

# UC Davis

## UC Davis Previously Published Works

### Title

Towards the development of Vietnam's national dementia plan—the first step of action

### Permalink

<https://escholarship.org/uc/item/1m63m5h5>

### Journal

Australasian Journal on Ageing, 39(2)

### ISSN

1440-6381

### Authors

Nguyen, Tuan Anh

Pham, Thang

Dang, Thu Ha

et al.

### Publication Date

2020-06-01

### DOI

10.1111/ajag.12755

Peer reviewed



# HHS Public Access

Author manuscript

*Australas J Ageing*. Author manuscript; available in PMC 2021 June 01.

Published in final edited form as:

*Australas J Ageing*. 2020 June ; 39(2): 137–141. doi:10.1111/ajag.12755.

## Toward the development of Vietnam's national dementia plan – the first step of action

Tuan Anh Nguyen<sup>1,2</sup>, Thang Pham<sup>3</sup>, Thu Ha Dang<sup>1</sup>, Walter Ladson Hinton<sup>4</sup>, Anh Trung Nguyen<sup>3</sup>, Tuan Le Pham<sup>5</sup>, Maria Crotty<sup>6</sup>, Susan Kurrle<sup>7</sup>, Quang Thuc Bui<sup>3</sup>, Huong Nguyen<sup>8</sup>, Elizabeth E Roughead<sup>1</sup>

<sup>1</sup>Quality Use of Medicines & Pharmacy Research Centre, School of Pharmacy and Medical Sciences, University of South Australia, Adelaide, SA, Australia

<sup>2</sup>Health Strategy and Policy Institute, Ministry of Health of Vietnam

<sup>3</sup>National Geriatric Hospital of Vietnam, Hanoi, Vietnam

<sup>4</sup>School of Medicine, University of California, Davis, Sacramento, CA, USA

<sup>5</sup>Hanoi Medical University, Hanoi, Vietnam

<sup>6</sup>NHMRC Cognitive Decline Partnership Centre, Rehabilitation, Aged & Extended Care, Flinders University, Adelaide, SA, Australia

<sup>7</sup>NHMRC Cognitive Decline Partnership Centre, Faculty of Medicine, The University of Sydney, Sydney, NSW, Australia

<sup>8</sup>College of Social Work, University of South Carolina, Columbia, SC, USA

### Abstract

**Objectives**—To foster a national dialogue on addressing dementia as an emerging public health problem and formulating a strategy for developing Vietnam's national dementia plan.

**Methods**—In September 2018, the Vietnamese National Geriatric Hospital supported by University staff in Australia and the US organised the first Vietnam National Dementia Conference in Hanoi.

**Results**—Over 270 Vietnamese dementia stakeholders and international dementia experts participated in the conference. The participants agreed dementia was a public health priority in Vietnam and identified the need for the development of Vietnam's national dementia plan. Policy makers supported positioning dementia as a priority in the national health agenda. Research institutions created collaboration to generate scientific information for policymaking process. Funding and international supports were obtained to develop Vietnam's national dementia plan.

**Conclusion**—Strong leadership, stakeholder engagement and international support is critical in raising awareness and advocating for the development of Vietnam's national dementia plan.

---

**Corresponding author:** Tuan Anh Nguyen BPharm., MPharm., Ph.D. Quality Use of Medicines & Pharmacy Research Centre, School of Pharmacy and Medical Sciences, University of South Australia, Frome Road, Adelaide, SA 5000, Australia. Telephone: (+61) 8 8302 2817; tuan.nguyen@unisa.edu.au.

**Competing interests:** None declared

## Keywords

Dementia; National Plan; Policy; Vietnam

---

## Introduction

Vietnam is faced with a challenge of establishing health and social care systems for people with dementia. In 2015, there were an estimated 660,000 people living with dementia in Vietnam and the figure is predicted to increase to 1.2 million in 2030 (1). It was estimated that the dementia-related costs for Vietnam in 2015 was US\$ 960 million (or US\$ 1450 per person), including US\$ 267 million of direct medical costs, US\$ 132 million of social care costs, and US\$ 561 million of informal care (1). If Vietnam fails to strategically plan its response to the emerging problems of dementia, the country will have to face a total dementia care cost (at the 2015 price) of US\$ 1.75 billion in 2030, of which 60% will be borne by unpaid family caregivers. Like in other low- and middle-income countries, the health and care systems in Vietnam are not well-developed or well-funded, resulting in limited diagnostic opportunities and potential for poor dementia treatment and care (2–4). Thus, urgent action is needed to develop a national dementia plan to ensure that adequate care and services are provided to people with dementia and their carers now and in the future and to guide prevention efforts (5).

