

# MAINSTREAMING TOBACCO CONTROL IN VIETNAM

Final Narrative Report



RESEARCH • POLICY • ACTION • DEVELOPMENT

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## Executive Summary

The project Mainstreaming Tobacco Control in Vietnam implemented by HealthBridge Canada (formerly PATH Canada) over the period from June 2003 to December 2006 aimed to strengthen and expand tobacco control in Vietnam through the integration of tobacco control into existing programs and through the expansion of the number of key organizations and individuals in the North and South of Vietnam actively and effectively involved in tobacco control. To achieve this goal, the project activities were designed to

- Increase the number of agencies involved in tobacco control by integration of tobacco control into their existing programs;
- Improve the capacity of the TCWG members and tobacco control researchers;
- Expand the number of tobacco control intervention and research projects that support tobacco cessation, strong health warnings, smoke-free places, and tobacco tax increase
- Mobilize the media to gain the support from policy makers for strong tobacco control laws.

Overall, the project has strengthened the network of tobacco control activists both in number and quality.

More government and non-government organizations have become aware of, and involved in, tobacco control issues. The Tobacco Control Working Group became an official group member of the Vietnamese Public Health Association, bringing together more than seventy members representing about forty governmental, non-governmental, and United Nations agencies, as well as research and training centers and mass and professional organizations. Several directives have been issued by different government ministries to support the implementation of a smoke-free policy. Progress has also been made in policies related to tax, health warnings, and a comprehensive ban of advertising, promotion, and sponsorship. Networking and information sharing among organizations involved in tobacco control has been promoted and increased. Collaboration between organizations has been strengthened and has focused on national policy implementation. The project has promoted policy-oriented research, created opportunities for researchers, and contributed to improving researchers' knowledge about tobacco control in Vietnam. The findings from the project's research component have served as evidence for policy advocacy and contributed to enriching the knowledge of tobacco control activists. Tobacco control programs have been designed and implemented in five provinces with the active leadership of provincial Public Health Associations. Pro-tobacco control media coverage of the issues has been increased, and the media network strengthened. As a result of these achievements, tobacco control in Vietnam has become more visible and has attracted the support of more donors. The resources available for tobacco control in the country have been increased significantly, which will support the government's efforts to implement the FCTC now and into the future.

## List of Acronyms

ACS	American Cancer Society
ADRA	Adventist Development and Relief Agency International
AP	Atlantic Philanthropies
BSS	Business Supporting Service
CCRD	Center for Community Research and Development
CSAGA	Center for Study and Applied Science in Gender - Family - Women and Adolescents
FCTC	Framework Convention on Tobacco Control
IDE	International Development Enterprise
IEC	Information, Education, Communication
INGO	International Non-Governmental Organization
IOGT	Swedish temperance organisation
JHSP	John Hopkins School of Public Health
MOCI	Ministry of Culture and Informatio
MOTE	Ministry of Training and Education
MOH	Ministry of Health
MTC	Mainstreaming Tobacco Control
NA	National Assembly
PPHA	Provincial Public Health Association
RITC	Research for International Tobacco Control
SEATCA	South East Asia Tobacco Control Alliance
SFA	<i>Smoke-free Areas</i>
TB	Tuberculosis
TC	Tobacco Control
TCTG	Tobacco Control Technical Group
TCWG	Tobacco Control Working Group
UICC	International Union Against Cancer
UN	United Nations
UNICEF	United Nations Children's Fund
VINACOSH	Vietnam National Committee on Smoking and Health
VINASTAS	Vietnam Standard and Consumer Protection Association
VPHA	Vietnam Public Health Association
VTV	Vietnam Television
WHO	World Health Organization
WNTD	World No-Tobacco Day

## Acknowledgement

The project *“Mainstreaming tobacco control in Vietnam”* could not have been successfully implemented without the extraordinary contributions and support of our partners: Vietnam Public Health Association, Public Health Associations of Thai Binh, Hai Duong, Dong Thap, Khanh Hoa and Danang provinces, VINACOSH, CSAGA, BSS, Elderly Association, Hanoi School of Public Health, Press Department of Party Central Commission for Ideology and Culture. Special thank should go to Dr. Nguyen Tuan Lam (WHO), Dr. Le Vu Anh, Dr. Bui Thanh Tam, Dr. Nguyen Ngoc Bich (Vietnam Public Health Association), Dr. Ly Ngoc Kinh, Dr. Phan Thi Hai (VINACOSH), and Ms Do Thi Phi (IDE), for their technical inputs during the project's implementation and for successfully coordinating the TCWG meetings. We also acknowledge all TCWG members at the central and provincial levels and the media network members for their support throughout the project's implementation.

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## 1 INTRODUCTION

The World Health Organization (WHO) estimates that the tobacco epidemic in Vietnam will eventually kill 8 million people alive today, 10% of the current population. More people in Vietnam will die from tobacco-related illnesses than from HIV/AIDS, traffic accidents, tuberculosis, and suicides combined. Despite tobacco's overwhelming contribution to mortality and morbidity, its importance is generally ignored in Vietnam by the government, INGOs, and donors, as other health issues are deemed more urgent. The disparity between the magnitude of the tobacco epidemic and the attention and resources available for its control reflects both the general lack of awareness of the link between tobacco and ill health and the strength and dominance of the tobacco industry in Vietnam.

*Mainstreaming Tobacco Control in Vietnam*, funded by the Rockefeller Foundation, sought to strengthen tobacco control in Vietnam by mobilizing greater involvement and participation of key government agencies, UN agencies, NGOs, and donors in tobacco control and by building the capacity and skills of the Tobacco Control Working Group members to better plan, develop, and implement tobacco control measures. HealthBridge partnered with the **Vietnam Public Health Association (VPHA)** to implement the project.

## 2 BACKGROUND

Vietnam ranks among the countries with the highest prevalence of smoking. According to the National Health Survey conducted in 2001-2002, smoking prevalence was 56.1% among males and 1.8% among females. Exposure to second-hand smoke (SHS) was therefore also high. A 2005 baseline survey conducted by HealthBridge and the Vietnam Public Health Association for the project "*Reducing the social acceptability of smoking in Vietnam*" found that two-thirds of women had been exposed to SHS in the week prior to the survey, while 41-53.4% of children were frequently or sometimes exposed to SHS. High smoking prevalence and widespread social acceptability of smoking have posed major barriers to the implementation of effective tobacco control policies.

Two key milestones in tobacco control in Vietnam were reached in the early 2000s. First, the Government issued its National Tobacco Control Policy for 2000-2010 (Resolution No. 12/2000/NQ-CP). The Policy addressed all major aspects of tobacco control, ranging from measures to reduce demand to measures to reduce supply (trade and smuggling control). Second, the Government founded VINACOSH in 2001. VINACOSH is an inter-ministerial Committee comprised of representatives from the Ministries of Health, Education, Finance, Trade, and Industry, Culture and Information as well as the Unions of Trade, Women, Youth, and Farmers. Each of these organizations had an important role to play in developing, coordinating, and implementing tobacco control policies in Vietnam.

