

**Grant Application Number: 15838**

**Purpose of the grant:**

**To establish comprehensive cancer communication research  
to increase knowledge and identify practical strategies for enhancing  
cancer communication and improving prevention and control of  
Cancer in Viet Nam**

**PROGRESS REPORT**

**Period from May 2010 to October 2010**

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**PROGRESS REPORT**  
**Period from May 2010 to October 2010**

**Project title: Promoting evidence-based communication for  
improving cancer control in Viet Nam**

**Intended outcomes**

1. Promotion of evidence-based strategies for policy development and programme design in the prevention, early detection, and treatment of cancer.
2. Increased knowledge, motivation, and participation of individuals, health professionals, and other stakeholders in cancer control activities.
3. Increased participation of different stakeholders and enhanced accessibility to information and services by communities.
4. Strengthened capacity at the national and local levels for planning, implementation, advocacy, and organizing campaigns for healthier lifestyles and behaviors.

**I. Progress toward the intended outcomes**

*1. Promotion of evidence-based strategies for policy development and programme design in the prevention, early detection, and treatment of cancer.*

The main activities planned for this period were: (1) Review and analysis of the existing policies related to cancer prevention and control, including a review of occupational cancer policy and an analysis of the palliative care situation; (2) Audience and market research; (3) Development and pre-testing of a TV spot; and (4) Establishment of baseline data and provision of small grants for researchers.

HBV staff worked closely with research partners throughout the process of designing the research tools, data collection, data analysis, and preparing the reports. Mrs. Sarah Bales, Dr. Nguyen Phi Yen, and professionals from NCH were also involved as advisors as the activities were undertaken; they provided expert comments and technical inputs, and reviewed reports and other materials. The following outlines the key achievements realized.

**Review of cancer prevention policies:** The review was undertaken between May and August 2010. In September 2010, the initial results were shared with the HBV team for comments. An international consultant, Mrs. Sarah Bales, worked with the HBV team from the beginning of the project to provide technical inputs and to review the research protocol, research tools, and the final report. At this point, the draft report has been reviewed and the research team is working to produce the final version. Major gaps identified during the cancer policy review include:

- (1) Related to alcohol control: i) There is a lack of a comprehensive law on alcohol control and an visible policy for public communication and education on the harmful effects of alcohol abuse; ii) There is no regulation of health warnings for alcohol products; iii) There is no regulation related to the quality control of home-based alcohol production; iv) A regulation related to product hygiene and safety is missing in current regulations addressing violations related to alcohol products.

- (2) Related to tobacco control: i) Viet Nam lacks a strong and comprehensive tobacco control law. All existing documents are in the form of a degree, decision, or circular, which have weaker enforcement power; ii) There is no strong policy on tobacco tax. The proportion of tax in retail prices at present is still low compared to the recommendations of the World Bank and the World Health Organization; iii) The current regulation on health warnings for local tobacco products is weak compared to FCTC requirements and international best practices, and there is no such regulation for imported products; iv) There is a lack of effective enforcement related to violations of advertising bans at point-of-sale. In addition, the sponsorship ban is only partial and lacks an enforcement mechanism; v) There is no effective mechanism for enforcing smoke-free policy.
- (3) Related to physical activity promotion: i) There is no policy in Viet Nam to encourage physical activity among in children, the elderly, or youth; ii) Physical activity is mandatory in schools, but limited time is allocated to it; iii) There is a lack of a preferential policy addressing the use of public land for public physical activity facilities, except for disabled persons; iii) There are no policies or standards related to the design of public places in residential areas.
- (4) Related to nutrition and food safety: i) The National Strategy on Nutrition focuses mainly on reducing malnutrition and obesity in children, but not on the prevention of obesity in the general population; ii) Viet Nam lacks a unique and comprehensive stipulation related to the safe threshold of hazardous substances in food; iii) Regulations related to inspecting food hygiene and safety are mentioned in national Laws, Decrees and Joint Circulars, but are not clearly defined for provincial level implementation.
- (5) Related to cancer control policy: i) There is no effective strategy for the prevention and control of breast and other reproductive-related cancers; ii) Some objectives of the national cancer prevention program (NCPP) are unrealistic, while others are neither clear nor measurable.

