Mathew Peck
Travelling Scholarship
2006

Official Report
VIETNAM

Madelaine Hong Hieu Nguyen
This scholarship is in memory of

Mathew Peck

His spirit lives on in the hearts of all those
who were privileged to know him.

His spirit lives on in
Vanuatu
East Timor
and now also in
Vietnam.

I dedicate this scholarship to my parents,
who have come so far, worked so hard in order to give me the opportunity of a
better future they only dreamed of having.
Background
In any country, pharmacies have the potential to play a significant role in the provision of health care and health advice to community members. Pharmacies are often easily accessible and can provide prompt services for people seeking health care. As in many low income countries, like Vietnam, the public have access to a large variety of and easily accessible medicines including antibiotics.

Antibiotics
In the presence of weak regulation of private practice, aggressive marketing of antibiotics by both national and international manufacturers and an inflated public demand for antibiotics, several studies have indicated a high prevalence of antibiotic resistance in Vietnam.¹

Recently the problem of counterfeit medications has also emerged in Vietnam. This could be one cause of antibiotic resistance, as well as contribute to the mistreatment of conditions due to inappropriate dosages and quality issues.

Because of their position in the health care system, pharmacists may be in a position to counsel and advise consumers about the appropriate use of antibiotics.

HIV response
The Vietnam Government has recognized the importance of a comprehensive response to HIV infection and has adopted policies concerned with education and prevention strategies as well as treatment and care of HIV-affected people.

As a common first point of contact with the health system, pharmacists are in a position to provide information and advice to individuals as well as to provide counseling about safe sex and injecting practices. Pharmacists have already been involved in the promotion and provision of clean needles and syringes to injecting drug users and may be interested to become involved in the provision of prescribed substitutes for opiate dependence, such as methadone or buprenorphine.

Proposed study
In order to assess the situation in pharmacies in Vietnam and to gather information which could inform the development of appropriate strategies to involve pharmacists in counseling and possible dispensing of opiate substitution, it is suggested that an informal study be conducted in selected sentinel pharmacies in Hanoi.

Goal of study tour
⇒ Presentation of follow-up data on needle and syringe distribution and pharmacist attitudes to HIV prevention to inform a Masters of Public Health study, with focus on;
  o the role of pharmacists in harm reduction and HIV prevention

¹ Antibiotic medication and bacterial resistance to antibiotics: a survey of children in a Vietnamese community. Mattias Larsson1, Göran Kronvall2, Nguyen Thi Kim Chuc3, Inga Karlsson2, Fredrik Lager1, Hoang Duc Hanh4, Göran Tomson1 and Torkel Falkenberg1 Tropical Medicine and International Health. Volume 5 no 10 pp 711–721 october 2000
Compilation of information gathered in a specific pharmacy observing daily activities concerning

- Available drugs (local/imported)
- Antibiotic prescribing/selling practices
- Pharmacists’ role in giving advice about medications eg. how and when to take them
- Potential role for pharmacists in other harm reduction activities e.g. methadone dispensing

Proposed work plan

In collaboration with the Macfarlane Burnet Institute for Medical Research and Public Health Centre for Epidemiology and Population Health Research (CEPHR), Madelaine will gather information that will build on a preliminary study undertaken by current Masters of Public Health student, Chris Pankonin (School of Population Health, Melbourne University)

1. Specifically look at other pharmacies not interviewed during MPH student project July 2006
   - Gather information from identified pharmacies not included in the previous study to add to data collected on needle and syringe distribution and pharmacist attitudes to HIV prevention.
   - Seek answers to specific questions about the role of pharmacists in harm reduction and HIV prevention

2. Spend a short time in a specific pharmacy observing daily activities and gathering some information that could be beneficial with a view to involving pharmacists in community education programs.
   - Are pharmacists members of a society?
   - Are they governed by regulation/legislation?
   - Is there a national medicines list they must adhere to?

   It might also be useful to understand:
   - The range and source of medicinal products available
   - Antibiotic prescribing/selling practices
   - Patient/customer counselling
   - Handling of prescriptions (labelling, advice etc)
   - Are needles and syringes sold?
     - For what sorts of medications are they required for?
   - Do they get asked about STIs? If so what do they do?
   - Do they think they have an important role in advice, counselling etc?
   - Do they think they have an important role in harm reduction for IDUs.
   - Would they like to get involved in methadone prescribing?

A representative selection of pharmacies will be identified where Madelaine will explore the responses to the suggestion that pharmacists might become involved further in
counselling concerning HIV infection and provision of prescribed opiate substitution for injecting drug users.

3. Health Policy Initiative (HPI)
A short placement with David Stephens, the Resident Advisor of HPI in Hanoi, will provide an overall view of HIV issues, research to support policy development, including legislative issues, economic costing and strategic planning, operational policy, e.g. palliative care and ARV treatment. HPI is also currently working on national methadone program, which is set to launch in Vietnam.

4. Strategy for Pharmaceutical Sector Development up to 2010
Accompany John Ware, President of the International Federation of Pharmacy (FIP) Western Pacific Region Office, on his inspections of Vietnam’s progress in the in their second phase of this eight year Good Pharmacy Practice project. The project aims to improve all aspects of pharmacy (from manufacture, distribution and practice) in order to assure sufficient supply of quality medicines and rational and safe use of medicines for the country’s health protection and care.

5. Placement with Volunteers for Peace (VFP)
VFP-VIETNAM is starting up a project in conjunction with Network for Voluntary Development in Asia’s common action against AIDS, in the light of celebrating the HIV/AIDS Day, the Day of Voluntary action in December.

The focus of local non-government organisations’ projects, such as VFP, focus on raising awareness among people about HIV/AIDS and about how to prevent it in the community. Different activities are done among students, high risk groups (inc. sex workers, drug users, migrant workers, etc) and in the community to explain about the cause and to widely introduce ways to protect people from the epidemic.

Along with other volunteers, Madelaine will join in health promotion discussions with local students, distribute condoms and leaflets about HIV/AIDS prevention, visit organisations involved with HIV/AIDS support and care

4. Preparation of a report
On completion of the study tour, Madelaine will provide a report outlining
- The activities commonly undertaken in pharmacies in Vietnam
- Suggested strategies to involve pharmacists in;
  - More rational use of medicines including antibiotics.
  - Education and harm reduction practices concerned with prevention of HIV transmission through sexual encounters and through unsafe injecting drug use.
  - Methadone substitution program.
- The activities conducted at local community level in promoting awareness about HIV (prevention, detection, treatment).
MY COUNTRY
My involvement in Remedy and my family history have strongly influenced the reason why I chose to take the Mathew Peck Scholarship to Vietnam. I am continually challenged by the predicament of how people in the same world can live in such distinctly opposite conditions. My parents fled from the war-torn country, where they grew up in deprived of so many things that we take for granted today: food, clothes, education and most importantly, freedom. Vietnam is a developing country; many of the people are still extremely poor and disadvantaged. I chose to go to Vietnam to “help people help themselves” (Remedy’s motto), by sharing the skills and knowledge that I’ve learnt; and in the process, open my eyes to the world. I believe that if we can bridge the gap of wealth, knowledge and resources, we can improve the health care conditions and overall quality of life of needy countries, such as Vietnam. To me, the Mathew Peck Scholarship gave me opportunity to do exactly this – in the field, in the community, in my home country.

KEY FACTS

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* Gross National Income

Economic Development
The *Doi Moi* (reforms) period, launched in 1986, put Vietnam on the path to transforming from a state-controlled economy to a market economy. It is generally accepted that this process helped improve the well being of Vietnamese people, with substantial poverty reduction and GDP per capita growth.

However, Vietnam remains one of Asia’s poorest nations. Inequalities, include health disparities between urban and rural, rich and poor, and geographical areas, continues to grow.
Health Situation in Vietnam

Vietnam's health indices have improved in recent years. However health inequalities are growing rapidly between different groups and geographical areas. Maternal and child mortality are much higher among the poor and minority groups. Infant mortality in remote areas is nearly eight times greater than in urban areas. Malnutrition is still a serious problem with a 25% malnutrition rate among children under five years of age.

Vietnam is also facing a host of relatively new health problems including Avian influenza, which remains a serious health threat despite the success of recent prevention and control efforts. More than 10,000 people die from road accidents every year, the HIV/AIDS epidemic is escalating and the number of non-communicable or "lifestyle diseases", such as tobacco-related disease, cancer, heart disease and diabetes has risen in recent years. They now account for nearly half of all deaths. Some communicable diseases persist, such as tuberculosis, dengue and parasitic disease.
MY PREPARATION

I started planning for my trip during my first semester exam study period. Like many other students, I found relief in distracting myself momentarily from lectures and past exam papers, to start planning my scholarship trip.

After our harm reduction lectures in Pharmacy Practice in third year, I was definitely interested in exploring this field in Vietnam. On further research, I found that injecting drug use is the primary factor contributing to the rapidly increasing rate of HIV transmission in Vietnam. I met with Peter Higgs from The Macfarlane Burnet Institute for Medical Research and Public Health, who has conducted extensive harm reduction research relating to Vietnamese youth in Australia, as well as in Vietnam for many years. Peter put me in contact with Chris Pankonin, Masters of Public Health student from the School of Population Health, Melbourne University.

At that time, Chris has recently returned from a research in Vietnam, comparing the provision of needle and syringes (N&S) to injecting drug users (IDUs) from The Burnet Institute’s Needle Syringe Programs (NSP) in Hanoi, versus the sale of N&S at private pharmacies. Some interesting ideas came out of Chris’s research, which involved interviewing pharmacists at length on their opinions on drug use and HIV prevention strategies, which left room for me to do some follow research in this field. After further discussions and brain-storming, my project evolved from just looking at the role of pharmacists in needle & syringes provision, but would also include at how else they can contribute to HIV/AIDS prevention.

Even though I started my planning ‘early’, it was only after months of emails to and from Vietnam, phone calls and meetings at The Burnet Institute and the pharmacy college, that the specific details of my project was formulated - just 5 days short of my departure!

Many thanks to all those who had input into planning and designing my project, in particular: Peter Higgs, Beverley Snell, Chris Pankonin, John Ware and to the VCP Pharmacy Practice Department lecturers, Greg Duncan and Kay Stewart. Special thanks also to the Mathew Peck Scholarship Scholarship Administrators (Sarah Vincent and Kate Davies), Deborah Horne, Jessica Dobbie, John Minh Nguyen, Lan Tran and Sharlina Lingam for their support.
MY FLIGHT

Lesson #1: ALWAYS check your travel itinerary CAREFULLY 
And well in advance to your scheduled flight!

I always knew that I was leaving exactly ONE week after exams finished i.e. 15th of November 2006. I knew that I have a 1am flight which meant I would have to be at airport the evening at 11pm. However it did not dawn on me until only THREE hours before my plane was scheduled to leave that I would need to check in on TUESDAY 14th!

Luckily I was semi-packed (i.e. threw all the clothes and bits and pieces that I thought I might bring with me in a pile in the living room) and my whole family was home to help with the frenzy that came with realizing I was flying in a matter of hours! Moreover, it was also a stroke of luck that I had voted in the compulsory state-elections just that morning at an early-voting site. The stars were on my side!

It all ended well despite the rush; within half an hour we were on our way to the airport and made it with plenty of time, no sweat!

Thanks for Lan and Mo for making a last minute trip to the airport to see me off & make sure I was fully equipped with chocolate, snacks and a Cosmo magazine for the plane ride.

Just in time!
My dad, sister and I at Tullamarine Airport. Melbourne
MY ARRIVAL

It was sweltering hot as soon as I stepped off the plane. Humid and very sticky! I started to worry whether I would have enough ‘summer’ clothes appropriate for this heat, as I remembered packing lots of thick woolen jumpers for the ‘cold winter’!

Even on the runway, and before reaching the main airport terminal, I was confronted with the Asia Pacific Economic Conference (APEC) phenomenon – which I soon discovered had taken over the whole city! APEC had brought much worldwide attention to the country, in particular Hanoi, where it was hosted. Leaders and officials from around the world met for discussions; with the aim to establishing free and open trade in the Asia Pacific region by 2010 for developed countries, and 2020 for developing countries.
The Vietnamese government went to great lengths to make sure international visitors felt welcomed and could see the positive progress Vietnam has made as a country in recent years. Anywhere you went in Hanoi, you could not fail to see huge billboards, banners, signs, flags, symbols, or even specially arranged flowers spelling out the word APEC.

The first week was chaos on the streets; constant road blocks and traffic-clearing-police-escorted rows of shiny black official cars from each country contingent. I managed to catch a glimpse of the Australian cars (maybe even John Howard behind the black tinted windows). The road blocks forced me to postpone meeting my contacts at The Macfarlane Burnet Institute until after the conference ended, as the office is located close to the Australian embassy and other official venues.

MY ACCOMODATION

My hotel was pre-booked by a family friend before my arrival. It was narrow four-storey hotel suit which is a suitable option for 'budget' backpackers.

It was located on the opposite side of the Hoan Kiem lake (Hanoi’s central landmark) to the Old Quarter (the tourist-filled motorbike-packed market streets where all the action is found!) My room was equipped with air-conditioning, a fan mini-fridge, cable TV and an ensuite – all the essentials!

I was frequently found in the reception lobby, using the sole computer with internet connection, as I attempted to bring my project plans to life! It was a saving grace that I brought my mobile phone with me, which enabled me make contacts using a local SIM card. Without this it would have been a very tough experience!
Opposite my hotel is a primary school; hence I often woke up to the sound of students laughter and singing. Down the road was the famous *Nha ThoLon* (literally Big Church), officially known as St. Patrick’s Catholic Church. Although seemingly old and grey, its architecture is beautiful and true to its French colonial heritage. The hotel was also 100 metres away from the “Chapel Street” of Hanoi, which is home to a string of swish cafés and boutique stores.
I only stayed at the hotel for a week, before moving in to stay with family friends who live in the Old Quarter. It was great being able to live with a local family, practice my Vietnamese skills, and experience true Hanoi life in the old streets of the town. The down-side, however was getting used to sleeping to the sounds of the busy streets and night-life; night-club music could be heard until the early hours of the morning as well as clanging of pots, pans and dishes, since the house was right next to a busy restaurant. Nevertheless, it was a fantastic opportunity and such a fun experience overall!
Good Pharmacy Practice Workshop  
22nd - 24th November 2006

Background:
In November 2006, Mr. John Ware, President of Western Pacific Pharmaceutical Forum (WPFF) and Mr. Kurt Rasmussen, Project Manager of the International Pharmacy Federation (FIP) Action Program on Good Pharmacy Practice conducted on-site inspections to assess Vietnam’s progress in the second phase of the country’s Strategy for Pharmaceutical Sector Development up to 2010. This government-approved plan aims to improve all aspects of pharmacy (from manufacture, distribution and practice) in order to assure sufficient supply of quality medicines and rational and safe use of medicines for the country’s health protection and care. It implies that international standards and guidelines such as GMP (Good Manufacturing Practices), GDP (Good Distribution Practice) and GPP (Good Pharmacy Practice) have to be implemented according to a plan of action. For example, GMP has to be implemented by the end of 2007 and GPP by the end of 2010. The government is now in its final stages of approving the draft of these two new legislation documents, which have been written on the basis of international guidelines for GDP and GPP.

Purpose:
To gain insight into the current status of Vietnam’s pharmaceutical sector through meetings with representatives from the Ministry of Health, national pharmaceutical association, universities and to visit pharmacies and other relevant organisations.
To provide technical assistance by reviewing the implementation plan of GDP and GPP, and provide guidance for further planning including setting up training programs.
To identify other areas in which FIP/WPPF can provide further assistance in the implementation of GPP, including technical assistance, project management or funding.

Program:

**Wednesday 22 November 2006**
Meeting with representatives of the Vietnam Pharmaceutical Association
Good Pharmacy Practice forum for members of Hanoi Pharmaceutical Association

**Thursday 23 November 2006**
Visit to three pharmacies and a drug manufacturing company - Trapharco
Meeting with the Deputy Minister of Health

**Friday 24 November 2006**
Visit to one Model pharmacy and to a wholesale distributor - Harpharco
Meeting with the WHO Representative of Vietnam

Summing up meeting with representatives from the Ministry of Health and from the Vietnam Pharmaceutical Association

Vietnam Pharmaceutical Association:
The Vietnam Pharmaceutical Association (VPA) was established 40 years ago. Its main aims are to provide members with services relating to education and training, as well as legal and operational assistances. In general, the association acts as a liaison between the profession and the government. The President Dr. Cuong resides in Ho Chi Minh City. The delegation was hosted by Mr. Nguyen Van Dinh, the Vice-Chairman of the Association of Pharmacy in Vietnam. Mr. Van Dinh is also the Chairman of the Association of Pharmacy Hanoi and the head pharmacist of the Hanoi Municipal Health Department.

The Association has sub-groups which represent the pharmacy industry, public and private sectors. Member pharmacists, who pay an annual membership fee, receive a regular pharmacy journal and can attend education programs run by the association.

The delegation had lengthy discussions with Mr. Van Dinh and the associate board members about the current situation of pharmacy in Vietnam, with focus on the Good Pharmacy Practice initiative.

Access to pharmaceutical services:
There are approximately 1200 private pharmacies operating in Hanoi, which inhabits over three million people in 950 square meters. However, in the outer district of Hanoi, which makes up half the size of the city, there are a total of three pharmacies. It is evident that access to essential medicines and pharmacy services is limited, especially in the rural and more remote areas. The problem however, seen in both the private and public sectors, is not simply a shortage of the number of practicing pharmacists, but an uneven distribution across the country. All communes have access to a doctor, not necessarily a pharmacist; often there is only a pharmacy assistant. In some disadvantaged areas, local health authorities have had to nominate a doctor to train to be a pharmacist.

Pharmacy graduates are often recruited by foreign pharmaceutical companies, as drug company representatives, where they can earn twice as much as community pharmacists.

Access to drug information
Pharmacies have reference books such as MIMS, VIDAL (Pharmacopaeia equivalent) and texts such as "Pharmaceutical Drugs and their Uses", however they are not mandatory. The VPA is in the process of revising the VIDAL to a more condensed version to be distributed to all pharmacies and drug outlets, even in rural areas.

Some pharmacists rely solely on the Product information (PI) leaflets inside medication boxes as their point of reference for indications for use and dosages.
Computers and printers are not commonly used in pharmacies - and if so, only for stock control or accounting purposes – thus drug information is limited primarily to verbal advice or written instructions. Some patients request for the PI leaflets, however pharmacists’ supply is limited to the number of boxes they have.

Documentation of prescriptions or labeling of medicines is not mandatory. Some pharmacies do not make any records whatsoever, some give verbal directions only.

**Pharmacy education**

It was established that there are three levels of pharmacy training:

- **Five-year** university degree (which enables you to open a pharmacy)
- **Three-year** college degree (which enables you to work in a pharmacy only)
- **One year** pharmacy assistant/technician qualification (which enables you to work in a drug outlet and sell medicines according to essential drug lists).

The are currently six institutions which offer training for university level pharmacists, however due to shortages there is heavy reliance of the college graduates and pharmacy assistants.

The role of the pharmacists as medication experts and credible sources of healthcare information has yet to be established in the Vietnamese community. One reason for the distrust of pharmacists could be explained by varying levels of pharmacy education. Although university degree pharmacists own and manage pharmacies, it is often the college pharmacists or assistants who work there on a day to day basis. The comprehensiveness off their training compared to the university degree is unknown but they are still eligible to practice as pharmacists.

Surprisingly there is no mention of pharmacy education and training specified in the current GPP document. The GPP initiative has been included as part of the National Drug Policy, but only after the draft has been approved by the Ministry of Health (MoH) will there be discussions about pharmacy education.

As it is already 2007, the fact that GPP is set to be implemented by 2010, and a standard pharmacy university degree lasts fives years, I struggle to understand how the MoH and the VPA expects to be able to have sufficient numbers of fully qualified pharmacists who understand and can practice under GPP conditions, without considering improvements to the undergraduate course curriculum and developing some sort of postgraduate training.

