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3. Benefits and Outcomes

3.1 Benefits

As benefits of health education campaign, there are three health education teams at the central level, 17 teams at 17 provinces, 141 teams at 141 districts and 10,597 village health committees in 10,597 villages. These teams carry the responsibilities based on their roles and functions, especially for avian influenza. The peer education for primary health care showed that eight teams were established in eight districts and eight provinces, 653 teams of peer educators at 653 villages, and these teams are responsible to conduct peer education in their communities. In addition, there are teams responsible for health education campaign on dengue fever in five provinces at risk of dengue infection.

The health education campaign for changing behavior on control and prevention of emerging diseases also showed better collaboration, integration and more involvement among different agencies such as Ministry of Health, Ministry of Information and Culture, NAHICO, Lao Women Union, Lao Youth Union, Lao Front, Center for Mamalio-Entomology and Parasitology, Center for Information and Education for Health, NGOs and international agencies, Health System Development Project, Provincial Health Department, District Health Offices and Communities, etc.

3.2 Impact

(1) Knowledge:

According to report of survey, impact of health education campaign on emerging infectious diseases among target population showed that the population who had the basic knowledge on infection such as causes, basic symptoms in suspected cases and how to prevent the infection was 79% for avian influenza, 72.6% for dengue fever and 89.4% for measles.
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Mobile Campaign

The campaign was conducted in the community by gathering people at appropriate places such as temples, schools and village offices. The trained health educators presented and explained the main issues regarding avian influenza, dengue and measles to the participants. For better understanding and participation by audiences, two ways communication was used during the campaign. The campaign was also conducted during the national festivals where there were a lot of people came to attend.

Media Campaign

TV programs and radio programs were also used for health education campaign on EID. There has been broadcast at the national and provincial stations. The magazines and newspapers also published on EID for better knowledge on prevention and control of avian influenza, dengue and measles. Loudspeakers at the community were also used for campaign.

Interpersonal and Peer Education at Communities

Interpersonal communication has been established by health educators and facilitators at the villages. There were individual communication, focus group discussion and village meetings. The messages were mainly disseminated through health personnel from existing community organizations such as the Lao Women Union and the Buddhist organization.

Tools

The IEC materials on avian influenza, dengue fever and measles were developed before the health education campaign conducted. The materials included posters, flipcharts, leaflets, manuals, guidelines, promotion materials, VCD, CD, songs, etc.

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2. Good Practice on Human Rabies Prevention and Control (RPC) in Vietnam

2.1 Promoting Support from the Government and Authorities at Different Levels

The Government is supportive of a national rabies elimination program as per Instruction No.92/TTrg signed on 7 December 1996. and Decree No. 05/2007/ND-CP signed by Prime Minister on 9 January 2007. The intersectoral collaboration is in place which includes health, agriculture, education, and other ministries. People’s committees at all levels are responsible to organize and implement all activities of rabies prevention and control in their areas, including animal vaccination, Information, Education and Communication (IEC) and law enforcement of regulations.

2.2 Establishing Relationships among Sectors, National and International Organizations and Promoting International Cooperation in Technical and Financial Areas

In order to achieve the objective of “To contain and gradually eliminate rabies”, the model of ”social mobilization” in RPC is being studied in Vietnam. Social mobilization is a long-term, comprehensive strategy, and it is also a good inter-sectoral solution, aiming at mobilizing the whole society to participate actively.

The health sector takes the main responsibility for human RPC while animal health sector for animal RPC. Those two sectors play the advisory role to the authorities in issuing documents, directing and guiding other sectors, and advocating the community to carry out activities for RPC. The social mobilization implemented in some rabies prevalent provinces has proved to have a clear effectiveness. This model is also appropriate to countries with a difficult economy.

Vietnam has always cooperated with international organizations such as WHO, OIE in providing constructive comments for development of projects, training and communication materials, and responding to the world day against rabies.
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2.3 Methods

This health education campaign has been implemented with the comprehensive process of activities.

(1) Establishment of the Committee

The National Taskforce for Health Education Campaign Committees was established at central level through the local levels such as Communicable Disease Control, avian influenza, and measles. The committee has developed the strategic plan for health education campaign at national and also support to local levels.

(2) Capacity Building on Health Education Campaign

Training of trainers had been conducted at the national, provincial and district levels. The objective of the training is to promote the knowledge and practices of health educators who have involved in implementation of health education campaign. At first, experts provided training of the staff from central level. Then, staff from higher levels in turn trained lower levels sequentially such as provincial levels, district levels and community levels. At last, community trainers conducted health education campaign in the community.

The training was also conducted for media people in order to disseminate the messages through the media channel such as radio, TV, newspapers.

(3) Health Education Campaign

To ensure that target population could gain the information on EID, the campaign has been established with different channels as followings:

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2.2 Concepts

People will gain knowledge about prevention of emergency infectious disease if they are able to access to those information. They would also change behavior if they know and understand deeply about it. Therefore, HEALTH BELIEF model and NOVELLI were applied to conduct the campaign.

Firstly, find out the problem and analyze it. What is the problem that the people are facing? What do they need and how can health education campaign support them? And also find out whether it could be solved by health education campaign or not. If so, identify what messages should be provided to increase the knowledge and promote behavior change in the community.

Secondly, set up a plan based on the issues and problems found, and organize health education campaign according to level of knowledge, ability, affordability and facility in the community.

