Final report: Partner Driven Cooperation (PDC)

Physical Activity in non-communicable disease prevention in Vietnam: from evidence base to policy implementation
AKT-2010-045

A Partner Driven Cooperation between:

Karolinska Institutet and Professional Associations for Physical Activity in Sweden and Hanoi Medical University in Vietnam, in collaboration with the Ministry of Health and the WHO Office in Vietnam

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List of abbreviations:

HMU	Hanoi Medical University
KI	Karolinska Institutet
MoE	Ministry of Education
MoH	Ministry of Health
MoS	Ministry of Sports
NCD	Non Communicable Disease
NGO	Non-Governmental Organisation
PA	Physical Activity
PAP	Physical Activity on Prescription
PAPTD	Physical Activity in the Prevention and Treatment of Disease
TOT	Training of Trainers
UN	United Nations
WHO	World Health Organization

1. Executive summary

Non-communicable diseases (NCDs) pose a rapidly growing threat to the public health in many low- and middle income countries and cause a double disease burden together with communicable diseases. In Vietnam, considered a lower middle income country (1), NCDs account for 75% of all deaths (2). The major risk factors for NCDs comprise of physical inactivity, unhealthy diets, tobacco use and harmful use of alcohol (3).

Physical activity (PA) is shown to be effective both regarding the prevention and treatment of many NCDs (4). There are various methods available to increase PA among patients, whereas the method Physical Activity on Prescription (PAP) is known to be effective (5).

This project is a cooperation between Karolinska Institutet (KI) and Professional Associations for PA in Sweden and Hanoi Medical University (HMU) in Vietnam, in collaboration with the Ministry of Health and the World Health Organization (WHO) office in Hanoi, Vietnam. The overall aim was to make scientific evidence on PA interventions for NCDs available for practical use in the Vietnamese society.

The major results include translation of the book Physical Activity in the Prevention and Treatment of Disease (PAPTD), training of 13 key persons and 251 health care professionals in the concept PAP, initiating the process of developing national guidelines/recommendations on PA and through an extensive media campaign communicating the beneficial effects of PA to the Vietnamese society. In summary, an increased prescription of PA was indicated (ns), based on self-reporting by the participants. Furthermore, many practitioners reported that they are willing to use the method but they need more education on PAP.

2. Purpose and objectives of the project

The overall aim of the project was to make scientific evidence on physical activity interventions for NCDs available for practical use in the Vietnamese society and health care system. This has mainly been done by capacity-building and knowledge exchange; firstly, by developing and conducting training courses for health care practitioners and secondly by accompanying this with an evaluation process. The expected results over the three-year period were to:

1. Translate and edit the book Physical Activity in the Prevention and Treatment of Disease (PAPTD), by October 2011
2. Develop a curriculum and training material
3. Train 10 trainers (at TOT courses) in Sweden
4. Run 30 training courses for patients (500) and health care providers (20) in Vietnam
5. Hold 18 regular meetings for main participants
6. Run a campaign directed to media and decision makers
7. Have at least 5 major and 15 minor media exposures
8. Evaluate the effectiveness after training for patients and health care professionals

9. Organise an international Conference in 2012
10. /11. Develop guidelines and national policy documents on PA and NCDs prevention on governmental level
11. Publish results in a National journal in Vietnam and 5 manuscripts submitted/ready to submit to International Scientific Journals

3. Project wide results

At baseline, at the time of application in September 2010, there was no evidence-based knowledge-bank on PA written in Vietnamese. Furthermore, there was a low awareness of the concept PAP in the prevention and treatment of NCDs among health care professionals in Vietnam as well as an insufficient understanding of the beneficial effects of PA among the general public. In addition, national guidelines/recommendations on PA were non-existing in the country. According to a master thesis written by a media- and communication student, in conjunction with the project during spring 2012, PA in the prevention and treatment of NCDs was regarded as something new when it was portrayed in the Vietnamese media, both to the general public and to health care professionals. This was a fact, despite a long history of traditional medicine in Vietnam, with various forms of exercises focusing on a holistic approach (for more information see appendix 1).