Currently, continuing education opportunities are limited, and from what we could gather, are not compulsory. The VPA offers a quarterly magazine with drug and clinical updates as well as some training courses, but only for its paying members. Drug companies also hold some education session on their products.

There seems to be a lack of governance that ensures practicing pharmacists are up-to-date with their knowledge. There is no need for re-accreditation after initial registration.
as a pharmacist is obtained. The VPA have expressed interest in following Thailand’s example of pharmacy accreditation.

(Go to ‘Hanoi University of Pharmacy’ for more information of the current undergraduate curriculum.)

Rational use of medicines

The fact that many patients go straight to pharmacies for common ailments, without the consultation of a medical physician, it is necessary to ensure standard treatment guidelines, which are safe, affordable, needed by the population and effective (SANE) are in place and followed.

Technically, antibiotics should only be available with a prescription; however it is common practice and widely accepted to buy almost any type of antibiotic over the counter. The concern is whether pharmacists are adequately trained in their appropriate use (indication, dosage and duration of therapy) and whether this is conveyed to the patient through adequate counseling. Medications are rarely sold as full boxes; often pharmacists sell blister strips or even less to patients according to their perceived needs or how much they can afford. This is a major concern with regard to antibiotic resistance.

Drug Price Control

The price of drugs has been heavily debated, both politically and in the public. Prices still remain high as compared to household incomes, and most likely the reason why medications are dispensed as blister pack quantities or less. Although this accommodates the patient’s finances, it undermines the effectiveness of therapy and can lead to antibiotic resistance.

No government subsidies, healthcare concession or health insurance system in place.

Pharmacies are free to set their own prices on medications, however with the introduction of GPP they are expected to increase to cover increased costs. Moreover, with recent admittance into the World Trade Organisation (WTO), there is certain to be a significant number for more expensive Western drugs coming on to the market.

Pharmacy Ownership

There are concerns about the lack of awareness of pharmacy owners and financers, about the need to focus on quality, not quantity, of pharmacy services provided. This will be a major challenge in introducing the GPP initiative.
**Good Pharmacy Practice forum:**

The GPP forum was held as an assembly hall at the Ministry of Health, which is located in Hanoi. Over 100 local pharmacists and committee members of the Vietnam Pharmacy Association attended. After overcoming some technical difficulties - no laptop, projector or screen had been prepared - John Ware and Kurt Rasmussen presented information on the principles behind GPP and discussed issues surrounding its implementation.

John & Kurt had asked me at breakfast that morning if I would like to do a short speech on my expectations of practicing as a community pharmacist. They thought it would be interesting for the Vietnamese community to hear an international perspective from a young Vietnamese student. Although I was reluctant at first, the idea seemed more and more appealing as I began to think it was a good opportunity to introduce myself and my views on the role of pharmacist.

We ended up having a heavily booked schedule and I didn’t have nearly as much time as I would have liked to prepare; I actually scribbled down most of my speech during the afternoon presentations. Although, I did feel that it was important for me to incorporate some Vietnamese, even if it was only the opening paragraphs.

**My Speech:**

Greetings everyone. My name is Nguyen Thi Hong Hieu. My English name is Madelaine. I am Vietnamese however I was born and live in Australia, in the city of Melbourne. *Kinh thua qui vi. Em ten la Nguyen Thi Hong Hieu, ten tieng anh cua em la Madelaine. Em la nguoi Viet nam ma em sinh o ben Uc o tai thanh pho Melbourne.*

I am a pharmacy student from Monash University. I have just finished four years of university study and after this I will return to Australia for one more year of training.
to qualify as a pharmacist. *Em la mot hoc sinh duoc tu truong dai hoc Monash. Em da xong hoc bon nam o dai hoc va xao day se ve Uc thuc tap cho mot nam nua de lay ban duoc si.*

I have come to Hanoi because I was awarded a scholarship to travel to another country to study about pharmacy. I chose to come to Vietnam to learn about pharmacy and my home country. *Em da den Hanoi tai vi em da nhan duoc mot hoc bong de qua ben nuoc ngoai de thuc tap ve duoc. Em da chon ve Viet Nam de tim hieu ve duoc va nuoc nha em.*

I have chosen to investigate the potential role of pharmacists in preventing HIV/AIDS, for example, through needle syringe exchange and drug substitution programs such as Methadone. *Em da chon tim hieu vai tro tiem nang cua duoc si trong viec phong chong tac hai HIV/AIDS thi u chuong trinh trao doi bom kiem tiem va lieu phap thay the Methadone.*

I think that pharmacists can contribute a lot to the prevention of HIV transmission for everyone as well as reduce the spread of HIV among injecting drug users. *Em nghi la cac duoc si co the dong gop nhieu viec ngan nga tuy co lay nhiem HIV cho moi nguoi ca cung trong giam thieu tac HIV/AIDS cho nhung nguoi tiem chit ma tuy.*

I think the pharmacists also have an important role in mediation counseling and disease state management. *Em nghi la cac duoc si cung co vai tro quan trong trong viec tu van ve thuoc va cac benh thong thuong.*

Now I would like to speak English, if I may. I’ve been asked today to share my thoughts on my future as a pharmacist. This speech is very last minute so I have not had much time to prepare. I will be brief but there are some important points that I would like to share.

In my four years of study I have come to learn that there are 3 key principles that are important for a pharmacist to embody.

The first is **EXPERTISE.** Pharmacists are trained to be drug specialists. We are trained to practice in a way that is based on evidence. We are trained to appraise data and information critically to ensure that the best advice is given to a patient. We have an important role to work with doctors and other health professionals to ensure drug regimens are safe and efficacious; and to optimize overall health outcomes.

The second principle required is **RESPECT.** Pharmacists must respect their patients, their colleagues and their profession. Pharmacists should endeavour to practice in a way that is professional and ethical. This allows pharmacists to gain the respect and trust of their patients in order to help them.

The third principle is **COMMUNICATION.** As Mr. John Ware said before, one of the most important things I have learnt in my university studies is communication. Pharmacists need to be able to communicate their knowledge of drugs and their actions in a way that a patient can understand.

I have been taught skills such as how to be empathetic, how to listen, how to ask and respond to questions. We have learnt how to interact with both patients and
other health professionals, as it is necessary to be able to work together as a healthcare team.

These three principles, however, cannot be achieved without a strong foundation of support. This is where the GPP program has a vital and significant role, as it provides a framework in which to practice pharmacy at a professional level.

However, I believe that the skills required by pharmacists in order to implement this program and ensure its success and longevity must be taught from the beginning. They should be taught to university pharmacy students so that when they graduate they are equipped with the appropriate skills to practice good pharmacy practice.

Pharmacists knowledge on clinical pharmacy and the pharmacology of drugs, allows them to help people help themselves. The advice and information that pharmacists can provide help patients to make informed decisions about their health and their family’s health. This emphasizes the pharmacists’ roles in promoting health as a whole in the community.

I strongly believe that if a country, like Vietnam, wants to build up their health system they need to take advantage of pharmacists’ knowledge and accessibility in the community. Pharmacists can play a significant role in dissemination of important healthcare advice. Furthermore, we can be proactive in our practice and seek out opportunities to help our patients.

However, it is up to you as individual pharmacists to make the decision whether or not to help improve the health of your community and your country.

As Mr. John Ware said, GPP will collapse without strong building blocks. I believe that these building blocks are the support of pharmacists who are dedicated to the same cause.

So I encourage each of you to step up to the challenge, work together, so that we can achieve better health outcomes for all Vietnamese people.

Despite my nerves, shaky Vietnamese pronunciation and persistent dry cough, I somehow managed to get through the entire speech. Nonetheless, being there up on stage, in Vietnam, talking Vietnamese to the Vietnamese community was one of those rare moments in my life when I thought to myself, ‘My parents would be proud if they were here now.’ I hope I made a positive impact on myself, even if it was just allowing them to hear another viewpoint of pharmacy practice. To me, I felt that I was conveying the simplest concepts; what I had learnt to be the basis of pharmaceutical care. Principles which I think are achievable anywhere in the world, as long as there is strong foundation of education, a professional framework and a government which supports the profession.
Pharmacy Visits:

The purpose of these pharmacy inspections was to gain insight into the current pharmacy practice situation, to allow more informed recommendations for improvement of the GPP guidelines.

Pharmacy #1

The first pharmacy we visited is owned by drug company, Trapharco. The layout was similar to western-style pharmacy; equipped with a dispensary area, a separate counseling area with ready access to reference books. It also displayed a list of essential drugs with corresponding prices to the public, which is expected in all pharmacies.
Medications were dispensed, primarily by blister strips, in a paper envelope with Drug name, Quantity, Indication and Directions for use written by the pharmacist. The pharmacy did not record patients name or Doctor’s details. It was the impression that the record books were use for stock control purposes, rather than patient histories, as the only recorded drug name, dosage form, quantity and price.
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Quầy 102 Thái Thịnh. Ngày 23 tháng 11 năm 2000

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Pharmacy #2
The second pharmacy represented what most pharmacies in Vietnam look like: a small kiosk-like front counter, open to main road or street.

The pharmacist in charge, 34 years of age, believed in and focused on customer service as a means of maintaining customer loyalty. Whether this meant simply supplying what the customer requested or practicing good pharmacy practice is unclear.
Although this pharmacy had more detailed documentation of prescriptions, including previously excluded details such as *patients name, address, quality of drug*; the labeling of dispensed medications was limited to dosage instructions written on a piece masking tape which was then stuck on to the blister strip.

We observed bulk dispensing of chlorpheniramine; where tablets from a larger bulk bottle was dispensed into a small snap-lock plastic bag and directions written directly onto the bag. This method is primarily seen with sedatives, where there is a policy of dispensing ten tablets at a time. There are no warning labels or written warnings about drowsiness for such medications. Verbal advice is the only means of communicating this information, whether this is done for every patient is questionable.
Pharmacy #3

This pharmacy was a medium size pharmacy and cleaner than the last. There was a distinct entrance with a door so it was not completely exposed to the main street. It is owned and managed by a former pharmacy university lecturer.
The pharmacists had developed a more systematic documentation method with separate record books for different classes of drugs. However, this arrangement still has heavy emphasis on the drug and again would be more useful in monitoring stock use and overall drug use rather than a form of patient history. There has been no attempt to try bring patient medication histories together. Although patients’ names were recorded in the books, medications were similarly dispensed in paper envelopes with primarily the dosage instructions only.

The pharmacist seemed more compliant with pharmacy regulations, as she had even made her own advertisement, which informed customers which classes of drugs required a prescription.
Drug Company Visit: Traphaco

Established in 1972, under the subsidized economy, the company started out as a small medicinal manufacturing workshop. Since then, the open market era has seen Traphaco emerge as the fastest developed drug company in the country.

As a joint-stock company, that is 45% government-owned and 55% privately-owned, with branches in 38 provinces, which includes pharmacies across the country. The company manufactures 170 products; consisting of 60 traditional herbal and 110 modern medicines. However, its traditional medicines are its best-known products in Vietnam and account for 80% of their profits. Traphaco has a turnover of $US20 million a year.

Traphaco not only distributes their drugs throughout the whole country, bust is also well-established in the overseas markets. Majority of their exports are to Eastern Europe; primarily Belgium who then re-exports to Africa. There is a 50/50 ratio of exported drugs that are herbal versus modern.
The company has been certified by the Drug Administration to conform with the ASEAN GMP standards. In Vietnam, the new international GMP standards have been implemented and enforced, but currently this only applies to exported medications.

**Ministry of Health**

A formal meeting was held with the Vice Minister of Health at the MoH. Also present were representatives from the drug administration, pharmaceutical sector advisors, the Dean of the Hanoi University of Pharmacy, Vice President of the Vietnam Pharmaceutical Associated, John Ware, Kurt Rasmussen and myself.

The Vice Minister of Health summarized the current situation of Vietnam’s pharmaceutical sector:

- Vietnam has just been admitted as a World Trade Organisation (WTO) member, which will enable the country to open up international harmonization in trade including pharmaceuticals.
- At the moment, Vietnam still has to import 50-60% of all available drugs on the market. Only 40% of drugs by are sourced by local manufacture, and this is only generic medicines. There has been lots of effort to modernize factories to ensure quality manufacturing practices.
- However, admittedly there is weakness in distribution, which affects the price of drugs on the market. There is heavy reliance on the network of retail pharmacies to ensure more streamline distribution system.
- A key problem is ensuring the good management of quality and practice of pharmacy. Based on the law, the MoH is implementing policies to ensure and address the issues of quality and price of drugs.
- It is important that drug prices remain stable and are available at an affordable price, especially to farmers who are still poor; are of adequate quality, available in sufficient quantities and are what the people of Vietnam need (consistent with the concept of essential medicines)
- There are two limiting factors to solving the problem or quality pharmacy services
  1) Vietnam is still a poor country
  2) The scattered distribution of pharmacies, and the fact that they are very poorly equipped

- It is thus difficult to create guidelines that apply to all pharmacies, including drug outlets, and ensure they all comply.
- Prescribing practices is also another hurdle to implementing GPP
- GPP (all six variations) has been included into the pharmacy curriculum. Students have been trained in product manufacture, distribution and clinical practice; however this study has not been in-dept and requires on-the-job training for them to learn more.
Vietnam is readily open to learning and improving based on the international experience and expertise. The MoH welcomes and is grateful for the assistance from FIP/WPPF and hopes to continue a positive relationship in the future.

John Ware and Kurt Rasmussen summarized our progress of the last few days and confirmed their commitment to providing technical assistance, in particular in regards to reviewing the GPP documents. Overall, the meeting was very formal and brief with not much in-depth discussion.

**Model Pharmacy Inspection:**

The pharmacy we inspected was one of three pilot stores that have been created on the basis of the GPP principles. A total of seven pilot stores will be built in Hanoi, with a total of 30 to 40 including Ho Chi Minh City and major provinces, by the end of 2007. It is the government’s intention to close the kiosk-like pharmacies and switch to these new GPP model pharmacies.

This particular store is corporate owned by drug wholesaler, Harpharco. Unlike most pharmacies in Vietnam, it was located away from the main road in a small side street and was undoubtedly the largest pharmacy I’d seen in Hanoi (even comparable to a large pharmacy in Australia).

We arrived at the pharmacy a little past nine in the morning, just in time to see a dozen people cleaning the windows, dusting and sweeping the floor one last time before our inspections.

The dispensary was rectangular and located in the centre of the pharmacy. On one side of the dispensary were rows of supermarket-style shelves stocked with over-the-counter cosmetics, beauty products and vitamins.
On the other side of the store, there were small cubicles for two qualified medical doctors to use as consulting suites. On questioning whether these doctors were located in the pharmacy for prescribing purposes, we were informed that they were there only to provide medication advice to patients. Despite the suggestion that this is the role of the pharmacists, who are qualified drug specialists, we were informed that Vietnamese people do not trust pharmacists and will only listen to medical practitioners.

The dispensary also followed a supermarket-style categorization of medications, according to therapeutic class. There are at least ten counters, for example, anti-diabetic, anti-psychotics, anti-histamines etc.

If a patient entered the pharmacy with a script with more than one drug from different therapeutic classes, the patient would be expected have to walk to different counters in order for their medications to be dispensed.

Each counter holds separate record books which detail prescriptions under patient’s names. However, this segmented system is inefficient, can be confusing (as medications can be taken for multiple indications, and not
solely used as its primary therapeutic class would suggest eg. TCAs used for neuropathic pain) or embarrassing to patients (as others will be able to see what type of prescription medications they are taking e.g. anti-psychotics); moreover it does not allow for comprehensive and complete pharmaceutical care, as patient histories remain isolated at different counters.

Glass counters extended all the way around the dispensary’s rectangular layout, displaying medications like a jewellery store. This superficial arrangement and categorization of drugs, demonstrates a lack of understanding of patient-centred care and puts patient safety at considerable risk.

In terms of computer software, the model pharmacies are currently in the pilot stage of a dispensing program, primarily for the purpose of selecting and cross-referencing generic brands; as well as a stock control program for ordering and price calculation purposes. There has been no attempt so far to make patient records electronic, centralized and, or easily retrievable. The VPA did admit that computer software, rather than hardware, is an area where the pharmaceutical sector is lacking and requires assistance.
During the time we were at the pharmacy, no customers entered the store. On a daily basis there are 13 pharmacists and 5 pharmacy assistants on duty. The VPA openly admitted that the supermarket design has not been successful. Furthermore, they are experiencing difficulty in convincing both pharmacists and the public to convert to the newer, more expensive (and by looking at the Harpharco model) unfeasible GPP pharmacies. Thus far, there has been no discussions on the need for a promotional campaign to encourage citizens to go to GPP pharmacies, however if pursued, it would have to go through government channels.

The VPA explained that their approach to the GPP implementation is a combination of strategies that they have learnt from their neighbouring countries:
- Thailand, who enforced compulsory implementation, and
- Singapore, who was able to introduce GPP by empowering pharmacists and positive GPP promotion.

Both countries have successfully achieved GPP standards.

The plan is for pharmacies to voluntarily apply to join the GPP initiative. An inspection team will assess whether the pharmacy has the capacity to meet the GPP standards and will monitor the transition until complete GPP implementations. The new legislation will state that GPP pharmacies must be at least ten metres square and must have adequate air-conditioning (as opposed to the small open-front shops at the moment, which expose medications to varying humidity and temperatures).

Although it is evident that steps have been taken to ensure the improved standards of premises of the pharmacy; however there seems to be a lack of attention to proper documentation in terms of medication labeling and patient records. This needs to be addressed and standardized across the board.
**Drug Wholesaler Visit:** Harpharco

Medications are available through both legal and illegal channels; from pharmacies, hospitals, medical practitioners to the black market. The latter encourages substandard medicines. However the extent of illegal trade and counterfeiting is unknown.

Harpharco understands of the problem of sub-standard drugs and is highly aware of the need to buy from reliable sources for quality assurance. Suppliers and stocks undergo rigorous checks every three months to maintain quality standards.

The Ministry of Health is set to launch a counterfeit medicines awareness program which warns the public are the risks of taking sub-standard drugs.

Harpharco has implemented standard operating procedures to ensure the right medications are received, are correctly packaged and shipped to the right retailers.
National Office of WHO:

We had a brief meeting with Dr. Hans Troedssen, the WHO representative in Vietnam. Dr. Troedssen was supportive of FIP/WPPF’s intentions in assisting MoH and VPA in their endeavour to improve pharmaceutical sector standards.

He raised concerns about the indiscriminate supply of antibiotics and admitted rational use do medicines is still a major challenge that Vietnam is struggling with. Dr. Troedssen also supported the suggestion by WPPF of running communication training course on the basis of ‘train the trainer’ to assist in improve pharmacists’ practical counseling skills. The Western Pacific Region WHO has previously and successfully run a similar training course in Philippines with Victorian College of Pharmacy lecturers, Greg Duncan and Kay Stewart, as key facilitators.

Key Issues & Recommendations

- **Role of pharmacist**

The challenge in implementing GPP is in making pharmacists and the public more aware of the need to improve pharmacy practice standards. I think a public awareness campaign is required to promote the role of pharmacists as credible sources of healthcare and medication advice, eg, “Don’t leave until you KNOW!” The public needs to know that pharmacists are responsible for ensuring the medications
dispensed are for the right person, right reason, give at the right dosage and are of good quality. If we create a standard of practice that patients expect to receive when they go to the pharmacy, that puts an obligation on the pharmacist to ensure they have adequate skills and sound knowledge to practice professionally.

**Pharmacy education**

GPP cannot be implemented successfully, nor be sustainable, without the intention changing the current pharmacy curriculum nation-wide to focus more on pharmaceutical care. New graduates cannot be expected to practice under GPP conditions without sound knowledge of the principles and appropriate skills eg, communication, literature reviews. Moreover, plans must be made to re-educate already registered pharmacists on the concept on patient-centre care.

Currently, only one subject relating to clinical pharmacy, namely clinical pharmacology, features on the pharmacy curriculum in Vietnam. Although the university has acknowledged that the current clinical pharmacy content is limited and requires further development, it was surprising to hear from a university teacher that the Hanoi Pharmacy University will be moving the focus of curriculum to pharmaceutics and pharmaco-economics, as these are the most popular fields that graduates pursue.

