WHAT’S IN YOUR NCD POLICY

ANALYSING THE STRENGTH OF DIET-RELATED NCD POLICIES IN VIETNAM

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The research presented has been conducted as part of a six-country study comparing national NCD policies to global recommendations, and evaluating the extent to which policies include effective and equitable attributes to improve population health. Study countries included Afghanistan, Bangladesh, Nepal, Pakistan, Tunisia and Vietnam.

Research in Vietnam was led by a team based at the Center for Population Health Sciences, Hanoi School of Public Health, Vietnam, in partnership with the Centre for Gender and Global Health, University College London (UCL), UK.

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NCDS IN VIETNAM

Over the past 30 years, the proportion of deaths caused by communicable diseases in Vietnam has steadily decreased (60% in 1986 to 20% in 2010), as the proportion of deaths caused by non-communicable diseases (NCDs) has grown (39% in 1986 to 72% in 2010). In 2016, NCDs claimed 548 000 lives in Vietnam – nearly half of which were among people under 70 years.

Unhealthy diet is closely linked to the growing burden of NCDs in Vietnam, where six of the 11 top risk factors driving death and disability are related to unhealthy diet. In a recent national survey, nearly 60% of the study population were consuming less than the WHO-recommended amount of fruits and vegetables, average salt intake per day was almost double the recommended levels and one out of every six people was overweight or obese.

FIG. 1
NCDS ACCOUNT FOR SIX OF THE TOP TEN CAUSES OF PREMATURE DEATH IN VIETNAM – AND ARE ON THE RISE


FIG. 2
NCDS RISK FACTORS IN VIETNAM
Leading NCD risk factors. From the National Surveys on the risk factors of NCDs (STEP), 2011 and 2015.
**THE GLOBAL RESPONSE TO NCDs**

Many interventions for the prevention and control of NCDs exist. Given the resource constraints facing all countries and their need to prioritise the most effective interventions, the World Health Organization (WHO) has identified a set of evidence-based “Best Buy” interventions that are not only highly cost-effective but also feasible and recommended for implementation in all countries.

Several of the Best Buys are explicitly aimed at addressing unhealthy diets. These interventions are designed to mainly address the structural drivers and commercial determinants of diet, an approach likely to yield greater benefits at the population level compared to individually-focused interventions.

**ACTION IN VIETNAM**

In response to the growing burden of NCDs in Vietnam, in 2002 the government launched a national prevention and control programme, including for cardiovascular disease, diabetes, cancer and mental health disorders. In 2011, NCDs were included in the list of national target programmes, ushering in greater prioritisation and political attention to the prevention and control of NCDs.

In 2015, the Vietnamese Prime Minister approved the National Strategy for Prevention and Control of NCDs. The strategy sets several ambitious targets for 2025, including around NCD prevention awareness and reducing deaths caused by cancer, cardiovascular disease and diabetes.

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**NCDs: On the global agenda at last**

While the burden of NCDs has been historically neglected by the global health community, prioritisation and action to prevent and address NCDs is expanding. The first UN General Assembly High-Level Meeting on NCDs in 2011 marked a critical turning point in mobilising political attention and policy action at national and global levels, as did the inclusion of an NCDs-related target in the Sustainable Development Goals (3.4, to reduce premature mortality from NCDs by one-third by 2030).

**2% OF ALL GLOBAL HEALTH FINANCING IS ALLOCATED TO NCDs**

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**Vietnam Policy Analysis: Our research**

During 2017-2019, we undertook an in-depth analysis of the Government’s policies for controlling diet-related NCDs, and compared national responses to global recommendations for all countries. The purpose of the study was to identify where and how policy could be strengthened to more effectively address the growing burden of NCDs in the country.
POLICY DOCUMENT ANALYSIS: OUR QUESTIONS
THREE DIMENSIONS OF A ROBUST POLICY FRAMEWORK TO ADDRESS AND PREVENT NCDS

1 **COMPREHENSIVE**: ARE VIETNAM’S NCD POLICIES CONSISTENT WITH GLOBAL RECOMMENDATIONS? [TABLE 1]

2 **EFFECTIVE**: DO VIETNAM’S NCD POLICIES HAVE ADEQUATE AUTHORITY, ACCOUNTABILITY MECHANISMS AND BUDGET? [TABLE 1 & FIGURE 3]