Even with the achievement of these key milestones, however, tobacco control efforts remained disjointed, with a number of pilot interventions often carried out in isolation by a handful of agencies, namely HealthBridge, VINACOSH, provincial health departments, and the World Health Organization-Vietnam. HealthBridge recognized that successful tobacco control in Vietnam required increased human and financial resources committed to tobacco control; enhanced inter-agency coordination; increased recognition and participation of UN agencies, NGOs and the donor community; and improved workforce capacity. To meet these needs, in 2003 HealthBridge and WHO convened the Tobacco Control Working Group (TCWG), a roundtable of committed tobacco control advocates and agencies. The TCWG provided a forum to

1. Share information and communicate news and opportunities.
2. Support the implementation of effective tobacco control policies.
3. Provide more opportunities for multi-sectoral partnering on tobacco control activities and advocacy.
4. Share research experience for better program implementation.
5. Discuss technical recommendations and response to policy formulations.
6. Coordinate workforce development in tobacco control.

The TCWG members represented a broad range of key agencies, such as government, INGO, UN, and multilateral and bilateral organizations.

### 3 PROJECT GOAL

The overall goal of the program was to strengthen and expand tobacco control in Vietnam through the integration of tobacco control into existing programs and through the expansion of the number of key organizations and individuals in the North and South of Vietnam actively and effectively involved in tobacco control.

**4 TIME OF PROJECT IMPLEMENTATION:** *June 1, 2003 to December 31, 2006*

### 5 OBJECTIVES, STRATEGIES, ACTIVITIES AND RESULTS

**Objective 1 To increase the integration of tobacco control into government programs (including mass organizations) and to increase the number of key agencies (international, UN, INGOs, and donors) that include tobacco control in their activities.**

#### Strategies and Activities

*The main strategy was formalization and expansion of the TCWG.* In order to transform the TCWG into a formal, sustainable forum that would be more likely to attract potential tobacco control activists, the project director met with VPHA leaders to discuss both the possibility of incorporating the TCWG within VPHA and VPHA's potential role in tobacco control. Several initiatives were proposed and discussed

- TCWG members could become VPHA members
- TCWG fact sheets could be printed and disseminated through the Journal of Public Health
- VPHA could advocate to its provincial branches to include tobacco control in their programs
- Tobacco control could be incorporated into VPHA's annual scientific conference.



A bi-monthly meeting of TCWG

The project team developed a list of INGOs and local NGOs working in the fields of primary health care, health education, community development, reproductive health, and policy advocacy. The project director conducted individual meetings with representatives of several organizations (Vietnam Cancer Control Association, Heart Association, Lung Diseases Association, the Farmer's Union, Elderly Associations, and Youth and Women's Unions) to identify opportunities for the integration of tobacco control into their programs and to

invite them to join the TCWG.

Representatives of the eight organizations most actively involved in TC formed the TCWG coordinating group (alternately known as the TC technical group) to plan and coordinate the TCWG meetings and to provide ongoing technical support to VINACOSH in policy formulation, advocacy, and other issues. Seventeen TCWG meetings were conducted on bimonthly basis, attracting about 30 participants each.



The meetings focused on providing updates of each organization's activities (including research and attendance at international TC conferences and workshops) and sharing information about the progress being made towards supporting VINACOSH. Meetings conducted early in the project also addressed strategies to advocate for FCTC ratification and implementation.

HealthBridge organized a workshop about "tobacco control and poverty", which attracted 60 participants representing NGOs and mass organizations. The purpose of the workshop was to share international and national evidence about the close relationship between smoking and poverty and to advocate for the development and implementation of tobacco control policies.



Anti-smoking IEC materials exhibited on VPHA Annual Scientific Conference

HealthBridge and VPHA met with the leaders of the new provincial Public Health Association (PPHA) to discuss how tobacco control could be integrated into their work plans and activities and how the PPHAs could initiate and coordinate tobacco control activities in their respective provinces. As a result of these discussions, each new PPHA committed undertake tobacco control activities and to organize and facilitate the TCWG's work. In five provinces, the PPHA organized TC advocacy workshops to update local activists about tobacco control nationally and globally, about the effective tobacco control measures, and about the role that civil society could play in tobacco control.

HealthBridge maintained close relationships with the Vietnam country offices of the World Bank, UNICEF, and AP, and with other major tobacco control donors such as RITC, UICC, and SEATCA to explore possibilities of further funding to tobacco control in the country.

Results and Outcomes

Government and non-government organizations are more aware of tobacco control issues. More organizations are involved in tobacco control. Networking and information sharing has been increased. Collaboration between organizations has been strengthened and focuses on national policy implementation. This collaboration enhanced the agencies' efforts to accelerate the Government's ratification of the FCTC.



TCWG Fact sheet published on the VPHA Journal of Public Health

At the date of this report, the TCWG in Hanoi includes 71 members representing twelve ministries, government agencies and academic institutes, nine professional associations, five international non-governmental organizations, two UN organizations, ten local NGOs and two funding agencies (see TCWG membership in Appendix 1). It has become a group member of VPHA and meets on a bimonthly basis under the coordination of VPHA and other TCTG members.

When this project began in June 2003, VPHA was in the

process of being created and was new to tobacco control. It has since become very committed to tobacco control, built its capacity, and has now become a leading member of the tobacco control community in Vietnam. VPHA has not only actively supported HealthBridge to implement the MTC project, but has also independently provided funds for TC activities at the provincial level. VPHA has also become an active member of TCTG, the South East Asian Tobacco Control Alliance, and GLOBALINK. It also continues to look for future opportunities to work in tobacco control. VPHA's annual scientific conferences between 2004 and 2006 included special section on tobacco control, during which progress on work carried out by VPHA and other TCWG members was presented.

Five provincial PHAs have incorporated tobacco control into their agendas (Hai Duong, Thai Binh, Da Nang, Khanh Hoa and Dong Thap). In each of these provinces, the PPHA has also founded and coordinates a TCWG, comprised of representatives of different sectors and organizations; this ensures multi-sectoral participation in tobacco control at the provincial level. HealthBridge provided technical and financial support to the development and implementation of one-year comprehensive programs of activities in each province. Planned provincial tobacco control activities included

- Advocacy for and implementation of smoke-free workplaces in selected government offices
- Implementation of smoke-free hospitals within provincial health facilities
- Organization of workshops to introduce TC to related stakeholders and the provincial TCWG
- Development of media campaigns and tobacco control activities during National No Tobacco Week and World No Tobacco Days (WNTD).

In addition, in Thai Binh province, the PHA has planned a

cessation counseling service at the Center of TB Control and community-based activities with the participation of the local Women's Union and the Department of Education.



HealthBridge's Project Officer working with TCWG members of Khanh Hoa province

Several legislative documents have been developed by the government to strengthen tobacco control policies. The Ministry of Health and Health Trade Union have taken measures to enforce a smoke-free policy in medical facilities with financial and technical support from HealthBridge. The Ministry of Transportation issued the Directive 02/2005/CT-BGTVT for implementing a smoke-free policy on public transportation and related public places. The Ministry of Culture and Information issued the Circular 19/2005/TT-BVHTT guiding the implementation of the Ordinance on Advertisement and the National Tobacco Control Policy 12 on the ban of cigarette advertising. The Government also issued Decree 45/CP on "Punishment of administrative violations in the health sector" to enforce compliance with the smoke-free policy in public places.

Many other local NGOs and INGOs continue to be active members of the TCWG and have incorporated tobacco control into their working agendas:

- ADRA Vietnam included a tobacco control component in its community development project in Cao Bang – a mountainous province with a primarily "ethnic minority" population and a very high smoking prevalence.

