

# VIET NAM

## Overview: National Strategy for Cancer Control (2010 and 2020)

Viet Nam is one of the developing countries in with GNP per capita of USD 640 in 2005 and has a population of 83.119 million. Noncommunicable diseases represented 47% of total mortality in 2002, with 8.2% due to cancer. The current national cancer incidence is at least 1500, 000 new cases per year. The leading cancers are lung, liver, stomach, colorectal and nasopharynx for men, and breast, cervix, and stomach and liver for women.

Viet Nam has proposed a National Strategy for Cancer Control up to 2010 and 2020 with the following objectives:

1. Reduce the incidence of tobacco-related cancers by 30%, compared to the year 2000.
2. Ensure HBV vaccination coverage for all newborns.
3. Reduce breast, cervix, mouth and rectum cancers mortality rates.
4. Decrease the proportion of advanced stage cancers from 80 to 50%.
5. Establish a community-based terminal care system for cancer patients and ensure enough supplies of essential drugs.

Although the National Strategy for Cancer Control has not yet been implemented, Viet Nam has already taken action in cancer prevention and control:

- Adoption of a national tobacco control policy in 2002 and measures to restrict tobacco (e.g. banning of tobacco advertisements, smoking restrictions, taxation, and labelling).
- Successful production of HBV vaccine. Since 1997 the vaccine has been included in the extended immunization programme for newborns in Hanoi, Ho Chi Minh City and other provinces.
- Development of breast and cervical cancer screening projects. The Pap technique has recently been introduced. The feasibility of other low cost technology (e.g. visual cervical screening) is also being explored.
- Improving cancer treatment.
- Improving quality of life for cancer patients.
- Mass media education.

Cancer control in Viet Nam has to deal with challenges such as poor quality of cancer mortality and morbidity data, shortage of resources, lack of data on anti-tobacco programme and limited knowledge of general practitioners and public about cancer. There is no comprehensive programme for screening and early detection common cancers cover nationwide. In the treatment of cancer patients, the lack of equipment, hospital specialized in cancer is also a problem. The services for pain relief and palliative care usually do not exist. A major obstacle is morphine shortage and the lack of effective policy on morphine production and distribution for medical purposes. Because of limited health infrastructure, late presentation of cancer cases (e.g. cervix and breast), increased exposure to risk factors, and population growth, Viet Nam needs to adopt a stepwise approach starting with the control of highly prevalent risk factors, awareness of early signs and symptoms of common cancers coupled with quality treatment, and palliative care for advanced cases, when implementing its plan.

Additional information on National Strategy for Cancer Control plan can be accessed in English and Vietnamese at: <http://www.nci.org.vn>

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**1. Is it a new plan or is it an updated one? When was the previous plan published and who did it?**

This is the update plan which started in 2002, developed for the period 2006-2010.

**THE FOLLOWING QUESTIONS REFER TO THE PRESENT PLAN**

**2. When did you start the planning process? Who decided to do the plan and why?**

The process has begun in 2002, decided by Prime Minister of Viet Nam. However the Control Cancer Programme has been implemented slowly and the results still limited due to the lack of funds. Annual budget for cancer from Government is low.

**3. What steps did you take to do the plan and how long did each step take?**

The process of making the plan consists of 5 steps:

- Study on epidemiology of cancer in some typical regions in Viet Nam: Hanoi, Ho Chi Minh city, Hue, Hai phong, Thai nguyen, Can tho. It took 1 year.
- Estimate the cancer burden in Viet Nam. The results of research showed cancer is the second leading cause of death among non-communicable diseases. The study took 1 year.
- Determine the situation of cancer control from the Cancer centers to the communities. The survey was done in 1 year.
- Determine the most common cancers that can be prevented and detected early and effectively. The results achieved during implementing the 1<sup>st</sup> step.
- Set the objectives of cancer control which could be measurable.
- Report and propose to the Ministry of Health, WHO, and other leaders, other sectors, organizations.

**4. Who were the persons involved in each step of the process?**

The studies on epidemiology and survey were carried out by the Department of Cancer Network under guidance of National Cancer Hospital. The director of National Cancer Hospital did the other steps.