During the three-year-project the above mentioned major issues have been addressed, with the long term goal, to stimulate the prevention and treatment of NCDs in Vietnam. At the end of the project, in November 2013, many of the above mentioned targets have been achieved. In addition, new initiatives have been taken by actors within the Vietnamese health care system; such as conducting new training courses for health care professionals as well as patients on the theme PAP, initiating the founding of a Lifestyle Clinic in Hanoi and establishing an official website resource, open to all. A few targets have been modified since some of the goals set were shown to be too high. The objectives/expected results are discussed under each respective heading below, however among the major outcomes the following can be mentioned:

- translation of the book PAPTD which is now printed and distributed to key persons in the Vietnamese health care system as well as to medical professionals
- training of thirteen key persons and 251 health care professionals in the concept PAP
- communication of the beneficial effects of PA to health care professionals, the media, policy makers and the general public through extensive work by a media bureau
- initiation of the process of developing national guidelines/recommendations on PA

3.1 Translate and edit the book Physical Activity in the Prevention and Treatment of Disease (PAPTD), by October 2011

The book PAPTD is an evidence based knowledge base on how to prevent and treat various diseases/conditions using PA. It is written by 95 Swedish and Norwegian experts and edited by the Professional Associations for Physical Activity in Sweden in cooperation with the Swedish National Institute of Public Health. It was available as an online version in 2001 and was first published in 2003 and updated in 2008. During the last decade the book has been a

useful tool for Swedish health care practitioners when prescribing PA. It is also used as a textbook in various educations for health care practitioners as well as a valuable source of information for researchers. The book has been translated into Norwegian and English before it was translated into Vietnamese.
During the project a selection of chapters (35 out of 47) relevant for the Vietnamese context, have been translated from English to Vietnamese. The translation was shown to be a time-consuming and complex process involving many Vietnamese medical experts, translators as well as linguistic reviewers and publisher. Due to these facts the original time schedule could not be maintained, however the Vietnamese partner (HMU) managed to get the book published in time for the international conference in Hanoi in November 2012. At this occasion the book was given out to all 140 participants; key persons in the Vietnamese health care system as well as medical practitioners. The book PAPTD (appendix 2) is sold through HMU and can also be downloaded for free from the project web site in Vietnam, http://hoatdongtheluc.com/. The book has also been provided at training courses in Vietnam during 2013. In addition, a video clip about the book was aired on national TV in August 2013.

3.2 Develop a curriculum and training material
Two different courses were designed; one five days long course for key persons from the Vietnamese health care system, called the "Training of Trainers course" (TOT) and one two days long training course on PAP for several groups of health care professionals.
The TOT-course was a more in-depth course than the training course and the learning objectives included understanding of the relationship between PA and health benefits and the underlying physiological mechanisms for these relationships, general recommendations/ guidelines for PA and implementation of PAP in the Vietnamese society, whereas the training course had a more practical approach with patient cases and workshops. The learning objectives for the training course included assessment of life style risk factors, evidence-based methods for promotion of PA and public health benefits of PA.

The training material was written in English by the Swedish lecturers and translated into Vietnamese before the courses. The courses were held in English and were simultaneously translated into Vietnamese by a Vietnamese interpreter.

3.3 Train 10 trainers (at TOT courses) in Sweden
In total, thirteen key persons in the Vietnamese health care system have been educated in the concept PAP as they completed a five days long TOT course held in Sweden in August/September 2011 and in February 2012 (seven and six participants took part in the respective courses). After their participation they assisted in the training courses held in Vietnam for health care professionals. These thirteen key persons are now "ambassadors" for the concept PAP and will continue the organisation and implementation of future courses for health care professionals in Vietnam.
The TOT-courses were preceded by a one week long "study trip" to Sweden in March/April 2011, by a Vietnamese delegation representing some of the Vietnamese partners; the WHO-office in Hanoi and HMU as well as Danson Media, responsible for the media campaign. The study-visit included visits to various clinics and projects such as the "Life style unit" at

Karolinska hospital and "MÅ BRA-projektet" in Karlskoga, as well as time for discussions and completion of the project planning.

