

The Vietnam Advocacy Agenda for People living with Non-communicable Diseases for Non-communicable Diseases Policies



NCDs-VN

Liên minh Phòng chống các bệnh
Không lây nhiễm Việt Nam



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With the support of the NCD Alliance, the NCDs-VN conducted an online survey, three community conversations and four consultation workshops with 179 people living with NCDs and 20 representatives from civil society organizations (CSOs), where inputs for **the Vietnam Advocacy Agenda of People living with NCDs for NCDs policies** were gathered. We wish to thank those people living with NCDs who so kindly shared their views to build this Advocacy Agenda. The consultation activities were possible thanks to a partnership between NCD Alliance and Access Accelerated.

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I. Preface

1. Burden of NCDs and risk factors

Noncommunicable Diseases (NCDs) are the leading cause of death and disability around the world, accounting for over 70% of all deaths. NCDs are a major threat to health and development in this century, and their impact on society is growing exponentially.

In Vietnam, the Ministry of Health (MoH) estimated that about 20% of the population (18 million) are living with NCDs and 422,000 people die from NCDs each year¹. The five major NCDs are cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, and mental health conditions. All of these diseases are primarily caused by five major risk factors including alcohol use, tobacco use, physical inactivity, unhealthy diet and air pollution.

Vietnam ranks among the top 15 countries with the highest rate of adult smoking in the world.² During the period of 2014-2018, the adult smoking rate only slightly decreased by 2.1% (from 47.4% to 45.3%), despite the Law on Tobacco Harm Prevention and Control having been implemented for nearly a decade. Adolescents have a tendency of increasing use of tobacco, with popular use of e-cigarettes, without an effective control mechanism currently. About 2.6% of teenagers ages 13-17 are tending to use e-cigarettes and heated tobacco products². In the context of the emergence and widespread use of these new tobacco products, if there is no timely action, the smoking rate will increase significantly in Vietnam, especially among younger generations.

The World Health Organization (WHO) assessed that alcohol consumption in Vietnam is relatively high in comparison to other countries in the region. In 2019, the drinking rate was 80.3% among males aged 25-64 years old, of which 47% are using alcohol in a harmful way; 32.4% of traffic accidents were related to alcohol use, and 45% of domestic violence cases resulted from alcohol abuse³.

Unhealthy food consumption is closely linked to the increase of the burden of NCDs in Vietnam and contributes to 6 out of 11 high risk factors for mortality and morbidity⁴. On average, 90% of Vietnamese people use 10g of salt/day/person (male is 10.5g, female is 8.3g) which is five times the level of consumed salt recommended by WHO (2g/day/person). In addition, about 60% of Vietnamese people consumed less fruits and vegetables than the recommended level by WHO, and 1 in 6 people were overweight or obese⁴.

Air pollution is becoming a threatening risk for the health of people living in urban, industrial and rural areas. The United Nations Environment Programme in 2007 evaluated that Hanoi and Ho Chi Minh City (HCMC) were two cities that suffered from the most severe levels of air pollution in the world, leading to the increasing burden of diseases caused by air pollution such chronic obstructive pneumonia diseases (COPD) and lung cancer⁵. Average PM2.5 exposure in 2019 in these cities were 46.9 and 25.3 ($\mu\text{g}/\text{m}^3$), respectively, which was approximately 3-5 times higher than WHO's recommended exposure threshold of 10($\mu\text{g}/\text{m}^3$)⁶.

The MoH reported that in 2019, the number of new cancer cases each year in Vietnam was 126,000. In 2020, Vietnam ranked 91/185 in terms of the incidence rate of cancer and 50/185 in the mortality rate per 100,000 people. This is in comparison to Vietnam's rankings for 2018, which were 99/185 and 56/185, respectively⁷. Thus, it is evident that both the incidence and mortality rates from cancer in Vietnam are increasing rapidly.

2. NCDs prevention and control policy in Vietnam

In recent years, Vietnam has been considered one of the developing countries making progress in policy development and implementation for NCDs prevention and control. This progress would be further improved if the Government could prevent the interference of industries. To achieve this, Vietnam needs more significant engagement of CSOs, especially people living with NCDs.