- The International Organization for Good Temper (IOGT) has included tobacco control as a component within its education program promoting healthy lifestyles among youth.
- International Development Enterprise (IDE) was very active in supporting VINACOSH in implementing intervention pilot projects and in developing a media campaign.
- The Vietnam Standard and Consumer Protection Association (VINASTAS) was active in policy advocacy and public education.
- CSAGA designed and implemented a pilot project to test the first telephone quit-line in Vietnam
- Business Supporting Service (BSS) piloted the development of a smoke-free area in Hanoi hotels and restaurants.
- The Center for Community Research and Development (CCRD) collaborated with HealthBridge to undertake research on "The economics of tobacco in Vietnam: tobacco expenditure and their opportunity costs" to gather information on the cost of smoking
- The Elderly Association adopted a smoke-free policy within its Association and implemented a pilot smoke-free community project in two communes in Hai Duong province.



Training workshop on smoke free restaurants/hotel for business managers

*Due to strengthened collaboration and networking, tobacco control in Vietnam has become more visible and has attracted more donors. The resources available for tobacco control in the country have increased significantly, which will support FCTC implementation into the future.*

Atlantic Philanthropy, a member of the TCWG, has become one of the major TC donors in Vietnam. In 2005, this organization provided large grants to John Hopkins School of Public Health (JHSP) and HealthBridge to support tobacco control advocacy and interventions. The JHSP grant focuses on capacity building for VINACOSH members and other government ministries related to FCTC implementation. "Reducing the social acceptability of smoking in Vietnam", implemented by HealthBridge and VPHA, aims to increase public awareness of second-hand smoke exposure, reduce the acceptability of smoking, and to develop positive behaviors in both smokers and non-smokers by developing evidence-based communication messages and conducting a media campaign.

During the implementation of MTC, as a result of HealthBridge's active advocacy and proposal development, RITC funded three small grants to conduct research on: "*Cigarette Smuggling in Vietnam: Problems and Solutions*"; "*Strengthening of Media Network for smoke-free policy implementation in Vietnam*"; and "*Research on the economic cost of smoking in Viet Nam in the past and future plan*". UICC also provided funds for HealthBridge's media capacity-building efforts. This project is in its second year of implementation. ACS provided a small grant to HealthBridge to support advocacy for new tobacco pack health warnings.

Many TCTG members have become active members of SEATCA and have participated in its many training and networking activities. SEATCA also provided several small grants to researchers and young advocates in Vietnam to investigate and advocate for tobacco control policies.

Several TCWG members themselves became active “donors” and supported their partners’ tobacco control activities: VPHA provided funds to support a tobacco control program in Danang City, IOGT funded a tobacco control project in Soc Son District, Hanoi, and ADRA Vietnam funds a project in Cao Bang province.

**Objective 2: To improve the capacity of the TCWG members and tobacco control researchers**

**Strategies and Activities**

*Information sharing and capacity building*

The TCWG’s regular meetings facilitated information sharing about TC activities and research findings, and thereby provided an opportunity for TCWG members to update their knowledge about the current context of TC and to learn about new research findings. The participants’ experiences and tobacco control lessons learned were also shared through the TCWG fact sheets that were developed and disseminated via the Journal of Public Health and sent directly to TCWG members. The experiences and lessons learned were also shared via the posters and oral presentations made at VPHA’s Annual Scientific Conference of VPHA.



TCWG members on a regional workshop organized by SEATCA

Through the workshops and training opportunities organized by provincial PHAs, with financial and technical support from HealthBridge, the basic tobacco control concepts and the issues related to it were introduced to the members of new provincial TCWGs and stakeholders in five provinces.

The project team also promoted and contributed to capacity building activities organized by other partners. In parallel with the project, South East Asian Tobacco Control Alliance (SEATCA) conducted a capacity building program; the MTC project director was actively involved in recommending and selecting the SEATCA fellows. (The director herself was the first fellow of this program). The program consisted of a series of training workshops followed by a small grant to support the implementation of an advocacy plan. The MTC Project Director and Media Officer were invited to act as facilitators at some of these workshops. The Director was also active in providing comments and advice on the fellows’ advocacy plans. Many research grants were provided to TCWG members to conduct important policy-orientated research, such as “Health care costs of three major smoking-related diseases”, “tobacco and employment”, and “the health and economic effects of second-hand smoke.” Tobacco control researchers were also encouraged to make presentations on their results at VPHA’s Annual Scientific Conference.

Many TCWG members from VPHA, HealthBridge, and VINACOSH attended workshops on project monitoring and implementation in December 2004 and on social marketing in March 2005 organized by

VINACOSH, as well as the workshop on health communication in January 2005 organized by Hanoi School of Public Health that included among its speakers famous international experts.

The National Tobacco Control Policy was introduced to students at the Hanoi School of Public Health (Health System Management Unit), while the Project Director integrated “smoking as a cause of chronic diseases and tobacco control” into lectures on cancer prevention and epidemiology in the Disease Prevention Unit for Masters and Undergraduate students.

### *Financial and technical support for research*

The project directly provided financial support to a number of research and feasibility studies, such as

- A literature review of research studies related to the issue of tobacco taxes to advocate for tax raising
- Consultations led by the MOH to develop draft health warnings
- Masters theses and field exercises undertaken by Masters-level students at Hanoi School of Public Health (HSPH). For the latter, each student received one million VND for data collection and mentorship directly from the project. A small grant was also provided to a team of young researchers at the Epidemiology Unit, Hanoi School of Public Health, to evaluate the effectiveness of the implementation of the smoke-free policy at the school. By conducting this study, the research team learned more about TC and how to conduct an evaluation of a TC intervention.

The MTC project also co-funded two members of the TCWG (one from HealthBridge and one from VPHA) to participate in a health communication workshop organized by Thai Health in Bangkok in May 2005.

The project director led the development of several grants for new research projects and worked with the research team to implement them (See the outcome of Objective 1). By implementing the research projects, the researchers had the opportunity to learn about tobacco control and to improve their research skills.

### Results and Outcomes

**Awareness of and knowledge about tobacco control among TCWG members have been improved.** Many TCWG members at the central and provincial levels (Elderly Association, VPHA and its provincial branches) were able to identify topics relevant to both the country's priorities and their own mission and experience, develop proposals for small grant funding, and successfully implement the projects. (See the detailed descriptions under Objective 3). The provincial PHA in five provinces developed own tobacco control programs that were based on local and national priorities and that incorporated best practices in tobacco control. Close personnel relationships and working contact between the Project Officers and the small grant implementers



Training workshop on smoke free hospitals in Thai Binh province

throughout the process helped in maximizing the use of experience and skill in project development and implementation, in capacity building for counterparts, and in ensuring good monitoring.

By directly funding the research grants, the project served as a primer to **promote policy-oriented research, create opportunities for researchers to be more active, and contribute to improving researchers' knowledge about the context of tobacco control in Vietnam.** Through the literature review on tobacco taxes and prices in Vietnam and the region, information about the benefits of tax increases was reviewed, summarized, shared between TCTG members, and used for policy and media advocacy. The findings from a public poll supporting new graphic health warnings were also summarized and communicated to the media.

The research project funded by RITC addressing the issue of cigarette smuggling in Vietnam provided the research team from the Institute of Economics with an opportunity to visit a trans-boundary custom check point, to interview the officers from the grassroots to the central level of relevant agencies, and to make observations. These activities helped the researchers to better understand the cigarette smuggling situation in Vietnam. They also contributed to improving skills in conducting in-depth interviews, data analysis, and report writing.