3.4 Run 30 training courses for patients (500) and health care providers (20) in Vietnam
Early in the project, the original plan of educating patients was disbanded, as it became clear that it would be most beneficial to use the funding for education of health care professionals only. Education of patients would be best performed by Vietnamese colleagues, in a later step, after they had taken the training course. Therefore, all efforts were concentrated on implementing courses for health care professionals both in an urban setting (Hanoi) and in a rural setting (Phu Tho Province). The Vietnamese partner was in charge of the recruitment of participants and chose to concentrate the courses to the staff from some major hospitals/ clinics; National Hospital of Geriatrics, Vietnam Sports Hospital and the Hospital of Nursing and Rehabilitation in Hanoi and a Medical station and the General Hospital in Phu Tho. During two one-week occasions, in November 2011 and in April 2012, a total of 251 participants; mainly health care professionals such as medical doctors and nurses, but also various decision makers, medical students and journalists were educated in the concept PAP as they took part in a two days long training course. In addition, a short introduction course (half day) in the concept PAP was held for 24 health care professionals at the Hospital of Post and Telecom in Hanoi in November 2012, in conjunction with the international conference (described under paragraph 6).

3.5 Hold 18 regular meetings for main participants
Regular, minuted meetings between the partners were held approximately once a month during the project time. The meetings were held more frequently during 2012, especially before the international conference in November and sparser during 2013. The majority of meeting were held via Skype, however personal meetings were arranged in March 2011 as the Vietnamese partner visited Stockholm, Sweden as well as in November 2011, April 2012, November 2012 and November 2013 as the Swedish partner visited Hanoi, Vietnam.

3.6 Run a campaign directed to media and decision makers
As communication played an important role in achieving the project objectives a media bureau was involved in the project from the start. Danson Media was chosen for the task by the Vietnamese partner since they are recognised as an experienced and professional company, previously involved in similar projects. The communication strategy focused on four target groups; health care professionals, journalists, policy makers and the general public and specific tools were used to reach each of the four target groups such as websites, social media and publications in health and medicine areas and national key publications of lifestyle, as well as general information on television.

During the **period March 2011-April 2012** a communication plan was settled, a "briefing kit" containing brief knowledge on PA for journalists was developed and a network of interested journalists was created. Media covered the training courses in November 2011 and April 2012 and several articles were published during the period as well as two TV-news features and one talk show on television. Furthermore 19 journalists from different

publications participated in the training course on PAP in Hanoi in April 2012 in order to obtain more knowledge and improve their ability to report on the subject.

During the **period May 2012 – February 2013** the campaign for raising awareness on PA was prepared and conducted. The campaign activities included the establishment of an official website linked to social media, www.hoatdongtheluc.com , TV talk show, promotional material, media exposure and advertisements. The campaign was "kicked-off" in November 2012, just before the international Conference in Hanoi, and ran until February 2013.

The extensive communication work by Danson Media during the three-year project resulted in 67 published articles, four TV-news features and two TV-talk shows released. One talk show was aired in April 2012 with Professor Carl Johan Sundberg (main applicant) and Kim Thanh Ho, MSc, as experts presenting on PAP in the treatment of NCDs and the other one was aired in November 2012, with Dr Huong Tran (co-applicant) on the application on PA at Vietnam National Institute of Geriatrics as well as on PAP.

The impact of the communication efforts on the target groups have been assessed by surveys conducted by Danson Media. One short interview (four questions) with health care professionals and the general public (140 interviewees) revealed that 96% of the respondents had seen the posters (which were part of the campaign material) and 95% agreed to support PAP. These results indicate that the posters were recognised and were an effective way to convey the information for a certain group of audience. The group had received information about the project "PA in the prevention and treatment of disease" via newspaper/television (43%) via friends, doctors or relatives (31%) and from the website (26%).

The 19 journalists included in the PA-network were approached by a mail-survey conducted before, during and after the project. Before the project eight out of 19 journalists had ever heard of the concept PAP, compared to after the project when all were familiar with the concept. In general, the project and the communication part were highly appreciated by the media for its usefulness. Basically, the journalists agreed that through the project, the public audience had received a remarkable volume of information, even though it was general and theoretical. Unfortunately there is no direct evaluation on the impact of the communication activities on the policy makers. However, four articles have been directed directly to this target group.