3 **EQUITABLE**: DO VIETNAM’S NCD POLICIES PROMOTE EQUITY AND HUMAN-RIGHTS BASED APPROACHES? [FIGURE 4]

OUR METHODS

We conducted an in-depth policy content analysis followed by stakeholder interviews. The content of policies inside and outside the health sector were reviewed to determine: (1) whether they were consistent with WHO Best Buys; (2) how much authority the policy has (e.g. whether it is national law or a sector strategic plan); (3) systems of accountability; (4) any associated budgetary line items; (5) the extent of attention paid to issues of equity (including gender) and human rights. We synthesised these findings into a “policy cube” to graphically present key features of the policy responses to combat diet-related NCDs (see page 6).

In-depth interviews were conducted with stakeholders purposely selected from a variety of organisations and sectors. We used a policy analysis framework to explore issues of actor power, ideas (how the issue is perceived and portrayed), context, and policy characteristics (including the severity of the problem and the availability of effective interventions), to understand: (1) why some of the Best Buys have succeeded in gaining political and policy attention; (2) why other Best Buys are absent from the current policy response; (3) what explains policy content and its characteristics (particularly in relation to questions of authority, accountability, rights-based approaches, etc); and (4) what it would take for neglected/absent Best Buys to be higher up the current policy agenda.

The study received approval from the ethics boards of Hanoi School of Public Health, Vietnam and University College London, UK.
### Best Buys: Cost-effective interventions

<table>
<thead>
<tr>
<th>Present?</th>
<th>Authority</th>
<th>Accountability</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce salt intake through reformulation of food products and set target levels for salt in foods and meals</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>• Goal to decrease salt consumption</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>• Reformulation of food products to decrease salt</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>• Set target salt level in foods</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>• 30% reduction in salt consumption</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Reduce salt intake through the establishment of a supportive environment in public institutions</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Reduce salt intake through a behaviour change communication and mass media campaign</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>• Mass media campaign to reduce salt intake</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>• Behaviour change communication on salt</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Reduce salt intake through front-of-pack labelling</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

### Effective interventions Cost effectiveness of >$/100 per disability-adjusted life year averted in low & middle-income countries

<table>
<thead>
<tr>
<th>Present?</th>
<th>Authority</th>
<th>Accountability</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>• Goal to eliminate industrial trans-fats</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>• Legislation to ban use of trans-fats in food chain</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Reduce sugar consumption through effective taxation on sugar-sweetened beverages</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>• Goal to reduce sugar intake</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>• Taxation on sugar-sweetened beverages</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

### Other recommended interventions

<table>
<thead>
<tr>
<th>Present?</th>
<th>Authority</th>
<th>Accountability</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidies to increase uptake of fruits and vegetables</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal or agricultural policies</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Limit portion and package size to reduce energy intake and the risk of overweight/obesity</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Implement nutrition education and counselling to increase intake of fruits and vegetables</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Implement mass media campaign on healthy diets</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Promote exclusive breastfeeding for first 6 months of life</td>
<td>✓</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
TABLE 1. KEY

<table>
<thead>
<tr>
<th>Authority</th>
<th>Accountability</th>
<th>Budget</th>
</tr>
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</table>
| High authority  | Abides by key principles of accountability
               | Budget line item assigned to policy sub-component |
| Medium authority| A national lead/implementing agency is named and is  |
|                 | assigned responsibility for reporting in the public  |
|                 | domain                                                |
| Low authority   | No mechanism for accountability found                | No budget line item identified              |

POLICIES WITH BEST BUY INTERVENTIONS


FIG. 4

HEALTH AND RIGHTS IN VIETNAM POLICY

Rights-based policies can strengthen countries’ efforts to address the determinants of NCDs. A rights-based approach has been central to progress in the AIDS response, both in ensuring that individuals are protected against discrimination and committing the State to take positive actions. We find however, that human rights language and concepts are largely absent from NCD policies.9

Although human rights and gender equity are guaranteed in the Constitution and related laws, these principles have not been reflected in Vietnam’s NCD policies.
The “Policy Cube,” brings together the three axes of our policy content review: 1) dietary policy comprehensiveness, or the extent to which WHO Best Buy recommendations are reflected in national policy documents; 2) the effectiveness of a policy’s implementation and enforcement mechanisms, such as the level of authority of the policy, whether it has an associated budget, and whether systems of accountability are specified, and; 3) the extent to which the policy documents are oriented towards principles of equity, gender and human rights. A full cube would represent a robust policy framework for the prevention and control of NCDs.

