HEALTH COMMUNICATION

Insights

The Role of Health Communication in Vietnam's Fight Against Tuberculosis

September 2004

HEALTH COMMUNICATION PARTNERSHIP

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Preface & Acknowledgments

The Health Communication Partnership (HCP) is a global communication initiative based at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP) and supported by the U.S. Agency for International Development (USAID). HCP also includes the Academy for Educational Development, Save the Children, the International HIV/AIDS Alliance, and the Tulane University's School of Public Health and Tropical Medicine. Developed by the Health Sciences Group within HCP, this issue of *Health Communication Insights* provides a look at how health communication helps tackle public health problems in developing countries. This issue shows how Vietnam turned back a mounting tuberculosis epidemic and used health communication as an integral component in its fight against this infectious disease.

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Executive Summary

Nearly 2 billion people around the world are infected with the bacillus that causes tuberculosis (TB). Each year, about 8.4 million people develop active, or infectious, TB and more than 2 million deaths are TB-related. Some 95 percent of global TB cases and 99 percent of TB deaths occur in the developing world. In most of these countries, TB affects the most economically productive age group (those 15 to 54 years of age), pushing many families into poverty or preventing them from moving up the economic ladder.

An effective and widely accepted strategy for TB control — the Directly Observed Therapy - Short Course, or DOTS — is an effective and widely accepted strategy for TB control. The World Health Organization (WHO) has set a global target of detecting 70 percent of infectious cases and curing 85 percent of those by the year 2005. Few countries are able to expand DOTS coverage to enough people to meet those targets. The main constraints to achieving the global targets include lack of political commitment, insufficient and ineffective use of financial resources, neglect of human resource development, poor health system organization, poor quality and an irregular supply of anti-TB drugs, and weak communication components in TB control programs.

Despite these obstacles, a few countries have succeeded in reaching or exceeding the global targets. Vietnam is one of these success stories and strategic communication played a major role in helping it surpass the global targets. There are approximately 145,000 new cases of TB each year in Vietnam, and about 20,000 deaths each year are due to TB-related causes. Between 1995, when the TB program became a national priority, and 2002, Vietnam expanded DOTS coverage and exceeded the WHO targets for detection and treatment. According to an evaluation of the National Tuberculosis Control Program (NTP) for the World Bank, Vietnam achieved nationwide DOTS coverage in 1999, and, between 1997 and 2002, detected 82 percent of the estimated number of new infectious cases for the six-year period, well above the WHO target of 70 percent. Also during this period, more than 89 percent of cases were cured, again exceeding WHO's target of 85 percent.

The National Tuberculosis Control Program came together in 1975 after the country reunited after years of war. But a decade passed before the program got off the ground, in 1986, with increased international support and pilot testing of the DOTS strategy. In 1995, TB was designated a national health priority and given the resources and leverage to expand DOTS nationwide. This commitment from the highest levels of government led to a more organized fight against TB with resources pooled at and distributed from the Central level. Added support came from international organizations such as the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Another reason for Vietnam's stunning success in its fight against tuberculosis was that it integrated communication activities into all levels of program management. No formal evaluation of the NTP's communication activities exists, but a general review of the program's success shows that communication activities contributed positively to the overall effort.

Health communication focused on providing information about the causes of TB, sources of infection, how it is transmitted, symptoms, treatment, and

prevention to political leaders, community leaders, and the public. The communication activities that contributed to Vietnam's success in TB control included reinforcing elements of advocacy, mass media, interpersonal communication and counseling, and community mobilization.

The National Institute of Tuberculosis and Lung Diseases conducted Vietnam's first cross-sectional study in 2002 in rural areas to evaluate knowledge, attitudes, and practices (KAP) of the public, public health personnel, and private practitioners. The survey found high levels of awareness among the public and health care providers about TB symptoms and cure. For example, 80 percent of respondents knew TB was a communicable disease and could list the basic symptoms and all respondents (100 percent) knew that when someone has a detected case of TB, he or she should go to a health facility for medical care rather than buying drugs to treat themselves.

Vietnam's successful fight against TB provides several lessons for other TB control programs. First, political commitment at the highest levels of government was vital to the success of the program. The political commitment provided much needed resources and leverage. This in turn led to the ability of the program to expand DOTS nationwide and put in place the clinical services necessary to detect, treat, and cure all patients. Once the clinical services could be assured, the NTP implemented an integrated communication plan that included interpersonal communication and counseling training to all TB control staff, mass media to reach the public with information and to create an enabling environment for change, and community-level activities to support patients and their families. Continuous advocacy activities, including public events around World TB Day, also keep TB top of mind among political and community leaders and the public.

While the TB control program in Vietnam achieved its targets, it finds itself facing new challenges. A survey conducted in 2002 found a 3 percent rate of multi-drug resistant TB (MDR TB) among 1,622 new cases. Another major challenge is the rise of tuberculosis cases combined with HIV/AIDS. According to sentinel surveillance in 2002, the rate of HIV and TB co-infection is more than 3 percent, but, in some provinces, the rate is as high as 14 percent. Financing of the program and equitable access for all citizens, especially women, the economically disadvantaged and ethnic minorities also remain concerns.