Thirdly, implement the campaign and monitor the progress. The implementation is done by the central and provincial teams, followed by districts and community themselves. During implementation, the central and provincial levels also monitor to find out the problems, and solve it if necessary.

Fourthly, evaluation is done by central level where the master plan was generated, which includes evaluation on implementation process and impact evaluation. The purposes of evaluation are to ensure that the implementation is done as planned and to identify impact of the campaign in the community.

Situation analysis for health education campaign
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2.5 Utilization of a New Generation of Rabies Cell Vaccines in a Safe and Effective Manner

In the RPC strategy, vaccine is the key element for achieving the efficiency and effectiveness of the implementation. There are two groups of rabies vaccines: human rabies vaccine and animal rabies vaccine.

As for human rabies vaccine, since 1974, Fuenzalida rabies vaccine had been mainly produced and used in Vietnam for prophylactic treatment of those people who were suspected to have rabies virus infection, which was not really safe and effective. However, due to its cheap cost and affordability for low-income people, this vaccine had been used by most of patients. Since 1992, although Verorab rabies vaccine had been imported in Vietnam, it was used by a few patients only (5%). By September 2007, production and use of Fuenzalida rabies vaccine came to an end and was replaced by Verorab cell rabies vaccine which is used with two WHO-recommended regimes: intramuscular injection and subcutaneous injection. In 2002, a scientific study was conducted to evaluate the safety and antibody response of subcutaneous injection of Verorab rabies vaccine. Patients are also encouraged to follow subcutaneous injection regimen which is cheap that the low-income patient could have more opportunities to be vaccinated with this type of vaccine.

As for animal rabies vaccine for dogs, French-made Rabisin rabies vaccine has been used since 2000. As this is a safe, highly protective and efficient rabies vaccine, it is very useful in creating dog’s immunity to rabies.

2.6 Community Communication and Education

This is a very important activity and therefore, it is conducted regularly through various activities from the central level to the provincial, district and commune levels. Main contents and types of this activity include:

(1) On TV: The message is delivered on air repeatedly for 45 seconds mainly during the months when there is a high risk of rabies infection. The 20 minute-long program for basic understanding on rabies infection and preventive measures, “physician for all” program, reportage, dramatized program on children involved in RPC have been aired. Messages and information on rabies are burned into VCD, distributed and used at the local levels as IEC material. Particularly,
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a 2-volume feature movie entitled as “Class-mates” has showed highly effective for the community in collaboration with RPC.

(2) **On radio:** The knowledge dissemination program has been implemented through the distance educational program. Contest on understanding of rabies has been organized. Thousands of DVDs containing 30 questions and answers on rabies infection and prevention measures have been produced to be used as a communication material, and broadcasted through loud-speaker system in communes and villages.

(3) **Communication via photos and pictures:** Pamphlets are distributed to patients and households while posters on routine RPC are posted up at vaccination service delivery points and public places. A handbook entitled "Q&A on rabies" is compiled annually and distributed to rabies vaccination service delivery points, local health staff and collaborators conducting community-based communication activities. Particularly, in commune where there is a high prevalence of rabies, those materials are distributed to households. Billboards on RPC are also erected in public places.

(4) **Direct communication:** Direct thematic talks have been held at meetings and public places. In addition, extra-curriculum activities have been organized for primary and secondary school children as well.

3. Benefits and Outcomes

Benefits have gained from the direction given by the Government and authorities at different levels which has also facilitated a close collaboration in RPC.

Benefit gained from developing rabies vaccination service delivery points is higher number of patients coming for pre-exposure vaccination earlier than in the past, thereby reducing mortality.

Benefits gained from training of full-time and part-time staff include improving the quality of prophylactic treatment, including examination, counseling, and indication of treatment regimen.
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As for benefit gained from good communication, there has been behavior change towards active RPC at different levels of authority and the community, creating better collaboration in RPC. Particularly, the public has raised their awareness and knowledge for themselves and also for the community. As an example, patients learn that they should clean their wounds appropriately, visit the health facility immediately after being exposed to suspected rabies virus, adhere to doctor’s indication, and give vaccination to dogs.

Prominent effectiveness recorded between 1996-2007 is that rabies mortality was reduced by over 80% compared with that of during 1991-1995, especially in focused provinces where the mortality was reduced by more than 90% compared with the prior years when the good practices have not been conducted.

During previous years from 1996 to 2007, with modest funding allocated for RPC program (USD 500,000), the effectiveness and efficiency of RPC program activities have been achieved, thanks to the implementation of social mobilization model.

4. Insights and Lessons Learned

Support from the Government and different levels of authorities which include instructions, decrees, and ordinances have been promulgated by the Government, stipulating operational contents and responsibilities for individual ministries, sectors and the public as a whole.

Following the social mobilization model is an inter-sectoral measure to mobilize active involvement of the society. Developing a network of technically qualified full-time staff is required since this pool of staff conduct regular outreach work and perform their task in the most efficient and effective way.

IEC activities with diversified formats and understandable messages for the community are enhanced. During the program implementation, selection of focuses and setting priority should be made such as setting priority for focus provinces, communication, network building.
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5. Recommendations

In order to reach the goal of "Rabies in Vietnam Controlled by 2012 and Eliminated by 2015", Vietnam needs financial support from the Government, international organizations and vaccine companies, and more close cooperation among other sectors, especially between health and animal sectors.

Community participation approach should also be applied to encourage the community and dogs’ owners to participate in rabies control program.