Without a strong commitment to changing to pharmacy curriculum to teach students the clinical and pharmacy practice skills required to practice competently under the proposed legislature, the GPP project will fail.

The University of Medicine and Pharmacy in Ho Chi Minh City have already expressed interest in collaborating with international institutions, such as the Victorian College of Pharmacy, to assist with developing their pharmacy practice curriculum. The curriculum of the college pharmacist and pharmacy assistance course also need to be reviewed to ensure adequate training is provided.

**Postgraduate training and education**

In line with the changing the pharmacy undergraduate course, efforts need to be made to re-educate pharmacists who are already practicing. As well as learning about the GPP and pharmaceutical care, there needs to be some form of re-accreditation program for continuing education to ensure that pharmacists are regularly updating their knowledge base to ensure they can practice competently. Education programs need to be just like essential medicines, in that they are accessible, affordable, of good quality and which meet the needs of the population. Pharmacists need to be updated with the latest changes in therapy, medications and other pharmacy practice issues that relate to their patient care.

**Standardization of Practice**

The Ministry of Health and pharmaceutical association have concerns about the difficulties of implementing GPP across all types of pharmacies, from standard drug stores, hospitals to drug outlets. Despite the odds, it is a necessity to expect pharmacists – at every level of training – to practice at least at a minimum set standard. For example, patient details must be recorded on any transaction of registered prescription medications both in pharmacy record books and on the medication itself. At the moment, there are varying degrees of documentation from
pharmacy to pharmacy; some do not even make any records at all. Pharmacists also often supply prescription medicines indiscriminately, with or without a doctor’s written authorization.

According to the Pharmacy Law, a university level pharmacist must be present to supervise and manage a store. Often these pharmacists register to open a pharmacy but hire college pharmacists to run the store. Currently there are not punitive consequences for this breach of law.

The Pharmacy Law needs to be enforced and punitive action taken for noncompliance. Pharmacists need to be accountable for their actions. Professional Standards and Codes of Conduct need to be established to compliment the new GPP initiative, to ensure streamline practice of acceptable standards from all pharmacists.

**Health without wealth**

Vietnam is still a poor country with medical and pharmaceutical costs considered expensive compared to household incomes, and not considered a priority compared food or housing. Hopefully the new association with the WTO will bring more wealth into the country. However, how much of this money will be invested into improving the health sector or somehow distributed evenly among the population is unknown. At the moment, it is evident that the city-folk are more well off that those in rural areas, who have limited access to medical services. Some are so poor they struggle to earn enough to feed themselves, let alone their families.

The government also needs to address the issue of poverty, particularly in remote regions. Without money people cannot afford to look after their health; without their health, they cannot be productive citizens and earn wealth for themselves or for their country.

**Pharmacy sector regulation**

Recent WTO agreements will bring both opportunities for growth as well as challenges. A significant amount new medicines will enter the market which will demand not only pharmacists to keep up with current drug information and therapies, but the need to regulate the pharmaceutical market to ensure price control of essential medicines and rationale use of medications.

**Future:**

It was intended that the GPP draft be finalized by the 1st of January, 2007. The draft, as we saw it in December, was not consistent with international guidelines and required extensive review before finalization. The Western Pacific Pharmaceutical Forum has taken it on board to review the document for improvements.

As a new member of the WTO, Vietnam is obviously moving into the new era of liberalized trade including pharmaceuticals. It will be extremely important for the government to be able to make strategic viable steps to ensure access to essential medicines is stable and sustainable, to ensure impartial healthcare for all citizens.

There is need for strong technical assistance in improving the standards of pharmacy practice. This can be achieved through development of a national drug policy that ensures the rational use of medicines and patient-centred care.
Both FIP and WPPF will consider funding applications over the next three to four years, as Vietnam progresses with its GPP initiative. Although, there is still an urgent need for technical assistance in how to implement the project successfully. This is where international networking between other pharmaceutical associations, authorities and university will benefit in the development of pharmacy practice.

The Vietnamese government and pharmaceutical association should be commended on their commitment to improving the country’s pharmacy standards. They have taken a huge step in a positive direction for striving for international standards. There needs to be strong emphasis on education and training across board; especially in the undergraduate course if GPP is to be sustainable in the long run. As long as Vietnam remains dedicated to the cause and with continued international input and support, the country will be able to achieve GPP standards in the future.

Other Workshop Activities

**Cultural Visits:**

- **Museum of Ethnology**

Currently there is an exhibition on the *Doi Moi* (Reform) period of Vietnam. Displays showed of life in the subsidiary era, when citizens had to queue up in order to buy food and clothes with coupons, the cramped conditions of housing, and personal accounts of the hardships of everyday living during that time.

It was interesting to see the creativity that flourished during that time, as people had improvise using their limited resources to make clothes, dolls for the children to play with to household appliances. It was this creativity, this self-sufficiency and thirst for liberalization which is said to driven the *Doi Moi* period and the reason why Vietnam took advantage to the free market so quickly to start businesses ventures and enter trade.
Van Mieu – Vietnam’s first university.
The university has a beautiful garden courtyard and temple-like architecture. Students often come here before the exams for good luck and also post-exam results to show their gratitude for their good fortune.
Gourmet Adventure:

Steam boat lunch:
After our first meeting, the VPA hosted a banquet seafood steamboat lunch at a restaurant on the lower ground of their office building. It was a chance to try the fresh Vietnamese cuisine and become acquainted with the association members.

Executive Lunch:
Traphaco executives joined the GPP delegation for a traditional gourmet lunch. The menu consisting of fried sweet potato, fresh shrimp, stir-fried pumpkin roots, fried Asian donut, steamed fish, and ‘hot and sour’ soup.
Independent Pharmacy Inspections

To improve my understanding of pharmacy practice in Vietnam in general, I spent some extra time at two of the selected five pharmacies from my study to observe operations and patient interactions:

Processing of Prescriptions

When asked what information is required from a patient before a prescription is dispensed, the pharmacist replied with "That's not our responsibility, only the Dr needs to collect information." I wasn't surprised to observe later that on supply of antibiotics, in particular, a check for previous usage or allergies was not performed.
Prescriptions can be verbal or written. Doctors can tell the patient what to buy from the pharmacy. Alternately, prescriptions can be written on either a single prescription sheet (with a letterhead) or a health record booklet which is provided by some medical clinics where diagnosis, examination results and prescription drugs are recorded. In either case the patient will always keep the prescription.

At the first pharmacy I observed, there is no documentation of the prescription at all. Pharmacists only calculate the price on a small slip of paper, which acts as a "receipt" for the patient. Notes were made on medications are not patient-related, but only for ordering and stock-level purposes.

I witnessed a customer come in complaining of her child's reaction to a certain cough medicine. The reaction, which occurred 20 minutes after ingestion, caused the child to turn very pale and the mother had to take him to the hospital. The customer did not know the name of the medicine, nor did she know who dispensed it or what dose was directed. Moreover, the pharmacists could not determine any of these facts either. This example emphasizes the consequences of not having any documentation and thus no accountability of the pharmacist. In the case of a mistake or adverse reaction to a drug, there is no way of determining if the pharmacist gave the wrong drug or wrong dosage instructions.

The second pharmacy I observed did keep records for medicines dispensed with a prescription, which are few and far between considering many people come to pharmacies requiring/requesting prescription medications and know they can/will be supplied them without a prescription.

Certain medications are supposed to be only supplied if a doctor’s prescription is provided (eg. Benzodiazepines and cardiovascular drugs) however, it is common
practice for pharmacists to supply medicines, in particular antibiotics, out without prescriptions.

The above photograph shows a list of “Classes of Drugs which require Prescriptions”:
1. Addictive drugs
2. Psychotrophic and anti-depressant drugs
3. Toxic Medicines A-B
4. Antibiotics
5. Obstetrics and gynaecological (excluding contraceptive pills)
6. Cardiovascular drugs
7. Vaccines
Medications
There is a vast variety of medications available at pharmacies; those on prescriptions, OTC products as well as herbal remedies and some beauty products.

Drugs are imported from many countries including Thailand, Korea, China, USA, Thailand and Belgium; also a wide range of brands and (unheard of) drug variations.
Some interesting observations I noted were:

- No fridge items are stocked
- Antibiotic suspensions are not prepared by pharmacists; they are sold as small sachets which patients self-titratre themselves.
- Wound-care products were limited to band-aids and cloth dressings.

**Medication counseling**

Most counseling was related to directions of use of medications supplied. Product Information (PI) leaflets from medication boxes is the only form of written information that is available for patients. They are only provided when requested and obviously limited in numbers.

During my observations, I noted two customers who requested to read the PI; however it could only be supplied to one of the two as there were none left.

The pharmacist did express that although counseling is provided; whether the customer was compliant was unknown.

Different pharmacies had different methods of counseling patients. One pharmacist in particular, would give verbal directions as she wrote instructions on a small piece
of paper (one quarter of a standard A4 sheet) for example, “Green tablets: four times a day; Red tablets three times a day.”

Patients were never asked if they had had the medication previously, nor whether they had any allergies.

I asked one pharmacist to show me what she would recommend for a range of common conditions and what non-pharmacological advice, if any, would be provided:

**Common cold:** If the patient presented with fever or pain only, paracetamol would be the drug of choice. If there was also symptoms of sneezing or a congested nose a combination product with pseudoephedrine, paracetamol and antihistamine (eg. Decolgen®) would be recommended.

Other advice: Keep warm. If the patient has an unsettled stomach or vomiting urge, the pharmacist will also recommend a ginger drink (grill ginger lightly on stove, add to boiling water, add sugar and drink to warm/settle stomach)
**Allergic rash:** Anti-histamine plus further questioning to determine the causative allergen (eg. wine, seafood etc) and recommend to avoid it as a form of prevention.
**Diarrhoea:** Avoid causative foods, recommend Oresol II® (an electrolyte replacement solution) if patient is losing a lot of fluids from frequent bowel movements.

**Period Pain:** non-steroidal anti-inflammatories plus use of a hot water bottle.
**Conjunctivitis:** Recommend use of antibiotics NOT corticosteroids. Wear protective glasses if outside or riding on motor bike to prevent dust/particulates; Keep eyes clean and clear buy washing with drops regularly.

**Contraceptive medications:** Better to use lower strength daily OCP (a bit more expensive) rather than higher dose or regular use of emergency contraceptive pills.
**Blood pressure medications:** The pharmacist would discourage patients from drinking wine, smoking, eating fatty foods and over-strenuous exercise; Advises low strength exercise like walking, eating healthier foods such as green vegetables.

What concerned me, on seeing what drugs would be recommended, was whether pharmacists are trained with adequate knowledge to know which prescription drug to recommend and supply. Whether there are standard treatment guidelines to follow or, as stated by another pharmacist, “drugs and doses are just selected on the basis of Product Information leaflets” is unclear.

There are many drugs that can be used for any one condition; whether pharmacists have an understanding of the rational use of medicines or consider safety, efficacy and the patients full medical history is also unclear. As individual patient histories are not recorded, it would seem unlikely that all the important parameters are taken into account in making these therapeutic decisions. Some pharmacists are essentially practicing as ‘medical practitioners’.

**Pharmacy Education**

All the staff at one of the pharmacies I observed had obtained their pharmacist qualifications with a three-year college training. There is no difference between roles and responsibilities of a 3 year college certificate and 5 year university degree pharmacist, except that a university graduate is eligible to own a pharmacy.

It is expected that the owner will manage their pharmacy and supervise any college pharmacists who are hired. However, this is uncommon. Most university graduates will open a store and hire others to run it, whilst pursuing a more financially rewarding career in distribution or with drug companies.

One pharmacist commented on the fact that patients in general are very responsive to counseling provided and keen to know more about their medications. However, they prefer and believe it’s more reliable to get advice from a university pharmacist as opposed to those who have had one or three years training.
Continuing education

When asked if it was the role of Vietnam Pharmaceutical Association (VPA) to provide training for pharmacist – the pharmacist’s response was "If they did, it would be good", however explained that according to her knowledge, Vietnam does not have any other organisation or association that provides additional training for registered pharmacists.

According to her, there was no continuing education activities provided for pharmacists; some drug companies held information sessions but only on their new medicines. The pharmacist had only ever participated in one training, organised by a small drug company, which focused on customer relations (eg. how to sell, how to talk to customers or deal with difficult customers). The pharmacist expressed interest in participating in continuing educations programs; saying "I work in the pharmacy everyday, so I wouldn’t mind going out and learning something new; I think its good to learn from others pharmacists’ experiences too."

This pharmacist was not a member of the VPA, claiming “I’m not an owner, I’m just an employee”. She was unaware of the association’s exact role but assumed that they worked alongside the government on pharmacy related issues.

I also got the chance to talk with the owner this particular pharmacy, who did not practice at the pharmacy but had created is own drug distribution company (which imports mainly vitamins and antibiotics from Korea, Poland and some from Australia). He was aware of the national pharmacy association but was not a current member, believing there are no benefits from being a member eg. no training provided for pharmacists; "They don't do anything for me; they just use membership money to travel overseas."

On the contrary the pharmacist I interviewed at the second pharmacy was more supportive of VPA’s status and activities. She is a current member (originally paying 60,000dong =AUS $5 per year for membership, although she presumed it would be more expensive these days). According to this pharmacist, VPA offers training sessions every three months and provides a quarterly newsletter with brief updates on pharmacy practice. She explained that drug companies send invitations out to pharmacy owners to attended company-run educational training sessions, primarily
on their medications, however usually have additional general clinical pharmacy to their courses.

**Drug Counterfeiting**

One pharmacist admitted that she would not know if a drug is counterfeit or not, but rely on the distribution company to import and deliver quality products only. This is why the pharmacy buys drugs from one supplier only.

**Ordering and stock control**

At one of the pharmacies, orders are made at least twice a day. A large order is made on the weekend as suppliers are closed on Sundays.

Received orders are recorded into an exercise book and individual labels written for each box (all by hand). Every box needs a price sticker as “it’s impossible to remember all the prices, particularly of less frequently dispensed medications.”

Stock take of dispensary occurs once a month.

Drug prices are up to individual pharmacies.

There are no cash registers; just a basket for notes and small tin for coins. Often there’s is not enough small change, forcing customers to buy something extra, for example, single-use eye drops.
Commonly dispensed medications: common antibiotics, tonics, skin creams

Common health conditions: colds & allergies
Visiting the pharmacy college in Hanoi was actually the first official visit of my trip. I thought it was fitting to gain some background information of how pharmacy is practiced in Vietnam and what better way to start that the foundation of the profession.

After emails and phones calls, I managed to obtain an “invitation” to meet the Dean of the Pharmacy University. His secretary picked me up at my hotel on her motorbike and escorted me to the university, not far from where I was staying. On arrival, I spent all but ten minutes with the Dean before he was held up with other business and handed the responsibility of showing me around to his secretary.
His secretary knew little about the pharmacy course. I only got as far as the parking bay (where students park their motor bikes) and the medicinal garden (with plants used for herbal medicines). Inside the garden, we asked a student to explain what some of the plants were used for; her response was “I don’t know. I just have to know what the plant looks like and be able to recall its name in the examination.”

Overall, I felt quite disappointed with the outcome of my first task. I felt a little disheartened after my visit and I did not feel very confident of what was in store for me over the coming week as I embarked on my independent study.

The most valuable thing I did leave the university with was some documents about:

- The current situation of Pharmacy and Pharmacy Education at university level in Vietnam.
- The Hanoi University of Pharmacy curriculum outline
- Information on the six university institutions who are training university level pharmacists.
Pharmacy Education in Vietnam

All six institutions follow the same five-year standard curriculum, with 20% leeway in which individual institutions decide on. There is only one university solely dedicated to Pharmacy, which is located in Hanoi; all other institutions have a pharmacy faculty. The largest and most developed institutions, namely Hanoi University and the University of Medicine and Pharmacy in Ho Chi Minh City are self-sufficient with adequate teaching staff. These staff provide technical assistance to the other pharmacy schools in terms of curriculum development and teaching.

Similar to Australia, pharmacy is a five year course. Pharmacy students study four years at university, which include two practical training internships. Fifth year allows students to specialize in an area of pharmacy of interest e.g. pharmaceutics or pharmaceutical management. Subjects taught fall under four main categories which span over four years:
### General Subjects
- History of philosophy
- Marxist-Lenin philosophy
- Marxist-Lenin political economics
- Psychology and medicine-pharmaceutical ethics
- History of Vietnamese Communist Party
- Foreign languages
- Sports
- Defense training
- Scientific socialism
- HoChi Minh ideology

### Fundamental scientific subject
- Mathematics
- Statistics
- Computer science
- Physics
- Chemistry
- Organic chemistry
- Analytic chemistry
- Biology

### Basic Pharmaceutical subjects
- Anatomy and physiology
- Microbiology
- Microbacteria
- Disease and immunization
- Pharmaconogsy
- Basic diseases
- Environment
- Toxicology
- Epidemiology
- Botany
- Physics-chemistry
- Internship 1

### Specific pharmaceutical subjects
- Traditional medicine
- Material plants
- Pharmaceutical chemistry
- Pharmaceutics and pharmaceutical biology
- Legal pharmacy
- Pharmacoeconomics
- Clinical pharmacy
- Pharmaceutical testing
- Pharmaceutical industry
- Social pharmacy, Mother and child’s health protection, National drug policies
- Internship 2

Only introduced in 1996, clinical pharmacy is still a relatively new subject in the pharmacy curriculum in Vietnam. There is an understanding of the need to further develop this area of teaching, however there are many challenges limit its progression, including:
- Lack of experienced teaching staff in clinical pharmacy
- Lack of absence of modern teaching methodologies
- Lack of teaching resources and current information of drug safety and efficacy

I met with Miss Nguyen Thu Van, a young and enthusiastic pharmacy lecturer from the Hanoi University, who was keen to learn more about pharmacy curriculum in Australia. Having only just finished her degree two years ago, she is still exploring areas of pharmacy in which to further her study to her qualifications. We compared and contrasted our respective course curriculum. She was impressed with Monash University’s modern and interactive approaches to learning, our focus on clinical pharmacy and pharmacy practice including communication skills development.
She expressed concerns about the rigidity of the curriculum in Vietnam and the need to modernize and update the course. Despite the obvious need to develop clinical training, she revealed that the pharmacy course, at least in Hanoi, will be changing in the near future to focus on two key areas pharmaceutics and, pharmaceutical economics and management (the two areas that most graduates pursue). Students with the higher university entry scores will be offered the pharmacy course which specializes in one of these two areas; while the lower-scoring students will undergo a standard pharmacy course.

In light of the Good Pharmacy Practice initiative and subsequent legislation to follow, it was surprising to learn that the intended course changes do not prioritize clinical pharmacy. Undoubtedly, there will be a heavy emphasis of such knowledge and practical skills once GPP has been approved and enforced. However, as the pharmaceutical association stated, pharmacy education has yet to be discussed in terms of GPP, so there may be further changes as this issue is addressed in the near future.

I also met with a group of final year pharmacy students to find out more the university’s current clinical pharmacy subject and pharmacy practice in general. The students showed by their text book and talked me through their coursework. I saw similarities in topics, for example adverse drug reactions, pharmaco-dynamic and pharmacokinetics parameters, and how to respond to a clinical enquiry; however the content seemed brief and not as comprehensive as one would expect.
We also explored the idea of pharmacists playing a more significant role in HIV prevention, my chosen study for the Mathew Peck Scholarship. The students agreed with my proposition but felt that pharmacists would need to undertake further study in HIV as well as psychology to be competent in disease management and appropriate counseling. The students felt my suggestion of offering pamphlets and written advice to patients about HIV and its related issues, as too simplistic and lacked sensitivity, given the complex nature of the disease. They also explained that it would also be difficult because the Vietnamese community is not used to the concept of counseling. They were surprised to hear that pharmacists in Australia can spend sometimes ten minutes talking to a patient about their medications; they questioned how the pharmacy would make a profit if that much time were allocated to each patient. They also seems skeptical on my view as pharmacists as health promoters as well as medication experts.
I seemed to me that the public’s lack of awareness of the role of a pharmacist is the major limiting factor in increasing the level and range of pharmacy services. It is the pharmacist’s job to provide counseling on the safe and effective use of medications; to advise on disease prevention and engage in health promotion activities. Without this understanding, a pharmacist’s action may be seen confronting to patients. This might be an explanation as to why the students seem reluctant to agree with many of my suggestions. It highlights the need to educate both pharmacists and the public about the roles and responsibilities of practicing as a pharmacist.

