

JOINT NATIONAL CAPACITY ASSESSMENT  
ON THE IMPLEMENTATION OF  
EFFECTIVE TOBACCO CONTROL POLICIES IN

# Viet Nam



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# Abbreviations

<b>ASEAN</b>	Association of Southeast Asian Nations
<b>CATS</b>	Core Adult Tobacco Survey
<b>CIF</b>	cost, insurance, freight
<b>COP</b>	Conference of the Parties
<b>COPD</b>	chronic obstructive pulmonary disease
<b>DALY</b>	disability-adjusted life years
<b>FTE</b>	full-time equivalent
<b>GATS</b>	Global Adult Tobacco Survey
<b>GHPSS</b>	Global Health Professionals Student Survey
<b>GSO</b>	General Statistics Office
<b>GTSS</b>	Global Tobacco Surveillance System
<b>GYTS</b>	Global Youth Tobacco Survey
<b>HMU</b>	Harbin Medical University
<b>HPF</b>	Health Promotion Foundation
<b>IEC</b>	information, education and communication
<b>INB</b>	Intergovernmental Negotiating Body
<b>MOCST</b>	Ministry of Culture, Sports and Tourism
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MOIC</b>	Ministry of Information and Communication
<b>NCDs</b>	Noncommunicable diseases
<b>NGO</b>	nongovernmental organization
<b>NRT</b>	nicotine replacement therapy
<b>POS</b>	point of sale
<b>PPP</b>	purchasing power parity
<b>SFP</b>	smoke-free partnership
<b>SHS</b>	second-hand smoke
<b>TAPS</b>	tobacco advertising, promotion and sponsorship
<b>LPCTH</b>	Law on prevention and control of tobacco harms
<b>TFI</b>	Tobacco Free Initiative
<b>VAT</b>	value-added tax
<b>VINACOSH</b>	Viet Nam Steering Committee on Smoking and Health
<b>VPHA</b>	Viet Nam Public Health Association
<b>WHO FCTC</b>	WHO Framework Convention on Tobacco Control
<b>WPRO</b>	WHO's Regional Office for the Western Pacific
<b>WTO</b>	World Trade Organization

# Executive summary

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## INTRODUCTION

Tobacco imposes a significant health and economic burden in the Socialist Republic of Viet Nam. Tobacco use is estimated to be responsible for up to 90% of lung cancers, 30% of all cancers, 75% of chronic obstructive pulmonary disease (COPD) and 25% of ischemic heart diseases. Noncommunicable diseases (NCDs) are increasing rapidly in Viet Nam, accounting for more than 62% of all hospital deaths and cases.

Viet Nam has a large population, ranking thirteenth in the world. More than 15 million Vietnamese adults are currently tobacco smokers. Among these, 13 million smoke cigarettes, and 4 million smoke water pipes. The total and per capita cigarette consumption in Viet Nam almost doubled between 2000 and 2010. Today, 47% of adult males smoke. In addition, 33 million adults are exposed to second-hand smoke (SHS) at home, and 5 million more are exposed at the workplace. Tobacco causes more than 40,000 deaths per year, three times more than the number caused by traffic injuries and more than the total deaths caused by HIV/AIDS up to 2008. Furthermore, it is estimated that 10% of the total disability-adjusted life years (DALY)<sup>1</sup> among men result from tobacco use.

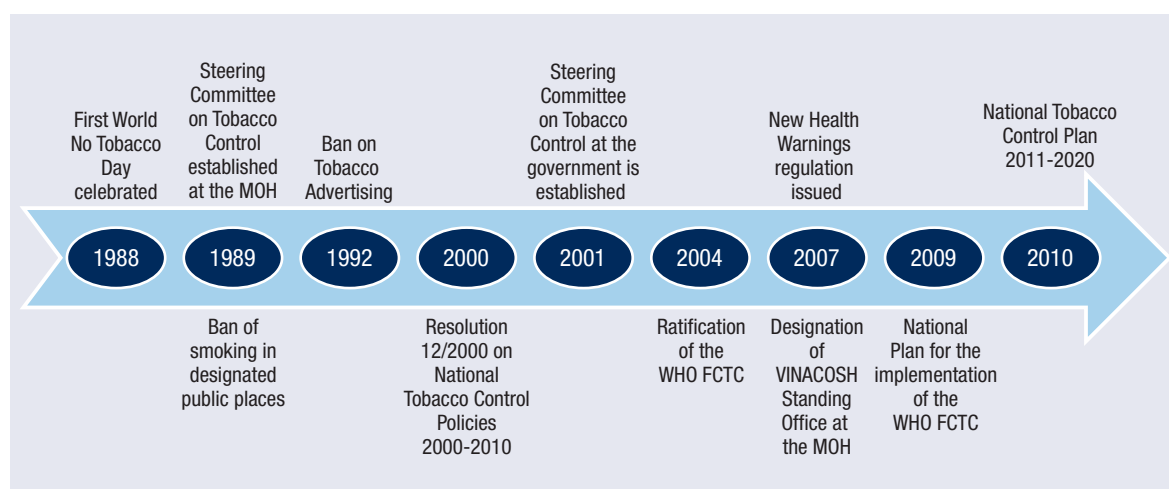
Additionally, while tobacco farming, manufacturing and trading have been praised as contributors to the GDP in Viet Nam, it is now evident that tobacco-related diseases and mortality impose a very significant burden on the economy of the country. In 2007 alone, VND 2304 billion was spent on treatment for only three of the more than 25 tobacco-related diseases, in addition to many other direct costs and all of the indirect costs. International research indicates that the sum of these costs is much greater than the taxes generated by tobacco use and any other economic effects of tobacco farming, trade and manufacturing. In summary, tobacco use perpetuates poverty, impacting negatively the health of individuals and the well-being of households, as well as the economy of the country.