However, currently, the voices of people living with NCDs have not been raised in the discussion forums on healthcare policies including NCDs policies, such as on the Law on Examination and Treatment, the Law on Health Insurance, the Law on Alcohol Harm Prevention, the Law on Tobacco Harm Prevention, and the Law on Environmental Protection.

An analysis by the NCDs-VN⁸ found that the main reasons why people living with NCDs have not vocalized their needs in NCDs prevention, treatment, care and supports include:

- Lack of connection among people living with NCDs themselves, and between people living with NCDs and CSOs to create unique voices regularly, systematically, and at the right moment;
- Opinions of people living with NCDs are reflected individually, scatteredly and not focus on specific public health policy;
- Social and political environments are unfavorable for the reception of recommendations of people living with NCDs;
- The voices of people living with NCDs, scientists and policy advocates are not integrated because there is a lack of a strategic plan aimed at establishing a unique mechanism to bring the voices of people living with NCDs to the policy discussion arenas.

3. Current situation of associations/networks of patients in Vietnam:

Currently in Vietnam, several associations/networks of patients were established, such as the Association of Cancer Patients, the Association of People with Chronic Kidney Failure, and the Association of Children with Autism. But these associations are being influenced and used by the pharmaceutical, functional food, and medical equipment industries for their commercial purposes. This resulted in that no associations/networks of patients use recommendations of WHO or NCD Alliance as the basis to develop their strategy for promoting the voices of people living with NCDs.

The above situation will continue to adversely affect the development and implementation of NCDs prevention and control policies in Vietnam in the period 2021-2025, if there is no action to promote the voices of people living with NCDs and putting people at the centre in NCDs policy development and implementation. Consequences of no such action are increased burden of NCDs, increased out-of-pocket payment for NCDs treatment that pushes a significant proportion of people living with NCDs into poverty, and people continue living in polluted environment with high risks for NCDs⁸.

¹ WHO (2018), WHO NCDs Country Profile Vietnam

² WHO (2019), Viet Nam - Global Youth Tobacco Survey

³ WHO (2019), FAQs about Alcohol Harm Prevention

⁴ Centre for Gender and Health (2019), Vietnam: What's in your NCD policy? Analyzing the strength of diet related NCD policy in Vietnam

⁵ UN (2007), Global Environment Outlook

⁶ IQAir (2019), World Air Quality Report

⁷ Ministry of Health Portal (2021), Cancer situation in Vietnam

⁸ NCDs-VN (2020), Summary report of people living with non-communicable diseases consultation in Vietnam



“I suffered discrimination from my neighbors. I told them that I do not want my husband to be like that, taking care of the mental patient is so hard, no one wants to bring this burden”

(Mrs. Nguyen Thi My – 20 years taking care of a husband living with mental health disorder and alcohol addiction)



“I do not have health insurance. I am facing out-of-pocket costs of cancer treatment”

(Mrs. Doan Thi Phuong – A patient living with cancer)



II. Building the Vietnam Advocacy Agenda

Network of People Living with NCDs in Vietnam (PLWNCDs-VN) coordinated with the Vietnam NCD Alliance to develop “The Vietnam Advocacy Agenda for People living with NCDs for NCDs policies”. This Agenda is the result of one-year preparation, with the support of the NCD Alliance and drawing from the “Our views, Our Voices”, built in four steps:

Step 1 (February – April, 2020):

Reviewing references, international recommendations and national policies related to NCDs prevention and control, and meaningful involvement of people living with NCD in NCDs prevention and control.

Step 2 (April - August, 2020):

Conducting survey on opinions of people living with NCDs, and consultation workshops to discuss contents of the Vietnam Advocacy Agenda for People living with NCDs in NCDs policies for 2021-2025. Survey of 149 people living with NCDs and caregivers using questionnaires, and 3 community conversations on needs, challenges and priorities in NCDs prevention and control.