While conducting the baseline research "reducing smoking acceptability in Vietnam" funded by Atlantic Philanthropies, the researchers and TC activists from HealthBridge and VPHA further improved their knowledge about public attitudes toward smoking and passive smoking and increased their research skills as well as skills in developing intervention messages that were then used for a media campaign.

Six Masters-level students conducted small research/intervention studies in the field. These studies offered them an opportunity to access TC documents and better understand the issues. Participating in the studies also increased the students' interest in being active in tobacco control in the future. (See the titles of the projects and names of these students in **Appendix 3**)

Nine tobacco control advocates from VINACOSH, HealthBridge, IDE, and VPHA were introduced to the SEATCA fellowship program. The knowledge and skills gained through the workshops helped them to improve the outcomes of their daily work. The small grants they implemented focused on advocacy for smoke-free policy, advertisement bans, media advocacy, and surveillance of tobacco industry sponsorship; each of these reflected the country's tobacco control priorities and contributed to the body of knowledge supporting tobacco control progress.

**The findings from the research studies have served as evidence for policy advocacy and contributed to enriching the knowledge of tobacco control activists**

A fact sheet summarizing the findings from the tax review was developed and disseminated during a National Assembly (NA) workshop and to the media before the new tax was reviewed and approved by the NA. As a result, the NA's support for a cigarette tax increase was very strong and several articles were published using information from the fact sheets to support the tax increase. An immediate outcome of this was that one level of excise tax has been adopted for all types of cigarettes

The findings from the public opinion poll regarding graphic health warnings was also summarized, disseminated to the media via fact sheet and a press conference, and presented at a meeting of editors-in-chief. Several articles published by newspapers using information from this research advocated for stronger graphic health warnings. These articles were then used to support the MOH documents presented to government.

**Objective 3: To expand the number of tobacco control intervention and research projects that support tobacco cessation, strong health warnings, smoke-free places, and tobacco tax increases**

### Strategies and activities

#### *Advocacy and support for PPHA to develop and implement provincial tobacco control programs*

As mentioned under **Objective 1**, after its founding in 2003, VPHA planned to develop provincial branches. The Project Director joined the VPHA team to meet with the leaders of the newly founded PPHAs to advocate for the inclusion of tobacco control into their agendas and the establishment of provincial-level TCWGs. The rationale for choosing PPHA to extend the TC program at the provincial level included

- The PPHAs were new but powerful organizations (the PPHA president is usually one of the leaders of the health department)
- One of PHAs missions is working toward disease prevention which is consistent with tobacco control
- The Vietnam and Provincial PHAs choose participatory and multi-sector approaches to conduct their programs.

These factors would ensure sustainability of any tobacco control programs even after the MTC project ceased. A workshop was organized to introduce the general concepts of tobacco control and to introduce the necessary steps for smoke-free policy implementation to the members of provincial TCWG and their partners. Based on the knowledge acquired from the workshop and discussion of local priorities, the PPHAs then developed their own tobacco control programs based on local priorities and capability. The program drafts were reviewed by HealthBridge and VPHA and, if approved, funded by a small grant.

#### *Technical and financial support to provincial TCWG*

The Project Director met individually with TCWG members to investigate their interests and capabilities and to discuss how tobacco control could be integrated into their respective programs. Some partners were invited to submit a proposal based on the outputs of the discussion. The proposals were reviewed by the project team and small grants issued to support the implementation of the programs. The grants focused on tobacco cessation, implementation of smoke-free policies, advocacy for strong health warnings, and tobacco tax increases.

### *Support to VINACOSH in TC policy development*

The project provided technical support to VINACOSH in a number of ways. 1) The Project Director provided input, as a key member of the TCWG, in discussing and commenting on the drafts of policies and regulations, and in providing VINACOSH with technical advice. 2) HealthBridge and VPHA coordinated TCWG efforts to support tobacco control policies, such as drafting support letters for organizations and contacting influential agencies and celebrities for support letters. 3) The project team communicated the research findings and other evidence to the media and advocated for media support of tobacco control policies. 4) The project also provided additional financial support to VINACOSH during the development of its policies and advocated for new policies and regulations.

Finally, the project team also **worked with media** to produce media products for public education purposes.

### Results and Outcomes

In total, 24 small grants were awarded to the members of the TCWG and provincial PHAs. The list of grantees is found in **Appendix 2**

### **Tobacco control has been extended quickly and effectively to the provincial level with the active involvement of VPHA**

The PPHAs were actively involved in tobacco control from the outset. All six newly established PPHAs have committed to include tobacco control in their agendas. One-year comprehensive activity programs were developed and implemented. Due to the position of a professional association at the provincial level, the activities were mainly focused on policy implementation.

#### *The Thai Binh PPHA has accomplished the following*

- Smoke-free policy has been implemented at the Offices of the Provincial People's Committee, Thai Binh City's People Committee, the City's Communist Party, Fatherland Front, Department of Science and Technologies, and Department of Health.
- A smoke-free policy on public transportation vehicles was adopted by two public transportation companies; a meeting was organized to inform drivers of the policy. One hundred percent of these companies' transportation had "No-smoking" signs displayed. Compliance was high.
- An introductory workshop on tobacco control and on how to implement smoke-free policy was organized by PPHA and the Department of Health for all hospitals in the province. Twenty-six hospitals committed to be smoke-free and have developed their own institutional policies. Monitoring has been conducted on regular basis by PPHA; IEC materials, no-smoking stickers, posters, and 26 big billboards have been disseminated to these hospitals.
- A training workshop for implementing smoke-free offices was organized for 50 leaders of provincial departments, agencies and mass organizations.



Anti-smoking concert organized by youth in Thai Binh



- “Trainings of trainers” on the harmful effects of smoking and tobacco control were organized by the PPHA for 290 “community teachers” from 285 “community teaching centers”. These trainers then organized 570 education sessions on the harmful effects of smoking and how to stop smoking for 17,100 people in their communities.
- A tobacco control curriculum was included in the training program for bus and truck drivers at the Provincial Center for Drivers’ Training; topics include the harmful effects of smoking, smoke-free policy implementation in public places, and smoking cessation. Twelve 12 groups, including 2000 participants, have taken the course. The Center also adopted a smoke-free policy.
- A cessation clinic at the Provincial Tuberculosis Center provided 48 counseling sessions to 198 patients and visitors; as a result, 30 people successfully quit smoking;
- The “Club of women with non-smoking relatives” was organized in 13 communes; the “Smoke-free house” model has been implemented in two communes by the Women’s Union. In one of these communes, 100% of funerals and 5 weddings were smoke-free during the project’s implementation;
- The Elderly Association was successful in advocating 100% of households to be smoke-free in one household group
- An anti-smoking meeting and demonstration was organized on WNTD 2005. On this day, 40 banners with anti-smoking content were hung across streets, 26 in hospitals, and 285 in Commune Health Stations;
- Three billboards with anti-smoking content were designed and displayed in public places (in front of a high school, the central market, and the bus station);
- A TV report on smoking in public places and tobacco control movements in the province was completed and aired by the provincial television;
- A smoke-free concert on the topic “youth supports tobacco control” was organized by the PPHA and the Youth Union;
- Six TCWG meetings were organized.