All produced material have been gathered and stored at the official website www.hoatdongtheluc.com which is registered until 2018. The website will be a type of e-library for the project as well as an interactive e-resource for the development of PAP after the project ends. From March 2013 the website is run by a group at HMU. The responsibility of the website will be transferred to another group in December 2013, headed by Dr. Nguyen Thi Thanh Huong, lecturer at HMU and founder of the newly established Institute of Medicine Dinh Tien Hoang www.dthim.org.vn . In addition to the Vietnamese web site, there is also a Swedish website on the theme of PA for global health, www.pa4gh.org, with information about the project in English. A selection of material produced in Vietnam, as well as all material produced in Sweden, beneficial information about PA and useful links are shown at the Swedish website. For more detailed information on the communication efforts,

please see the enclosed final report "Making the move by aligning communication efforts" written by Danson Media (appendix 3).

3.7 Have at least 5 major and 15 minor media exposures
This objective was met by a large margin thanks to the work performed by Danson Media, see paragraph 3.6.

3.8 Evaluate the effectiveness after training for health care providers
The evaluation process has been carried out partly by the Swedish project team and partly by two Swedish medical students performing their master theses, under supervision of researchers in the project team. In addition, one Vietnamese student has performed his undergraduate thesis in connection with the project. The effectiveness of the training courses was assessed by self-administered questionnaires (translated from English to Vietnamese) which were handed out directly after each course. After completion by the participants the course leaders collected the questionnaires and two Vietnamese medical students and one PhD-student translated them into English. The questionnaires; pre-knowledge test, pre assessment, course evaluation, action plan and post-knowledge test, based on Kirkpatrick's model of evaluating training programs (6) were used to evaluate the training courses and to provide feedback for the continuing improvement. The action plans, where the participants set up short- and long term goals regarding PAP and described how to achieve them, were initially planned to be completed three times; directly after the course as well as four and eight months after the course ending.

During the two TOT-courses the original plan was held and the answers from the participants revealed that the usefulness of the course was rated to 3.83 (±0.58) (on a 1-5 scale) 2-4 months after the course ending. After 8 months the rating was 4.17 (±0.41). The influence of the course on attitudes to PA was rated to 4.42 (±0.79) and the participants rated their ability to reach their goals to 3.92 (±0.51) 2-4 months after ending the course. In addition, the participants stated that the knowledge they had gained during the course helped them to better influence their patients to be physically active as well as to convince colleagues and decisions-makers about the benefits of PA.

The main evaluation was done on site during September to November 2012 when self-administered questionnaires were collected from a total number of 153 former course participants (students and journalists were excluded since the questionnaires addressed participants who were able to use PAP in their daily practice). The purpose was to capture attitudes to and knowledge about PAP as well as the influence of the short training course on prescription of PA. For more information about the evaluation process, please see appendix 4 and 5.

The questionnaires showed that the majority of the course participants reported a positive attitude to the method PAP and many of them believed that the method could help a large proportion of their patients. The major barriers were believed to be the patient's lack of time and lack of appropriate facilities. Despite the positive experience of the course and a willingness to use the method PAP, many participants believed that they had insufficient

knowledge about PAP and wanted more training. However, many participants reported that they recommended the method PAP more often after the course than before, even though this was not statistically significant.

3.9 Organise an international conference in 2012

On November 6th 2012 the international conference "Physical Activity on Prescription" was organised by HMU and KI and held at HMU. About 140 people, mainly decision makers and health care professionals, but also some medical students, participated in the conference whose main goal was to elevate PA on the political agenda. The conference was opened with speeches by Assoc. Professor Nguyen Duc Hinh, Rector of HMU, Professor Carl Johan Sundberg, KI and Mrs Maria Selin from the Swedish Embassy in Vietnam, where after five Vietnamese and four Swedish experts on PA were the main speakers. During the conference there was an activity break for all participants; a short PA-session led by students from HMU to the official campaign song (which was a translation of the Swedish song "Kärlekens tunga"). Prior to this conference, an international conference was held at HMU in November 2010, where the project was officially announced and where Professor Carl Johan Sundberg was the key note speaker.

3.10/3.11 Develop guidelines and national policy documents on PA and NCDs prevention on governmental level

The process of developing national guidelines/policy documents on PA have been initiated through various activities during the project. Several physical meetings have taken place with various ministries, such as the Ministry of Health (MoH), the Ministry of Education (MoE) and the Ministry of Sports (MoS) as well as other non-governmental organisations (NGOs), where Swedish experts have shared their experiences from the process of developing national guidelines/ recommendations on PA in Sweden. On November 7th 2012 a workshop on PA in the prevention and treatment of NCDs, targeting policy makers, were organised in Hanoi in conjunction with the international conference. The objectives of the workshop were to:

a) share experience on the international guidelines on enhancing PA
b) discuss the development of national guidelines on enhancing PA in Vietnam

The workshop which brought together some 20 policy makers from several ministries and NGOs in Vietnam, received great attention both on national television and in newspapers.

