



The Lancet Commission on Global Access to Palliative Care and Pain Relief

UNIVERSITY OF MIAMI
INSTITUTE for ADVANCED
STUDY of the AMERICAS



Vietnam Policy Brief

Burden of Serious Health-Related Suffering (SHS)

Serious health-related suffering (SHS) is associated with illness or injury of any kind that could be alleviated by palliative care or pain treatment. In **Vietnam**, an estimated **279,000** people die with serious health-related suffering (SHS) every year. In addition, **370,000** people live with SHS from 20 life-threatening or life-limiting conditions. Approximately **4%** of the total burden of SHS is endured by children, amounting to **27,000** children experiencing SHS every year. Approximately **42%** of all children who died in 2015 experienced SHS and required palliative care.

Cancer (malignant neoplasms) is associated with **170,000** patients with SHS, ranking the highest among all conditions (**26%** of all people with SHS), followed by **HIV/AIDS (142,000** patients; **22%** of all people with SHS), and **cerebrovascular diseases (125,000** patients; **19%** of all people with SHS).

Each year, these patients with palliative care needs experience at least **67 million** and up to **225 million** total days with SHS symptoms, depending on symptom overlap. Over **49 million** of these days with SHS are associated with pain, specifically.

An Essential Package to respond to the burden of SHS

An affordable, Essential Package of palliative care and pain relief interventions including basic medicines, equipment, and human resources, can alleviate a large part of the burden of SHS for adults and children. This Essential Package is designed to be low cost by including only off-patent formulations, frugal innovation for needed equipment, and a staffing model based on competencies rather than professions.

Providing universal public financing for palliative care in **Vietnam** would cost an annual **\$69 million** USD at lowest reported international medicine prices, equivalent to **\$115** USD per patient with palliative care need. Among the total Essential Package costs, **20%** is medicine, **4%** is medical equipment, **68%** is human resources, and the remainder is for operational costs.* The total Essential Package cost would constitute **1.00%** of the country's 2015 public health expenditure, and **0.04%** of GDP.

Unmet need for pain relief

Off-patent oral immediate-release and injectable morphine is critical to palliative care and is inexpensive and effective. According to the most recent annual estimates from the International Narcotics Control Board (INCB), of the 298,500 kg of globally distributed opioids in morphine-equivalent (DOME) in 2014, **Vietnam** received a total of **81** kg (**0.03%**). Assuming that all of the DOME in **Vietnam** serves as pain relief medicine utilized for palliative care, it would fulfill **8.8%** of the country's palliative care need, and **1.0%** of the total need for morphine as estimated by a Western European benchmark. **Vietnam** ranks **99** out of 172 countries in terms of proportion of palliative care need met by DOME.

**Operational costs include a small proportion of the cost of infrastructure maintenance, administrative overhead, basic laboratory and imaging facilities, emergency room services, and facility costs – averaged at 8% of the overall costs to the Essential Package.*

About the Report: Each year more than 61 million people experience serious health-related suffering (SHS) resulting in over 6 billion days of suffering worldwide. Over 80% of these people live in low- and middle-income countries where palliative care is scarce or non-existent. This access abyss was investigated by the Lancet Commission on Global Access to Palliative Care and Pain Relief Report,¹ which quantifies the burden of SHS associated with a need for palliative care, identifies and costs an Essential Package of palliative care health services that would alleviate this burden, measures the unmet need for one of the most essential components of the package — inexpensive, off patent, oral immediate-release and injectable morphine — and outlines health system strategies to expand access to palliative care as an integral component of Universal Health Coverage by applying a balanced approach that ensures adequate attention to both the medical needs of all patients and the risk of non-medical use of opioids. Free download at: www.thelancet.com/commissions/palliative-care

Recommendations for national health systems

The Report's recommendations utilize a national health system model built around four essential functions: stewardship, financing, delivery, and resource generation (including human resources, facilities, technology, information, and research). Expansion of access to palliative care for adults and children should be integrated through each of these health system functions, with an increasing role across the continuum of care from primary prevention to end of life.

