

Pain & Policy Studies Group • International Pain Policy Fellowship



VIETNAM

Nguyen Thi Phuong Cham, Pharm Fellow 2006-2012

Senior Pharmaceutical Expert (retired), Consultant
Vietnam Administration Medical Services, Ministry of Health



For further information on Vietnam:

<http://www.painpolicy.wisc.edu/country/profile/viet-nam>

BACKGROUND:

Opiophobia in Vietnam has historical and social roots including use of opioids by the French colonial administration as a means of social control and the current HIV/AIDS epidemic driven mainly by illicit use of injected heroin. This opiophobia is reflected in Vietnam's laws and prescribing regulations.

"A concerted effort to make pain relief and palliative care more accessible in Vietnam began in 2004 when Vietnam was chosen to receive support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). In 2005, the Vietnam MoH convened a Palliative Care Working Group that included a foreign palliative medicine specialist physician with experience working as a clinician-educator in developing countries and who was prepared to provide training and technical assistance to the MoH and Vietnamese colleagues over a period of years. The working group adopted the WHO public health strategy for national palliative care programs." (Krakauer et al, 2015)

As the MoH official responsible for *rational drug use*, Mme. Cham was aware that both access to opioids for medical use and a secure supply chain to prevent misuse were imperative. In 2005 Mme. Cham took part in the MoH's rapid palliative care situational analysis that revealed a high prevalence of untreated pain among HIV/AIDS and cancer patients and a plethora of regulatory barriers to accessing opioids. She helped prepare the Guidelines on Palliative Care for Cancer and HIV/AIDS, which the MoH issued in 2006. That same year, to find a way to safely dismantle these barriers, she applied to the International Pain Policy Fellowship.

FELLOWSHIP SUCCESSES:

Mme. Cham, along with her boss, Prof. Luong Ngoc Khue (now Director General of the Vietnam Administration Medical Services or VAMS), were invited to take part in the inaugural meeting of the Fellowship in Madison. After carefully reviewing with their mentors all Vietnamese laws and regulations governing opioid accessibility, they determined that adequate access could be assured without action by the National Assembly solely by changing MoH opioid prescribing regulations. In 2007, they convened a meeting of all stakeholders, including representatives of the World Health Organization, the United Nations Office on Drugs and Crime, Vietnam's Ministry of Police, and several non-governmental organizations, to discuss and reach consensus on an Action Plan.

This work soon bore important fruit. In early 2008, the MoH issued radically revised the opioid prescribing regulations that expanded the diagnoses eligible for opioid prescriptions, increased from seven to 30 days the maximum length per prescription, removed maximum dosage limits, and mandated that opioids be available at the district level. The MoH also increased domestic manufacture of morphine to fulfill the increasing demand. In addition, in part due to the work by Prof. Khue and Mme. Cham, the MoH also issues its first-ever guidelines on methadone substitution therapy for injection drug users with opioid dependence syndrome. Since 2008, VAMS/MoH has been training hospital leaders and provincial and district public health officials across Vietnam on both the revised opioid prescribing regulations and the national palliative care guidelines.

ONGOING PROGRESS:

The results are striking. Consumption of oral morphine is increasing. The medications are available not only in the large cancer centers but also in numerous provincial hospitals. Palliative care departments are opening in cancer centers and general hospitals across the country

"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; expert technical assistance in palliative medicine; and assistance provided by the ongoing availability of the International Pain Policy Fellowship," wrote Mme. Cham, Dr. Krakauer and Prof. Khue in a 2010 article. "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." Building on that foundation to make palliative care accessible to every Vietnamese in need, they add, will take effort "both from the top down and from the bottom up" (Krakauer et al., 2010).

Prof. Khue and Mme. Cham contributed greatly to the former and are now working on the latter. "By the time Mme. Cham retired, the ministry had completed the difficult work of changing opioid policy, making it more humane and rationale, despite the prevalent opiophobia," says Dr. Krakauer. "The rest is mainly teaching and changing the culture based on the new policies."

CHALLENGES AND FUTURE NEEDS:

The goal of making oral morphine accessible in each of Vietnam's over 500 districts remains aspirational. In an effort to reach it, more pervasive and intensive training for clinicians and students in palliative care is being implemented, and Mme. Cham is continuing her efforts to educate healthcare officials around the country about the new MoH opioid prescribing regulations and palliative care guidelines.

PUBLICATIONS:

- Krakauer EL, Cham NTP, Khue LN, "Vietnam's Palliative Care Initiative: Successes and Challenges in the First Five Years," *Journal of Pain and Symptom Management* 2010; 1:27-30.
- Krakauer EL, Cham NTP, Husain SA, Yen NTH, Joranson DE, Khue LN, Maurer MA. Towards safe accessibility of opioid pain medicines in Vietnam and other developing countries: A balanced policy method. *Journal of Pain & Symptom Management*. 2015;49(5):916-922.



PAIN & POLICY
STUDIES GROUP

www.painpolicy.wisc.edu