One year after the workshop, in November 2013, follow up discussions were held in Hanoi between the main applicant, Professor Carl Johan Sundberg, co-applicant Dr Tran Thi Thanh Huong and representatives from the MoH, the MoE and the MoS. Even though it is difficult to distinguish exactly which influences and which interventions that have affected the process of developing PA guidelines, Dr Tran Thi Thanh Huong is convinced that the combination of interventions within the project has raised the level of knowledge about the importance of national guidelines when implementing PA in NCD prevention in the Vietnamese society. Dr Tran Thi Thanh Huong is certain that the project has been crucial for the ministries in taking action for developing national guidelines and that there is a link between the project and the fact that national guidelines on PA for primary school children have been developed by the MoH in collaboration with the MoE, and approved in late 2013. These guidelines will be followed by guidelines on nutrition and PA for high risk population in 2014.

3.12 Publish results in a National journal in Vietnam and 5 manuscripts submitted/ready to submit to International Scientific Journals

So far, results from the project have been presented at the Scandinavian Congress of Medicine and Science in Sports in Malmö, Sweden, in September 2012, by MD Helena Wallin (project assistant). In addition, an abstract on the outcomes of the project was presented at the International Conference on Physical Activity and Health in Sydney, Australia, in November 2012, by Professor Carl Johan Sundberg. The Vietnamese partner is planning to publish the results from the project in a National Journal in Vietnam and the Swedish partner is planning to publish an article about the project in an international journal.

4. Concrete examples/voices about the project:

"*This is a helpful project for the public in the current state of arising NCDs in our country, providing a consultative channel for everyone in the prevention and treatment of disease".*

Ngoc Dung/Labour Newspaper

"This course helped to change my attitude and awareness of the importance of physical activity in health and disease management, thus leading to a better professional competence".

Training course participant

"In prevention, regular physical activity reduces the risks of colon cancer between 20 and 60% and breast cancer between 30 and 50% with exercises at average level for 4 times per week. That is the fundamental for initiating the concept of physical activity on prescription, after many years of research".

***D*r. Tran Thi Thanh Huong, Hanoi Medical University – Talk show on VTV1, Nov 2012**
http://www.youtube.com/watch?v=trGjrMT1I_0

"I think in a sense that the developing countries have a great chance to prevent something that we did not prevent, in Sweden for example, so you have the chance to prevent illnesses by changing lifestyles and understanding a link between insufficient physical activity, poor diet, smoking, etc. and many of the diseases that you have… There have been cost-effectiveness studies on how much it costs to get certain effects in other countries and lifestyle changing has shown, in most cases, to be very cost-effective, but of course individuals have to devote time and change their own lifestyle and that's why the health system has to train medical staff to understand how to help patients change their lifestyles".

Professor Carl Johan Sundberg, Karolinska Institutet - Talk show on VTC1, Nov 2011
http://www.youtube.com/watch?v=ltA78IDzQyE http://www.youtube.com/watch?v=QZtbpNMhFQ4

5. The overall goal of Swedish development aid: Poverty reduction

NCDs and their risk factors are strongly related to poverty at a household level, by leading to catastrophic out of pocket expenses and lost income from ill health. PA in the prevention and treatment of disease can help individuals, families and entire communities to combat poverty and to be empowered through better health.

6. Challenges / 7. Lessons learned

Some of the lessons learned were that it is important to keep the number of questionnaires as well as the number of questions as low as possible, in order not to tire out the respondents. In addition, back translating all questionnaires as well as all answers in order to avoid misinterpretations would be recommended in future projects. It has been extremely rewarding for the Swedish project team to experience the great enthusiasm and dedication in which a rapidly growing country, as Vietnam, is tackling the aroused challenges.