Step 3 (September - December, 2020):

Consultation of people living NCDs and representatives of NCDs-VN. Four consultation workshops and seminars which were held in Ha Nam and Hanoi to gather opinions and suggestions from 30 people living with NCDs and 20 representatives of NCDs-VN, and to propose **The Vietnam Advocacy Agenda for People living with NCDs for NCDs policies.**

Step 4 (November, 2020 – February, 2021):

The Coordination Board of PLWNCDs-VN and NCDs-VN gathered results from the steps 1, 2 & 3 for developing the Vietnam Advocacy Agenda for People living with NCDs in NCDs policies and gathered opinions from stakeholders (relevant Ministries, organizations concerned with health care and protection of the rights of the underprivileged nationally and internationally, associations/groups of people living with NCDs Network, Press and Media Agencies) on the Vietnam Advocacy Agenda.

The Vietnam Advocacy Agenda serves to promote the voices of people living with NCDs. It is a compass for CSOs, NCDs-VN and people living with NCDs in the process of criticizing and advocating the Government to strengthen the people-centeredness in NCDs prevention system according to the recommendations of WHO and the principles of public health.

This Agenda was built to protect the interests of people living with NCDs, which are specifically shown by ensuring the voices and recommendations of people living with NCDs in the following four pillars:

- 1- Human Rights and Social Justice
- 2- Prevention
- 3- Treatment, Care and Support
- 4- Meaningful Involvement

III. Recommendations of People Living with NCDs

WE, People Living with NCDs in Viet Nam.



We are women and men, young and old, with a variety of socio-economic backgrounds and a diversity of professions; living in urban and rural areas; all of us are suffered from different NCDs including cardio-vascular disease, respiratory disease, cancer, diabetes, mental health conditions, chronic joint diseases, autoimmune diseases (psoriasis, keratosis, lupus erythematosus), chronic nephritis/hemodialysis, and obesity.

We are the members of the affected communities of the NCDs epidemic, we are also the beneficiaries of the NCDs prevention and control programme implemented by the Government, health system and society.

WE MUST BE HEARD



A - Human Rights and Justice

WE CALL FOR:



1. The rights of people living with NCDs to participate in decision-making processes that affect our lives.
2. Our voices to be heard by policy makers, and our petitions to be accepted by Government officials.
3. The rights of people living with NCDs to live in a clean environment without pollution, and be adequately compensated for illnesses caused by pollution.
4. The rights of people living with NCDs to access healthy foods, along with reducing the production and selling of alcohol, tobacco, and unhealthy foods.
5. The rights of people living with NCDs to receive affordable care and treatment for NCDs.
6. The rights of people living with NCDs to receive respect from medical professionals, and be treated equitably.
7. The rights of people living with NCDs to have access to a wide variety of high-quality medications for NCDs treatment.
8. The rights of people living with NCDs to receive financial assistance for treatment of severe illnesses.
9. Improved accessibility of public transportation, public spaces and work spaces for persons with disabilities and NCDs as is enshrined in the Law on People with disabilities No. 51/2010/QH12.





B- Prevention

WE CALL FOR

1. Public awareness programs or campaigns in schools and communities on NCDs and their risk factors.
2. Strong policy measures to control industry interference in public policy-making processes.
3. Transparency and accountability of policy makers in developing policies, laws, and regulations on NCD prevention and control, and in responding to citizen's complaints.
4. Community participation in monitoring and implementing policies to prevent NCDs.
5. Enforcement of the implementation of the Law on Tobacco Harm Prevention to reduce tobacco use among adolescents and adults, and to create a smoke-free environment for everyone, including:
 - Enforcement on the establishing smoke-free environments.
 - Banning of all forms of tobacco advertising, promotion, and sponsorship.
 - Having strong policy measures to restrict production, sales and promotion of new-generation tobacco products (heated cigarettes and e-cigarettes).
6. Enforcement of the implementation of the Law on Alcohol Harm Prevention to reduce alcohol consumption among adolescents and adults, and to reduce social bad behaviors and diseases caused by alcohol, including:
 - Prohibiting or restricting all forms of alcohol advertising, promotion and sponsorship.
 - Strictly complying with regulations on penalties for using alcohol while driving.
 - Strictly complying with regulations on selling points, selling times of alcohol.
 - Prohibiting selling alcohol to children under 18 years old and inciting others to drink alcohol.
7. Increasing prices and taxes on tobacco, alcohol, and unhealthy drinks. Using funds collected from taxes on these goods for treatment and prevention of diseases caused by tobacco, alcohol and unhealthy drinks.
8. Formulation and implementation of regulatory policies on unhealthy food and sugar sweetened beverages (SSB) (For example, limiting the advertising of SSB on the media; prohibiting sales of SSB and unhealthy foods in schools and child/adolescent-friendly settings).
9. Enactment of legislation mandating manufacturers to display food content labels that meet national and global standards.
10. Strategic urban and rural planning to promote physical activity, and the establishment of national, workplace and school recreational centers to enhance general health and well-being of citizens.
11. Government action towards reducing environmental pollution, especially air pollution caused by industrial and coal-fired power plants, and transportation, including:
 - Conducting environmental impact assessment on the health of people living in polluted areas.
 - Regulating the levels of air pollution by the appropriate health and environmental agencies to reduce the risk of NCDs.