**Occupational cancer prevention policy review:** The review was undertaken between April and July 2010. The draft report has been reviewed and the final report was completed in early October 2010. The main findings of this review include:

- (1) There is no separate list of carcinogens and occupation hygiene standards for such substances that have been associated with occupational cancers.
- (2) Occupational cancers are absent in the list of recognized occupational diseases, even though being in contact with carcinogens in the working environment is a known problem in Viet Nam.
- (3) There is no recognition on death registration of occupational diseases including occupational cancers. Mortality data on occupational diseases reported by industry does not match with that from the insurance agencies.
- (4) Internal (employer-provided) health services are not mandatory and there is a lack of guidelines/supervision from the MOH. No clear mechanism has been developed for partnership between the local health sector and the employer-provided health sector to provide health care to workers.
- (5) Regulations on the management of chronic diseases detected through regular health check-ups lack information about the management of cancer. There is no regulation on health check-ups, disease assessment, compensation for occupational cancers, and for cases where workers are not covered by health insurance. (See full report of occupational policy review in Attachment 1).

**Palliative care situation analysis:** The quantitative and qualitative research, combined with a review of international best practices and national guidelines on palliative care, was conducted from May to June 2010 in Hanoi, Thua Thien Hue, and Ho Chi Minh City. 410 caregivers of cancer patients, 360 district/commune health workers, and 120 health managers at all levels participated in this research. The final report was completed in early October 2010. The main findings of the analysis include:

- (1) The Guidelines on Palliative Care for Cancer and AIDS patients is comprehensive, and meets with WHO recommendations. The implementation of the guidelines, however, is not satisfactory. Palliative care is missing in MOH's *Regulation on health service duties allocation (or health service segmenting)*<sup>1</sup> and *Directory of techniques in examination, diagnosis and treatment*. There is also a lack of detailed instructions on providing palliative care at each level of health services.
- (2) At the central level, a palliative care unit for cancer patients is available in only a few hospitals.
- (3) At the provincial level, where the cancer departments/units have been set up, palliative care is provided with less attention to psychosocial support and end-of-life care. Staff in some district hospitals and commune health centers have been trained to provide palliative care only to AIDS patients.
- (4) Palliative care services tend to aim more at pain and symptom management rather than at emotional, psychological, social, and spiritual support.
- (5) More than half of cancer patients and family care givers are not satisfied with the palliative care that they have received. (See full report of Palliative care situation analysis in Attachment 2).

**Audience formative research:** The quantitative and qualitative research was conducted from May to July 2010 in Hanoi, Thua Thien Hue, and Ho Chi Minh City with the participation of 900 people aged 15-65. The final report was completed in early October 2010. The main findings of this research include:

- (1) The proportion of people in the study sites who have accessed cancer-related information was relatively high, but their awareness of cancer risk factors, prevention measures, and common cancers is still limited. Overall, less than half of the interviewed people were aware of cancer risks from tobacco, alcohol use, unhealthy diet, and environmental carcinogens. Even fewer knew about cancer risks from overweight and obesity, occupational carcinogens, and viruses.
- (2) The number of people who recognized the four warning signs of cancer was very low and very few people knew that the hepatitis-B vaccine and HPV vaccine could prevent cancer.
- (3) The number of people who knew about lung cancer, liver cancer, and breast cancer was relatively high, but the number was lower for other common cancers in Viet Nam such as cervical, stomach, and colon and rectal cancers.
- (4) People reported receiving cancer-related information mainly from the central television channels such as VTV1 and VTV2, followed by local television.
- (5) Primary health workers had insufficient knowledge about cancer prevention and lacked IEC materials for their work in cancer communication.
- (6) Communication programs on cancer prevention at the district and commune levels have not been well coordinated with related programs. (See full report of audience research in Attachment 3).

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<sup>1</sup>Original Vietnamese term has no similar word in English (*phan tuyen*). This mean duties allocation for the different level of health service system

**Study on patterns in patient referrals and delays in seeking care:** In July 2010, the first draft of the research protocol was developed by the research team from the national cancer hospital (NCH). HBV has provided technical comments on the protocol. It may take several rounds of review and comments to finalize the protocol; it is anticipated that the final research protocol will be ready in November 2010.

**Establish baseline data and provision of small grants for researchers:** HBV reviewed existing cancer-related websites in Viet Nam, consulted with NCH and some web designers to assess the possibility of establishing a website to host an online database and cancer education for the public and medical professionals. Since there was already an existing website (ungbuou.com) developed by NCPP in 2009 for the general population, HBV and NCPP agreed to work together to revise the contents on this website so that they would be more appropriate for general public education. Editing and rewriting work began in early October 2010. It is anticipated that pre-testing work will be undertaken in early December and that the revised website will be completed at the end of December 2010.