As a parting gift, I presented to the university a set of the PSA’s (Professional Society of Australia) Self-Care cards – easy-to-read facts cards with concise, action-orientated health information that promote ‘self-care’ – to encourage patient counseling and health promotion. The students were very appreciative and were keen to maintain contact to further share ideas about pharmacy.
An evaluation of the role of pharmacists in HIV/AIDS prevention

Background
In Vietnam, HIV/AIDS is a rapidly growing epidemic. Originally and largely concentrated among injecting drug users and their partners, as well as sex workers and their clients; the spread of infection is beginning to extend into the general population. Injecting drug uses, however, makes up more than half the known population living with HIV/AIDs.

Recent studies has show an increasing interest and potential for pharmacists to contribute to HIV/AIDS prevention through the participation in harm reduction activities, such as provision of clean syringes. Pharmacies are an ideal environment to offer counseling, not only on medications, but also provide health promotion advice. In the near future, pharmacists may also be involved in drug substitution programs for Methadone, which will help minimize the risks associated with injecting drug use.

Objective
To investigate the potential role of pharmacists in HIV/AIDS prevention by determining current practices and attitudes towards pharmacists engaging in harm reduction activities related to HIV/AIDS at a community level, primarily:
- provision of needle and syringes
- provision of contraceptive medication and devices
- safe sex and safe injecting counseling
- attitudes to drug substitution programs

Overview of Progress

Planning
Soon after my arrival in Vietnam, I met with Do Minh Son, a recent graduate from the University of Public Health in Hanoi. Son had agreed to provide technical assistance for my study. We met a number of times before my study commenced to discuss my objectives, logistics, to translate documents and plan our field work. I
felt it was important for him to understand the rationale behind each of my questions so as to avoid misinterpretations in translating and facilitate the study outcomes. Son was helpful in advising me the appropriateness of questions, my method as well as the logistics of carrying out this study. Having been involved in many research projects and more recently assisted Chris Pankonin, a Masters of Public Health student from the University of Melbourne, in his research into needles and syringe use in Hanoi, Son had much experience to share with me. We prepared three documents.

During this preparatory phase, I was in regular email contact with Peter Higgs and pharmacist, Beverley Snell from the Macfarlane Burnet Institute in Melbourne. They gave constructive feedback on my proposed plans and questionnaire. Nguyen Kieu Trinh, Country Program Manager at the Macfarlane Burnet Institute in Hanoi, also provided guidance throughout my study. She advised me the design of the study, provided background information on the current HIV situation and the institutes Needle Syringe exchange Program (NSP). She helped me identify the two ‘hot-spot’ injecting drug-use districts, where I planned to carry out my study.

**Method**

Five pharmacies were selected: three in districts known for IDU activity (Dong Da, DD, and Thanh Xuan, TX) and two pharmacies in a district with no significant injecting drug use (Ba Dinh, BA). Pharmacies were chosen based on their willingness to participate in the study.

**District Characteristics**

Dong Da district has the highest registered number of people living with HIV in Hanoi at 1,418 (with 71.9% identified as injecting drug users), by the end of 2006. There are 2068 injecting drug users in Dong Da with an estimated 806 living in the community and the balance in the rehabilitation centers. The district’s population is 356,725. Approximately half of estimated 200 pharmacies located in the district are open to selling syringes to IDUs.

Thanh Xuan is a new district bordering Dong Da. It is a district with many universities and colleges and a complex social context. The number of people living
with HIV and injecting drug users continues to increase rapidly. By the end of December 2006, there were 471 detected cases of people living with HIV (72.9% were injecting drug users). The registered number of drug users in Thanh Xuan district was 618. The district’s population is 189,720. Approximately three-quarters of the estimated 90 pharmacies are open to selling syringes to IDUs.
**Pharmacy Characteristics**

The physical size of the pharmacy ranged considerably; one was very small (which consisted of 2 glass counters and 1 small shelf), two small and two medium sized pharmacies. All stores open from at least 7.30am until 9am everyday of the week and all sold syringes. The exception the smallest store, which opened from 8am until noon and 2pm until 6pm; the pharmacy is closed on Sunday.

The five pharmacists interviewed were varied in age; ranging from 34 to 74 years old and four out to the five were female. The three older pharmacists had obtained the qualification through the pharmacy university where as the two younger pharmacists were college pharmacists, with three years training.

Pharmacists, in Vietnam, can undertake training as a pharmacist at university or college level. Only university pharmacists are eligible to open a pharmacy. A one-year pharmacy assistance course is also available, which entitles respective graduates to work independently in drug outlets to sell essential medicines in areas where there is a shortage of pharmacists e.g. in rural/remote areas.

**Interviews**

To gain insight into the current practice of N&S provision, and viewpoints on HIV prevention and harm reduction activities conducted at a pharmacy level, interviews with pharmacists were conducted at each of the five participating pharmacies.
All pharmacists were given background information about the proposed study as well as the questionnaire prior to the interviews, to allow time for reading and reflection. Interviews were conducted with the assistance of a translator and field notes were recorded by hand, based on the verbal translations relayed.

**Interview Questions:**

1.  **Thưa bạn, bạn đã sống ở HN được bao lâu?**  
   How long has your family been in Hanoi

2.  **Cửa hàng ta đã mở được bao lâu?**  
   How long has the pharmacy been in business?

3.  **Xin bạn cho biết giờ mở cửa hàng ngày của cửa hàng?**  
   What are the hours of opening?

4.  **Bạn biết gì về việc sử dụng ma túy ở Hà Nội?**  
   (If you don't know, move to number 6)  
   What can you tell me about drug use in Hanoi?

5.  **Bạn biết gì về việc sử dụng ma túy ở Việt Nam?**  
   (If no, move to number 6)  
   What can you tell me about drug use in Vietnam?

6.  **Theo bạn ở Hà Nội hiện nay có bao nhiêu người được phát hiện là nhiễm HIV?**  
   Can you tell me the number of people infected with HIV in Hanoi?
7. Có một người mà bạn biết là sử dụng ma túy đến mua böm kim tiêm. Bạn bán böm kim tiêm cho họ hay ngăn người không muốn bán?

If an IDU comes to buy N&S, do you sell it to him/her? Or do you hesitate?

8. Vì sao bạn bán? Hoặc vì sao bạn ngăn người?

Why do you sell? Or why do you hesitate?

9. Bạn có thấy, hoặc có nghe ai kể lại, hoặc trên truyền hình đã nói về việc có những người đi phát böm kim tiêm miễn phí cho những người sử dụng ma túy ở Hà Nội không?

Have you ever heard, seen or watched on mass media about people who distribute free N&S to IDUs in Hanoi?

10. Phân lớn những người nhiễm HIV ở Hà Nội cũng như ở Việt Nam là người sử dụng ma túy và người mua bán dâm. Với vai trò là 1 người, bạn thấy mình có thể đóng góp gì cho việc ngăn ngừa người có lây nhiễm HIV của những người này?

Most of PLWHA in Hanoi and Vietnam are IDUs or SW. As a pharmacist, what can you do to prevent HIV transmission among these groups?

11. Bạn bán được khoảng bao nhiêu BKT trong 1 ngày; 1 tuần; 1 tháng?

About how many needles and syringes do you think you sell on an ordinary day/ a week/ a month?

12. Bạn có bán kèm nước cất không?

Do you also sell water?

13. Bạn có bán kèm thuốc khác khi bán BKT không? Nếu có, người đó thường mua thuốc gì?

Do you sell other medicines with N&S? If yes, what is it?

14. Bạn có bao giờ thấy BKT bán böm vứt trên đường phố, ở vườn hoa, bền xe hoặc những nơi công cộng khác không?

Do you ever see discarded needles and syringes on streets, park, bus stations or other public places?

15. Bạn có thấy, hoặc có nghe kể lại về việc có những người đi thu gom böm kim tiêm bán vứt trên đường phố không?

Have you ever seen or heard about people collecting discarded needles & syringes on streets?
16. Bạn nghĩ gì về việc các thuốc sỉ, ngoài việc bán BKT, sẽ tự vấn cặn nhửn biện pháp để huỷ những dụng cụ tiêm chích sao cho an toàn?
Do you have any thoughts about pharmacists informing those purchasing needles and syringes from a pharmacy about safe ways to discard of used injecting equipment?

17. Bạn có đồng ý để các tiểu hoắc sách hướng dẫn thông tin giáo dục sức khoẻ (ví dụ như nội dung có liên quan tới HIV) tại cửa hàng của bạn để khách hàng lấy sử dụng không?
Would you be interested in brochures and pamphlets on health education information (such as HIV issues) being available from your pharmacy?

18. Bạn có thể cho tôi biết về HIV được lấy truyền như thế nào không?
Do you tell me how HIV is transmitted?

19. Bạn có cho rằng cộng đồng được thông tin đầy đủ về:
   a) HIV được lấy truyền như thế nào?
   b) Hậu quả của việc lây nhiễm HIV?
   c) Bạn có cho rằng người nhiễm HIV biết được phải làm gì nếu họ nhiễm HIV không?
   d) Bạn cho rằng những người nhiễm HIV nên tìm sự trợ giúp ở đâu nếu họ bị nhiễm HIV hoặc nghi là mình bị nhiễm HIV?
   e) Ý có ai nhờ bạn tư vấn hoặc cho lời khuyên về ngần ngừa HIV hoặc điều trị HIV chưa? Bạn làm gì nếu điều này xảy ra?
Do you think that the community is adequately informed about
a) How HIV is transmitted?
b) The consequences/implications of being infected with HIV?
c) Do you think people know what to do if they are infected with HIV?
d) Where do you think they would go for help if they are or think they are infected?
e) Has anyone ever come and asked you advice about HIV prevention or treatment? What do you do, if this happens?

20. Bạn có bán bao cao su và các biện pháp tránh thai không? (ví dụ như viên tránh thai) và, hoặc, dụng cụ tránh thai (ví dụ: màng chắn âm đạo)?
   a) Những loại nào?
   b) Nếu không thì tại sao?
   c) Bạn có đưa ra lời khuyên khi bán các sản phẩm này không?
Do you sell condoms or other forms of contraceptive medicines (eg. Oral contraceptive pill) and, or devices (eg. diaphragms)?
a) Which ones?
b) if not, why not?
c) is counseling provided when these products are purchased?

21. Về vấn đề phòng chống HIV, Bạn có suy nghĩ gì về việc tư vấn và cung cấp thông tin về các biện pháp tránh thai này về
   a) Sử dụng đúng cách?
   b) Quan hệ tình dục an toàn?
   In regards to HIV prevention, what are your thoughts on pharmacists informing those purchasing forms of contraception about:
   a) their correct use?
   b) safe sex counselling in general?

22. Bệnh nhân đến cửa hàng thuốc có bao giờ hỏi về các bệnh lây truyền qua đường tình dục không? Nếu họ hỏi, các dự số ấy thường giải quyết vấn đề như thế nào? (ví dụ họ có chỉ bệnh nhân đến bác sỹ khám hay bệnh viện không, họ có bán thuốc kháng sinh mà không có đơn chi định không?
   Do patients get asked about STIs (sexually-transmitted infections)?
   If they do, how do pharmacists respond to such problems? (eg. do they refer the patient to a doctor/clinic, do they provide antibiotics without a prescription?)

23. Bạn có nghĩ là các dự số ấy có vai trò quan trọng trong việc tư vấn về thuốc và các bệnh thông thường không?
   Do you think pharmacists have an important role in counselling and advice about medications & health in general?

24. Bạn đã từng nghe nói tới những thuốc điều trị HIV/AIDS dưới đây không?
   Have you ever heard of these HIV/AIDS treatments?
   
   1. Lamzidivir (3TC + AZT) 150mg + 300mg
   2. Lamivudin Stada (3TC) 150mg
   3. Stavudine Stada (d4T) 30mg
   4. Nevirapin Stada (NVP) 200mg
   5. Indinavir Stada 400mg
   6. Didanosin Stada (ddI) 25mg, 50mg
   7. Efavirenz Stada (EFV) 200mg

25. Bạn có bán thuốc ARV để điều trị HIV không?
   a) Bạn bán ARV cho bao nhiêu bệnh nhân
   b) Những bệnh nhân này có được theo dõi về các biến chứng không? Họ có được đưa ra lời khuyên về các triệu chứng của họ không?
c) Cần tự van những điểm gì, nếu cần thiết, khi bán những thuốc này?

d) Bệnh nhân có tham gia vào chương trình phòng chống HIV/AIDS không?

Do you sell ARV (anti-retroviral) medications for HIV treatment?

a) How many patients do you dispense ARVs for?

b) Are these patients monitored for compliance? Comment on their compliance.

c) What counselling points, if any, are emphasised on dispensing these medications?

d) Are patients register as part of a HIV program?

26. Nếu bạn không bán thuốc ARV:

a) Bạn có biết người nhiễm HIV có thể đến đâu để lấy thuốc ARV nếu họ cần thuốc?

b) Bạn sẽ giúp mọi người lấy thuốc ARV như thế nào nếu họ yêu cầu bạn?

If you do not sell ARV medicines:

a) Do you know where people can get ARV medicines if they needed them?

b) How would you help someone to get these medicines if you were asked to?

27. Bộ y tế Việt Nam đang tìm hiểu nhu cầu của người dân để phát động chương trình Methadone trên toàn quốc. Đây là chương trình thay thế thuốc phiện dành cho những người nghiện chích ma túy, và có thể được thực hiện bởi những được sự công đồng (những công có thể ở trong các viện làm sàng lớn) với sự quản lý của nhà nước trong thời gian dài. Đây là một hình thức giảm thiểu tác hại HIV giúp những người nghiện chích ma túy thoát khỏi sự phụ thuộc Heroin hay thuốc phiện, một vài người đặt mục tiêu dần dần thoát khỏi hoàn toàn sự phụ thuộc vào Methadone . Bạn có muốn tham gia vào việc phân phối liệu pháp thay thế Methadone tại cửa hàng của bạn không? Nếu không thì tại sao?

The Ministry of Health of Vietnam is investigating the need to launch a Methadone program throughout the country. This is an opiate drug substitution program, and may be administered to IDUs (injecting drug users) by community pharmacists (but probably in big clinics), on a regular and longer term basis. This is a form of harm reduction, to help IDUs overcome their dependence to heroin or opium, some people aim of slowly weaning themselves off methadone completely. Would you be interested in getting involved in methadone dispensing at your pharmacy? If not, why not?

28. Suy nghĩ của bạn về vai trò được sử trong giảm thiểu tác hại HIV/AIDS cho những người tiêm chích ma túy (ví dụ bán bơm kim tiêm, liệu pháp methadone)

Comment on the role of pharmacists in harm reduction for IDUs (eg. selling needles/syringes, methadone)
**Data Collection**

Both qualitative and quantitative data was collected in attempt to complement the data collate from the pharmacists’ interviews. Participating pharmacies were asked to record the number of syringes sold daily over the course of one business trading week.

A data collection sheet was formulated to enable pharmacists to also record the time of day, number of syringes purchased, and to identify whether the pharmacist believed the customer was an IDU or not. In attempt to identify whether IDUs and the general public would be interested in receiving harm reduction information, each pharmacy was given a set of pamphlets related to:

1) Safe injecting - “One person, One needle”
2) Safe sex - “Living Safely”
3) HIV/AIDS - “What you need to know about HIV,AIDS”
4) “Drug overdose – prevention and management”

At every request for N&S, the pharmacist was asked to offer the customer some harm reduction information to read and record the response of the patient (eg. whether they accepted the offer of a booklet or not).

Secondary aims of this data collection included determining the:

- community’s receptiveness to public health/harm reduction information.
- time of day when the requests (and need) of N&S is more prevalent.
DATA COLLECTION SHEET

Drug store:

Full name of pharmacist:

Date:

<table>
<thead>
<tr>
<th>No.</th>
<th>Time of Sale</th>
<th>Number of needles syringes bought</th>
<th>Drug user</th>
<th>Interested in more information?</th>
<th>Comments or observations</th>
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- Complete ONE entry EVERY time a customer requests to buy needles & syringes
- Mark “X” in the column “Drug user” in the correlating row if you think that the buyer is a drug user
- Please ask each customer if they would like some harm reduction information to read. If they say YES, mark “X” in the column “Interested in More Information”. Then provide the customer with a pamphlet.
- Please write down any other comments or observations eg. Did the customer want to leave in a hurry? Did they take the pamphlet willingly?
## Results

### Pharmacist Interviews:

<table>
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<tr>
<th>#</th>
<th>District</th>
<th>Key Ideas &amp; Comments</th>
</tr>
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<tbody>
<tr>
<td>PH</td>
<td>DD</td>
<td><strong>Drug Use:</strong> Couldn’t articulate the drug situation in the area/city/country.&lt;br&gt;<strong>N&amp;S:</strong> Understood that pharmacists have a role in provision of N&amp;S to reduce HIV transmission; but recognized business as a motivating factor for N&amp;S sales; Would even go to the extent of providing the N&amp;S for free if an IDU had no money; Sells a significant amount daily/monthly; Counseling with N&amp;S sale extends only to correct use and disposal. Admits that many needles are seen discarded in the streets.&lt;br&gt;<strong>Safe sex counselling:</strong> Condom use counseling only to young people.&lt;br&gt;<strong>Awareness of HIV services:</strong> “O9 Centre” is a HIV Prevention Centre, located behind Dong Da District hospital; Advises patients to get testing at this centre if required.&lt;br&gt;<strong>STI management:</strong> Would not supply antibiotic TM for STI without a Rx.&lt;br&gt;<strong>Methadone:</strong> Ready and willing to participate</td>
</tr>
<tr>
<td>PH</td>
<td>TX</td>
<td><strong>HIV prevention:</strong> Role to encourage the use of condoms and separate N&amp;S&lt;br&gt;<strong>N&amp;S:</strong> Sells N&amp;S as a form of community protection against the spread of HIV/blood-borne infections amongst IDUs; Not aware of any harm reduction activities related to IDUs (free needle distribution or collection)&lt;br&gt;<strong>STIs:</strong> Would refer a concerned patient to a Dr for a Rx however some patients will refuse to go (embarrassed, can’t afford); the pharmacist would be willing to sell the appropriate antibiotics only if she could be certain of the type of infection.&lt;br&gt;<strong>ARVs:</strong> Pharmacist had heard of some of the drugs but did not sell them or know where to get them from.&lt;br&gt;<strong>Methadone:</strong> Would not participate in such a program; believes IDUS have bad morals and does not want to serve or associate with them in that way; would still recommend the program but personally would only be comfortable selling N&amp;S.</td>
</tr>
<tr>
<td>PH</td>
<td>TX</td>
<td><strong>HIV awareness:</strong> Believes the community is well informed about ways of transmission and consequences of infection, however sees that lack of awareness if a problem more so in remote regions; Doesn’t think every one is well-informed of HIV testing locations but believes majority of people would turned to family or friends for help first.&lt;br&gt;<strong>HIV prevention:</strong> Sees pharmacists’ role primarily through provision of</td>
</tr>
</tbody>
</table>
N&S and condoms.

- **N&S:** At first hesitated in selling N&S, but now see that pharmacists have a very important role in providing N&S; feels this is the only real means of harm reduction she can provide because its very difficult to give verbal advice since patients don’t expect any advice (other than dosage advice for medications) from pharmacists, patients leave immediately (to save embarrassment) and it is also very hard to identify who is an IDU or not. Sells 3 & 5 mL syringes; IDUs mostly buy 3mL type only (500 dong)

- **STIs:** Drugs needed to treat STIs are quite “potent” and require a Rx, however if a patient comes to pharmacy, explains symptoms and have had a certain medication to treat these symptoms before, the pharmacist would allow the sale, with extreme caution.