This report describes how Vietnam achieved its success, with a particular emphasis on the role of strategic health communication. The report includes an analysis of lessons learned and implications that may help other developing countries in their fight against TB. The report was compiled by reviewing reports from Vietnam's National Institute of Tuberculosis and Lung Diseases, as well as key informant interviews with Ministry of Health staff; the National Institute of Tuberculosis and Lung Diseases; Vietnamese policymakers; representatives of international organizations working in Vietnam; leaders and staff engaged in TB program activities at the provincial, district, and commune levels; and interviews with TB patients and their families.

chapter 1

Country & Program Overview

- INTRODUCTION
- COUNTRY BACKGROUND
- THE TUBERCULOSIS PROBLEM IN VIETNAM
- VIETNAM'S TUBERCULOSIS CONTROL PROGRAM

INTRODUCTION

Nearly 2 billion people around the world are infected with the bacillus that causes tuberculosis (TB). About 8.4 million people develop active, or infectious, TB each year and over 2 million deaths are TB-related. Some 95 percent of global TB cases and 99 percent of TB deaths occur in the developing world. In most of these countries, TB affects the most economically productive age group (those 15 to 54 years of age), pushing many families into poverty or preventing them from moving up the economic ladder.

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Despite these obstacles, a few countries succeeded in reaching or exceeding the global targets. Vietnam is one of these success stories. Between 1995, when the TB program became a national priority, and 2002, Vietnam expanded DOTS coverage and exceeded the WHO targets for detection and treatment. According to an evaluation of the National Tuberculosis Control Program (NTP) for the World Bank,[1] Vietnam achieved nationwide DOTS

[1] Report on the Joint Programme Review of the NTP: End term Evaluation of the Tuberculosis Component of the National Health Sector Project of the World Bank in Vietnam. August 2003.

coverage in 1999, and, between 1997 and 2002, detected 82 percent of the estimated number of new infectious cases for the six-year period, well above the WHO target of 70 percent. Also during this period, more than 89 percent of cases were cured, again exceeding the WHO target of 85 percent

The purpose of this report is to describe how Vietnam achieved its success, with a particular emphasis on the role of strategic health communication. The report includes an analysis of lessons learned and implications that may help other developing countries in their fight against TB. The report was compiled by reviewing reports from Vietnam's National Institute of Tuberculosis and Lung Diseases, as well as key informant interviews with Ministry of Health staff; the National Institute of Tuberculosis and Lung Diseases; Vietnamese policymakers; representatives of international organizations working in Vietnam; leaders and staff engaged in TB program activities at the provincial, district, and commune levels; and interviews with TB patients and their families.

COUNTRY BACKGROUND

Vietnam is located in Southeast Asia, a long, thin country that lies between China to its North; Laos and Cambodia to the west, and the South China Sea to the east. Its 82 million people are mainly rural farmers (75 percent). The majority of the population (87 percent) are Kinh (Vietnamese) and the remaining 13 percent are divided among 54 ethnic groups. Vietnam is highly literate — about 94 percent of people aged 15 years old and older are able to read and write.

Administratively, the country is divided into provinces, cities, districts, communes, and villages. There are 61 provinces, 4 centrally-administered cities, 631 districts, 10,553 communes and 104,146 villages. The health service system of Vietnam consists of four different levels: the central level headed by the Ministry of Health (MOH); provincial health services; district health services; and commune health centers (CHCs). The CHCs provide primary health care, implement health programs, treat common diseases, conduct health education, and manage village health workers. In addition to the departments located within the MOH, there are several national specialized hospitals as well as institutes such as the National Institute of Tuberculosis and Lung Diseases, which is responsible for tuberculosis control activities nationwide. There are about 213,000 public health personnel. Few statistics are available on the private health care system in the country; in 1996 the MOH estimated there were about 26,000 private health care providers. About 37 percent are physicians and 24 percent are drug vendors.

Over the past 10 years, Vietnam saw marked improvements in its economy and development. The average annual growth rate of its gross domestic product (GDP) was 7.5 percent between 1991 and 2000. These improvements led to an improved standard of living and quality of life for the Vietnamese people. Economic reform is moving the country towards a market-based economy and Vietnam is recognized in the region for its economic growth.

Although Vietnam is ranked among the 30 poorest countries in the world, its basic health indicators are much better than those of countries of equal economic status. Life expectancy in 2002 reached 71.3, compared to 65.2 in 1979. The infant mortality rate declined from 46 per 1,000 live births in 1991 to 26 in 2002. The mortality rate of children under five years old dropped from 55 per 1,000 live births in 1986 to 35 in 2002. The maternal mortality rate went down from 200 for every 100,000 live births in 1990 to 91 in 2002. The total fertility rate dropped from 3.8 children in 1989 to 1.9 in 2002.

