hypertension treatment

One of the key priorities of CH2 is to significantly increase BP measurement and healthy heart counseling among those aged 40 years and older in the project districts. To do this, CH2 has employed the following key strategies: 1) increase capacity and active BP screening in CHSs; 2) equip community collaborators to offer BP measures in the community during their routine outreach activities; and 3) identify motivated volunteers and nontraditional outlets to offer free BP measure, counseling, and referrals through “checkpoints.” These nontraditional outlets include pharmacies, community centers, homes and tea shops.

3. Strengthening hypertension diagnose, treatment and management

Under Objective 3, CH2 strengthens the capacity of public and private hospitals, CHS providers, and community networks to offer high-quality diagnosis, treatment, and management of hypertension based on MOH and WHO guidelines.

4. Patient registry and SMS

The first digital tool for NCD management in Vietnam, the eHTN.Tracker, was developed and tested by CH2 in 2016. Results from the 2016 tests were positive and promising in reducing loss to follow-up among the target population. The Tracker is now being used in all project wards to track and follow up on adults who have received hypertension screening and referrals for diagnosis.