In May, 2017, the Minister of Health of Vietnam together with health leaders of 194 WHO Member States adopted the Global Action Plan on the Public Health Response to Dementia 2017–2025 at the 70<sup>th</sup> session of the World Health Assembly in Geneva. The global action plan identifies seven priority areas of action. The first action area recognises dementia as a public health priority, highlighting the need for a whole-of-government and multi-sectoral public health response to dementia through the development of national dementia plans (6). To follow up the Minister's adoption of the Global Action Plan on dementia, a Vice Minister of Health of Vietnam responsible for aged care and finance proactively established an international collaboration between dementia researchers from Australia, the US and Vietnam to seek international financial and technical assistance in developing Vietnam's first national dementia plan (VNDP).

## Methods

As a direct response to a request by leaders of the Ministry of Health of Vietnam (MOH), we organised the first Vietnam National Dementia Conference. The conference aimed to foster a national dialogue to develop VNDP. The conference, themed “Dementia as a public health priority – the need for development of VNDP” was held on 7<sup>th</sup> September 2018 in Hanoi. More than 270 participants representing multiple-stakeholders involved in the future development of the VNDP and international dementia experts participated in the conference. Stakeholders included government ministries and agencies (MOH, Ministry of Labour – Invalids and Social Affairs, Vietnam National Committee on Aging), representatives of the Committee on Social Affairs of Vietnam National Assembly, civil and professional society representatives (e.g. Vietnamese Association of Neurology), research and academic

institutions (e.g. Hanoi Medical University), health and social care providers (e.g. National Geriatric hospital, Orihome Elderly Care Center) and the mass media. Representatives from international organisations including WHO Vietnam and HelpAge Vietnam were also invited. Support was received from Alzheimer's Disease International (ADI) with the contribution of a keynote speech.

The conference program was organised with three main sections. The first section was to establish the global dementia problem. It was followed by a 20-minute panel discussion that encouraged stakeholders to question and relate the problems to Vietnam's situation for local priority identification. The second section focused on international experience and approaches to tackling dementia from Australia, the UK and the US. Another 20-minute panel discussion was allowed for stakeholders to discuss whether and how these approaches were adaptable for Vietnam. The final section of the conference addressed specific areas and initiatives concerning dementia prevention, co-morbidities, quality use of medicines, management of challenging behaviours, bio-makers, family caregiving and other issues in dementia care. These initiatives were discussed by stakeholders with regards to their potential for further exploring or adapting into Vietnam's context. The Vietnam's context and the comments of each panel discussion were captured for making recommendations for the next step to move forward the development of VNDP.

## Results

Prior to the conference dementia was not considered a public health problem in Vietnam by many stakeholders. Having an opportunity to engage in the national dialogue, directly discussing the worldwide and urgent public health challenge of dementia, the global response to dementia, and the implication for Vietnam enabled stakeholders' perspectives to be heard and solutions considered. The stakeholders recognised the importance of addressing the needs of people with dementia and their carers at all levels in Vietnam from government policy to healthcare system to the community and to individuals. They agreed that Vietnam was facing the dual challenges of dementia evidence and research capacity gaps, which had been a major impediment to raising awareness and advocating for the development of VNDP. Increasing international collaboration was considered an important approach to building dementia research capacity to generate scientific evidence and obtaining financial and technical supports.

The conference provided an impetus for action. A Vice Minister of Health met with the WHO Representative to Vietnam to discuss the inclusion of dementia into the WHO Vietnam working agenda. The General Department of Preventive Medicine (GDPM), MOH called a meeting with the Therapeutic Service Administration, MOH and two leading mental health and aged care providers: the National Psychiatric Hospital No 1 and the National Geriatric Hospital to discuss the inclusion of dementia into the MOH working agenda. The GDPM subsequently submitted to the Minister of Health a proposal to develop and implement a national action plan for the period 2021–2025 that integrates dementia, other highly prevalent mental health disorders and non-communicable diseases (NCDs). The importance of the conference to the public was evident as both global and Vietnamese

statistics on dementia presented at the conference were widely cited in mass media across Vietnam.