THE TUBERCULOSIS PROBLEM IN VIETNAM

According to WHO, Vietnam ranks 13th on the list of 22 countries with the highest tuberculosis burden in the world. In the Western Pacific region, Vietnam is third after China and the Philippines. So far, no official survey on TB prevalence has been conducted in Vietnam. Public health officials estimated the prevalence of TB cases in 1997 at 102 per 100,000 population and the incidence at 85 per 100,000. Table 1 (below) represents the estimated number of TB cases based on incidence and prevalence rates.

In other words, nearly 400 new cases of TB occur each day in Vietnam. Of those, 178 cases are pulmonary tuberculosis. About 55 deaths occur each day in Vietnam from TB-related causes.

The burden of disease varies around the country. It is estimated that the level of transmission in the south is twice as high as in the north. The NTP plans to carry out a national prevalence survey in 2004 to provide information on the size of the epidemic in the various health regions and to serve as a baseline for future surveys.

VIETNAM'S TUBERCULOSIS CONTROL PROGRAM

In 1957, when the country was still divided into two by the war, the Government of North Vietnam established the National Tuberculosis Institute. In South Vietnam, a similar program — the National Tuberculosis Eradication Program — was implemented. During this period, TB control efforts were limited because of the war. After the reunification of the country in 1975, the TB program operated under the overall guidance and management of the National Tuberculosis Institute (now known as the National Institute of Tuberculosis and Lung Diseases). Between 1975 and 1984, the TB program had limited resources and effectiveness. In 1985 the MOH officially launched the National Tuberculosis Control Program (NTP) and the fight against TB expanded rapidly following the technical guidelines of the International Tuberculosis Association. In 1986 DOTS was piloted in some districts, with much success.

In 1995, the Vietnamese Government designated the NTP a national health program and included national targets in the country's health agenda, thus establishing

Table 1.
Estimated number of TB cases and deaths every year

PATIENTS	RATE	ESTIMATED NUMBER OF CASES
Incidence (new cases)		
- All types of TB	189/100,000 (inhabitants)	145,000
- Pulmonary tuberculosis	85/100,000	65,000
Prevalence (new and old cases)		
- All types of TB	289/100,000	221,000
- Pulmonary tuberculosis	102/100,000	78,000
TB related deaths	26/100,000	20,000

Source: Vietnam's National Institute of Tuberculosis and Lung Diseases

TB control as a national priority. The program's annual budget now comes from a central Government fund. In addition, the NTP receives support from the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other international organizations.

The National Tuberculosis Control Program is integrated within the structure of the primary health care system. There are four levels of TB control activity:

The Central Level. Located in Hanoi, the National Institute of Tuberculosis and Lung Diseases is responsible for the direction and management of TB control activities throughout the country. It is the highest level of technical authority in Vietnam in terms of treatment, scientific research, and training. The Institute supports the MOH in developing TB-related strategies, and in handling management and professional guidelines for the system.

The Provincial Level. Provincial centers diagnose, treat, and manage patients; implement TB policies issued by the NTP; develop action plans under the guidelines of the Provincial Health Bureau and the provincial TB control committees; support the district and commune levels; and monitor and evaluate program activities.

The District Level. The districts are capable of detecting TB and treating patients. All districts have physicians specializing in TB, laboratories, and X-ray equipment. Most districts have either a TB department or a TB-communicable diseases department in the district hospital. The district level is also responsible for implementing and monitoring the NTP, and the supervision and management of TB programs in the communes.

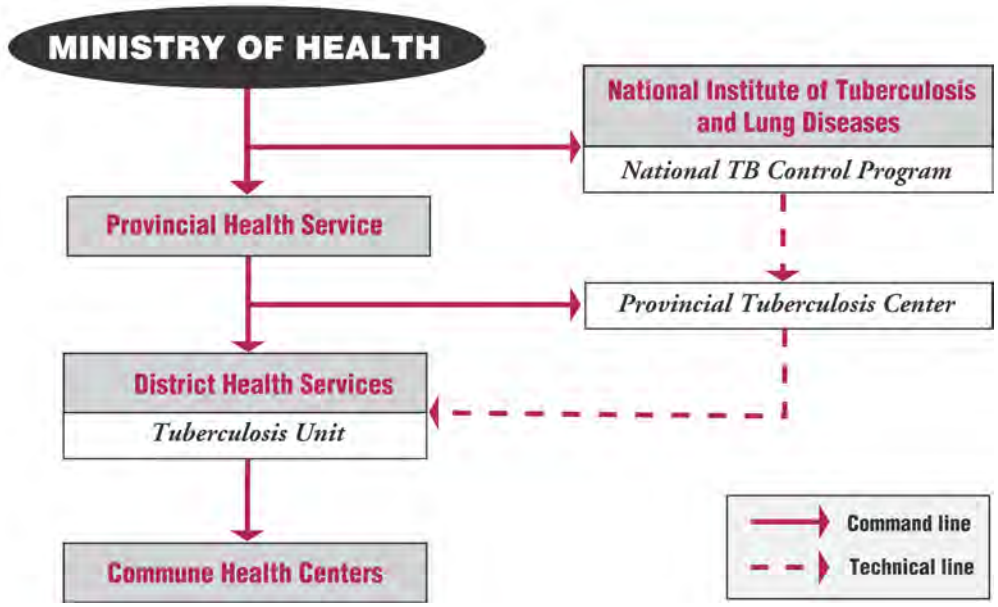
The Commune Level. Each commune health center has a nurse or assistant physician responsible for TB. The communes detect suspected cases from patients who experience persistent coughing for more than three weeks and send those patients to district hospitals for diagnosis. The commune level also provides treatment as prescribed by the district level, administering drugs, and vaccinating children. Each commune health center manages the village health workers. Most Vietnamese villages have one village health worker to handle health education for all primary health care programs. Larger villages may have two health workers. Most are trained in a three-month program and some may have higher education. In TB control, village health workers play critically important roles in identifying suspected TB patients, conducting counseling for examination and tests, paying home visits to patients undergoing treatment, and reporting problems in monthly meetings with the CHC.