Thai Binh youth with an anti-smoking campaign

*The Hai Duong PPHA has accomplished the following*

- The Department of Health issued a circular requiring all health facilities in the province to adopt the smoke-free policy. As a result, 26 hospitals committed to be smoke-free;
- A series of workshops introducing tobacco control and smoke-free policy implementation were organized. 480 persons attended the workshops;
- Ten provincial government offices adopted a smoke-free policy;
- Leaflets, posters, and billboard were disseminated to 10 big hospitals in the province;
- Four TCWG meetings were organized;
- Monitoring of smoke-free hospitals and smoke-free offices was conducted on a regular basis.

*The Khanh Hoa PPHA has accomplished the following*

- The PPHA organized a workshop on “smoke-free hospital” for all health facilities in the

- province. As a result, 12 hospitals and health centers have committed to be smoke-free;
- It organized a workshop introducing tobacco control and smoke-free policy implementation;
- Smoke-free policy has been implemented in 121 health facilities;
- Smoke-free policy has been implemented in the offices of the Departments of Transportation, Culture and Information, Training and Education, and Women’s Union (being implemented);
- Dissemination of IEC materials to 29 health facilities;
- Foundation of a “Club for Women Having Non-smoking Family Members” in five Women’s Union units in the City of Nha Trang;
- Worked with the Department of Trade to plan the monitoring of the implementation of Decree #45 “Ban of cigarette advertisement at points of sale” in the city’s two largest markets and one supermarket;
- Organized 12 meetings to discuss the harmful effects of smoking on the public and youth;
- Worked with Department of Transportation to design “smoking areas” at train and bus stations. All bus routes in Nha Trang City adopted a smoke-free policy;
- Produced and aired three reports addressing tobacco control and how to implement smoke-free policies in public places;
- Founded a TCWG with 20 members from different sectors and organizations

*The Dong Thap PPHA has accomplished the following*

- Created a TCWG consisting of 20 members. Four meetings have been held to share experiences and to advocate to other agencies to implement smoke-free policies;
- Smoke-free policy has been implemented in Provincial Party Communist office, Provincial Fatherland Front, Trade Union Office, Department of Training and Education, Social Insurance office, and Youth Union Office;
- Smoke-free policy has been implemented in the Provincial Medical College. Health education on the harmful effects of smoking has been conducted on a regular basis. Six posters and nine newsletters on tobacco control topics have been produced and disseminated together with leaflets provided by HealthBridge;
- Department of Health developed and disseminated a circular on “smoke-free hospital”;
- Organized a workshop to implement smoke-free policy in hospitals. As a result, 22 health facilities committed to and implemented a smoke-free policy. As well, 83 health workers have successfully quit smoking, 270 smokers changed their behaviors (no longer smoking in public places), and 20 people were fined for violating the policy;
  - Advocated the Trade Union to include “smoke-free policy implementation” as a criteria for the development of a “cultural office” (10/200 scores)
- Helped the local government to develop three smoke-free public places: a supermarket, a central bookshop, and a Youth Culture Center;
- Designed five big panels with anti-smoking content to display in public places in the city;
- 22 billboards and 500 “no smoking” signs and stickers were given to smoke-free policy implementing agencies including health facilities;
- Organized a meeting on WNTD with participation from different sectors and organizations;



Smoke-free book store in Dong Thap

- A TV report on “the situation of smoking at public places in Dong Thap” was developed and aired twice on a local television station, reaching 11 districts and 142 communes/sub-districts;
- Implemented smoke-free policy at the Pedagogic College. All shops inside the college committed to not sell cigarettes. Many anti-smoking campaign activities were organized by the College Youth Union. An “anti-smoking” painting competition was organized by students. Tobacco control was included as component of a “healthy environment festival” organized by the college with the support of MOTE and the participation of representatives from many colleges and universities in South and Central Vietnam. Tobacco control was also included in the teaching curriculum, with topics including the harmful effects of smoking and how to make an institution smoke-free. The course was introduced to 127 groups and 5080 participants.

*The Danang City PPHA has accomplished the following*

- Organized a workshop on tobacco control and smoke-free hospitals/offices for 60 hospital leaders. “ Smoke-free policy implementation” has become a criterion for the hospital competition;
- Implemented a smoke-free policy in all city health facilities. All sixteen provincial and district hospitals are going smoke-free. According to the report from the last monitoring visit, all sixteen hospitals had large “no smoking” signs visible and had banned cigarette vendors inside the hospital. In 11 of the 16 hospitals, staff members do not smoke inside the hospital. However, in 11 of the hospitals, the monitors still witnessed visitors smoking inside the hospital;
- The City’s People Committee included “smoke-free public places” as a measure for “cultural urban area” in the campaign for the development of a “three “Yes” city”: job, housing and cultural city;
- Developed forty smoke-free youth units in Hai Chau district. The district Youth Union organized three training sessions for 80 youth activists from these units. Fifty-six smokers have quit, and the Youth Union members do not smoke in the office or in public places;
- Organized an anti-smoking festival with the Hai Chau Youth Organization on WNTD;
- Supported the Department of Trade to organize a training workshop for 15 members of a multi-sector team to monitor compliance of the ban on POS advertising in the city’s big commercial centers. Sixty-two selling spots and shops were checked. A lot of violations were detected but the fine was not easily implemented due to loopholes in Decree # 19.



Training workshop on TC for youth leaders by Danang PPHA



Anti-smoking concert by youth in Da Nang

In Yen Bai province, the creation of the PPHA was delayed; as such, the budget planned for the activities in this province had to be reallocated to other activities. However, Canadian Public Health Association has agreed to provide the financial support for activities in this province.

**Several initiatives have been implemented by members of the TCWG**

### *Smoke-free environments*

(1) *The Hanoi School of Public Health implemented “For a smoke-free university”.* The project began with the organization of a smoke-free National Youth Scientific Conference of Medical Schools, hosted by HSPH. In the opening speech, the Dean of the School announced that the Conference’s Organizing Committee had decided to make the conference smoke-free, and that HSPH itself was going to become smoke-free. All internal policies and regulations of the school were reviewed and revised to ensure coherence with the new policy. All staff members who smoked were requested to commit to not smoke inside the school. All new school enrolments were clearly informed of the school policy and their compliance requested. New students were also introduced to the smoke-free university routine activities and gave their commitment to comply with the school policy. Many anti-smoking and quit promotion activities were organized by the School’s Youth and Student Unions, while measures to deal with smoking visitors were discussed and implemented: two big billboards were hung that contained information about the school’s smoke-free policy (“This is a smoke-free University”) and the corresponding punishments for violation. A volunteer team to support monitoring by school managers was created. This is the first smoke-free University in Vietnam and so far, one of the best examples of smoke-free policy implementation in the country. A key lesson learned from this small project is that the willingness and commitment of top leaders is crucial for the successful implementation of a smoke-free policy in an institution.



Hanoi School of Public Health – the first smoke free university in Vietnam

(2) *The Elderly Association developed and implemented “Elderly Association in the development of a smoke-free community”.*

The Association developed and issued a circular to guide the participation of the Elderly Association at all levels in tobacco control. A booklet of practical guidelines, entitled “Elderly Associations in the development of a smoke-free community” was developed and 500 copies were disseminated. A related pilot project on “the participation of the Elderly Association in tobacco control at commune level” was implemented in two communes in Hai Duong province. The activities included: 1) organizing two workshops to educate and guide association members on how to work in tobacco control; a follow-up workshop was held for the leaders of all communes of Hai Duong city and included 120 participants; 2) implementing a smoke-free community model in two pilot communes. During the project’s implementation, twelve funerals and eight weddings were held smoke-free; 114 elderly smokers (or about 70% of the elderly who smoked in the two communes) quit smoking; 750 members committed to maintain a “smoke-free household”; 3) incorporating tobacco control into the regular local Elderly Association meetings (once per month); 4) developing local loudspeakers messages that provided information about the harmful effects of smoking and how to make communities/households smoke-free (twice per month over a six 6 month period).