C - Treatment, Care and Support

WE CALL FOR:



1. Developing of integrated programs for early detection, diagnosis, treatment, psychological, rehabilitative, and palliative care for those with NCDs.
2. Accessing to approved, safe, and high-quality medicine.
3. Accessing to new treatment options for NCDs.
4. Getting counseling on care skills and disease management at home.
5. Affordability of treatment and financial risk protection for those with severe forms of NCDs.
6. Renovating the universal health insurance program by focusing on improving the coverage and quality of the Essential health services package to meet the requirements of prevention, early detection, early treatment and adequate treatment, which achieve the quality of care for NCDs recommended by the WHO.
7. Improving expertise of health workers at local health facilities in early detection, diagnosis and treatment of NCDs.
8. Establishing of a social support network for supporting people living with NCDs in the community.
9. Collaborating with health workers, hospital staffs, and people living with NCDs to develop and strictly enforce specific procedures to prevent medical incidents and learn from problems that have occurred.



D - Meaningful involvement of People Living with NCDs

WE CALL FOR:

1. Involvement of people living with NCDs in the formulation, implementation, monitoring and evaluation stages of policies related to NCDs.
2. Developing an action framework – through policy priorities, modes of participation, and support resources – to bring the voices of people living with NCDs into the development, implementation and monitoring process of policies.
3. Training, mentoring and support to improve our knowledge, communication, presentation, and interviewing and story-telling skills.
4. Being member and taking part in developing the Network of People Living with NCDs.
5. Accessing to leadership and spokesperson opportunities to strengthen effective participation of people living with NCDs in advocacy and policymaking processes.
6. Creating opportunities for people living with NCDs to share their stories and recommendations on the media.
7. Creating opportunities (advocacy workshops, consultation meetings, and talkshows) for people living with NCDs to share their stories and recommendations to policy makers to improve prevention and treatment of NCDs.
8. Receiving financial and professional support to participate in policy dialogues.
9. Establishing a strong liaison with local authorities, mass organization and CSOs, and community-based organizations to develop and scale up community-based NCDs activities.
10. The Government and international organizations to ensure the involvement of representatives of the Network of People Living with NCDs and experts from humanitarian and non-profit non-state scientific organizations in the monitoring and evaluation for NCDs programs.



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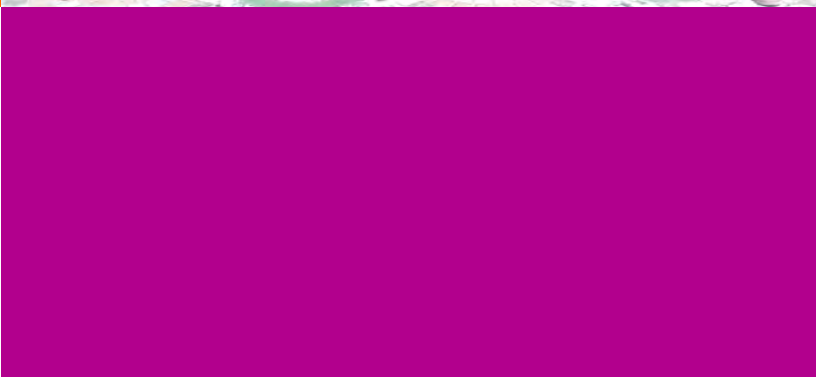


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An initiative by the NCD Alliance
and people living with NCDs