Figure 1 (page 5) shows the structure of the health care system in Vietnam and its relationship to the TB services network.

By 1998, the NTP achieved almost universal DOTS coverage. By 2001, based on program reports, over 80 percent of cases were detected and 93 percent completed treatment. Of these, 89 percent were cured. Vietnam is the only country among the high-burden countries that has reached the global targets for TB control set by WHO.

While the program has achieved its targets, it finds itself facing new challenges. A survey conducted in 2002 found a 3 percent rate of multi-drug resistant TB (MDR TB) among 1,622 new cases. Another major challenge is the rise of tuberculosis cases combined with HIV/AIDS. According to sentinel surveillance in 2002, the rate of HIV and TB co-infection is more than 3 percent, but, in some provinces, the rate is as high as 14 percent. Financing of the program and equitable access for all citizens, especially women, the economically disadvantaged and ethnic minorities also remain concerns.

Figure 1: Flowchart of the health system and TB network in Vietnam



chapter 2

The Role of Communication

- COMMUNICATION GOALS
- COMMUNICATION ACTIVITIES
- IMPACT

One of the main reasons for Vietnam's stunning success in its fight against tuberculosis was that it integrated communication activities into all levels of program management. No formal evaluation of the NTP's communication activities exists, and in some areas it is difficult to separate communication activities from the overall approach, but this report generalizes from the success of the program that communication activities were a positive contribution to the overall effort.

The Vietnamese once considered TB incurable and hereditary. Such misperceptions created stigma and discrimination, which led to barriers for reaching and treating TB patients. The program's leaders recognized that strategic health communication was indispensable to the NTP's success. Therefore, a strong health communication component was developed to change people's misperceptions and eliminate stigma by providing accurate information. Health communication focused on providing information about the causes of TB, sources of

> ***"Some TB patients may still think this disease is stigmatizing, but it is not common because the communication activities have been well done. Most know this disease is not hereditary and it is curable. They also know that many TB patients fully recover and community-based treatment is effective."***
>
> —A medical doctor with the TB program

infection, how it is transmitted, symptoms, treatment, and prevention to political leaders, community leaders, and the public.

COMMUNICATION GOALS

The overall goal of the communication component was to contribute to achieving the national targets of detecting 70 percent of infectious cases and successfully treating 85 percent of them. Specific communication goals included:

- Increasing community awareness of tuberculosis and encouraging people to practice healthier behaviors related to TB.
- Raising awareness about the burden of TB and making the fight against TB a priority for local leaders at all levels, the ministries, social organizations, and the community in order to maintain political commitment and resources for TB-related activities.
- Strengthening individual and community involvement in TB-related activities.

COMMUNICATION ACTIVITIES

The communication activities that contributed to Vietnam's success in TB control included advocacy, mass media, interpersonal communication and counseling training, and community mobilization. All of these approaches were integrated into the overall program strategy. Communication activities reinforced the TB program activities as needed at all levels.

Advocacy

Advocacy helps create an enabling environment for behavior change by helping define the problem for decision-makers and the public and by helping make it a priority at all levels. Advocacy can also help change policies and increase resources. Advocacy was a huge component of Vietnam's TB control program and helped secure political commitment at all levels, which led to adequate resources for program activities. Specific advocacy activities included:

- Conducting seminars on TB prevention and control for local officials and community organizations. In these seminars, the NTP invited local officials and community organizations to share their points of view and experiences, leading to a better understanding of the challenges facing the program.
- Establishing TB control steering committees at all levels—central, district, provincial and commune—to coordinate and follow up on TB control efforts. At the central level, the national TB committee is chaired by a Vice Minister of Health and a leader from the National Institute of Tuberculosis and Lung Diseases. The provincial, district, and commune levels established committees to engage local community organizations. The establishment of steering committees at the different levels created a favorable environment for the implementation of and investment in the TB program. The committees also created large-scale public awareness for TB-related activities and mobilized community participation.
- Distributing letters and fact sheets to local authorities at all levels and leaders of the ministries, sectors, and local organizations to gain support for TB-related activities.
- Providing information related to TB's adverse consequences and burden to National Assembly members.
- Working with journalists and reporters to ensure accurate reporting of TB-related issues and stories.
- Organizing study tours and inviting important leaders to international conferences—such as the International Conference on Health, Tuberculosis, Lung Diseases and the International Conference on Management of Tuberculosis—to learn about the experiences of other countries and to share lessons learned.