Regarding an online database for medical professionals and policy makers, HBV is considering the creation of either a website hosted by HBV or improving an existing NCH website (benhvienk.com). The database will be comprised of cancer – related research reports produced under this project and other scientific reports. A part of the database, the country cancer monograph will be produced. A couple of small grants may be provided to researchers to carry out the works related to cancer registrations and cancer mortality in the second year.

**The use of cancer registries data to produce a cancer monograph:** Within the framework of building a database for a country profile on cancer, HBV consulted with an international cancer epidemiology expert, Dr. Donald Maxwell Parkin, about the use of available cancer registries for a cancer monograph. Between 6 and 13 October 2010, Dr. Parkin worked in Hanoi with HBV and NCH and discussed ways to improve the existing cancer registries. The discussion came to the conclusion that the data quality of many cancer registries was not good enough to produce a pooled country cancer monograph. Rather, the team should review registered data in Hanoi to undertake a trend analysis and provide future projections on the cancer burden in Viet Nam. This would provide a gold-standard example for expanding cancer registration throughout the country. An estimate of the national cancer burden could then be made and presented in the global cancer data 2010. (See the meeting minutes in Attachment 4).

**Development of TV spot:** This activity was not undertaken since it needs to follow the development of communication strategy based on evidence.

In light of the progress made to date, various research studies have shown many policy gaps, health problems, and provided useful recommendations. Preparation for the dissemination of this evidence among program managers and policy makers for the development of strategies in communication and advocacy is now being conducted by HBV.

*2. Increased knowledge, motivation, and participation of individuals, health professionals, and other stakeholders in cancer control activities.*



The main activity planned for this period was **Development of a communication strategy for cancer prevention**. This activity was not undertaken for two reasons. Firstly, the completion of the audience research that will provide evidence for strategy development was nearly two months behind schedule. Secondly, the NCPP is planning to convene a team of NCH and HBV at the end of 2010 to develop a communication strategy for the period 2011-2015 and annual communication plan. However, by attending the **Strategic Health Communication Workshop**, the capacity of human resources from HBV, NCH, and government organizations has been strengthened to involve more effectively in communication strategies development.

In light of the progress made from the beginning to date, it can be seen that the project activities are being improved to increase the participation and knowledge of stakeholders.

*3. Increased participation of different stakeholders and enhanced accessibility to information and services by communities.*

The main activity planned for this period was **Promotion of linkages with other Non-Communicable Disease (NCD) programs and the creation of forums**: Introductory meetings were conducted with representative of NCD unit, MOH, WHO, NCH, and the Viet Nam Cancer Association. The convention of meetings among NCD groups or forum with policy makers who are interested in cancer prevention needs to wait until the research findings are finalized. However, an initial linkage amongst stakeholders has been established through the participation of staff working in other NCD program, such as NCH, VINACOSH, Viet Nam Food Administration, NCD units, and others in the Strategic Health Communication Workshop. A network of staff interested in cancer prevention from different government and non-government organizations has also been established. In addition, a contract following up the Memorandum between HBV and NCH was signed in May 2010 to prepare the respective teams for conducting these activities in the coming months.

It can be seen that HBV has laid the groundwork by engaging a wide range of partners, increasing their awareness of the project and its intended outcomes.

*4. Strengthened capacity at the national and local levels for planning, implementation, advocacy, and organizing campaigns for healthier lifestyles and behaviors.*

Progress towards the fourth outcome was achieved through the implementation of a series of activities and outputs that focused on human resource capacity building.

**Strategic Health Communication Training Workshop**: The training took place from 20-26 September 2010 in collaboration of HBV, the Center for Community Health Research and Development, and Dr. Benjamin Lozare, an international communication expert from the Center for Communication Program at Johns Hopkins Bloomberg School of Public Health. To prepare for the training exercises, HBV built a database of the cancer situation in Viet Nam, intervention programs, policy and strategic directions, and an audience profile that was based on the primary findings of the above-mentioned research studies. HBV also identified training participants in consultation with the policy research teams. 28 managers and staff related to cancer prevention were invited to the training, but at the last minute some people from MOH and WHO canceled their attendance. The actual number of participants was 22 people, including one Indian journalist. In addition to the positive post-test results, verbal



feedbacks from attendees indicated that they really enjoyed and gained valuable knowledge and skills from participation in this training. (See training report in Attachment 5)

In addition, a **training course on cancer registration** was conducted 11-12 October 2010 in Hanoi, through the collaboration of NCH, WHO, and HBV. As requested by NCH, HBV provided technical inputs to the training program and invited Dr. Parkin to be the lecturer for this training. The 32 participants were staff working on cancer registries in nine provinces/cities, including Hanoi, Thai Nguyen, Hai Phong, Thanh Hoa, Da Nang, Thua Thien Hue, HCMC, Kien Giang, and Can Tho. The training provided an opportunity for staff to share experiences in cancer registration, and to learn about registry methods, data quality control, and the roles of cancer registries in cancer control. (See the agenda and summary of workshop in Attachment 6).