8. Partner Driven Cooperation

The long-term intention is that researchers from this PDC project, as well as participants from the TOT courses, will strengthen the interaction and cooperation between Sweden and Vietnam by future research collaborations in the field of PA and health. One concrete example is the research project mentioned under paragraph 10. Another example is the planned development of a Life Style Clinic in Hanoi. It will be set up in collaboration with one of the co-applicants, Professor Mai-Lis Hellenius, responsible for such a Life Style Clinic at KI in Stockholm, Sweden.

9. Benefit of the partner organisations

HMU: Physical activity on prescription was firstly noticed in the health care system in Vietnam, by the project. The National Target Programme on NCDs was approved by the Government but still physical activity was not focused enough.

The project was a good practice in transferring new knowledge to medical doctors, teachers and journalists on new medical issues. These trained people can be focal points in the development of a PA curriculum, as well as apply knowledge in clinical practice and also improve awareness of PA for people in the community. A concrete example of the consequences of the training courses conducted within the project is the new courses for health care professionals as well as patients on the concept PAP, which are now running in Hanoi (December 2013). The book PAPTD is distributed to the participants and used during the courses.

The results of the project is a good starting point for developing more collaboration based on the created network including the Ministry of Sport, Culture and Tourism, the Ministry of Education and Training, the Ministry of Health and other Organisations/Institutions.

KI: KI has for many decades been involved in global health research and education. To date, very few, if any projects, have dealt with NCD's and lifestyle questions. Therefore, this project addressing a new challenge for low- and middle income countries, has provided us with new ways of thinking and instilled great enthusiasm in the research group as a whole. Concrete it has led to research collaboration on the effect of individualized PA in newly

diagnosed diabetic patients in Hanoi, where among other things genomic, genetic and epigenetic mechanisms will be studied (see "spin off effects" paragraph 10).

10. Side effects/spin off effects

The project was highlighted at a side event at the United Nations (UN) general assembly high-level meeting on NCDs in New York in September 2011. The Swedish main applicant and the Vietnamese co-applicant were invited to hold presentations about the Sida-project for people from various countries. This put focus on the method PAP in the prevention and treatment of NCDs as well as helped spreading information about the project.

As a spin-off effect of the project, a successful application was sent to the Swedish Research Council, which led to the funding of a follow-on project "Individualised PA treatment for drug-naive type 2 diabetics in Vietnam". Researchers from both Vietnam and Sweden are involved in the project which started during 2012.

11. The thematic priorities

11.1 Gender
Participation of women in the project is high – e.g. well over half of the participants in the training courses were women and ¾ in the core working group of the project are women. Furthermore, the gender perspective has been addressed in several course elements during the training courses.

11.2 Environment
An environmentally sustainable development is highly addressed in the project as one of the main goals is to increase PA levels in the population. Increased PA in connection with daily transportation (walking, cycling) contributes to the reduction of carbon dioxide emissions and other waste products and thus improves the environment as a whole.

11.3 Democracy and human rights
According to the United Nations (UNs) Universal Declaration of Human Rights, article 25,
"*Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care…"*
*"… and the right to security in the event of unemployment, sickness, disability…" (*7).
The project has taken aspects of human rights into account by informing/educating people to actively influence their own health through physical activity.

12. The perspective of the poor and the rights perspective

The intention with this project was to raise the awareness about NCDs and their risk factors and the role that PA can play in both prevention and treatment of NCDs, among the general public in various socioeconomic positions both in urban and rural settings. Increased

knowledge about PA in the prevention and treatment of disease can facilitate people to make healthy choices, which can reduce the risk factors for NCDs and lead to long-term poverty reduction.

13. Risks

Initially, there was a concern that introducing a "ready-made" concept from a Western country, would adversely affect the long tradition of various types of traditional PA in Vietnam. According to the report by Matilda Jansson (appendix 1), there has, historically, been a genuine knowledge about preventive medicine and the importance of physical activity in Vietnam, long before the Western world recognised this. However, it seems like the young Vietnamese generation, for various reasons, has forgotten this knowledge. It is our sincere desire that this project will lead to the regain of the historical knowledge about the importance of physical activity in disease prevention and that the concept PAP will be adapted in a way which is suitable for the Vietnamese context.

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Appendicies:

1. Report by Matilda Jansson
2. PAPTD
3. Report by Danson Media
4. Report by Sofie Svensson
5. Report by Agnes Thede