- Maintaining relationships with the Netherlands-Vietnam Health Committee, the Netherlands Royal Tuberculosis Association, the International Federation of Tuberculosis and Lung Disease Elimination, the Centers for Disease Control and Prevention (CDC), and continued seeking support from other international organizations.
- Organizing meetings and parades each year on World Tuberculosis Day (March 24) at the district level. Local officials, stakeholders, and community leaders participated in these events.
- Arranging a televised speech by the Prime Minister and developing and disseminating materials on World TB Day.
- Organizing public meetings to provide information on TB in crowded locations, such as railway stations and bus stations.
- Including topics on TB, such as symptoms and prevention, in school curricula.

Mass Media

Mass media can reach a large number of people, extend the reach of the program, and legitimize a topic by creating an enabling environment for action. The NTP used mass media—including television, radio and print—to reach the public with information about TB. The program conducted formative research to understand how people receive information about TB. In 2002, program staff conducted surveys in eight selected provinces that represented all regions of the country. The respondents ranked mass media, i.e., radio and television, as the number one way they receive information about health matters. Local radio networks reaching districts, communes, and villages/hamlets, proved particularly important. Vietnam's high literacy rate made print media an important tool for improving knowledge of tuberculosis as well.

Mass media helped reduce stigma related to TB by promoting factual health information, such as TB is not hereditary and anyone can get TB. The NTP also took advantage of the fact that, in Vietnam, all television, radio, and print belong to and function under the Government's control. Since TB control was a government priority, as a result of effective advocacy, the NTP had easy access to mass media. The following activities were part of the NTP's mass media outreach effort:

Television

- Between 1996 and 2000, 15 reports on TB were released on Vietnam Television (VTV). TV spots on causes, modes of transmission, symptoms, and treatment were repeatedly broadcast during March around World TB Day.
- Two entertainment-education series on TB were developed and broadcast on VTV between 1996 and 2000.
- Two song and dance performances were organized to raise funds and increase awareness.
- In cooperation with VTV, three TV programs were released in 2003 focusing on TB and HIV/AIDS, drug-resistant TB, and children with TB.
- Many provincial television stations developed live programs for questions and answers on TB, and organized competitions and games.
- Video spots on TB were developed in cooperation with the NTP, VTV, and the Center for Health Education. The Ministry of Health distributed the spots to the provinces for release on provincial television.

Radio

- The NTP worked with the Voice of Vietnam (VOV) to broadcast programs on TB prevention and control, including the "Health for All"

program. Spots on TB and preventive measures were developed and broadcast.

- At the local level, radio networks disseminated TB messages on disease detection and seeking help. The NTP and the Center for Health Education developed the content of the messages.

Print

- Logos and badges promoting the NTP were developed and distributed widely. NTP's logo is recognized throughout Vietnam.
- An informational series on TB symptoms and treatment was released to various national newspapers.
- Reports, news and feature stories were regularly released to the national and local newspapers.
- The National Institute of Tuberculosis and Lung Diseases developed a quarterly newsletter on TB for free distribution to the community.
- Since 1996, the NTP printed hundreds of thousands of posters and millions of leaflets on TB for the public. In 2003, new posters and brochures were developed and distributed to health personnel and community organizers.
- The NTP provided financial support for 13 provinces in the northern mountainous area, High Land, and the Southwest to produce print materials for ethnic minorities in H'Mong, Thai, Ede, Khmer, and Chinese. The literacy rate of ethnic minority groups in Vietnam is more than 60 percent.
- A series of articles was released to the Health and Life newspaper and the Ethnic Minority and Mountainous Areas magazine distributed free of charge in remote and disadvantaged areas.

> ***"We want to ensure that TB medicines are taken correctly so we observe patients taking their pills. But this doesn't annoy the patients, because they feel we have compassion for them."***
>
> —A medical doctor providing care for TB patients

Interpersonal Communication and Counseling

The NTP realized that interpersonal communication and counseling (IPC/C) is key to achieving national targets for TB case detection and treatment success. Counseling is considered a critical need before and during treatment. Everyone involved in the TB program received counseling skills training. The program paid special attention to developing health workers' counseling capacity.

Each year, the National Institute of Tuberculosis and Lung Diseases organized training courses on health communication and counseling skills for program trainers in the provincial centers. The provinces then held training

> ***"We think pretreatment counseling for patients is the most important step to help them realize the benefits of adhering closely to the treatment regimen. Once they understand those benefits, they take the initiative to follow the requirements of treatment. We want all medical doctors to spend a reasonable amount of time counseling."***
>
> —Director of Ninh Binh Province TB Center

courses on communication skills for health personnel engaged in TB-related activities and village health motivators. The NTP developed and published training materials for workers at all levels.