Recognizing the persistent increase of the health and economic burden posed by tobacco, Viet Nam's government has made progressive efforts to reduce the use of tobacco and is tackling its serious consequences. The benefits of the National Tobacco Control Programme's commitment to curbing the tobacco epidemic can already be observed. Government efforts started with the establishment of the Steering Committee on Tobacco Control at the Ministry of Health (MOH) in 1989. Many tobacco control actions were subsequently undertaken, as shown in Figure 1. Major milestones include the adoption in 2000 of a Resolution of the Government on National Tobacco Control Policies for the following ten years, the establishment in 2001 of the Steering Committee of National Tobacco Control Program and the ratification in 2004 of the WHO Framework Convention on Tobacco Control (WHO FCTC). Three years later, in 2007, the government established at the MOH the standing office of the Viet Nam Steering Committee on Smoking and Health (VINACOSH), and in 2009, the Prime Minister issued Decision No. 1315, which introduced a series of measures aimed at the implementation of the WHO FCTC. Recently, the government decided to scale up its efforts through a new tobacco control law (LPCTH), and it established a drafting committee to prepare the text. The draft LPCTH is still in the review process within the government and most likely will be sent to the National Assembly, with a first reading in October 2011, to be followed by a second reading in May or June 2012.

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1 DALY is the sum of the years of potential life lost due to premature mortality and the years of productive life lost due to disability.

Figure 1. Tobacco control milestones in Viet Nam



Despite significant progress, Viet Nam still faces numerous challenges in tobacco control. The high rate of smoking among adult males and the social acceptability of tobacco hinders tobacco control efforts and has been well documented as a key factor leading to the high prevalence of exposure to SHS of non-smokers, particularly women and children. In addition, the current size and operations of the tobacco industry pose a challenging environment for the introduction of tobacco control measures. Further progress is both necessary and possible, and it is the responsibility of the Vietnamese government to strengthen the implementation of policies, programs and services to curb the tobacco epidemic in the country.

## METHODOLOGY

In August 2011, at the request of the MOH of Viet Nam, a mission led by WHO performed an assessment of the national capacity of Viet Nam to implement the WHO FCTC, with special emphasis on the WHO MPOWER package of demand reduction policies (Monitor tobacco use and interventions, Protect people from tobacco smoke, Offer help to quit tobacco use, Warn about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship, Raise taxes on tobacco). WHO, through its country office in Viet Nam and the WHO Western Pacific Regional Office, worked together with the MOH to organize and conduct the joint capacity assessment. A group of 18 national, international and WHO health experts interviewed 69 individuals representing 54 institutions involved in tobacco control in the country and reviewed tobacco epidemiologic and other data, as well as the status and present development efforts of key tobacco control measures undertaken by the government in collaboration with other sectors. The experts were divided into eight teams that worked in Ha Noi, Ho Chi Minh City and Ha Long. The key informant institutions included the majority of the tobacco control stakeholders in the country, including central and local governmental agencies with regulating roles or implementing responsibilities, civil society and academia.

The health experts also examined, where appropriate, the underlying capacities for policy implementation, including leadership and commitment to tobacco control; programme management and coordination; intersectoral and intrasectoral partnerships and networks; and human and financial resources and infrastructure. Finally, the expert group made recommendations based on the key findings of its analysis to further the development of the MPOWER demand reduction policies of the WHO FCTC, and also to promote the control of illicit trade and, most importantly, the establishment of a National Fund for Prevention and Control of Tobacco Harms.

## RECOMMENDATIONS TO FACE KEY CHALLENGES

To reduce the NCD burden in Viet Nam in the near future, tobacco use must be controlled now. Comprehensive and effective implementation of the WHO FCTC provisions will effectively reduce tobacco use and its burden in the country. In light of the most significant and immediate challenges to continued progress of tobacco control in Viet Nam, the following recommendations are considered to be critical and to have the greatest potential for success in the short term in ensuring the sustainability of current initiatives and making further progress. These recommendations should be implemented by the government in collaboration with relevant stakeholders (with the exception of the tobacco industry and its front groups and allies) within the next 12 to 18 months.

### 1. Funding for tobacco control

**Challenge:** Currently, tobacco control in Viet Nam is underfunded, endangering the successful implementation of tobacco control measures.

Although the benefits of promoting health and reducing the harmful health effects of tobacco use are recognized in Viet Nam, tobacco control is still underfunded. Funding relies heavily on international donors (90%), while contributions from the government are limited (10%). Not all ministries at the central level with assigned responsibilities in tobacco control have been allocated sufficient budget, and the majority of the provincial governments, which are at the front line for enforcing various decisions on tobacco control and mobilizing public support, either have not allocated a tobacco control budget at all or have funded some project-based work with limited life and lack of long-term effectiveness. This effort is neither sustainable nor sufficient. Therefore, the government is considering the establishment of a National Fund for Prevention and Control of Tobacco Harms. However, it appears that ongoing discussions on what kind of mechanism should be used for managing the fund seem to distract attention from the main aspects of the debate, namely, the urgent need to establish the fund and make it available for the tobacco control efforts in the country.

**Recommendation:** The National Fund for Prevention and Control of Tobacco Harms urgently needs to be established, as described in the draft LPCTH.

It is critical that Viet Nam has adequate and sustainable funding for averting the tobacco epidemic. Hence the proposal under the current draft LPCTH in Article 28, National Fund for Prevention and Control of Tobacco Harms, should be approved and implemented without delay. The funds should come from tobacco users, collected through tobacco companies, as proposed in the draft LPCTH. The MOH and Ministry of Finance (MOF) should eventually ensure effective administration and distribution

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