- **Pharmacy provision of ARVs:** Believes pharmacists should NOT sell ARVs to patients, such medications are very "toxic". Moreover, in the community, there are many pharmacists who have only 12 months to 3yrs (college degree) thus are not adequately qualified to manage ARV therapy. Believes that is the responsibility to local health service and larger hospitals.

- **Methadone:** Would not participate; Believe pharmacists are not knowledgeable enough and cannot control/manage the side-effects, which could be “toxic”; Feels it is the role of big hospitals to administer such a drug.

- **HIV education:** finished her study 27yrs ago so HIV did not exist yet in Vietnam so did not learn about it however encourages its inclusion in pharmacy curriculum; very rarely ever speaks to colleagues about HIV related matters, sees very few pharmacists involved in HIV studies.

- **HIV prevention:** Felt pharmacists ability to advise/offer counseling with respect to HIV transmission is limited but understands the importance of encouraging proper disposal of N&S (sees many discarded needles on the streets). Believes Dr and pharmacists should collaborate with respect to safe sex and counseling for IDUs to help reduce HIV transmission

- **HIV awareness:** Very supportive in the idea of having health education pamphlets, not just for HIV-related topics. No HIV training was included in pharmacy degree during her time (graduated ten years ago); Asked if she ever spoke about HIV with other pharmacists, "Never, the opportunity has never come up yet". Was not aware of any needle exchange programs operating

- **ARV therapy:** The pharmacy dispenses one ARV medication (~90 tablets/month). The pharmacist admitted that she only recognized the name and was unaware of its indication in HIV. Although, never personally
having dispensed it; she feels pharmacists should be able to supply ARVs.

- **Methadone**: Ready and willing to participate in program
- **General**: Recognized pharmacists have an important role in medication advice and counseling because often the pharmacy is the first point of reference patients come to for common health problems (saves time and money cf. going to Dr)

| **PH5** | BD  
| Very small, old store on same busy main road. |

- **HIV prevention**: Very passionate about HIV prevention; willing to be more involved but lacks the resources and physical ability (age). Has first hand knowledge of consequences of drug use/HIV: (1) Physical - IDUs die young, (2) Social – drop-out of school, resort to stealing for money for drugs, (3) Economic – negative consequence on the future of the country; problem mostly affects the young, who are most able to contribute to workforce.
- Believes that HIV prevention requires widespread education of young people which should be incorporated into school curriculum. Leaflets should be provided in all pharmacies (who are prepared to help), in all schools and given to those in “higher power” to read (eg. Government officials)
- Believes the community is not well informed, especially in the remote areas; often affected people will not know until symptoms appear (late stage)
- Unaware of any harm reduction activities related to IDU operating in the area (N&S distribution or collection)
- **N&S**: Used to sell N&S, but no longer does due to two reasons:
  1. Affected emotionally: IDUs who came to purchase N&S were “young, sweet, innocent”; pharmacist admitted she felt so sad afterwards just thinking about the consequences of their actions and their futures.
  2. Affected financially: some IDUs would steal from her; they would come to the pharmacy in pairs, one asking for something behind the counter while the other snuck around and stole items from the dispensary.
- **HIV testing**: Believes there are two limiting factors, that stop people from seeking help: (1) Hospital costs (2) Discrimination/Stigma
- **ARV**: Not aware of where to obtain ARV medications, but if known, she would definitely recommend it to patients in need.
- **Methadone**: Yes, willing to participate however would need to be more informed about the methadone (doses, its effects etc) and believes it needs to be administered with a structured program (with a record book to document patient’s name, dosages etc)
- **General**: Believes pharmacists have a very important role in medication and health counseling; they are often the first point of reference for common problems.
Discussion

Drug use in Hanoi and Vietnam
Pharmacists reported that the main drug abused in across the country is heroin. It seems that majority of users in Hanoi are from rural or country areas, who have come to the city to find work. This explains the abundant drug use in Dong Da, which is a major steel manufacturing district. The workers, who are less well educated than city folk, undertake hard labour everyday and are attracted to the relaxing properties of injecting drug use.

Perceived HIV awareness in the community
Pharmacists believed that young people are well informed about HIV and its prevention. They have learnt fast from mass media campaigns. The lack of awareness is evident in country areas where people for example, may not even know what a condom is, let alone how it is used.

Nonetheless, some pharmacists still thought that many were still unaware of where to go in the case they were infected. Most would not even know they were infected until it was too late, which reflects the need to educate people of HIV transmission and prevention. Only the pharmacists in the Dong Da and Thanh Xuan districts were aware of the HIV prevention centre located behind the Dong Da Hospital, where they would refer patients if necessary. The pharmacists from Ba Dinh district would refer to a doctor or hospital if a patient was concerned about the HIV status.

HIV is relatively new in Vietnam however it is a rising problem across the country. Pharmacists acknowledged that if it were not for the support from international organizations, battling HIV would be hard battle to beat. With this support the country is better off and the disease can and will be combated.

Role of Pharmacist is HIV prevention

Needle & Syringe Provision
Pharmacies are ideal places for provide implementing HIV prevention strategies such as the provision of sterile needle and syringes. There are two key advantages:

1) Accessibility
2) Affordability

Pharmacies are located on almost everywhere corner of the city and can sometimes appear just a few hundred metres away from each other. There are also open
extended hours, often from 7am to 9pm. Those that sell N&S, usually keep 1, 3, 5 and 10 mL syringes in stock. IDUs mostly buy 3 mL syringes, which are offered at an affordable price of 500 VND (AUS $0.40). N&S are almost always sold with a vial of Novocain (local anesthetic, which together costs 1500 VND, AUS $0.12), which IDUs mix with their drugs; sterile water or cotton swabs are also sometimes purchased.

The decision to sell syringes is up to the discretion of individual pharmacies. Of the pharmacists interviewed, all believed in the importance selling syringes as a way to prevent the spread of HIV and other blood borne disease. However, one pharmacist also considered profit as a motivating factor, explaining “If I don’t sell them, drug users will just go buy them at other stores. I don’t want to lose business.”

Three out of the five pharmacists interviewed said they did not hesitate to sell syringes. One of the remaining two pharmacists, had been reluctant at first, but soon came to realize that it was her professional obligation to provide the service and it in the best interests of individual IDUs and community at large. The remaining pharmacist had previously sold syringes but due to recurrent bad experiences with IDUs, who stole from her store, it became unsafe. This pharmacist also had a strong emotional response when interacting with IDUs; so much so that she felt deeply affected at the thought of the “burden of their addictions” especially at such a young age, and the negative consequences of their lives and families. So for financial, safety and personal reasons she decided against selling syringes.
Pharmacists are in the position to provide IDUs and at-risk groups with further counseling or advice about harm reduction. What needs to be ensured is that the advice provided is evidence-based, appropriate meet the needs of the patients and is effectively communicated by the pharmacist.

Current pharmacy curriculum at universities does not include concepts of public health or harm reduction, and HIV education is limited. What is of concern is the fact that a significant percentage of practicing pharmacists, completed their pharmacy degrees well before HIV was introduced in Vietnam, thus certainly would not have had any formal training. Qualitative observations suggest that some pharmacists may only have as much knowledge as the public would, from mass media campaigning about HIV. One pharmacist admitted the only way she learnt about HIV was through reading that newspaper. Furthermore, it is unknown what kind of training, if any, is provided for 1 and 3 year college pharmacists.

Communication skills are also important in counseling, particularly in HIV prevention which is associated with sensitive topics such as safe sex and injecting drug use. Whether pharmacy students undertake adequate training, if any at all, on patient education and communication is unclear.

During my observations at the pharmacy, I witnessed several requests for needles and syringes. On being offered information booklet, Customer #1 picked it up, quickly flipped through the book, sniggered and laughed before throwing it back on the counter and walking away. The pharmacist commented “It’s very hard to disseminate this kind of (sensitive) information. Often IDUs do not tell their families what they are doing; so they would definitely be reluctant in bringing such a pamphlet home because of the risk of someone else finding it.”

There is keen interest in pharmacists in providing health information to IDUs and the public in general. However pharmacists are not equipped with these resources not do they know where to source these materials. There is a need to network local organizations and health authorities working in HIV/AIDS in order to be better informed about what services are provided. Options include forming a HIV/AIDS interest group among pharmacists; subscribing to the UNAIDS mailing list which is
responsible for coordinating and networking all non-governmental HIV/AIDs groups in Hanoi. They work to keep all those interested informed about different groups’ activities.

One pharmacist strongly believes that “education is the key to prevention”. She believes that information on HIV prevention needed to be disseminated to all high-schools and universities; and needs to be incorporated into standard curriculum. She felt that higher authorities needed to be more concerned and take more action to prevent the spread of HIV.

Personally, I agree that prevention is the ultimately the cure to HIV, and education is the best way that this can achieved. It is particularly important to educate the general population, as the spread of HIV/AIDs is shifting away at-risk groups, and it seen more and more in the general community.

Customer #2 came to the pharmacy knowing exactly how much a syringe cost. The customer put the money on the counter and left as soon as handed the N&S. The interaction was so quick there was no even an opportunity to intervene. So despite, pharmacists’ willingness to provide active counseling to patients, in reality it is up to the patient whether they want to accept these services.

Again, I believe that the public view of pharmacy influences the extent to which health promotion and harm reduction can be implemented at a pharmacy level. From my observations, the Vietnamese community at large does not consider it a pharmacist’s position to advise on personal lifestyle choices. Thus attempts by pharmacists to provide such services may seem inappropriate and intrusive. This can be overcome, however, by educating the community about the role of pharmacists.

Safe sex counseling
All pharmacies inspected sold condoms and the oral contraceptive pill. These products are available over the counter. Counselling on the correct use of condom were restricted to young customers only. As with all other medications, these products are kept behind the counter and must be requested from the pharmacists. This lack of accessibility and discretion may be a deterrent in purchasing contraception. Besides the hospital, pharmacies are the only place that sells
contraception. Depending on the pharmacy, the price can range from affordable (if they are sold individually) to quite expensive (for a box).

One pharmacist said she often could not counsel on the use of condoms because she did not know whether customers require it for family planning or HIV prevention purposes. Personally I do not think that this argument is valid, as condoms serve both purposes and are used in the same way regardless of the intention of the user.

Pharmacists have an important role in advising customers on safe sex and prevention of sexually transmitted infections, such as HIV. As pharmacies are the sole suppliers of condoms, pharmacists have a unique and vital opportunity to counsel appropriately. Pharmacies however, are not physically set up in a way that allows privacy when pharmacists interact with patients. Again lack of discretion may deter customers from receiving any counseling offered by the pharmacist.

Sexually Transmitted Infection (STI) management
Three of the five pharmacists interviewed would refer a patient to a doctor for a prescription for STI treatment. The remaining two pharmacists admitted that they would supply appropriate antibiotic therapy if they were certain of the STI.

Although all antibiotics required a doctor’s prescription for supply, it is common practice for pharmacists in Vietnam supply antibiotics without prescriptions. What is of concern is whether the pharmacist is adequately trained in diagnosis and treatment to ensure the correct therapy and optimal treatment for the patient.

Drug Substitution Programs - Methadone
Three of the five pharmacists interviewed were ready and willing to participate in a Methadone program if it were to be introduced in Vietnam at a community level. They wanted to help minimize drug use if the opportunity is given to them. The pharmacist from PH5 insisted that strict regulation and guidelines would have to be implemented to ensure patient safety and optimal health outcomes. Pharmacists would have to be knowledgeable about the methadone first; its mode of action and side effects. She suggested a structured program where pharmacists kept individual patient record and recorded doses, much like they way it is done in Australia.
The other two pharmacists were against participation in such a program, stating two separate reasons

1) IDUs are of low social class and have “bad morals” – the pharmacists did not want to have to interact with them any more than she does selling needle and syringes.

2) Methadone is a “toxic” drug. Pharmacists are not adequately trained to handle such a drug and ensure it correct administration, as well as manage its potential side effects.

Both pharmacists felt it was the responsibility of doctors at larger clinics in hospitals to provide this service.

Knowledge of other local HIV services and harm reduction activities
All the pharmacists in Thanh Xuan and Dong Da district knew of the HIV prevention centre in Dong Da. Those pharmacists in the Ba Dinh district would refer a concerned patient to a doctor or hospital. No one knew of the Needle Syringe Programs which operate in Thanh Xuan and Dong Da; most were only aware of garbage collectors who had been seen collecting used syringes for disposal.

Role of Pharmacist in HIV Treatment
There was mixed opinions on the suggestion of the provision of anti-retroviral (ARV) medications, which mirrored views on methadone dispensing. Some pharmacists were willing, if it is possible. Others felt that a doctor responsibility. At the moment, ARV is only available at treatment clinics in larger hospitals.

Most of the pharmacists had never even heard ARV medications. Two pharmacist recognized a total of three drug names. The pharmacist from PH4 claimed that she the pharmacy dispensed about 90 tablets of lamivudine per month. She did not know that this medication was indication for HIV treatment.

Role of pharmacists in medication counselling and general health advice
All five pharmacists recognized their important role in the community as a source of health information. Many patients do not go to the doctor for their medical conditions as it is time consuming and can be very expensive. They prefer to come to the pharmacy for minor ailments in particular, such as stomach ache or colds.
From observations, pharmacists in Vietnam do offer counseling but this is mainly concentrated on directions of use of medications. It is unclear to what extent pharmacists take part in health promotion, including non-pharmacological and self-care strategies.
**Other results**

**Table 1. Needle and syringe purchases at pharmacies**

<table>
<thead>
<tr>
<th></th>
<th>PH1</th>
<th>PH2#</th>
<th>PH3</th>
<th>PH4</th>
<th>PH5*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total No. sold in over one week</strong></td>
<td>179</td>
<td>387</td>
<td>23</td>
<td>127</td>
<td>20</td>
</tr>
<tr>
<td><strong>No. of transactions</strong></td>
<td>119</td>
<td>49</td>
<td>8</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>Average No. per transaction</strong></td>
<td>17</td>
<td>8.55</td>
<td>2.25</td>
<td>8.46</td>
<td>1.33</td>
</tr>
<tr>
<td><strong>Average No. per day</strong></td>
<td>25.57</td>
<td>69.83</td>
<td>3.29</td>
<td>18.14</td>
<td>2.86</td>
</tr>
<tr>
<td><strong>No. of IDU suspected</strong></td>
<td>119 (100%)</td>
<td>14 (28.57%)</td>
<td>6 (75%)</td>
<td>4 (26.67%)</td>
<td>5 (33.33%)</td>
</tr>
</tbody>
</table>

**Time of day N&S requests most prevalent?**
- At least half of transactions were made before midday. 1/3 after 8pm. (PH1)
- Approximately 40% in the morning and 40% after 6pm. (PH2#)
- Mostly between 4 and 8pm. (PH3)
- Mostly between 2 and 8pm. (PH4)
- Mostly between 2 and 5 pm. (PH5*)

# Pharmacy only collected data for 6 or the 7 designated days
* Pharmacy does not sell syringes, but noted any requests for syringes and offered information

**Table 2. Response to HIV-related harm reduction information**

<table>
<thead>
<tr>
<th></th>
<th>PH1</th>
<th>PH2</th>
<th>PH3</th>
<th>PH4</th>
<th>PH5^</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsive to offer of information?</strong></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Very receptive</td>
</tr>
<tr>
<td><strong>No. of people who accepted info offered?</strong></td>
<td>20/119 (16.81%)</td>
<td>0/14 (0%)</td>
<td>0/6 (0%)</td>
<td>0/4 (0%)</td>
<td>14/15 (93.3%)</td>
</tr>
<tr>
<td><strong>Why/not?</strong></td>
<td>It’s not something they have ever thought to ask for, but something they would willingly accept.</td>
<td>People already know this information. IDUs are of a low social class, they don’t care about safety so it’s not relevant to them</td>
<td>People are embarrassed; don’t want others to know they have problems. They are not used to receiving such advice.</td>
<td>People already know this kind of information.</td>
<td>Interested to see what’s inside leaflet.</td>
</tr>
<tr>
<td><strong>Pharmacist’s opinion of information?</strong></td>
<td>IDUs’ have a very low education level, so the language used should be simpler.</td>
<td>Common knowledge.</td>
<td>Useful.</td>
<td>Useful and easy to read.</td>
<td>Very useful. Even if IDUs already use syringes safely, they can better understand the consequences of sharing syringes</td>
</tr>
<tr>
<td><strong>Do you want to keep more booklets?</strong></td>
<td>Yes, it’s a job that must be done.</td>
<td>No, because it involves too much work.</td>
<td>No</td>
<td>No</td>
<td>Yes. Believe pharmacist should educate the community.</td>
</tr>
<tr>
<td><strong>Importance of providing information to patients?</strong></td>
<td>Yes. Especially advice about stopping drug use.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

^ Pharmacist offered harm reduction information to any and every customer who requested syringes.
Data Analysis

The number of syringes sold

Over one week between the five selected, 736 syringes were sold. 20% of these sales were to suspected IDUs.

All of PH1 transactions were suspected to be active IDUs. This pharmacy is located in the heart of the drug district, just across from the road for many steel plants.

PH2 sold an extensive number of syringes however this can be accounted for by the fact that is it a very well known pharmacy from which many doctors by syringes in bulk for their clinics. This is reflected in the number of N&S sold on average per day, which is substantially high in comparison to other pharmacies.

PH4, although located in a district without significant IDU activity, sold a substantial amount of syringes compared to PH3 which is located in Dong Da. This might be explained by their locations; PH4 is well known and situated on a busy main road, whereas PH3 is generally not very busy, not big in size, and not as easily recognizable as a pharmacy.

PH5 did not sell syringes but noted the number of requests of syringes and suspected IDUs.

Time of day of purchase

The most important point to note is that there is a significant amount of syringe transactions that occur late afternoon, right up until 10.30pm. This emphasizes the importance of extended operating hours of a pharmacy in providing access to N&S.

Receptiveness of IDUs to harm reduction advice

Only two out of the five pharmacies that participated in this study, found that customers were responsive to the offer of harm reduction advice. Despite the fact that all pharmacists agreed that it is their role to provide patients with information not only about heir medications, but on disease states, healthy habits and harm reduction; only the pharmacists that had some success with offering the reading material were willing to keep more written information for future use.
Many of the pharmacists thought that providing the information was unnecessary because most of it was common knowledge. However, qualitative and quantitative data collected indicated there is a percentage of the community who is interested in receiving more information and may not know about these issues; thus the importance of pharmacists in offering such advice regardless.

One pharmacist commented on the fact that booklets and pamphlets were much more practical than, say for instance, holding a public seminar or workshop in attempt to educate the community. Written information is a lot less expensive, convenient and discrete. However, reading material needs to be in worded and formatted in such a way that is easily understood by its audience. One pharmacist commented that the language used in the hand-outs was still too complex and due to the low education level of IDUs, needed to be simplified to ensure patient understanding.

Despite the fact that PH5 did not sell any syringes, the pharmacists still took the time and opportunity to offer advice to those customers who requested N&S. Almost all (93.3%) of those customers accepted the information with interest. The number of requests for syringes reflects the need of N&S provision even in a district with insignificant injecting drug use.

PH2, PH3 and PH4 had no success in disseminating harm reduction information. All of the customers refused to accept any leaflets. PH1, which sold over 179 N&S over the one week, was able to reach out to 16.81% of IDUs.

A considerable number of syringes were sold overall during one week, providing for 148 injecting drug users. There obviously is a persistent need for N&S by IDUs; whether it is met by the current number of pharmacies providing this service is unknown. However, it is evident that pharmacies can play a major role in this from of harm reduction and HIV prevention.
Limitations
Due to the limited time frame, data collection was restricted to five pharmacies, which were spread over three districts. Only three of those pharmacies were located in areas with significant numbers of IDUs. Comparatively to the number of pharmacies selling N&S this is quite small, thus the data collected may is not be a true representation of the current practice and trends of N&S purchase. This includes the number of syringes that was sold specifically to IDUs, which could not be accurately determined by pharmacists’ subjective opinions alone. Lack of compliance or errors in recording data were two significant factors that influenced the quality of results. As the interviews conducted were primarily subjective, there is always the possibility of observer bias, especially with respect to the interpretation of responses. Further investigation is required in this area of interest field to consolidate these findings.