Community Mobilization

The NTP also realized that community-level communication was essential to its success. After all, detection and treatment happen at the community and individual levels. The TB program worked hard to establish effective partnerships with community-based organizations—such as the Farmer Association, Women's Union, Youth Union, Red Cross, and the Elder Association—to organize various activities for their members and the community. Over time, the NTP's partnership efforts have expanded to more grassroots unions and organizations.

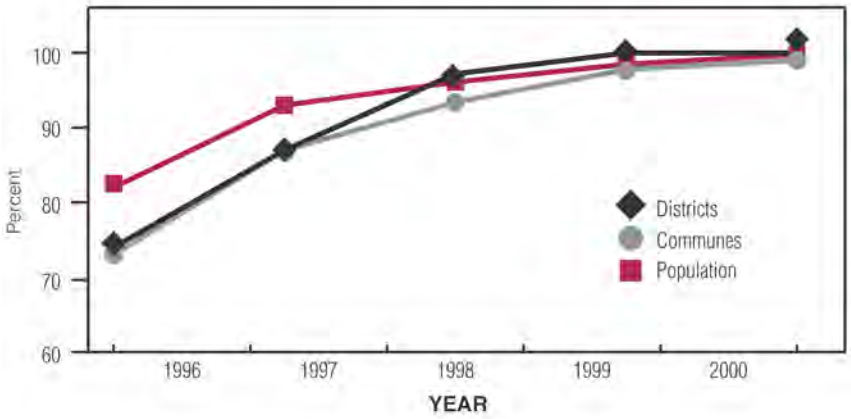
Peer education among patients was piloted in the five provinces with TB hospitals: Thai Nguyen, Nam Dinh, Ha Nam, Hai Phong, and Hai Duong. In these provinces, provincial TB centers organized a group of fully recovered patients (6-10 people) who received training courses on TB knowledge and communication skills. Once trained, they counseled other patients about TB and their experience in treatment. They also participated in advocacy meetings at the hospitals and in communities.

Many provinces mobilized localities for communication campaigns with diverse activities such as "Questions and Answers" on TB for audiences in the provinces, implementation of reports, and competitions related to TB for schoolchildren.

IMPACT

The health communication activities described above all worked together, along with the expansion of clinical and laboratory services and other programmatic components, to create an environment that was supportive of the fight against TB, helped identify TB patients and supported

Figure 2: Percent of coverage of Vietnam's Tuberculosis Program (NTP) and DOTS from 1996-2000



Source: Vietnam's National Institute of Tuberculosis and Lung Diseases

> ***"By counting the leftover drugs, I realized several patients forgot to take their drugs in the continuation phase because their work required them to stay overnight far from home, not because they did not want to. I reminded the patients and their family members that in such cases, they should take the medicines along with them, even if they have to travel for more than a month, we will try to supply sufficient drugs for them."***
>
> —A CHC Health Worker

them during treatment. The expansion of DOTS to all areas of the country (see Figure 2) provided the infrastructure necessary to assure services to all citizens.

The combined effort of assuring clinical and laboratory services on the one hand and implementing an effective communication strategy on the other ultimately led Vietnam to meet and exceed WHO targets of 70 percent case detection and 85 percent cure. Yet there were also intermediate outcomes that are important to recognize. These include:

The Vietnamese government's decision in 1995 to make TB a priority in the national health program.

This was a decisive turning point in the fight against TB and a result of advocacy efforts at all levels. This commitment to fighting TB gave the program leverage when approaching international donors and helped ensure participation at all political levels.

Increased resource allocation for TB control programs.

This outcome was a result of the government's decision to make TB a national health priority and advocacy efforts. A budget line for TB was established in the MOH budget. The NTP also actively solicited resources from international partners. It is estimated that the government contributes about 60 percent of the overall cost of the TB control program and the rest comes from international partners. Diagnosis and treatment are provided to patients free of charge.

High levels of awareness among the public and health care providers about TB symptoms and cure.

The National Institute of Tuberculosis and Lung Diseases conducted Vietnam's first cross-sectional study in 2002 in the rural areas to evaluate knowledge, attitudes and practices (KAP) of the public, public health personnel, and private practitioners. The survey found that:

- 80 percent of respondents knew TB was a communicable disease and could list the basic symptoms
- 65 percent knew TB was caused by a bacteria transmitted through the respiratory system
- 80 percent said TB was curable

> ***"Every year our center holds training courses on sputum microscopy testing to find Tubercle Bacilli for laboratory technicians in the districts of the province. Chemicals used for staining are distributed to the laboratory, microscopes are supplied, and 100 percent of the districts are able to test and diagnose."***
>
> —Director of Ninh Binh Province TB center

> ***"I coughed for more than a month, had fever, and lost weight and I thought I had TB so I went to the health facility."***
>
> —22-year-old female patient
> in the seventh month of home-based TB treatment
> in Ninh My commune, Hoa Lu district, Ninh Binh province.
>
> The patient said she knew TB symptoms
> through radio and television.