## **5. How was the plan done, what resources were used in each step, and what were the results?**

The plan was done by the guidance of Ministry of Health, with the assistance of WHO and other organizations. The finance used in studies, surveys came from State budget, financial supports from domestic and foreign organizations. The human resources and facilities based on the available ones in the hospitals and health services.

## **6. When the plan was officially launched? Who and how was the plan disseminated?**

The plan was launched in early this year. The meeting between leaders of Ministry of Health and the National Cancer Hospital was held and the programme was implemented right away nationwide.

## **7. What problems were encountered in the planning process? How were they dealt with?**

Main problems were the lack of facilities, equipment and specialized doctors. However, people in Vietnam have worked with their best. The Canreg 3 software provided by WHO was applied. We mobilized the assistance from other medical fields, from primary health services.

## **8. What were the lessons learned from the planning process?**

We have got the experience to organize the courses of training, to collect cancer data, the ways to receive the supports from medical and non-medical agencies and organizations.

## **9. What are the priorities, main goals, and objectives of the plan?**

The main goals of the plan are:

- To reduce cancer incidence rate
- To reduce cancer mortality rate
- To improve quality of life for patients with cancer.

The specific objectives are:

- To reduce incidence rate related to tobacco causes to 30% in year 2010 compared to year 2000.
- To implement vaccination against Hepatitis B for 100% newborn.
- To reduce mortality rate in some common cancer types: cancer of the breast, cervix, oral cavity, rectum and skin by screening, early detection and on time treatment.
- To reduce rate of advanced stage cancer sufferers seeking consultation and treatment at specialized health facilities from 80% in year 2000 to 50% in year 2010.

The following issues would be priorities:

- Upgrading two Cancer hospitals, one is the National Cancer Hospital in Hanoi, the other is Cancer Center in Ho Chi Minh city. They play the important role in guiding the cancer control network.
- Establishment of Department of Oncology in general hospitals sites in the centers of the regions such as in Hanoi, Thai Nguyen, Hai phong, Hue, Can tho, Ho Chi Minh city, Dak-lak, Ca mau.
- Training on cancer control, cancer registry to doctors, health workers from provincial to community levels.
- Propaganda of the cancer education through multimedia, communication agencies, internet, etc.

#### **10. Is monitoring and evaluation included in the plan? Briefly describe**

Of course, the plan should be monitored by the Steering Committee of the National Cancer Control Programme. The results, progress would be reported to the Steering Committee by coordinators who work at every branch of Cancer Control Network.

#### **11. What are the resources allocated to carry out the implementation of the plan?**

The government of Viet Nam will support the policies. Part of finance will received from State budget. However, it needs to have support from non-governmental organizations, from other sectors, agencies.

#### **12. Has the plan been implemented? If NO, Why not?**

Yes

#### **13. If YES, When did the implementation phase start?**

The plan has been carried out since 2002. Actually, the scale of implementation was small and not comprehensive. The budget from the government for the plan was about USD 30.000 annually. That amount could not be enough for cancer control programme for over 80 millions people in Viet Nam.

#### **14. What has been implemented so far, when and where?**

The Cancer Control Network was established, Cancer Registries was carried out in 6 representative areas. The knowledge of cancer prevention was propagated on popular communications, such as televisions, radios, newspapers. Screening and early detection were performed in Hanoi and some provinces. The patients come to the hospital in earlier stage of disease than that in the period 1990-2000. Palliative care units were built in National Cancer Hospital in Hanoi and Cho ray General Hospital in Ho Chi Minh City. Some Departments of Oncology were setup in general hospitals in Hanoi, Thai Nguyen, Hai Phong, Hue, Can Tho, Ho Chi Minh city, Kien Giang, Thanh Hoa, Nam Dinh... These specialized departments contribute remarkably in the reduction of cancer burden at the two cancer centers (National Cancer Hospital and Ho Chi Minh city Cancer Center).

**15. What problems have you encountered during the implementation phase?**

The major difficulty to implement this plan was the lack of fund, trained people, equipment, facilities. The challenge is to change the way of thinking about cancer in community, especially in rural areas.

**16. What are the lessons learned from the implementation phase so far?**

If the coordinators are trained well about building the team and getting them working together for the programme, the plan will run effectively.

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