**Comprehensiveness.** Just 12 of the 19 Best Buys are contained in Vietnam’s various NCD-related policies, though this does include 7 of the 8 highly effective Best Buy recommendations.

**Effectiveness.** For those Best Buys that are present, the effectiveness of their implementation and enforcement mechanisms is relatively strong. Authority and accountability are high, particularly for communication, education and behaviour change activities. As NCD prevention and control has been identified as a national target programme, the majority of the Best Buys have associated budget lines.

**Equity.** While the right to health protection and care for all people is protected under the 2013 Constitution, NCDs policies do not mention human rights, gender equality or equity. In terms of prioritising vulnerable communities or identifying key populations, the Plan for NCD Control and Prevention 2015-2020 goes no further than naming “adults, students and ethnic minorities.” In contrast, HIV policies articulate a clear human rights-based approach to prevention, treatment and participation, and identify and prioritise key populations at higher risk of and most affected by HIV.

**FIG. 5**

**POLICY CUBE VIETNAM: THREE DIMENSIONS OF ASSESSING NCD POLICY FRAMEWORKS**
It is clear in the disease pattern that NCDs have been increasing steadily, however other risk factors are prioritised over unhealthy diet, such as tobacco use, alcohol consumption and physical activities.

*ID09, International organisation*

Other Ministries critically opposed the law raising taxes on soda, and required the Ministry of Finance to provide analysis of the burden of obesity in Vietnam, and how the proposed law would affect the state budget, industries and consumers.

*ID05, Policy maker*
RECOMMENDATIONS

The following recommendations arise from our policy analysis and stakeholder interviews. They should be considered as a strategic package of elements that are mutually reinforcing and interdependent, and require the engagement of a range of identified stakeholders.

1. Establish an NCD steering committee. Drawing on the experience of the tobacco steering committee, a multisector NCD steering committee would help to ensure leadership, coordination and collaboration between relevant Ministries involved in NCD prevention and control as well as accountability for action.

2. Strengthen participation of diverse stakeholders in policy development process. The government should strengthen mechanisms to ensure more consultative policy processes, given that current mechanisms to engage civil society organisations, the general public and local government in NCD policy processes are not considered effective. In addition to representation of such groups in policy processes, consultation (e.g. through online media and opportunities for public comment) ought to be undertaken with key stakeholders at all stages of the policy process.

3. Generate and disseminate evidence on diet and NCD burdens and trajectories. The Ministry of Health should identify gaps in evidence for NCD prevention and control (including WHO recommendations) and work with partners to generate policy-relevant evidence from Vietnam.

4. Ensure evidence-informed policy. The Ministry of Health and academic partners should evaluate the effectiveness of processes and strategies (e.g. from other countries) that institutionalise the use of evidence at all stages of the policy process.

5. Raise public awareness of burden and drivers of NCDs and generate demand for effective interventions. The National Centre for Health Communication and partners should lead professional campaigns to increase public knowledge on NCDs, their causes and evidence-informed policy responses. This may include multi-media approaches to reach different audiences and be embedded in civic consciousness-raising.

6. Ensure adequate budget for NCDs policy development process so that processes may be more rigorous in their use of evidence and be more consultative.

7. Invest in healthier food formulations. Encourage investment in research partnerships among public, private and academic groups in new food and drink products that provide consumers the option of accessing healthier foods with lower levels of salt, sugar and trans-fat.

8. Promote healthy products. Encourage government to promote healthy products in order to change eating habits among the public.

9. Embed rights and equity in future NCD policies. Ensure that future NCD policies utilise the potential of human rights approaches and concepts to ensure greater accountability for evidence-informed, gender-responsive and equitable outcomes, as is the case in the AIDS response.
REFERENCES

1 http://www.healthdata.org/vietnam
8 Key principles of accountability, namely: i) a national lead/implementing agency is named and is assigned responsibility for reporting in the public domain; ii) a mechanism for independent monitoring of progress on implementation is described; and iii) remedial actions/sanctions/fines are outlined if implementation progress does not occur. From: Williams C, Hunt P. (2017). Neglecting human rights: accountability, data and Sustainable Development Goal 3, The International Journal of Human Rights; DOI:10.1080/13642987.2017.1348706.
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