- All respondents (100 percent) knew that when someone has a detected case of TB, he or she should go to a health facility for medical care rather than buying drugs to treat themselves (Purchasing and selling medicines without prescriptions is relatively common in Vietnam.)
- 98 percent of public medical doctors and 93 percent of private medical doctors knew the source of TB infection (when persons with infectious TB cough and discharge the bacteria)
- 94 percent of public and 92 percent of private medical doctors knew how to diagnose TB.

These results could not have been achieved without the program's mass media, training, and community mobilization efforts.

An increase in the number of new cases detected between 1991 and 2000.

As expected, the number of TB cases per 100,000 people increased dramatically as the program expanded (see Figure 3). This was a result of the expansion of DOTS as well as the communication efforts that encouraged people to get tested if they had symptoms of the disease.

Figure 3: Number of new tuberculosis patients per 100,000 population during 1991-2000 period

Source: Vietnam's National Institute of Tuberculosis and Lung Diseases

How Communication Efforts Helped in Vietnam's Fight Against TB

AREA OF IMPACT	ROLE OF COMMUNICATION	TOOLS	IMPACT
Gaining political commitment for TB control	• Educate national policymakers and political leaders about the health and economic benefits of TB control lead to the inclusion of TB as a national health priorty • Educate local and community level authorities to encourage them to contribute to TB control efforts • Solicit support of international and national partners.	• Seminars and meetings • Print information—letters, fact sheets • TB Control Committees at all levels of government • Events around World TB Day and other occasions	• TB was designated a national health priority. It was given a line in the MOH budget and increased support from international donors.
Increasing case detection	• Raise public awareness about TB • Reduce stigma against TB patients and correct misconceptions about TB infection • Help health workers, communities, and individuals identify TB cases • Encourage individuls to seek care from appropriate sources • Reach the hard-to-reach populations (prisoners, urban poor, homeless)	• Formative research to determine messages and approaches • Mass media including radio and television • Extensive distribution of print ma1terials • Interpersonal communication and counseling training • Community mobilization activities	• Between 1997 and 2002, Vietnam identified about 82 percent of estimated cases.
Raising treatment success and discouraging the spread of MDR TB	• Give patients hope of complete cure (TB is curable) • Encourage patients to seek treatment from appropriate sources • Provide counseling before and during treatment • Encourage patients to complete treatment even if they improve before the end of treatment • Make patients aware of possible side effects and where to seek care • Encourage health workers, family members, and community members to directly observe patients while taking medicine • Engage fully recovered patients in encouraging current patients to complete treatment	• Interpersonal communication and counseling training for health workers • Mass media including radio and television • Extensive distribution of print materials • Community mobilization activities • Peer education	• Between 1997 and 2001, the combined cure and treatment rate in Vietnam was 92 percent.

chapter 3

Implications for Other National TB Programs

Vietnam's success in detecting and treating TB did not occur overnight. Rather it was the culmination of over 40 years of effort. The proven effectiveness of the DOTS strategy and its expansion throughout the country was at the heart of Vietnam's TB control program. Communication efforts, seamlessly integrated into all activities, supported and reinforced the approach. There are several lessons that other national TB control programs can take away from Vietnam's experience:

Secure political commitment — make the program a political priority.

One of the key reasons for Vietnam's success was the commitment from the highest levels of government that flowed down to the lowest levels. This commitment translated into increased resources for the program and increased leverage with international donors. It also increased the program's access to government-run media and improved the program's credibility with the public. The strong leadership of the NTP in implementing the DOTS strategy from the central to the commune (grassroots) level has been credited with much of the program's success.

Integrate communication activities into all program activities at all levels.

Communication activities were seamlessly integrated into all of the TB control program's activities as needed. Advocacy was used to secure political commitment and involvement at all levels and to keep the issue in the national spotlight. Mass media was used to educate the public, motivate them to utilize services, and complete treatment. All personnel

in the TB program were trained in interpersonal communication and counseling to improve relationships between providers and patients to ensure compliance and continuation with treatment. Community mobilization activities were conducted to educate the public, reduce the stigma around TB, and create a supportive environment for case detection and treatment.

Make sure the clinical aspects of the program — including diagnostic services, drugs and patient supervision — are in place and functioning before initiating large-scale public communication activities.

Clinical services must be in place to serve the demand generated by communication activities. If patients or potential patients are not able to receive high-quality services, including drugs, as promised, they may not return for services or complete treatment. Vietnam created a well-developed microscopy network and a reliable supply of drugs to treat confirmed cases. The program adhered strictly to the DOTS strategy and had well-trained community health workers to supervise treatment both at the commune health posts and in patients' homes. Indeed, the extensive and detailed training program for all the different levels of staff, from village health workers to physicians, including annual retraining and refresher courses, has been cited as a major reason for the program's success.