Another direct outcome from the conference was a commitment to an interdisciplinary partnership between key institutions in Australia, the UK, the US and Vietnam. The opportunity of involving lead research and academic institutions in the policy making process has been created. A grant application for advancing Alzheimer's family caregiving interventions and research capacity in Vietnam was submitted to US National Institutes of Health and successful. Another grant application submitted to the Australian NHMRC and the National Foundation for Science and Technology Development (NAFOSTED) of Vietnam was also subsequently funded to strengthen Vietnam's responses to dementia through building an evidence platform for the development of VNDP.

Equally important to the funding secured from Vietnamese and Australian Governments to develop VNDP were the international supports. Representatives of the WHO headquarter, WHO WPRO and WHO Vietnam organised a follow-up meeting with the NHMRC-NAFOSTED research team to discuss ways forward. An agreement was reached for WHO to be a key partner, working closely with the research team for the development of VNDP. The first step of this partnership will be WHO Vietnam working with the MOH to organise the second Vietnam national dementia conference of key stakeholders by the end of 2019 to enable a needs assessment and priority setting. The NHMRC-NAFOSTED research team also received supports from the Strengthening Response to Dementia in Developing Countries (STRiDE) project with regards to knowledge sharing.

## Discussion

Dementia is among the most disabling and costly diseases to afflict older adults (7). Accounting for 11.9% of the years lived with disability due to an NCD (8), dementia was a trillion US dollar disease in 2018 and the cost will continue to rise to US\$2 trillion by 2030 (7). This total could undermine social and economic development globally and overwhelm health and social care services, especially the long-term care systems (7). Because of its significant social, economic, and health impact on individuals, their carers and families, communities and society, dementia has become a global public health priority with the adoption of the Global Action Plan to address dementia (6). The WHO has subsequently developed a number of guidelines, tools, and resources, which are now readily available for WHO Member States to develop and implement their own national dementia plan, either as a stand-alone or an integrated one (9). Taking into account the urgent need to address dementia identified in this conference, the availability of WHO's dementia technical supports and the national context, Vietnam has decided to develop and implement an integrated national action plan. This national action plan will integrate dementia and other mental disorders into existing NCDs initiatives to allow for a more harmonized response across the health sector and more effective use of limited resources.

International experience is valuable for low- and middle-income countries (LMICs) like Vietnam in the fight against dementia. However, the current Western medicine approach based largely on the Alzheimer's Disease paradigm and focused on secondary prevention in

many high income countries (HICs) is expensive and without robust evidence of benefit from trials. The failure in clinical trials for preventive and curative treatments of dementia indicates that the model of looking at dementia in terms of the distinct pathologies might be obsolete (10). A paradigm shift in dementia prevention and management is needed. A theoretical accumulated deficit model of dementia discussing the probability of dementia not being due to a single can provide a possible explanation of what contributes to the dementia syndrome and our failure to date (10). While no curative treatment is available, LMICs should invest in tertiary intervention to mitigate dementia and its ramifications, and primary prevention to reduce the modifiable risk factors and promote better brain health at a population level as this evidence-based, public health approach can delay or prevent a third of dementia cases (11).

Strong political leadership from the MOH through the Minister's adoption of the Global Action Plan on dementia and the follow-up activities in seeking international financial and technical supports by the Vice Minister responsible for finance and aged care has been crucial in promoting a national policy agenda. Strong leadership from National Geriatric Hospital was perceived to be a key driver in successfully mobilising resources and gathering diverse stakeholders for the conference. Engagement of multiple stakeholders from the very beginning ensured wider stakeholder involvement in the policy making process. This is in line with the WHO recommendations of leadership and multi-sectoral collaboration, two of the three cross-cutting elements in the development of a national dementia plan (9).

Strong international supports were another key driver in raising dementia awareness and advocating for the development of VNDP. The generous supports from 12 international institutions, including University of California Davis, University of South Australia, Australian NHMRC Cognitive Decline Partnership Centre and Flinders Medical Centre made it possible for international dementia experts to contribute to the conference, from developing the conference program to presenting at the conference and providing training workshops. Global and Vietnamese dementia statistics, as well as knowledge and best practice on dementia prevention, diagnosis, treatment and care presented by international dementia experts, as concluded at the conference by Chair Conference Organising Committee, opened the eyes of the multi-sectoral stakeholders, who now see the urgent need for the development of VNDP.