(3) *The Business Supporting Service Co. Ltd (BSS) developed and implemented “Extension of Model Smoke-free Areas (SFA) in Restaurants and Hotels”.* It conducted a workshop for restaurants and hotel managers to advocate for the developing and maintenance of smoke-free areas in restaurants/hotels. It conducted a training course for the staff members on how to keep smoke-free

areas in the restaurants. It also conducted follow-up visits to local restaurants and hotels, providing assistance, advice, and consultancy to reach the project's final objective, the development and maintenance of SFA in these restaurants/hotels. As a result, 32 restaurants developed and maintained smoke-free areas. The project also developed a leaflet to introduce smoke-free restaurants to tourists; the leaflet was disseminated through tourist companies.

(4) *In parallel with the MTC project, HealthBridge was implementing the **South to South (S2S)** project, a component of which supported the Ministry of Health to implement its smoke-free policy in health facilities.* The director of the MTC project was actively involved as a technical advisor to the S2S project, and made contributions to hospital training workshops. The HealthBridge Media Officer also supported the S2S project by communicating activity results to the media and to other projects. Synergy between the two projects was evident, as the MTC project provided small grant funding to support the smoke-free hospital program in five provinces where the PPHA operate. A capacity building workshop and non-smoking signs and education materials for the hospitals were provided by the project (see the list of small grants funded by the MTC project in **Appendix 2**).



A smoke free hospital in Dong Thap

(5) Through the *"Implementation of smoke-free policy in E Hospital"*, the E Hospital revised its regulations for staff members, patients, and visitors; it also conducted a survey before and after implementation of the revised regulations. The hospital launched the project during a meeting on WNTD. It organized a training workshop for key implementers and monitors, and a skills building workshop to transfer counseling skills to medical professionals. It also disseminated IEC materials, and monitored and supervised the implementation of the revised regulations.

(6) *The Center for Health Education and Communication of Hanoi City* organized a workshop to celebrate WNTD and to introduce the model of "smoke-free hospital" to the member hospitals of the Hanoi Health Department.

(7) *The Health Department of Nam Dinh and Ha Tay hospitals* organized a meeting to support WNTD and to implement the smoke-free policy in local health facilities.

### *Cessation support*

(1) *CSAGA implemented the "Development of a pilot program on smoking cessation counseling by telephone"*. Through this project, CSAGA organized two training workshops for counselors and communicators to transfer knowledge about the harmful effects of smoking and the concepts of quit counseling. It developed sixty messages about the harmful effects of smoking and the steps to quit; these messages were aired on three automatic counseling lines (one each for Gender Education, Men and Teenagers) covering three cities (Hanoi, Hai Phong, Thanh Hoa). The line for "Teenagers" had eighteen different messages, which were accessed by 3088 person/times. The line for "Men" had 22 messages that were accessed by 9,080 person/times; line for "Gender Education" had 20 messages that were accessed by 20,384 person/times. CSAGA provided direct counseling by request.

According to CSAGA's report, due to limited marketing resources, the number of requests for direct counseling was limited. When the media undertook a tobacco control campaign, the number of counseling requests reached 20-40 calls per day; however when the campaign ended, there were very few calls requesting direct counseling.

(2) *Supported graduate students of Hanoi School of Public Health to develop a website and software "Say No to Smoking."* The website contained a kind of simple encyclopedia for smoking cessation. The software was registered and is a pop-up on the School's website <http://www.khongthuocla.com>. The software was reviewed by a committee, and introduced to the students and faculty of HSPH and the TCWG for comments before being finalized. The software is expected to be used by CSAGA's counselors in their practice.

### *Policy advocacy*

- MTC supported VINACOSH to organize a workshop for representatives of various Ministries to draft and comment on a new graphic health warning system. The first draft of proposal was developed, and contained specific recommendations on the appearance and the content of messages, as well as the frequency of turning.
- MTC supported VINACOSH and the Ministry of Culture to organize a press conference to introduce and disseminate the Government's Circular #19/2005/TT-BVHTT regarding the comprehensive ban of cigarette advertisements.
- MTC also supported VINACOSH to formulate a research team to conduct a literature review and to summarize the evidence on tobacco tax increases and the potential impact of tax increases on tobacco consumption and government revenue. A fact sheet was produced based on the evidence and disseminated to NA members and media to advocate for a tax increase.
- A letter supporting FCTC ratification was obtained from the Cancer Association, Heart Association, Lung Association and Public Health Association. The letter was sent to VINACOSH to submit to the government to support FCTC ratification

### *Others*

(1) The Women's Union organized a national workshop which sought to "*Improve awareness of TC issues among the leaders of the Women's Union*". Held in Ho Chi Minh City, the workshop attracted 200 participants - leaders of the Women's Union from 61 provinces and the Head Office. A presentation was made by project director on tobacco control issues, and included an overview of situation, harmful effects of smoking and passive smoking, an introduction to the FCTC and Vietnamese TC legislative documents, and basic concepts in tobacco control. A discussion on how the Women's Union could participate in tobacco control activities was also supported.

(2) The Press Department of Commission for Ideology and Culture Affairs of the Communist Party organized "*Strengthening the media campaign in tobacco control*". Two introductory workshops on tobacco control issues were organized for journalists of central newspapers in Hanoi and Ho Chi Minh City. In addition, tobacco control issues were addressed in three regional training workshops for

journalists at the provincial level. Tobacco control fact sheets were distributed to journalists on a regular basis. Four TV reports on TC issues were also developed, addressing the harmful effects of smoking and passive smoking, and tobacco and poverty. The reports were aired on VTV2.

**Objective 4: To expose tobacco industry strategies in the media and to gain support among policy makers for strong tobacco control laws as a counter-offensive to the threat of increased tobacco trade, consumption, and promotion**

In Vietnam, as in other countries, the media plays an important role in informing and shaping the views and perceptions of decision makers and the general public. A successful tobacco control movement in Vietnam requires a public climate supportive of tobacco control policies. Public education will create an environment in which existing regulations adopted in the National Tobacco Control Policy will be more effective once enacted, and sustainable over the longer term. The media, with its networks and credibility in Vietnam, are uniquely positioned to help shape public opinion towards controversial policies such as increased taxes on tobacco products and development of smoke-free areas. Prior to the project's implementation, tobacco control had rarely been covered by the media and what coverage did exist was mainly concentrated around WNTD. The possible reasons were low awareness and understanding of reporters of the issues in tobacco control. The use of media advocacy to increase awareness of tobacco industry tactics and the link between tobacco and ill health, to challenge the social acceptability of tobacco use, and to mobilize support for strong tobacco control policies has been an untapped resource.