Conclusions and Recommendations
There is undoubtedly a potential for pharmacists to make a more significant contribution to HIV prevention at a community level. Pharmacies are highly accessible to the public, especially in large cities such as Hanoi, and it often the first point of reference for most common healthcare needs. This creates an opportunity for pharmacists to have a considerable positive health outcome for both the individual and the general public.

There are, however, some limiting factors that need to be addressed before pharmacists’ role in HIV prevention can evolve and expand:

Stigma and Discrimination
Stigma against IDUs and people living with HIV/AIDS (PLWHA) can discourage pharmacists in providing harm reduction services, such a provision of needles and syringes and counseling of their appropriate use and disposal. On the other hand, IDUs buying N&S or customers buying contraception in general would feel more inclined to listen to pharmacists’ advice if they felt less embarrassed or ashamed due to stigmatized in the community.

Pharmacists can help to reduce stigma in the community and help facilitate better health outcomes for all those involved, but providing their professionally services
indiscriminately and on every opportunity that arises. It is pharmacists’ professional duty to act in interest of individuals and the community to ensure continuity of care regardless of personal beliefs.

**Public view of the role of a pharmacist**
Due to expensive medical costs, pharmacists are often the first point of reference for many healthcare problems. However the public still seem to view the pharmacists predominantly as the ‘supplier’ of medicines. Efforts need to be made to encourage the community to see pharmacists as healthcare professionals with expert advice on medication and as health promoters who work in the interests of individual and the community’s well-being. This could be achieved through advertising campaigns, mass media and, or collaboration with local health services.

**Physical set up of pharmacy**
At the moment, pharmacies are not designed with specific counseling areas that allow for privacy. Shop fronts consist of one counter, where all transactions are made. HIV is a particular sensitive topic; hence the lack of appropriate counseling areas may discourage the pharmacist from initiating harm reduction activities and deter the patient from accepting any counseling services due to the lack of privacy.

A private counseling area would facilitate harm reduction activities at a pharmacy level not only related to HIV but for any healthcare concerns. Creating a welcoming and health promoting environment encourages patients to feel more comfortable about discussing their health with the pharmacist.

**Lack of training and resources**
HIV/AIDS is fairly new to Vietnam; the first reported case was confirmed only 15 years ago. Thus many practicing pharmacists have not had formal training in their degree. Even now, HIV/AIDS is not covered in depth in the university curriculum. Furthermore, it is unlikely that college pharmacists with only one or three years, receive any training whatsoever.

Pharmacists need to have a public health & harm reduction knowledge bases, both theoretical and practical skills, to play a more significant role in HIV prevention.
Moreover, they require communication skills to be able to interact with patients, collaborate with other healthcare professions and community organizations.

There are pharmacists who are receptive of idea of providing pamphlets, posters and other educational material in their pharmacies but do not where to source this information. There is a lack of current drug and disease state information that pharmacists have access to and no guidance as where to go for more help or support.

There is a possibility for the Vietnam Pharmaceutical Association to play a role in facilitating pharmacists to be more involved in public health initiatives. This could be achieved through creating forums or interest groups for pharmacists, disseminating relevant information pamphlets to all pharmacists in Hanoi for patient distribution, learning from experiences of HIV prevention strategies from other countries and playing a more active role in general in HIV prevention.

**Networking with other HIV organisations**

The qualitative data suggests that there is a genuine interest from local pharmacists in the participating in HIV prevention and harm reduction activities, however there are limited opportunities to foster this interest. HIV prevention requires a multi-faceted approach, which involves the government, local health authorities, community groups and health professionals. Pharmacies need to be connected with the Dong Da prevention centre, need to be aware of the local Needle Syringe Programs, know where to refer patients for treatment. This creates the potential for pharmacists to play an active in providing information to IDUs and the community on a wide range of HIV prevention activities. Pharmacists, however, need to take some initiative in achieving this goal. They need be proactive in pursuing HIV prevention strategies at a pharmacy level.

Although there is a multitude of people working in HIV/AIDS, there needs to be more a collaborative effort in order to gain the maximal effect for patients, at-risk groups and the community.
Needle and Syringe Programs

There are two needle and syringe exchange programs (NSP) which operate in Hanoi, in two districts of known and significant injecting drug use: Dong Da and Thanh Xuan. The NSPs are co-managed by the Macfarlane Burnet Institute for Medical Research and Public Health and national non-government organization, VICOMC (Vietnamese Community Mobilization Center for HIV/AIDS Control).

There are eight peer educators (PE) and one team leader that work in each of the two NSPs. They have been trained in a wide range of harm reduction services including clean syringe distribution, used syringe collection, health education and counseling. On a daily basis peer educators go out into the community to meet with IDUs at designated areas.

The peer educators are rostered to work in pairs; and rotate through two-hour shifts each day: 7am-9am, 9am to 11am and 11am to 1pm. Educators will spend a maximum of fours hours a day out in the field; realistically however its about two hours a day as it must accommodate for the fact that they need to earn a proper living as well. Educators are paid US $20 a month for their services in the NSP.

The Burnet and VICOMC put great emphasis into monitoring the impact of the program, with educators reporting numbers for syringe contributions, number of new IDUs, males to female ratios and more. Peer educators are also monitored for the attendance.

The roles of peer educators include:

- Distribute of clean syringes
- Collect of used syringes for safe disposal
- Warn against poor quality of street drugs
- Provide advice for overdose, shock and infection, which is important for IDUs to know as first aid supplies is limited
- Offer counseling services for individuals as well as families
- Identify and advise on IDU ‘hotspots’, the time of day when IDUs are most prevalent, which help to determine need to alter the NSP services.
It is important for the NSP to be flexible and sensitive to the activities of IDU; services have to be adjusted to suit the needs of the end-users, for example, the location of NSP sometimes has to change if PEs are constantly being hassled by policemen for information.

First and foremost when dealing with IDUs, peer educators have to determine whether they are active drug IDUs and know their health status, eg. are they HIV positive.

The aim and challenge of working as a peer educator is to create a trusting relationship with IDUs so that they are comfortable and confident to talk to PEs about other health issues. This is a slow and step-wise process with the aim of encouraging IDUs to open up little by little on each encounter, progressively helping as the opportunity arises.

The NSPs are funded primarily by Family Health International, a US-based non-government organization, with auxiliary support from the US government. Unfortunately, this funding expires at the end of December and the Burnet is still in the process of sourcing other organization to help continue the programs. The NSPs were a challenge to set up; from training the peer educators, ensuring adherence to work rosters and obtaining resources to meet the need of the program. If the NSP were forced to shut down due to lack of funding it would take a tremendous effort to reconstruct, what is now, such a well-run and invaluable service to community.

Lack of funding and hence lack of operating hours is a major limitation to the expansion of services. With only a small number of peer educators working at any one time, the number of IDUs they an provide outreach services to is limited

Peer educators meet on a weekly basis to report back on their week’s progress, share experiences or advice; collect more supplies of N&S for the coming week and receive their pay.
Peer Educators Weekly Meeting - Dong Da District

Wednesday 13th December 2006

To gain further insight into the needle syringe program in Vietnam, I arranged to take part in one of the NSP’s weekly meetings.

Peer educators arrived wearing their uniforms (Burnet Institute jackets, shirts and a cap) and congregated around table where hot tea and nibbles were provided. The meeting was chaired by Team Leader and Mr. Thuong from VICOMC. Before their normal meeting proceeded, the educators took some time to share some thoughts on their work in the NSPs.

Before the program began, in December 2005, peer educators received extensive training in HIV and its management (disease, routes of transmission, prevention strategies). They were introduced to the concept of harm reduction, taught counseling skills, strategies to reduce discrimination, as well as skin care of opportunistic infections for PLWHA.

The peer educators believe that the needle exchange program is very important form of harm reduction; it not only protects IDUs from personal harm but also protects the community at large from the spread of HIV and other blood borne diseases. Furthermore, the program helps peer educators to be better equipped with the
appropriate knowledge and practical skills to help friends and family about HIV prevention.

The main drug abused in Hanoi is heroin; it is the most accessible and most affordable, as compared to ecstasy which is only used by the wealthy. There was mention of abuse of sleeping pills but this is not nearly as common. N&S are primarily distributed to males but here is a small percentage of female IDUs.

The peer educators carry with them Safety Disposal Boxes for IDUs to return used syringes. At the beginning of the program, hardly any needles were returned, but thanks to peer educators’ persistent advice, IDUs are more aware of the dangers of inappropriately discarding their used syringes. Nowadays, 30%-50% of IDU who use the NSP make use of the disposal box.

In the response to the suggestion of whether Safety Disposable Boxes should be available at pharmacies, all peer educators strongly disagreed. They reasoned that IDUs would not return syringes in such a public setting and expose their drug use, which is something that they avoid and fear. Returning used syringes for disposal to peer educators ensured IDUs remained anonymous and can allow a new supply got N&S.

IDUs are most prevalent early in the morning, at around 7am, for a number of reasons; firstly to “fix” their ‘overnight drought’ (as there are no places to obtain N&S very late at night’ the latest some pharmacies open is 9-10pm); some cannot get through day without injecting; most earn money overnight (evening shifts) that enable them to afford drugs and thus their need for N& S in the morning.

Peer educators noted that new IDUs were more open and receptive to advice offered, for example, how and where to inject safely. Those who have been using for a long time however are often unresponsive to any counselling, some don’t even bother listening. Condoms are distributed to those who ask or IDUs with families (married).

Sometimes peer educators are questioned by local law enforcement authorities about their knowledge of IDUs and drug sources. However, the peer educators do not reveal any information other than the fact that they provide N&S to users; they do not know where IDUs specifically go to inject or purchase their drug supplies.
All the peer educators strongly felt that their work is still important and necessary even if pharmacies sell syringes for two main reasons; firstly there are not enough pharmacies who do sell N&S as it is up to the discretion of individual pharmacists; secondly, the police often discourage sale of N&S to IDU at pharmacies as it promotes a ‘social evil’.

**Summary**

The NSP, although small, seems to have established and proved themselves as an important harm reduction initiative in the community. Peer educators have been trained to offer outreach services, counseling and provide sterile syringes. Although, it takes time for IDUs to trust and open up to the educators, meeting in a discrete environment, as opposed to a busy pharmacy, is advantageous in forming such a relationship. Is it important to recognize the potential role of pharmacies and pharmacists in offering similar services, in particular after hours as the NSP only operates from 7am to 1pm daily. Although, at the moment the way pharmacies are set up, it does not allow for privacy which is important in counseling in general and particularly advice related to drug use.
Interview with Injecting Drug Users

Saturday 16th December 2006

In order to gain insight into drug use in Vietnam as well as the effective of the needle syringe program, I interviewed four active IDUs. Peer educators from the NSP had volunteered to help me set up this meeting, which was conducted at a café.

Among the group, drug use ranged from 3 to 21 years. Most has started their habit due to curiosity; one had turned to drugs to escape his troubled life. When asked why each IDU still maintained their habit, all expressed their desire to quit. Some had even attempted it, but felt it was extremely difficult and unachievable. All admitted that they experience stigma form their family friends, most of which were aware of and discouraged their drug use and some which have turned away from the IDUs because of it. The IDUs were affected by these opinions; feeling embarrassed or frustrated because they really do want to give up drugs, others admitted such stigma forced them to avoid letting other people find out about their drug use.

Drugs are easy to get hold of, but can be very expensive to buy eg. 100,000 dong per piece (AUD $8). Most had multiple supply sources. The IDUs never consider the quality of the drugs they are buying; their main concern is satisfying their craving as soon as possible.

Only of IDU bought N&S from both the pharmacy and utilized the NSP; all others now relied on the NSP only. When asked about how they felt about buying N&S from a pharmacy, the response varied: “It’s normal”, “If I buy there many times, then they’ll know I’m an IDU and I’ll feel embarrassed”, “The only thing I’m afraid of is the police.” Even though all the IDUs preferred advice from peer educators, who are “easier to talk to” than pharmacists, 3 out of 4 IDUs would still be open to advice from a pharmacist if it offered.

The IDUs feel safer and more at ease obtaining syringes from the NSP. They all found it very easy to locate peer educators and thought they were very approachable. Peer educators had offered each of them lots of counseling, which they all felt was important to listen to. I presented the IDUs with the harm reduction information booklets which I used in my study, and asked if the IDUs would accept these booklets if they’d been offered by peer educators or pharmacists. The IDUs
examined the reading material with interest; all agreed “I would never refuse the offer”. One IDU commented that the booklets could be more user-friendly “I’d prefer bigger booklets”.

At night-time the IDUs admitted it was difficult to buy syringes; the only options were pharmacies or the hospital. They often have to estimate their need of N&S in advance and buy them during the day. One IDU reused his own syringes, after cleaning it with boiling water. Two IDUs have never shared their syringes with anyone; the other two had shared syringes in the past but had stopped since leaning from the peer educators about the associated risks.

The IDUs used the syringe disposal service provided by the NSP everyday. They were conscious of the possibility of spreading blood borne disease such as HIV if needles were not disposed of in a safe manner. One IDU always brought his syringes back so that he could receive new syringes in exchange. I suggested the idea of safety disposal boxes being available in other places such as parks, streets, pharmacies and hospitals; however the IDUs said that being in such public places would deter people from using the boxes; they’d be afraid of being caught by the police.

All four IDUs want to stop using drugs. All four are interested to participating in a drug substitution program if it becomes available in Vietnam.

**Summary**

Overall, the IDUs were very open to answers my questions. I believe that they answered truthfully and individually, all sharing their struggle with stigma and discrimination due to the drug use. From their responses, it is still important for pharmacists to provide information about HIV prevention, provide needle and syringes and counseling, which could include syringe cleaning techniques. Three out of the four IDUs said they would be open to a pharmacist’s advice.

Equally important is the role of NSPs. All four IDUs felt that peer educators were more approachable, more trusting and also offered an avenue for syringe disposal. All admitted that they wanted to stop using but it’s very difficult; thus the idea of a drug substitution program was appealing and all were interested in participating if the program was introduced in Vietnam. There is a possibility that pharmacists could
play a part in referring patients to the program or be involved in administration and therapeutic monitoring.

**Personal reflection**
Talking to the IDUs was an eye-opening experience. I don not condone illicit drug use in any way but hearing the IDUs personal struggle with their addiction – physical and psychological - humanized it and help me understand the difficulty of drug addiction. Whatever their reason for starting to abuse drugs, deliberate or accidental, once that physical barrier is crossed, it is difficult to turn back. Even with the desire to stop using, without drug substitution programs in place, without adequate social and psychological support, it is understandable difficult to stop the habit. I say this not as making an excuse, but to explain the situation as I saw it in Vietnam. My experience highlighted the importance of harm reduction efforts such as the NSPs, which extremely effective in providing outreach services; the importance for health professionals such as pharmacists to lead the way in reducing stigma and discrimination by offering their professional services as they would any other patient and, finally the need to collaborate and co-operate with multiple disciplines and organizations to facilitate positive outcomes in the fight against HIV/AIDS.
The effectiveness of needle syringe provision and HIV prevention counseling: Pharmacies vs. Needle syringe Programs

HIV prevention requires a multifaceted approach. I don’t believe the problem can be combated by only one means, thus I think NSP and pharmacies can complement and facilitate each other in HIV prevention.

I don’t believe that pharmacists are adequately trained at university level (from what I’ve seen and read about the curriculum in terms of harm reduction and public health issues, most pharmacists I interviewed completed their study before HIV even existed in Vietnam); nor are they adequately equipped with resources (e.g. training from the Pharmaceutical Association or external continuing education sessions, which are primarily just conducted by drug companies and are concerned about new medications on the market); nor do they have readily accessible information (e.g. pamphlets or information of disease states or medications), to be solely responsible to harm reduction related to IDUs.

From what I have witnessed, pharmacists have a general awareness about HIV and seem to understand it’s important to sell syringes etc, but the number of them who actually actively engage in harm reduction activities when they interact with customers is questionable.

Health is not as high as a priority in Vietnam, as it is in Australia for example. People are more concerned with earning money to put food on the table for themselves and their family. I think pharmacy is more so viewed as a ‘quick fix’ for whatever medical problem they have at that moment in time, so that they can continue to make a living. They ask for what they need or what the doctor prescribes then leave. I think the pharmacist mainly just tells them how to take it. I don’t think it is a health promoting environment or culture; pharmacy viewed solely the supply of medicines for treatment. There seems to be limited non-pharmacological, disease prevention and health promoting advice provided.

Although there have been recent problems with law enforcement (police questioning peer educators from the NSP, in order to determine who the primary drug sources are as well as users) which has limited the NSP functionality, I think it is still important to maintain the service. Both NSP and pharmacies have most probably
attract different types of users. IDUs have to buy syringes at a pharmacy, NSP provide them for free. Pharmacies are often open later hours, which can accommodate for the problem of accessibility with NSP (peer educators are not available all day or night).

Comprehensive HIV prevention requires collaboration from all health-care professionals as well as community health groups working in HIV/AIDS. Providing harm reduction services with the co-operation of all interested parties, will provide greater access and better outcomes for IDUs, risks groups and the population at large.
Volunteers for Peace
26th November – December 3rd 2006

Volunteers For Peace – Vietnam (VFP-VIET) is a non-profit, voluntary organization established in Vietnam since October 2005. VFP aims to promote international voluntary service as a mean of cultural and educational exchange among people, for peace, friendship and understanding and as an approach to address social problems.

VFP-VIET has been organizing a series of international work-camps and long-term voluntary placements with the participation of over 100 international volunteers. VFP’s projects target disadvantaged communities in Vietnam and address various social problems in the country, including children and disability, victims of Agent Orange and war aftermaths, education, health and HIV/AIDS, environment protection and natural conservation, historical and cultural preservation, social work and community development.

During my time in Vietnam, I volunteered with VFP on their first-ever HIV Awareness work-camp. In a team of eight international volunteers (from America, Canada and Australia) as well as local Vietnamese helpers, we researched, prepared and presented information sessions to three universities on HIV; focusing on its transmission and prevention. We performed role plays to help explore issues of stigma and discrimination, conducted small discussion groups to allow students to voice their opinions and share experiences, introduced the ABC (Abstinence, Be Faithful, Condom Use) concept and taught practical skills of how to use condoms properly as a form of contraceptive and preventative strategy.

The international volunteers’ ages ranged from 19 to 25 years of age; I was actually the second youngest. Amongst the group, there was a new high-school graduate, two biology majors with ambitions to study medicine, a geography major with plans to live in the South of France for three months to study the language and in the future hopes to work for the Canadian government in development work, and an
Australian who had spent the last 16 months teaching English in Japan. We also had amongst us the experience of a community outreach worker who primarily works with Asian communities in San Francisco. For some, Vietnam was their first overseas adventure; for others it was part of their world trip itinerary. It was an eye-opening experience just to be able to meet these people, hear their unique stories, learn from them and also work together on this project. No matter where we came from or how difference our backgrounds, we all had a common interest in this particular work-camp. We were determined to dedicate our minds, passions and skills into a positive cause and what better way than to help other young people who are not as fortunate as ourselves, in Vietnam.

Overall, it was a fantastic experience – both having the opportunity to work with and exchange ideas with international and local volunteers as well as getting the chance to educate young people about important issues. It’s an amazing feeling being able to empower others!

This work-camp actually commenced on the 20th of November, but due to my participation in the Good Pharmacy Practice workshop I wasn’t able to join VFP until the work-camp’s second week. Nonetheless, I felt I was still able to make a significant contribution to the project and learnt so much in such a short time!
Proposed Work Plan

**VFP-VIET will set up an information booth in Beauty in Diversity Event with main focus on HIV/AIDS Prevention and promoting voluntary service. Volunteers will be the key actors in preparing and running all activities.**

**Before the event:**
- Volunteers will prepare for the information corner with materials collected from different sources. The work will include designing, erecting, decorating and preparing games and activities for the event.
- Volunteers will also help local organizer (preparing site, setting up stage, etc).
- Volunteers will visit some universities and schools, exchange with local students and discuss about HIV/AIDS and the way to stop the spread of the disease. Prepare yourself with basic information in this topic, especially the situation in your home countries.
- Some discussion and talk with people who are working in HIV/AIDS prevention will be organized to give volunteers basic understanding about the situation and problem and some basic skills in health education.