Strengthening health-systems functions to expand access to palliative care and pain relief ¹	
<p>Stewardship</p> <p>Priority setting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Implement public education and awareness-building campaigns around palliative care and pain relief <input type="checkbox"/> Incorporate palliative care and pain relief into the national health agenda <p>Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop comprehensive palliative care and pain relief guidelines, programs, and plans <input type="checkbox"/> Integrate palliative care into disease-specific national guidelines, programs, and plans <input type="checkbox"/> Include palliative care and pain relief essential medicines in national essential lists <p>Regulation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish effective legal and regulatory guidelines for the safe management of opioid analgesics and other controlled medicines that do not generate unduly restrictive barriers for patients <input type="checkbox"/> Design integrated guidelines for provision of palliative care and pain relief that encompass all services providers <p>Monitoring and evaluation of performance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monitor and evaluate palliative care and pain relief interventions and programs using an explicit outcomes scale, measuring coverage and effect <input type="checkbox"/> Promote civil society involvement in performance assessment <p>Intersectoral advocacy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engage all relevant actors in the promotion and implementation of palliative care interventions and programs through ministries of health 	<p>Financing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explicitly include palliative care interventions in national insurance and social security health-care packages <input type="checkbox"/> Guarantee public or publicly mandated funding through sufficient and specific budgetary allocations starting with the Essential Package <input type="checkbox"/> Develop pooled purchasing schemes to ensure affordable, competitive prices for palliative care inputs and interventions <p>Delivery</p> <ul style="list-style-type: none"> <input type="checkbox"/> Integrate palliative care and pain relief at all levels of care and in disease-specific programs <input type="checkbox"/> Design guidelines to provide effective and responsive palliative care and pain relief services <input type="checkbox"/> Integrate pain relief into platforms of care, especially surgery <input type="checkbox"/> Establish efficient referral mechanisms <input type="checkbox"/> Implement quality-improvement measures in palliative care initiatives <input type="checkbox"/> Develop and implement secure opioid supply chain and ensure adequate prescription practices <p>Resource generation</p> <p>Human Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Establish palliative care as a recognized medical and nursing specialty <input type="checkbox"/> Make general palliative care and pain relief competencies a mandatory component of all medicine, nursing, psychology, social work, and pharmacy undergraduate curricula <input type="checkbox"/> Require that all health and other professionals involved in caring for patients with serious, complex, or life-threatening health conditions receive basic training in palliative care and pain relief <p>Information and research</p> <ul style="list-style-type: none"> <input type="checkbox"/> Incorporate palliative care and pain relief access, quality, and financing indicators into health information systems <input type="checkbox"/> Ensure government-funded research programs include palliative care

How does your country perform? ____/24 (Count the boxes you are able to check.)

Join the movement

The Commission and its Implementation Working Group in partnership with the Lancet and the International Association for Hospice and Palliative Care (IAHPC), along with other global, and regional and national palliative care civil society organizations, wrote and adopted the [Miami DeclarAction](#),² which translates the Commission's recommendations into tangible commitments.

Additional resources including an advocacy toolkit with factsheets, report overview, policy briefs, a video presentation of the findings of the Report, and an informational wall map are available at: miami.edu/lancet under "background resources". Further resources can be found at: hospicecare.com.

¹ Knaul FM, Farmer PE, Krakauer EL *et al.* on Behalf of the Lancet Commission on Palliative Care and Pain Relief Study Group. Alleviating the access abyss in palliative care and pain relief —an imperative of universal health coverage: The Lancet Commission report. *The Lancet*. 2017.

² Knaul FM, Bhadelia A, Horton R. Health-related suffering: from Lancet Commission to DeclarAction. *Lancet* 2018; published online May 18. [http://dx.doi.org/10.1016/S0140-6736\(18\)31123-1](http://dx.doi.org/10.1016/S0140-6736(18)31123-1).