### Strategies and Activities

During the project's implementation, HealthBridge was able to secure additional financial resources to support its efforts to develop a media network and to build media capacity around tobacco control. These funds were provided by SEATCA, RITC, and UICC. The following activities were undertaken with the various sources of funds:

#### *Development of a media network*

The project team initiated and maintained a good relationship with the Press Department of the Commission for Ideology and Culture of the Community Party – a powerful and influential agency to develop this network. Contacts with reporters were developed via the capacity workshops and various individual and group meetings.

#### *Providing media with updated information on tobacco control (fact sheets; brochures...)*

- Tobacco control fact sheets were developed and disseminated to media on a regular basis.
- HealthBridge's Media Officer maintained day-to-day contact with media, and responded to all requests for information regarding tobacco control.
- Findings from the research studies on cigarette smuggling, tax raising, smoking and poverty, public opinion regarding new health warning, and the health costs of smoking were communicated to the media via fact sheets and press conferences, as well as through personal contact.

- The reporters were also invited to attend all workshops, meetings and conferences related to tobacco control.

### *Capacity building for reporters*

In the early stage of project implementation, HealthBridge organized two introductory workshops on tobacco control for reporters with central newspapers in Hanoi and Ho Chi Minh City. Approximately fifty participants attended each workshop.



A training workshop on tobacco control for reporters

With RITC funding, HealthBridge and the University of Press and Communication undertook a media survey to identify gaps in knowledge, attitude and perceptions of media personnel toward the FCTC and tobacco control policies. The research findings were used to develop training materials for a follow-up capacity building workshop that was funded by UICC. Famous reporters and lecturers from the University of Press and Communication were invited to provide the lectures on how to make tobacco control articles attractive to audiences.

### *Policy advocacy*

In the first year of project implementation, a special session to update the media on the relationship between tobacco and poverty and to advocate for FCTC was included in one of regular meetings of editors-in-chief organized by CISA (the Regular meeting of Editors-in-Chief is a formal channel through which the Party and Government communicate and “guide” the media about major national political and social issues). This was an excellent opportunity for VPHA and the project team to access high level media professionals via a politically-powerful channel.

When the project was engaged in advocacy for tax raising, selected reporters from the media network were contacted, and provided with information about the economic costs of smoking, the benefits of tax raising, and the strength and weakness of different tax raising options.

When the Government was drafting its Decree on “strengthening tobacco control”, HealthBridge organized a meeting with reporters from Hanoi and the Northern provinces. The purpose of the meeting was to disseminate the findings of the baseline survey “Social acceptability of smoking” to the media.

To support the MOH in submitting its proposal on a new health warning system, the project team provided it with evidence of the effectiveness of Graphic Health Warnings, findings from a public opinion survey, and information about the attempts of the tobacco industry to delay and undermine the policy. A meeting of editors-in-chief was used to disseminate the research findings to media. In addition, a press meeting was organized with the support of HealthBridge under the umbrella of the Vietnam Customer Association to disseminate these findings. Several reporters were invited to attend the workshop on health warnings and requested to write articles to support the new health warnings.



### *Public education*

Three television reports on the harmful effects of smoking were developed and aired: “Smoking and CVD”; “Smoking and Cancer” and “Health effects of passive smoking” by VTV2 9 (Science and Education Channel) under the technical and financial support of the project.

During National Non-Tobacco week, the project supported the television station VTV 2 to produce two short reports on the implementation of the smoke-free policy in hospitals. It also supported a TV report that provided information favoring FCTC implementation on the VTV1 program “Following the news”.

The project also provided information to TV reporters in Hai Duong, Thai Binh, Thai Nguyen provinces to develop TV programs on smoke-free hospitals and the health hazards of smoking. It worked with reporters of Da Nang city and Dong Thap and Thai Binh provinces to produce articles on smoke-free policy implementation in the respective provinces/city. This work was complementary to the small grants anti-smoking activities undertaken in the provinces.

During the project’s implementation, Atlantic Philanthropies provided HealthBridge and VPHA with funds to conduct the project “Reducing social acceptability of smoking in Vietnam.” The major components of this project were the development of evidence-based messages and the development of a media campaign that sought to educate the public about the harmful effects of smoking and to educate smokers and non-smokers to incorporate “positive” behaviors. As a result, seven TV spots, three radio spots, three radio reports, and three radio talk shows were developed. This project provided significant additional support to the MTC project’s efforts in public education.

Information, education and communication (IEC) materials were also produced during the project period and disseminated to the grantees’ partners who implement the interventions in the field.

### *Media surveillance*

In order to monitor the regularity with which media reported on tobacco control and media personnel attitudes toward tobacco control policies, HealthBridge undertook a media-surveillance activity. All articles related to tobacco control and tobacco industry activities were collected; at the beginning of the project, 20 major newspapers were watched, while later in the project this was expanded to 40 newspapers. A database was developed to manage the information. The collected articles were classified as “positive,” “negative,” or “neutral”.

Through daily media surveillance, the project team was able to detect any articles negative to tobacco control as soon as they were published. Whenever articles were found violating the regulations that banned cigarette advertisements or tobacco sponsorship, the project team informed the National Committee on Smoking and Health, the Vietnam Public Health Association, and the Press Department of the Commission for Ideology and Culture. These agencies then provided warnings or worked with the Ministry of Information and Culture to fine the violating newspapers. Regarding reports providing “incorrect” or “biased” information, the project team sent letters to chief editor of the publishing newspaper to clarify the point and warn of possible negative impacts that article may cause to the

public or tobacco control efforts in Vietnam. The project team also reported negative articles to the Vietnam Tobacco Control Working Group during its bi-monthly meetings.

**Results and Outcomes**

The media network has been strengthened. The number of members increased quickly. At the end of project approximately 100 media personnel representing 46 media organizations located in Hanoi and Ho Chi Minh City and 33 newspapers and TV/radio stations in the Northern provinces became TC media network members. (Appendix 5

Tobacco control information and research findings were communicated to the media on a regular basis. Nineteen fact sheets were produced and disseminated to the media (these fact sheets were also disseminated to TCWG members and researchers via the Journal of Public Health) (Please see Appendix 6 in the file attached). The topics of these fact sheets were

Year	Month	Topic
2004	3	Tobacco and Women Health
	4	Tobacco and Poverty
	5	FCTC
	6	Preventing Youth smoking
	7	Tobacco and environment pollution
	8	School-based smoking prevention
	9	Passive smoking
	10	Public opinion on passive smoking
	11	Vietnam ratifies FCTC
	12	Smoke-free health professional organizations
2005	1 - 2	FCTC comes into force
	3 - 4	Fines for smoking in public places – Tobacco and Asthma
	7	Tax policy and tobacco control
	10	Economic cost of smoking Benefits from cigarette tax raising
2006	1	Cigarette smuggling prevention
	3	Women and Tobacco control
	5	New pictorial health warnings
	10	Consumers support new pictorial health warnings

The media became very active in policy advocacy and public education.

From the middle of 2004 to the end of the project, HealthBridge’s media surveillance recorded 1193 articles. Most of them were classified as “positive” from the point of view of tobacco control. Only 16% referred to the business or philanthropic activities of tobacco companies, which was considered as “negative” to tobacco control, and only 5% were deemed to be “neutral”.

During the intensive advocacy for tax raising, HealthBridge recorded 45 articles related to the issue; of these, 40 supported the tax increase. Only five were “neutral” or “negative”. During the NA meeting, as reflected by reporters, most speakers supported the tax increase.

During the advocacy campaign to develop new health warnings, fifty-one articles were collected; of those, only one was “negative” (against the implementation of graphic health warnings).