**During the event:**
- Volunteers will manage the information corner, try to deliver messages on HIV/AIDS prevention and volunteerism to visitors.
- Volunteers will also distribute leaflets and free condoms to targeted groups.

Planning and Preparation

This was the first time VFP-VIET had ever run a HIV-AIDS related work-camp, so there was much to be learnt by both organizers and volunteers.

During the first week, Ms. Thu Anh, the Program Officer of Hanoi HIV/AIDS Program from (MCNV) the Netherlands Medical Committee in Vietnam, was invited to speak to the volunteers about the current HIV situation about Vietnam. She discussed the disease in detail (the causative virus, disease development, WHO staging etc) and talked about prevention strategies (safe syringe use, ABC concept etc). Although volunteers were asked to prepare and research HIV prior to arrival at the camp, this training session allowed volunteers to understand the problem at a local level and highlighted our important role in the prevention of HIV.

The international volunteers - who had all had prior knowledge about HIV and its prevention strategies, including safe sex (e.g. from school education programs) - were able to grasp the concepts easily and quickly; however for the Vietnamese volunteers it was quite an eye-opening experience. Many were very embarrassed by the talk of sex (some had a poor understanding of what it actually meant) and
condoms; and it took quite some time for even the local volunteers to become comfortable using and hearing such terms.

Having had an extensive experience in development programs and community education, Ms Thu Anh was also able to share some practical advice on effective communication skills, with particular emphasis on the use of role plays as a form of expressing ideas and information to audiences. VFP volunteers were given many resources with suggestions and techniques of this method of teaching.

Since VFP had never hosted a HIV awareness camp before, there was a heavy reliance on us as international volunteers to do a lot of the ground work independently and use our initiative. Although this seemed quite daunting at first, I think it gave us an opportunity to challenge ourselves, to stimulate our minds and creativity, and to work as a team. I think that this was a valuable learning and life experience in itself – to be able to work effectively and efficiently with limited time and resources, with people with vast backgrounds, skills and opinions.

We had several brainstorming sessions and meetings, as we tried to decide on the most appropriate way to deliver our presentation on HIV. We did not know much about our proposed audience other than that they would be university students who have studied English. We had to take into the account that they would not necessary
have much, if any, health science background and we did know the level of English competency. In the end, we decided on a multi-faceted approach; incorporating pedagogic teaching principles with interactive questions, thought-provoking role plays, a chance for discussion, use of visual aids (including Vietnamese translations where possible) and games.

Volunteers were expected to have prepared some materials for the work-camp, for example, printed information or pamphlets. However, once we had pooled our knowledge and resources, we still felt that there were some gaps that needed to be filled. Without ready access to the internet at Peace House, we were left with no choice but to walk into town, which literally consisted of only a few stores along a dusty road with one internet café. We maximized our computer access time by not only researching on HIV but typing up our presentation plan, skits and questionnaire.
Never did I imagine that my ‘cut & paste’ skills would become so vital than that week with VFP! Our preparations also included preparing posters and props for our role plays. Our creative skills were out to the test as we had to decide on simple yet effective diagrams and best wording of posters, as well as Vietnamese translation of key ideas. I definitely enjoyed the fact that my artistic skills, however limited they are, were required and used for such a good cause!

I was also sent on a mission to buy two dozen cucumbers that we could use for the condom demonstration. They must not have been in season, because every market and fruit markets we went to didn’t stock any! Eventually, we had to take the motorbike into town to the ‘Big C’ shopping complex to find what we were looking for.

After our final dress rehearsal the day before our presentations we were set and ready to go! Lights, camera, ACTION!
HIV Information Sessions

Introduction: We first introduced ourselves as volunteers from VFP, who were here to run an information session of HIV. We told the students that we were from four countries: Canada, America, Australia and Vietnam. We each introduced ourselves with a statement to help students guess where we came from;

"My name is Madelaine. Where I live, in the summer time, we like to have BBQs in the backyard. In my country you will find kangaroos”

"My name is Michael. I like to eat hamburgers, french fries & drink Coca Cola”

Questionnaire: We had prepared a basic questionnaire for the students with YES/NO responses. Students were given ten minutes to answers the questions, before re-convening and discussion of the answers as a group.

HIV Facts: Questions 1 to 5 were fact based. One VFP volunteer was allocated to each question and responsible for creating visual aids (primarily in the form of posters) to help students understand the facts related the question.

1. Can anyone get HIV?
Marty (Australia) explained that HIV is a worldwide epidemic. He prepared a histogram, which illustrated that the majority of cases are in Africa, however the disease is prevalent in the USA, Canada, Australia (even in the countries that the volunteers come from) and also in Vietnam. There was emphasis on the fact that also it may not seem that prevalent in society, HIV is a growing problem everywhere, however there are ways that we can protect ourselves and our families by prevention.
2. How can HIV be transmitted?
   a) Unprotected sex
   b) Sharing needles
   c) Breast feeding
   d) Kissing
   e) Mosquito bites
   f) A toilet set

Alex (Canada) explained that there are three main routes of HIV/AIDS transmission:
   (1) Unprotected sex
   (2) Blood (eg. sharing needles)
   (3) Pregnancy (during pregnancy, delivery or via breastfeeding)

HIV cannot be spread through close contact such as hugging, kissing or sharing food; nor through your sweat, breath or saliva.

By asking the students to raise their hands in response to the given options on the questionnaire as well as evaluated the hard-copies at the end of our session, we could see that there were some students who believed some of the common myths about HIV transmission, including mosquito bites. Majority knew that HIV could be spread by unsafe sex and needle use but many did not think HIV could be transmitted during pregnancy.

3. What services can condoms provide?
   a) Family planning
   b) Preventing HIV/AIDS transmission
   c) Limiting the risk of sexually transmitted infections

Natalie (USA) explained that the use of condoms serves all the above purposes. Condoms are made of latex rubber, which is flexible yet strong enough to act as barrier, preventing body fluids and blood from mixing during sexual intercourse. This means that they can be used to prevent unwanted pregnancies, and reduce the risk the sexually transmitted diseases, including HIV.
4. Can you tell by looking at someone if they are infected with HIV?

"Generally speaking you cannot tell if a person has HIV. Few people show signs of being HIV positive. Symptoms often occur only once they begin to develop severe HIV infection called AIDS. This takes about five to ten years.

OK, so let’s take a look at what the HIV virus does to the body:

1) Before infection, the body is healthy and strong with lots of immune cells. These cells protect the body against disease and infection.

2) If you contract HIV, for example through unprotected sex or sharing needles with someone with HIV, the virus enter the blood and kills the immune cells

3) AIDS will eventually develop when the virus has killed so many immune cells that the body can no longer protect the body from any invading viruses and other bacteria

This is the reason why AIDS patients become very ill with many infections, such as meningitis – which is an infection of the brain – and tuberculosis – which is an infection of the lungs. These are called opportunistic infections.

Some of the symptoms that HIV/AIDS patients will eventually develop include:

- Extreme weight loss
- Unexplained diarrhea
- Chronic weakness
- Prolonged unexplained fever
- Fatigue

Remember it takes many years before these symptoms will occur. So it is very important that if anyone thinks they may have contracted HIV to go get tested. However, we must understand that a positive HIV result is NOT accurately given until three to six months AFTER initial infection. So even BEFORE a positive result is detected, and long before symptoms appear, people are STILL infectious and can transmit HIV to others. This tells us just how important it is to protect ourselves and be safe, in particular when it comes to sex and, or using needles.”
It was challenging to try and explain how HIV affects the body in the simplest way, both verbally and pictorially, without making it inaccurate. After our initial dress rehearsal and subsequent session, we realised we had to modify our language even further to use the most basic to get our message across to maximise the understanding of our audiences. It was a chance to practice communication skills; after all, one of the major roles of pharmacists is being able to talk to a patient about their condition and subsequent pharmaceutical treatment in lay mans language.

**5. HIV/AIDS can be cured. True or False?**

Jamie (Canada) explained that there is no cure for AIDS. There are drugs that can slow down the HIV virus, and slow down the damage to the immune system but there is no way to get all the HIV out of the body once infected. In Vietnam, there is an insufficient amount of treatment doses to treat all AIDS patients, and that is why it is so important to prevent infection in the first place. There is an easy way to remember how:

- **Abstinence** – *Kiem Che Tinh Duc*: Abstain/Avoid/ Do not have sex at all
- **Be Faithful** – *Chung Thuy*: If you do have sex, have one partner only.
- **Condom Use** – *Dung Bao Cao Su*: If you have sex, whether it be with 1 or - in particular - with multiple partners, use a condom to prevent spread of STIs, including HIV
At this point in the presentation, Natalie demonstrated how to correctly use a condom, from opening, apply and removing a condom. Linh provided a step-by-step Vietnamese translation. VFP volunteers then guided students in practicing using the condoms on the cucumbers provided.

**Role Plays:** These skits written by and acted out by VFP volunteers. They were used to help explore the issues brought up by the second half of the questionnaire (personal or opinion based questions), with issues relating to stigma and discrimination of people living with HIV/AIDS (PLWHA), safe sex and HIV testing. After the role plays, students were divided into smaller groups and under the guidance of VFP volunteers discussed the plays, for example, if students agreed with the ending, reasons why the characters did what they did and shared any real-life experiences or other opinions.
SKIT ONE - STIGMA / FAMILY AND FRIEND

QUESTIONNAIRE
6. Would you tell your friends if a family member had HIV/AIDS?
7. Would you treat your friends differently if they had HIV/AIDS?
Would your friends treat you differently if you had HIV/AIDS?

1. Breaking the news to girlfriend
Guy - I love you but I have something to tell you...
Girl - What do you want to tell me?!
Guy - I have HIV...
Girl - *gasps* (stops holding hand) "Don't touch me!"

2. Breaking the news to family
Guy - Mum, dad, I have something to tell you... (sits down between parents)
Mum - What is it?
Guy - I have HIV (both parents move theirs seats away from their son)
Dad - This is terrible... Why have you brought shame to our family?!
Guy - I am sorry.
Dad - You must leave our house before you make us all sick.
Mum - Take you things and sleep over there. Keep your dishes separate!
Guy - No! You don't understand! HIV is not spread in those ways!
Dad - Go, NOW! (points out the door)
Guy - This is not fair. I cannot make you sick.
Mum - Please do this, for the sake of the family. (Guy slowly, sadly walks away)

DISCUSSION QUESTIONS
* Why would it matter if someone in your family was HIV positive?
* Would the HIV status of a family member change your opinion of that person?
* Do any of you have any stories or experiences?

Discussion reflections: Unlike the role play, our group agreed that it was important that family and friends supported and cared for someone with HIV. The students understood that it due to lack of education that many people shun or discriminate against HIV positive people. We saw this as an opportunity to encourage the students to share the knowledge that we had imparted on them in today’s session with other students, family and friends as a way of helping others to understand HIV/AIDS and its implications. Students shared stories of how the community shunned the whole family once they discovered that the son had contracted HIV; no-one dared to shop at the family business anymore, which consequently went bankrupt. We also talked about difficulty and risks involved in maintaining a physical relationship if your partner was HIV positive, also the psychological as well as medical support a HIV positive person would need in their situation.
**SKIT TWO - CONDOM USE / WOMEN'S POWER**

**QUESTIONNAIRE**

8. Would you buy a condom from a pharmacy? YES/NO
9. Do you know how to use a condom? YES/NO

**Boy** - Tonight is the night. Let's have sex.
**Girl** - I feel ready, let's go.
(Walk away together)

(Later... sitting close together)
**Girl** - Do you have a condom?
**Boy** - What?!
**Girl** - A condom... I think we should use a condom.
**Boy** - Who do you think I am? Do you think I have AIDS?
**Girl** - No, but I think we should protect ourselves.
**Boy** - Don't be silly... Where would I even get a condom anyway?
**Girl** - At the pharmacy.
**Boy** - My mother works there. I could never...
**Girl** - Then we will not have sex tonight!! (firm)
**Boy** - You should trust me... Come on!
(girl moves in an indecisive manner)

**DISCUSSION QUESTIONS**

* Is it uncomfortable to buy condoms from a stranger or from family/friends?
* Does buying condoms infer something about someone?
* Where can you buy condoms?
* What kind of changes should be made to make condoms more accessible?
* What kind of changes should be made to make condoms more pleasant?

**Discussion reflections:** There was some resistance to handling the condoms in our group. One girl claimed that she didn’t have a boyfriend, so did not need to learn how to use a condom and even if she did, it would be her boyfriend’s responsibility, not hers. Others expressed that it was their belief in ‘no sex before marriage’ so learning about condom use now was not relevant. We responded to this idea, by encouraging the students to learn to technique now that in the event of needing to use one in real-life, they would be prepared. We reflected on the skit, where the boyfriend was indifferent to using a condom. We noted that it was the girl who understood the importance of having safe sex and her role in initiating its use. I also thought it was important to stress the importance of choice – saying ‘No’ (as the girl did in the role play) to unsafe sex or sex, in general, if they were not comfortable with the situation.

Natalie and I shared experiences from our countries, explaining that condoms are
available at supermarkets, petrol stations, pharmacies and there are some vending machines in public toilets. Most students seemed in awe of the idea of condoms being so freely available. The contrast, in Vietnam, condoms are sold only in pharmacies, which stock a very small range and are kept out-of-sight behind the counter. For this reason, all students agreed that they would find it difficult and embarrassing to buy condoms at their local drug store. It was unanimous that discretion was preferred. The idea of sex education in schools, which Natalie and I had both experienced in high-school, was simply unheard of and students thought it most likely would not be adopted by schools there.
SKIT THREE - HIV TESTING

QUESTIONNAIRE
10. Would you be embarrassed to get an HIV test? YES/NO
11. Do you know where to get an HIV test? YES/NO

SKIT - HIV TESTING
(engaged couple walk along arm in arm)
Girl: Anh o! I have something to tell you
Boy: What is it?
Girl: Before the wedding, I think we should get our blood tested.
Boy: Why?
Girl: Because there are diseases...such as...HIV.
Boy: But you look healthy. I'm healthy. Why would we have to worry about HIV?
Girl: I know I feel fine. But you've had many other girlfriends before me. And in university I...I.....(looks embarrassed)...I just think we should check just to be safe.
Boy: Don't worry, all my girlfriends were good and healthy. And I saw your old boyfriend last week, he looked fine!
Girl: But I read in the paper, you can look healthy but still have HIV. Please can we go get tested.
Boy: Nah (shakes head). This is silly. Let’s go. We have to prepared for the wedding (pulls fiancé in the opposite direction of the HIV testing centre)

DISCUSSION QUESTIONS
* Would you feel comfortable talking to your doctor about HIV or other sexual health issues? Why / Why not?
* Would you have a preference between male or female doctors?
* Would you see the regular family doctor? Do you trust them to keep a secret?
* Have you heard any stories about HIV tests?
* Where can you get HIV tests? (Lead on to contact details, websites & further info)

Discussion reflection: One of the girls in my discussion group brought up the issue of unfaithful spouses; explaining that even if you are faithful to one partner, there’s the possibility that he/she could be unfaithful, without you knowing. It was an idea that I hadn’t considered so it took me by surprise, however I quickly saw it as an avenue to emphasise the idea of condom use as a form of self protection – protecting against unwanted pregnancy, and STIs (which your partner may or may not know they even carry). It is better to be safe than sorry.
**GAMES:** The rationale of this activity was to create a fun yet educative means of handling and using condoms appropriately. We really wanted students to walk away with these important practical skills as well as portray a more positive (as oppose to taboo) view of condom use.

**Hot Condom**

Students stood forming a circle, passing around a blown-up condom as the music played. When the music stopped, whoever was left holding the condom was 'out' of the game. The game continues until there is one winner left. This game was to allow students to become familiar with seeing and handling a condom (with lubricant).

**Condom relays**

After a comprehensive demonstration (with Vietnamese translation) of how to use a condom correctly, and having individually practiced using cucumbers (with the guidance of VFP volunteers), a small number of students volunteered to participate in a relay. Students had to firstly correctly remove a condom already on the cucumber, before applying a new condom onto the same cucumber. Volunteers gave students advice during the game to ensure that the condoms were correctly used.
Pin the Condom on the Man

Students were blindfolded and had to attempt to stick a condom onto a poster to a man, in the appropriate area. This game re-emphasized the appropriate application of the male condom.
**Participating Universities:** VFP usually works with students’ volunteer clubs based at various universities in Hanoi. When a work-camp comes up that involves university participation, the work-camp program is sent to all these clubs, which reply with feedback or register their interest. Selected pharmacies are those who can fit into the work-camp schedule and, or those who are the most interested in the participating in the VFP sessions.

After each session we had debriefs, where we evaluated our performance – both strengths and weakness - and made improvements where necessary.

**National University Social Sciences**

After over a week of preparation and planning, it was “Showtime!” We were both nervous and excited, and looking forward to finally being able to do what we came here to do. The VFP director, Mr. Phuong, had not had time to attend our dress-rehearsal the day before and so was eager (and probably a bit nervous) to see what we had produced.

We had always assumed we would be presenting in a classroom of some sort, however we did not expect that the chairs and tablets were bolted together in rows, which limited our ability for group discussion and space for the games that we had planned. The room also had windows with no glass, which created unfavourably loud and echoing acoustics, making it very difficult to be heard especially without the use of a microphone.

Other than the technical difficulties, we did very well for our first attempt. Our main faults were not speaking slowly and loudly enough. We also decided that we definitely required Vietnamese translation for the condom demonstration. We all felt
that if anything at all, we wanted students to leave the session feeling confident they would know how to use a condom correctly, if and when required. We thought that it was important to give the students a chance to practice a few times before initiating the relay games, which required accuracy and not just speed.

The set up of the classroom made is difficult to have proper discussions but the students were generally a reluctant and shy to share their ideas – whether they found us ‘foreigners’ intimidating or the topic embarrassing or a mixture we can only assume – but we did have exceptions in each group, with some students volunteer to re-enacted one of our skits with an alternative and more appropriate ending, which was a nice surprise and a positive response!
University of International Relations - Sunday Club

We met with the Sunday Club, a student English-speaking club, at a local park on a Thursday evening. VFP organized a large picnic rug with salad rolls, biscuits and drinks for us all to share before our talk.

Our audience was about a dozen not including local volunteers, which was small in comparison but gave us the opportunity to help students one-on-one when it came to practicing using a condom.

The club members were well-versed in English and were enthusiastic to learn. We had limited lighting being in a public park and had to improvise basing ourselves by an ice-cream stand which had a large lit-up sign in front of it.
Due to time limitations we could not have detailed discussions, but we did incorporate the Vietnamese translation into the condom demonstration which was hugely beneficial.

**National University of Foreign Languages**

The third and final presentation was by far our most successful, in all aspects:

- **Venue:** we had a large auditorium with a large stage, big white board to put up our posters, a microphone and plenty of room to move around for discussions and games.

- **Attendance and participation:** estimated more than 60 students attended and the majority was responsive to all our activities. This session was advertised at the university and was not intended for one specific class, so all students came voluntarily and were interested in what we had to share.

- **Confidence:** Having mastered our presentation, and refined it in such away that we were confident that it could be easily understood, we were able to relax and enjoy the experience.

Natalie and I had the chance to mediate a group discussion, where we shared opinions on the skits that were performed. We were lucky to have an overall very responsive group of students, with the exception of a few sniggering girls on the end. There was also one or two girls who refused to touch the condom; they refused to hold the cucumber even, claiming they didn’t have a boyfriend so didn’t need to know anything about it. Despite some reluctance to handling the condom, the students had a lot to say about other issues, for example, sex before marriage, unfaithfulness, having relationships with HIV positive people, and expressed that they felt discrimination against PLWHA was often to lack of knowledge about the disease.
Overall, our group had a great discussion. I was challenged by their questioning and opinions and had to do my best to facilitate the conversation taking into account everyone ideas; trying not to impose beliefs but still wanting to portray the important messages of choice, safety and prevention when it came to sex and sexually transmitted infections, such as HIV. It was my first time in such a role, and it was not easy to say the least, but I felt more confident as we continued and feel that it has made me grow on a personal as well as professional level, especially with respect to my public speaking and communication skills.