## Conclusion

Dementia is an emerging public health priority of Vietnam. There is an urgent need for the country to address this issue and develop a national dementia plan. High-level champions and strong political leadership are crucial in positioning dementia on the national health agenda. To ensure the involvement and ownership of multi-stakeholders in the development of a national dementia plan, their early engagement with international support in the process of raising awareness of dementia problem and advocating for the plan's development appears to be crucial.

## Acknowledgement

TAN is supported by a National Health and Medical Research Council (NHMRC) – Australian Research Council (ARC) Dementia Research Development Fellowship (grant identification number APP1103860) and an Australian NHMRC – Vietnam National Foundation for Science and Technology Development (NAFOSTED) international collaborative research grant (grant identification number APP1154644). WLH, HN and TP are supported by a National Institutes of Health (NIH) R21 grant (grant identification number 5R21AG054262–02). MC and SK are both supported by an NHMRC Partnership Centre on Dealing with Cognitive and Related Functional Decline in Older People grant (grant identification number APP9100000). EER is supported by an NHMRC Senior Principal Research Fellowship (grant identification number APP1110139). The contents of the published material are solely the responsibility of the individual authors and do not reflect the views of NHMRC or ARC or NIH.

### Funding

The conference was financially supported by the Vietnam National Geriatric Hospital and partly supported by a University of California, Davis Global Affairs Grant.

## References

1. Rees G, editor Developing National Dementia Plans and Setting Priorities. The 1st Vietnam National Dementia Conference: Dementia as a public health priority – the need for the development of Vietnam’s national dementia plan; 2018; Hanoi.
2. Prince M, Comas-Herrera A, Knapp M, Guerchet M, Karagiannidou M. World Alzheimer Report 2016: Improving healthcare for people living with dementia - Coverage, Quality and Costs Now and in the Future. London: Alzheimer’s Disease International; 2016.
3. Nguyen TA, Pham T, Vu HTT, Nguyen TX, Vu TT, Nguyen BTT, et al. Use of Potentially Inappropriate Medications in People With Dementia in Vietnam and Its Associated Factors. *American journal of Alzheimer’s disease and other dementias*. 2018;33 (7):423–32.
4. Doan DKV, Vo TV, Ho D, Tran TB, Hoang TD, Hoang HD, et al. Prevalence of Dementia among the Elderly and Health Care Needs for People Living With Dementia in an Urban Community of Central Vietnam. *Vietnam Journal of Public Health*. 2015;3(1):16–23.
5. Alzheimer’s Disease International, Alzheimer’s Australia. Dementia in the Asia Pacific Region. London, UK: Alzheimer’s Disease International; 2014.
6. WHO. Global action plan on the public health response to dementia 2017–2025. Geneva: World Health Organization; 2017.
7. Prince M, Wimo A, Guerchet M, Ali GC, Wu YT, Prina M. World Alzheimer Report 2015 The global impact of dementia: an analysis of prevalence, incidence, cost and trends. London: Alzheimer’s Disease International 2015.
8. Prince M, Albanese E, Guerchet M, Prina M. World Alzheimer Report 2014 Dementia and risk reduction: an analysis of protective and modifiable risk factors. London: Alzheimer’s Disease International; 2014.
9. WHO. Towards a dementia plan: a WHO guide. Geneva: World Health Organization; 2018.
10. Lindley RI, Waite L, Cullen J. Dementia treatment: The need for a paradigm shift. *Australas J Ageing*. 2019(Jul 9).
11. Livingston G, Sommerlad A, Orgeta V, Costafreda SG, Huntley J, Ames D, et al. Dementia prevention, intervention, and care. *Lancet*. 2017;390(10113):2673–734. [PubMed: 28735855]

### **Impact statement**

#### **Policy impact statement**

This conference has provided an impetus for policy action including positioning dementia problem on Vietnam's national health agenda and formulating a strategy for developing VNDP.

#### **Practice impact statement**

This conference report documents a practical approach to engaging multi-sectoral stakeholders to foster a national dialogue for the development of a national dementia plan.