Make sure everyone knows the goal and is motivated to work towards it.

In Vietnam, the goal was to identify new cases of TB and to cure them. The entire TB control program was designed—and aligned—to achieve this goal. NTP staff believed that the best way to prevent new cases of TB was to find and cure existing cases, and they did not spend time and energy trying to educate the public about preventing the disease. The program's structure, personnel, and communication activities were aligned to detect cases and treat them. Incentives for commune health post staff, for example, were given when patients completed treatment.

Create partnerships at all levels.

Everyone has a role to play in TB control. The NTP created partnerships at all levels, from the central level to the community level. At the central level, partnerships with international donors were expanded when the program gained political commitment. At lower levels, partnerships focused on relationships between the health system and community-based organizations to expand the reach and visibility of the program and create a supportive environment for case detection and treatment.

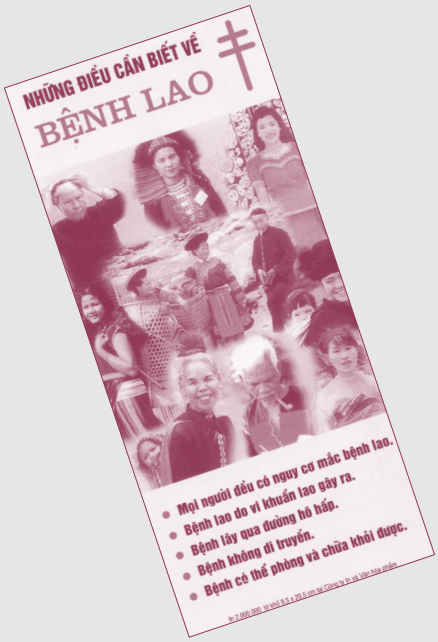
Use a mix of communication channels.

Each communication channel used in Vietnam's TB control program was chosen to meet a specific need or engage a specific audience. Mass media is best used to reach large numbers of people and to help create a conducive environment for change. Interpersonal communication and counseling are best used to educate individuals on complex matters such as how to correctly take medications. Community-based media such as local theater can be used to bring messages directly to hard-to-reach audiences.

Make sure messages are clear and consistent throughout the program.

All the messages broadcast via the media or communicated by health care workers must be

PRINT MATERIALS FROM VIETNAM'S NATIONAL TB CONTROL PROGRAM



Things to know about TB
- *Anybody can get TB*
- *TB is caused by bacteria*
- *It is spread through respiratory system*
- *It's not hereditary*
- *It can be prevented and cured*

TB symptoms
- *Coughing for more than 3 weeks*
- *Loss of weight*
- *Sometimes fever in afternoon*
- *Coughing up blood*

Go to a District Clinic for a sputum test

TB can be cured
- *Combination of medications*
- *Correct dose*
- *Take medications regularly*
- *Follow all directions*
- *Medicine is free*

The NTP made use of a broad spectrum of communication activities, including flyers with clear and consistent messages such as TB affects everyone, it can be cured, and seek care if experiencing symptoms.

consistent in content to help avoid confusion among providers and the public. In Vietnam, the NTP worked at all levels to ensure all messages about TB were consistent. As a result of this work, 80 percent of respondents to a nationally representative survey knew TB was a communicable disease, could list the basic symptoms, and knew it was curable. All respondents knew that a person with TB should go to a government health center for treatment and not try to treat it themselves.

Use public events to reach large numbers of people — or create your own.

The NTP capitalized on the interest generated by World Tuberculosis Day to remind the public about TB. The program launched new activities on World TB Day, increased press coverage, and planned other activities designed to engage people around the issue. World TB Day is now a major event in Vietnam.

Build on the country's or program's strengths.

As a country, Vietnam had several existing strengths that the NTP was able to take advantage of, especially in it communication activities, as it designed its TB control program. These included the country's high literacy rate, the government's control of mass media, and the very organized health care and political systems. The program also was offered diagnosis and treatment at no cost. Thus, the NTP was able to rely on the print media and printed materials to convey its messages and, since the TB program was a national priority, it had access to radio and television airtime. The organized health care and political systems facilitated the flow of information from the central level down to the commune level. Lastly, having the resources to offer free diagnostic and treatment services made the program, in theory, accessible to all citizens.

Create a system to monitor, evaluate, and measure progress towards the goal and communicate results to all levels.

An accurate and responsive monitoring system allows the program to see where it is being most successful and which areas need assistance before the program breaks down or falters. The NTP had a well-established recording, registration, and reporting system. It continuously monitored itself through regular quarterly and monthly visits at the district and commune levels. The system also allows the program to see areas—geographical or programmatic—that need improvement. Other national TB programs should use surveys to track the impact of the communication component to help evaluate success or to revamp activities that are not successful.

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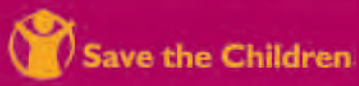

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