In retrospect, we all agreed that we could have easily conducted more sessions. We had thoroughly prepared and felt we could have reached out to bigger or more audiences over the course of the work-camp. Like the other volunteers, I felt that we made a big impact on students. It was obvious it was the first time they had ever experience anything like this, the first time that HIV/AIDS, sex and condom use was ever spoken about freely, without judgment. At first I think that it was confronting to audiences but I think they appreciated our openness and in response opened up to us.
World Aids Day 2006 - December 1st

To deepen our understanding of people living with HIV/AUDS (PLWHA) we contacted and visited two HIV groups, Cactus Blossom and Sunflower group. Both groups are run under the Red Cross banner in the Dong Da district. VFP volunteers met with these groups at their weekly meeting in the lead up to World Aids Day, 2006.

Cactus Blossom is run by and aimed at helping women affected by HIV/AIDS. The group has three main areas in which they offer support:

1) Social
The stigma and discrimination still prevalent in the community against PLWHA makes important for the Cactus blossom group to offer a social support network. Members, some of whom are former drug users or sex workers, have all been affected by HIV and said that the group provided them with an understanding that their family members and friends could not provide. Being able to meet with people who have experienced the same mental and physical hardships is both comforting and encouraging. Members work together to reach out to more women in need.

2) Medical
Assistance is provided in obtaining medical referrals for HIV testing, treatment and other healthcare needs. However, access to treatment medicines, nation-wide, is a problem that still needs to be overcome.

3) Financial support
Funding or subsidies are provided for workforce training and for business ventures, with the aim of helping HIV positive women gain employment or make a living for themselves. Members shared stories of how they received computer skills training, or received financial support in order to open up their own store. Despite financial and technical training from the US President’s Emergency Plan for AIDS Relief (PEPFAR), the group’s activities are limited due to financial constraints.

The Sunflower group has similar goals to that of Cactus Blossom, however their target group is specifically mothers with HIV/AIDS.
On World Aids Day, VFP helped the two Red Cross groups set up their information booths and displays at a local festival. HIV/AIDS groups from around the city, gathered at this festival, to be recognized for their efforts in working with PLWHA.
After being driven to near financial ruin and blamed by her husband's family for contracting HIV, Duong Thu Huong was saddened once again when doctors reported that her nine-month old son would die of AIDS within days.

Huong, like many other women in Vietnam, has faced insurmountable difficulties since discovering she had contracted the deadly disease. In a country where suicides are not uncommon when a patient is diagnosed with HIV/AIDS, Huong has found hope in the Hoa Xuong Rong (Cactus Flower) Club.

Run by other HIV infected individuals, the club helps those living with the disease through volunteer work and direct financial support, and tries to break down the many negative stigmas HIV/AIDS has in Vietnam.

As a result of its success, the club has become the new model, for the Government's Centre for Community Health and Development (COHED). The group has also received support from the Emergency Plan for AIDS Relief (PEPFAR), a US funded programme to help infected women overcome discrimination in both society and their families.

When Huong discovered she had HIV, her husband's family was far from supportive. "I was shocked and scared when I received the test results. My husband's family blamed it all on me, and told everyone that I was a debauched wife. With no care and no money, I almost killed myself," said Huong in a recent interview. The family eventually discovered that a man, with which Huong's husband had shared a knife to tattoo themselves, had died from AIDS and was the likely culprit in spreading the disease.

Thanks to a suggestion from a relative in the healthcare profession, Huong joined the Cactus Flower Club a year ago, and now helps other families and individuals cope with HIV/AIDS. If a person is excommunicated by their relatives, the club will take them in, and care for them. "We have nothing to lose. We are willing to do anything from helping a person bathe and feed themselves to washing clothes. Through our work, we hope that people living with AIDS will at least experience a small degree of joy before passing away," said Huong.

When the club's Ha Long City chapter opened a year ago, Huong was one of 58 members who were divided into three groups. The first group included 30 people who were public about living with HIV/AIDS and were responsible for approaching other women who seek consoling and healthcare. The second group had 25 people who were responsible for disseminating information to the public and caring for people living with HIV/AIDS. The last group consisted of three people who co-ordinated the chapter's operations.

After its first year, the chapter approached more than 3,640 people, of which 395 were living with HIV/AIDS, and cared for nearly 40 AIDS patients. "One year may seem like a short time for a healthy person, but it is a very long time for a person living with HIV/AIDS," says Nguyen Thi Thom, a fellow club member. Dr Nguyen Thi Tien, club chief, says the group still faces a number of difficulties; many of its members have limited education, financial support and accesses to medicine.

According to Duong Quoc Trong, director of the Viet Nam Administration of HIV/AIDS Control, PEPFAR has been an active contributor to local organisations since beginning HIV/AIDS prevention programmes in June 2004. PEPFAR has so far supplied anti-retroviral drugs to more than 3,300 patients and has treated more than 800 pregnant women to prevent mother-to-child infection. Trong added that the Ministry of Health had also supported PEPFAR's Leadership and Investment in Fighting an epidemic - Global Aids Programme.

The health ministry and the Viet Nam Administration of HIV/AIDS Control are also carrying out their own HIV/AIDS prevention programmes nationwide. "We are currently in discussions with PEPFAR to create a mechanism in which we more effectively co-ordinate our efforts and strengthen our management in fighting this epidemic," said Trong.

In the 25 years since the first case was reported, AIDS has changed the world. It has killed 25 million people and infected 40 million more. It has become the world's leading cause of death among both women and men ages 15 to 59. It has inflicted the single greatest reversal in the history of human development. In other words, it has become the greatest challenge of our generation.

For far too long, the world was in denial. But over the past 10 years, attitudes have changed. The world has started to take the fight against AIDS as seriously as it deserves.

Financial resources are being committed as never before, people have access to anti-retroviral treatment as never before, and several countries are managing to fight the spread as never before. Now, as the number of infections continues unabated, we need to mobilize political will as never before.

The creation of UNAIDS a decade ago, bringing together the strengths and resources of many different parts of the United Nations family, was a milestone in transforming the way the world responds to AIDS. And five years ago, all U.N. member states reached a new milestone by adopting the Declaration of Commitment containing specific, far-reaching and time-bound targets for fighting the epidemic.

My priority

That same year, as I made HIV/AIDS a priority in my work as secretary-general, I called for the creation of a "war chest" of an additional $7 billion to $10 billion a year. Today, I am deeply proud to be patron of The Global Fund to Fight AIDS, Tuberculosis and Malaria, which has channeled almost $3 billion to programs across the globe. Recently, we have seen significant additional funding from bilateral donors, national treasuries, civil society and other sources. But much more is needed; by 2010, total needs for a comprehensive AIDS response will exceed $20 billion a year.

Because the response has started to gain real momentum, the stakes are higher now than ever. We cannot risk letting the advances that have been achieved unravel; we must not jeopardize the heroic efforts of so many. The challenge now is to deliver on all the promises that governments have made. Leaders must hold themselves accountable and be held accountable by all of us.

Accountability is the theme of World AIDS Day on Friday and requires every president and prime minister, every parliamentarian and politician, to decide and declare that "AIDS stops with me." It requires them to strengthen protection for all vulnerable groups whether people living with HIV, young people, sex workers, injecting drug users, or men who have sex with men. It requires them to work hand in hand with civil society groups, who are so crucial to the struggle. It requires them to work for real, positive change that will transform relations between women and men at all levels of society.

What is required of us?

But accountability applies not only to those who hold positions of power. It also applies to all of us. It requires business leaders to work for HIV prevention in the workplace and in the wider community, and to care for affected workers and their families. It requires health workers, community leaders and faith-based groups to listen and care, without passing
judgment. It requires fathers, husbands, sons and brothers to support and affirm the rights of women. It requires teachers to nurture the dreams and aspirations of girls. It requires men to help ensure that other men assume their responsibility and understand that real manhood means protecting others from risk. It requires every one of us to help bring AIDS out of the shadows, and spread the message that silence is death.

I will soon be stepping down as secretary-general of the United Nations. But as long as I have strength, I will keep spreading that message. That is why World AIDS Day will always be special to me.

On this World AIDS Day, let us vow to keep the promise, not only this day, or this year, or next year, but every day, until the epidemic is conquered.

http://blogs.usatoday.com/oped/2006/11/how_the_world_c.html#more

Beauty in Diversity- Celebrating WAD/ IDD and IVD
3rd December 2006

Beauty in Diversity is a joint celebration in honour of World AIDS Day (Dec. 1st), International Day of Disability (Dec. 3rd) and International Volunteer’s Day (Dec. 5th). This special event takes place from 14h-20h Sunday, 5th December in Reunification Park.

Beauty in Diversity is dedicated to recognizing the wide-range of individuals living with or affected by disability, those living with or affected by HIV/AIDS, along with those individuals that volunteer their time and energy to contribute to their community’s needs.

Representatives from each of these areas are working together to present a collaborative and educational ‘fun day’ in the park. The event seeks to: promote the active and full participation of people with disabilities, educate the public about issues surrounding HIV/AIDS, and acknowledge the significant contribution of volunteerism in eliminating discrimination and enabling acceptance and appreciation for a diverse society.

“Following in the tradition of last year, today’s fair aims to emphasize the importance of cooperation and collaboration between these three groups in achieving their goals, while also highlighting the essential role these groups play in creating a beautiful and diverse community here in Viet Nam” – Mr. Jordan Ryan – United Nations Resident Coordinator says.

Hundreds of people join the event including: representatives from local and international NGOs, companies and international organizations, volunteer groups, youth groups, students and the public.

People living with HIV/AIDS, people with disabilities, volunteers, together with their family and friends are the main participants of the event. By sharing their stories and experiences, they seek to help people in the general public become aware of the need for everyone’s active commitment and participation in promoting community solidarity and respect for human rights to fight stigma and discrimination. Information booths hosted by a variety of organizations, educational games, live music and drama provide fun and entertainment for the whole family.

Beauty in Diversity (BID) day was a unique and appropriate way to finish our work-camp as BID celebrates three important ideals which VFP as an organisation represents. We as volunteers demonstrated this through a role play on stage:

- **VFP works at the Vietnam Friendship Village**
VFP volunteers at the Friendship Village help Agent Orange affected children dig and plant seeds to contribute to their organic farm. The village houses over 100 people with Agent Orange related disabilities.

- **VFP promotes cultural exchange and learning through international volunteerism**

A local Vietnamese volunteer exchanges a Vietnam flag and traditional conical hat (non la) with an International Volunteer who in return gives her a Canadian Flag and an Australian Koala toy.

- **VFP most recent work camp was focused on increasing HIV/AIDS awareness among Vietnamese youth in community**

VFP volunteers teach Vietnamese people about HIV. An employer, who has attended the educational session, openly employs a HIV positive person without judgment.
Information Booth

The VFP booth was set up to promote HIV awareness. We displayed all our posters from our HIV presentations and gave free condom demonstrations to the crowds. Our efforts were sponsored by DKT™ and OK™ condom companies who provided us with t-shirts to wear as promotional uniforms as well as plenty of free merchandise (for example mugs, key-rings, hats and condoms), which we used as prizes to encourage audience participation.
Condom Demonstrations
Over the course of the work-camp, volunteers had spent their spare time handcrafting gift cards and beading bracelets as an extra fundraising effort for VFP. The cards and bracelets were sold for $AUS1.00 each, on average, however I believe that the money collected would not have even covered costs.

We were also there to represent VFP as an organization, who is a young but thriving volunteer organization. The day gave the Vietnamese youth, in particular, the opportunity to find out more information about VFP, meet volunteers and register their interest.

Other Booths
There would have been at least 30 other organisations at this event, mostly volunteer organizations who work in HIV or with people with disabilities. There were many stalls which displayed and sold arts, crafts and knit wear all made by disabled people, as well as a massage parlour, run by people with visual impairments.
The day’s program included speeches from UN officials, singing performances and a fashion show.

**Fashion Show**

VFP volunteers thought that it was important to spread the message about HIV prevention on this day and decided to make the theme of our fashion show “ABC”:

- **Abstinence** – *Kiem Che Tinh Duc*
  - Volunteers wore plain white shirts with the letter “A” on the front and walked out one by one and independently

- **Be Faithful** – *Chung Thuy*
  - Two volunteers walked out on stage attached together at the arm with red ribbon, representing faithfulness to one partner.

- **Condom Use** – *Dung Bao Cao Su*
- Volunteers wore elaborate costumes made of condoms (headbands, skirts, arm-bands, earrings etc) to promote the important use of condoms. Condoms were distributed to the crowds free-of-charge.

Our creative interpretation of the ABC concept drew crowds across the whole park, who followed our white-and-red coloured troops and loaded with condoms to the stage and waited in awe and anticipation to see what we had to show.
Beauty in Diversity 2005 at a glance

The second annual Beauty in Diversity day to mark World AIDS Day (1 December), International Day of Disabled Persons (3 December) and International Volunteer Day (5 December) was held in Hanoi on 3 December 2005.

The event is dedicated to highlighting the economic, social and cultural contributions that those living with HIV/AIDS and with disabilities make to our society. At the same time, it presents the diversity of individuals who choose to volunteer to promote these ideals and to work for Vietnam’s development.

UN officials are commending UN Volunteers on their contributions.

"I’m happy to be here to join this event!"

UN Volunteers are demonstrating face painting skills for the visitors of Beauty in Diversity 2005.

Children also like to participate in the fun event.

Young people are very keen getting to know about UNV.

Organizers and sponsors are sharing the joy with contestants of the Miss Beauty in Diversity contest.

This annual report has been put together by the collective effort of UN Volunteers in Vietnam and Online Volunteers.

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The United Nations Volunteers is administered by the United Nations Development Programme.
Other work-camp activities

Work-camp life

VFP-VIET has two offices, one in Hanoi and 30 kilometres from town, called Peace House One and Two respectively. Our work-camp was located at Peace House Two, which is actually a rented out building belonging to and adjacent to steel company, Coma 6.

Facilities were basic; with mattresses on the floor as our beds in the office room floors and a make-do kitchen with a gas stove set up in the hallway. At one stage, the light in the bathroom broke and we had to shower by candle-light.

Population in the area seemed scarce except for the employees of neighbouring factories; and shops were limited to a couple little café/bars, a few Pho (Vietnamese rice noodle) and a string of Thit Cho (Dog Meat) restaurants. The closest hopping centre was 15 minutes taxi-drive away. Local volunteers went to the local market daily to shop for groceries for our meals we all chipped in to help cook. There was the constant traffic of large industrial trucks, which honked indiscriminately all day and night, and our
A wake-up call (a man banging on a large copper bell) came at 5.30am every morning to indicate the start of the working day at Coma 6.

Having had lots of experience, camping with my Scout Group – living inside a building with a normal flushing toilet seemed a luxury in comparison to the great outdoors and I settled into the conditions quite easily. Having a Vietnamese background obviously gave me an advantage and I quickly became a useful asset to the team with my interpreting skills.

Preparing meals, setting up and washing up were great learning and bond experiences. Spending this time together actually gave us a chance to get to know each other, learn about Vietnamese culture or language and share our stories with other volunteers.

**Vietnamese Day**

A larger group Vietnamese volunteers joined our work-camp to celebrate Vietnamese day, where international volunteers experienced the cultural traditions of Vietnam.

We were taught and played Vietnamese games with rocks, chopsticks and large wooden sticks; learnt
Hanoi City Tour

To ensure international volunteers got to experience the Vietnam to the fullest, a tour of the city centre was organized. We visited the Ho Chi Mosselleum, Ho Chi Minh Museum, The One Pillar Pagoda, Hoan Kiem Lake, tasted the popular wafer ice-cream (Kem Oc Que) and ate Bun Rieu (crab meat noodles).
Weekend Excursion – Halong Bay

Each work-camp features a weekend sight-seeing trip to one of Vietnam’s cultural or tourist hot spots. This work-camp spent two days at Halong Bay, one of Vietnam’s most famous and beautiful tourist destination. It is recognised as one of the World Heritage sites.

International Day

One of VFP’s aims is to learn through cultural exchange, so a work-camp is not complete without the international volunteers having an opportunity to wave the flags for their countries. We hosted an International dinner were volunteers were asked to cook something from their country to share. The Australian contingent received a positive response; we even taught everyone slang expressions, an Aussie drinking chant and “Itsy bitsy spider”.

~ INTERNATIONAL DINNER MENU~

Entree:
Grilled Cheese on Bread (USA)

Main:
Spaghetti Bolognaise (à là Mebourne’s Lyon Street); with green peppers, onion, tomatoes and garlic; served with olives

Desserts:
Vegemite & Crackers, Apricot sticks,
Arnotts® Kingstons and Monte Carlo biscuits (Australia)
Apple pancakes with Maple Syrup (Canada)

Drinks:
1 keg of Ha Noi beer (Vietnam)
**Farewell Dinner**

After a long day at BID, we were a deliriously tired! So much so, we decided on a “honey-themed” farewell dinner – where honey was added to every dish we cooked from the main meal to the drinks! It was nice to sit down together, share our last meal together and celebrate the great work we’d all done over the camp.

It was unbelievable to think that I was only at VFP for one week. In such a short amount of time I had achieved so much, made such great friends, had created so many unforgettable memories that it was difficult to part ways with the VFP team. I have done a lot of community service over the years, but nothing has been as challenging and rewarding as this! I can’t wait to do it again!
SUMMARY

- **Education is everything!**
  I have always held strong beliefs about the value of education. My parents came from Vietnam and due to poverty could not achieve the privileged level of education that is offered to us in countries like Australia. My experience working with VFP on HIV awareness re-iterated the importance of education. Some say ignorance is bliss, but in terms of HIV it can cost you your life. We take for granted the schooling opportunities that we have and it is only when you realize how much other people lack that you begin to appreciate its true value. Moreover, I felt a sense of duty, not just to helping the people of my home country, but in sharing the knowledge that I’ve been privileged with. I felt it was particularly important to reach out to the Vietnamese youth, for they are the next generation and through their education the spread of HIV/AIDS can be limited if not prevented altogether.

- **Prevention is the cure!**
  From everything from cold sores, hyper-cholesterolaemia to STIs – prevention is better than curing. In terms of pharmacy, this project re-emphasized pharmacists’ role as health promoters. As equally important as our roles in ensuring patient understanding of their conditions and treatment medications, I think we have huge potential and a responsibility in educating people about healthy habits and lifestyles as a form of preventing disease recurrence or occurrence. In terms of HIV in Vietnam, due to the limited access to anti-retroviral medications for treatment, it was even more important to stress the necessity of prevention. Moreover, the spread of HIV/AIDS in Vietnam is moving from injecting drug user and sex workers into the general population.

- **Cultural understanding**
  I learn a lot about Vietnamese culture in that one week; the northern accent, vocabulary and pronunciation, traditions and cultural customs, the history and people. Through the local volunteers, I learnt about the schooling systems, life in the city of Hanoi and how they see the world. In terms of you HIV project, we had to be sensitive to the fact that many students had never talked about sex openly before, and do not believe in sex before marriage. As pharmacists, we also need to keep in mind cultural beliefs and personal opinions when we communicating with patients.
**Volunteerism**

Finally, I think I rediscovered what I love about volunteerism. Its challenging, rewarding and you, as an individual, know that you are making positive impact on other people. Both the local and international volunteers had many stories of their experiences; from working at suicide help-lines and hospitals to working for a centre for sexually abused women and building water-wells in Thailand. It opened my eyes to the vast array of opportunities there are both at home and abroad. What made this experience more rewarding than my other volunteer work was that I had a real sense that I was empowering others – that what we were sharing with young Vietnamese students was going to help them help themselves, their families and friends. Now THAT’S what I call making a difference!