In light of the progress made to date, it is obvious that the capacity of staff working in health communication and cancer registry has been improved to contribute to development cancer control strategies, in general and communication strategies, in particular.

## **II. Work plan for upcoming six months** (see the attached file for the annual work plan)

The main planned activities for next six months are as follows:

- Develop comprehensive cancer communication programme
- Develop and pre-test concepts, messages, and materials
- Organize annual national cancer campaign
- Develop and implement communication activities according to the strategy developed
- Establish baseline data and provide small grants for researchers
- Establish forum on cancer control and prevention
- Promote linkages between cancer control and other NCDs

## **III. Organizational development**

- **Leadership:** The HealthBridge office in Viet Nam worked in collaboration with the headquarters in Ottawa to keep the project on track. During this period, project staff received much technical support from the project director (PD) to identify cancer-related problems and research methods, while the project manager coordinated and worked with local research partners.
- **Staffing and system:** From June 2010, one project officer has started working with the project. Since there were no media-related project activities during the first year, the media officer intended for this project shifted to another project. The project team including the PD, project manager, the project officer, the financial officer and the administrative officer, worked closely to support and learn from each other. To strengthen capacity for staff, HBV sent two project team members to attend the above-mentioned training workshops. Staff knowledge about strategic communication and cancer prevention and control has been improved. HBV is planning to hire a communication consultant when needed in the second year.
- **Partnerships:** The partnership with NCH resulted in a contract being signed in May 2010, following the previous Memorandum. This collaboration provides opportunities to enhance capacity for each partner. As for NCH, they took part in reviewing research tools and reports related to the Occupational Cancer Policy Review, Audience Formative Research, and Palliative Care Situation Analysis. By carrying out these tasks, NCH will

obtain a more complete picture of cancer control efforts in Viet Nam and a better understanding of the health system they are working in. NCH also sent their staff working in communication activities to the Strategic Health Communication Workshop to improve their capacity. HBV staff participated in the National Cancer Conference held 7-8 October 2010 in Ha Noi, sent the summaries of above-mentioned research studies to be published in the Viet Nam Oncology Journal No.1 that was distributed to all participants at the workshop. HBV staff also participated in the training course on cancer registration to gain more knowledge about cancer control.

In addition to the partnership with research partners, CCRD and NCH, the initial partnership between HBV and government agencies was also initiated during this period through the participation of government staff in the Strategic Health Communication Workshop. A network of people interested in communication for cancer prevention has also been formed.

#### **IV. Lessons learned**

Some significant lessons have been learned to date as follows:

- Choosing experienced research partners for the cancer prevention program was a challenge. Many clinical research studies on cancer have already been done, but very few have focused on the public health aspects to date. At the beginning, HBV decided applying limited bidding (not broad bidding) to three Vietnamese individuals and/or agencies have been identified with relevant expertise. The selection was then based on the criterion, such as evidence of research reports relevant to the TOR, strong research team, ability to meet the time line, and design of a reasonable budget. Among the selected researchers, however, cancer prevention concepts still seem to be a new field and research conducted under this project covered a large range of cancer risk factors and almost all common cancers in Viet Nam. Despite those challenges, carrying out these research studies was a worthy learning process for both the research partners and project staff. Research teams and HBV staff had to spend a lot of efforts and extra two months to better understand the cancer issues, to develop research tools, and to present the findings.
- Involving the national cancer program and cancer hospitals in project activities required the project team to be always proactive and flexible as governmental organization staff often engage fully in their routine work and cannot dedicate enough time for additional project work. The HBV staff often utilized different communication methods, in particular face-to face meetings, to have consultations with the leaders/managers to persuade them into promoting staff to perform project tasks.

#### **V. Financial review**

Total project expenses for the whole year one was US\$ 206,209, in which expenses from Jan 1 to Apr 30, 2010 was US\$ 33,103.6, expenses from May 1 to Oct 31, 2010 was US\$ 84,164.12, and an outstanding advance amount from sub-agreements with local partners is US\$ 88,941.28. There was a small difference between the current and the original budget of year one as the training workshops were moved from the third year to the first year and many research studies were completed in year one. The anticipated spending for the next six months is US\$ 153,645. The interim financial report will be sent to you separately.