Special Article

Vietnam's Palliative Care Initiative: Successes and Challenges in the First Five Years

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Abstract

In 2005, Vietnam's Ministry of Health (MoH) launched a palliative care initiative that uses the World Health Organization (WHO) public health strategy for national palliative care program development. With international financial and technical support, the initiative has made significant early progress. A rapid situation analysis in 2005 led to national Guidelines on Palliative Care in 2006, radically improved opioid prescribing regulations in 2008, the training of more than 400 physicians in palliative care by early 2010 using three curricula written especially for Vietnam, and the initiation of palliative care services in some hospitals and in the community. Yet, access to palliative care services remains very limited. Many challenges must be overcome to reach the goal of access for all to essential palliative care services that are integrated into the systems of cancer care, HIV/AIDS care, and primary care. Going forward, crucial aspects of the initiative will be continued commitment to palliative care by the MoH, careful planning and targeted funding that address each part of the WHO public health strategy, ongoing expert technical support, and collaboration among international technical and financial supporters. J Pain Symptom Manage 2010;40:27–30. © *2010 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

Key Words

Palliative care, AIDS, cancer, Vietnam, developing country, opioid

Introduction to the Setting and Problem

Vietnam has more than 86 million people, a rapidly growing economy, and health indices such as life expectancy and child mortality that are much better than those of other countries of similar economic status.[1,2] Yet, it also is facing serious health problems. In 2007, there were an estimated 24,000 AIDS deaths despite ongoing scale-up of antiretroviral therapy. There were also at least 150,000 new cancer diagnoses, 80% at an advanced stage, and at least

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70,000 cancer deaths, despite efforts at prevention, early diagnosis, and treatment.[3–5]

When Vietnam's Ministry of Health (MoH) began its palliative care initiative in 2005, with a rapid situation analysis of the need for palliative care for cancer and HIV/AIDS patients, a very high level of unmet need for pain and symptom control, psychosocial support, and training for clinicians was found.[6] Another study done at the same time revealed a high prevalence of inadequately treated cancer pain.[7] Data from both the rapid situation analysis and the International Narcotics Control Board indicated a very low availability of opioids.[6,8]

Description of the Intervention

Based on the these data, the Vietnam palliative care initiative was planned, using the World Health Organization (WHO) public health strategy for national palliative care program development.[9,10] Funding was provided by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). National Guidelines on Palliative Care for Cancer and AIDS Patients, designed to be useful as a clinical manual, were completed by the MoH in 2006.[11] Details of the first stages of the initiative have been published elsewhere.[12]

In its effort to make oral morphine and other palliative medications accessible throughout Vietnam, the MoH received crucial financial and technical assistance from the International Pain Policy Fellowship Program at the University of Wisconsin. As a first step, all Vietnamese laws and regulations governing opioid availability were assembled and translated into English. Working together in Wisconsin with the Fellowship's faculty, the authors reviewed these documents and drafted an action plan. This plan was discussed and finalized at a Workshop on Opioid Policy in 2007 in Hanoi. Participants included representatives of the Ministry of Public Security, the United Nations Office of Drugs and Crime, and the WHO. Within one year after the workshop, the MoH issued guidelines on methadone substitution therapy for opioid addiction[13] and liberalized opioid prescribing regulations that reflect international standards.

Concurrent with work on opioid accessibility, three training curricula in palliative medicine were developed with assistance from the Harvard Medical School Center for Palliative Care (HMS CPC).[14] The one-week basic curriculum has been used to train more than 400 Vietnamese oncologists, HIV physicians, and general doctors, 70 of whom also have completed the two-day advanced and refresher course. In 2008, the MoH piloted a three-month full-time Fellowship and Certification Program in Palliative Medicine to begin training specialists in the field. In addition, the MoH has provided two-day workshops on the new national palliative care guidelines and opioid prescribing regulations for more than 1,000 health care managers, pharmacists, and physicians around the country.

Palliative care services are being integrated into Vietnam's health care system in several ways. Former Vietnamese trainees—including four who are receiving advanced training at the San Diego Institute of Palliative Medicine—are being mentored to gradually assume responsibility for teaching the three curricula. The members of the first cohort of Palliative Medicine Fellows and the Fellowship's Vietnamese faculty members each carried out palliative care projects in their home institutions with small grants from the HMS CPC and the U.S. Cancer Pain Relief Committee. As a result of all interventions described in the areas of policy, drug availability, and education, palliative care services are beginning to appear in cancer and HIV/AIDS centers and in community-based HIV treatment programs. The MoH is completing a National Curriculum in Palliative Medicine that will be distributed to all Vietnamese medical schools. The Open Society Institute's International Palliative Care Initiative is providing carefully targeted and coordinated support to many of the above programs.

Experience with Implementation

Despite rapid progress, many challenges still must be overcome to meet Vietnam's great need for palliative care. One is pervasive misunderstanding and fear of opioids or "opiophobia," with deep roots in Vietnamese history. This fear both generates and is perpetuated by pejorative language about opioids in Vietnamese laws. The result is a lack of availability and accessibility of opioid analgesics. These problems could be addressed in several ways. First,

with adequate and properly targeted funding, training in pain relief and palliative care could be scaled up to reach all national and provincial health care leaders and many more clinicians. A national campaign for pain relief could use television and other mass media to educate the public about opioids and about palliative care as a human right.[15] The resultant rising demand for opioids would facilitate the MoH's work with domestic pharmaceutical companies to scale up local production of oral and injectable morphine and import whatever essential medications cannot be domestically produced. A system to accurately estimate in advance both opioid demand and needs would make this process more rational, minimize waste, and reveal where training is most needed.

To date, Vietnam has only a small fraction of the number of trained palliative care trainers and clinicians it needs. Palliative care training curricula must be developed for assistant doctors (similar to nurse practitioners), nurses, pharmacists, social workers, and community health workers. Palliative care clinical and training centers could be established at major regional and provincial hospitals. These centers could provide clinical training in palliative care for all types of clinicians, expert palliative care for patients with refractory distress, and foster research in palliative care needs and treatment outcomes.

Vietnam as yet has no long-term strategy for palliative care. A five-year plan could guide the scaling-up of sustainable palliative care that is well coordinated and well integrated throughout the health care system. There also is not yet a national palliative care organization that could provide a forum for discussion of development plans and continuing education for its members, as well as promote palliative care research. Finally, a lack of collaboration among international financial and technical supporters has detracted from some parts of Vietnam's palliative care initiative.

Impact and Outcomes

The rapid early progress of this initiative has been due in large measure to a conjunction of international funding; strong leadership and commitment by the MoH; the ongoing availability of expert technical assistance in palliative medicine; and assistance provided by the International Pain Policy Fellowship. Scale-up of palliative care now can proceed on a firm foundation consisting of national palliative care guidelines, revised opioid prescribing regulations that approach international standards, established training curricula for physicians, and a growing number of clinical services.

If the palliative care initiative is to become capable of sustaining its own growth in the foreseeable future, and if palliative care is to become accessible by all in need, we believe that it must be developed both from the top down and from the bottom up. Without a critical number of well-trained palliative care trainers and palliative care training programs at major hospitals, medical schools, and nursing schools, it will be impossible to train an adequate number of community-based palliative care providers. However, most patients will receive palliative care in the home, and well-wrought home-care programs are essential. International organizations should provide technical assistance only in areas in which they have experience and expertise, and those working to build palliative care capacity at national and regional levels must collaborate closely with those working at the community level. In this way, a palliative care network can be established that maximizes continuity of care between the hospital and home.

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