In total, 500 booklets “Guideline for development the club of “women having no smoking relatives”, 500 booklets “Guideline for Elderly Associations in the development of smoke-free community”; 10,000 “No smoking” stickers and 5,500 “No smoking” banners were produced and disseminated.

**Objective 5: To examine the social costs of tobacco, especially the impact of tobacco on the livelihoods of the poor, as a means to generate public and donor support for tobacco control**

Through the MTC project, HealthBridge extended its research on “*The economics of tobacco in Vietnam: tobacco expenditure and their opportunity cost*” to an additional province (the original research design included four provinces). This involved questionnaire design, sample size calculation, training manual development, data analysis planning, and training of interviewers. Thus,

- More 240 households were randomly selected for interview in Phu Yen province. The sample size was large enough to ensure that it was representative.
- The Phu Yen local authority was notified about the survey.
- The survey in Phu Yen was conducted between 15 and 30 December 2003 by 12 well-trained interviewers.
- Data was analyzed and combined with the information collected from four other provinces.
- A dissemination workshop was organized.
- The technical report was produced and disseminated

## 6 CONCLUSION

The project has strengthened both the network and capacity of tobacco control activists in Vietnam. The number of new agencies involved in tobacco control has increased significantly, especially among non-governmental organizations. The tobacco control activities have become better coordinated and mainstreamed to help the government to adopt and implement effective tobacco control policies. The program has been extended to new provinces, especially to the South of Vietnam. One prominent success of the project was supporting Vietnam Public Health Association and its provincial branches to become leading partners in implementing tobacco control programs at the provincial level. The project has developed a network of “pro- tobacco control” media personnel, and positive tobacco control coverage by the media has increased significantly. The media has also become more supportive to advocacy for tobacco control policies. The strong tobacco control network and strong media support are critical for Vietnam as it moves forward in FCTC implementation.

## 7 APPENDICES

### Appendix 1 List of TCWG members

Page 1

	Name	Organization
1.	<i>Mr</i> Nguyen Quoc An	Viet nam Farmer Association
2.	<i>Mr</i> Le Hoang Anh	Viet Nam Student Association
3.	<i>Ms</i> Nguyen Thi Hoa Binh	Viet Nam Women Union, Social and Family Affairs Department
4.	<i>Mr</i> Tran Quoc Binh	International Development Enterprise
5.	<i>Mr</i> Mai Huy Bong	Student affair Department of Ministry Training and Education
6.	<i>Ms</i> Hoang Khanh Chi	Hanoi School of Public Health
7.	<i>Dr</i> Ngo Quy Chau	Bach Mai hospital, Dep of Respiratory diseases
8.	<i>Ms</i> Le Kim Dung	Student affairs Department of Ministry Training and Education
9.	<i>Mr</i> Pham Xuan Dai	Social institute
10.	<i>Dr</i> Nguyen Ba Duc	K Hospital
11.	<i>Ms</i> Le Thi Thanh Ha	Ha Noi School of Public Health
12.	<i>Ms</i> Nguyen Thanh Huong	Research & Training Centre for Community Development(RTCCD)
13.	<i>Ms</i> Nguyen Mai Huong	Center for community, Research & Development
14.	7.1.1 <i>Ms</i> Pham Quynh Huong	Social institute
15.	<i>Ms</i> Phan Thi Hai	Vinacosh
16.	<i>Ms</i> Nguyen Thi Thu Huong	Gender, law and community development Centre - Center for Education on Health and Environment of Central Youth Union.
17.	<i>Ms</i> Nguyen Thuy Huong	
18.	<i>Ms</i> Nguyen Thu Huong	Vinacosh
19.	<i>Ms</i> Chu Hoang Hanh	K Hospital
20.	<i>Ms</i> Vu Thi Thanh Hoa	Center for community health Development Research
21.	<i>Ms</i> Tran Thi Hong	Viet Nam Women Union
22.	<i>Dr</i> Dang Huy Hoang	Vinacosh
23.	<i>Ms</i> Nguyen Thu Huyen	Viet Nam Women Union
24.	<i>Mr</i> Nguyen Ngoc Khang	Vinacosh
25.	<i>Mr</i> Hoang Van Kinh	VINACOSH

	Name		Organization
26.	<i>Dr</i> Ly Ngoc	Kinh	Vinacosh
27.	<i>Dr</i> Nguyen Trong	Khoa	Vinacosh
28.	<i>Ms</i> Luong Phuong	Lan	Farmer Association
29.	<i>Dr</i> Nguyen Tuan	Lam	WHO
30.	<i>Ms</i> Truong Thi	Lien Chau	Youth Newspaper
31.	<i>Mr</i> Nguyen Phi	Long	Viet Nam Student Association
32.	<i>Mr</i> Cu Chi	Loi	Economic Institute
33.	<i>Dr</i> Do Doan	Loi	Cardiovascular Institute of Bach Mai Hospital
34.	<i>Ms</i> Nguyen Thi	Luong	Center of research and support for Elderly
35.	<i>Ms</i> Nguyen Thac	Minh	Trade University
36.	<i>Ms</i> Pham Thi	Mut	Dong Anh district Women Union
37.	<i>Ms</i> Nguyen Nga	My	Social Institute
38.	<i>Ms</i> Pham Thi Quynh	Nga	Ha noi School Public Health
39.	<i>Ms</i> Vu Thi Bich	Ngoc	Academy of Finance
40.	<i>Ms</i> Nguyen Thi Bich	Ngoc	Central Lung and tuberculosis hospital
41.	<i>Ms</i> Nguyen Hong	Nhung	Center for Studies and Applied Sciences in Gender – Family – Women and Adolescents (CSAGA)
42.	<i>Dr</i> Nguyen Viet	Nhung	Central Lung and tuberculosis hospital
43.	<i>Mr</i> Do Gia	Phan	Vietnam Standard & Consumers Association (Vinastas)
44.	<i>Ms</i> Do Thi	Phi	International Development Enterprise
45.	<i>Mr</i> Vu Xuan	Phu	Hanoi School of Public Health
46.	<i>Mr</i> Le Nhan	Phuong	Atlantic Philantropies
47.	<i>Ms</i> Nguyen Thi	Quy	Vietnam Public Health Association
48.	<i>Mr</i> Do Minh	Tan	Ha Noi Health Information and Education Center
49.	<i>Mr</i> Vu Quoc	Thai	Central Youth Union
50.	<i>Ms</i> Dang Hai	Tho	Research & Training Centre for Community Development (RTCCD)
51.	<i>Ms</i> Vu Bich	Thuy	IOGT – Vietnam
52.	<i>Ms</i> Pham Thi	Thu Ba	Ministry of Training and Education
53.	<i>Ms</i> Nguyen Thi	Thuy	IDE Viet Nam
54.	<i>Ms</i> Dang thi	Khao Trang	Center for Education on Health and Environment of Central Youth Union

		Name		Organization
55.	<i>Ms</i>	Pham Thanh	Van	Research center for Family and Women-
56.	<i>Dr</i>	Le	Vu Anh	Ha noi School Public Health
57.	<i>Ms</i>	Truong Thi	Xuan	Research & Training Centre for Community Development (RTCCD)
58.	<i>Ms</i>	Pham Thi	Hoang Anh	HealthBridge Canada
59.	<i>Ms</i>	Le Thi	Thu	HealthBridge Canada
60.	<i>Ms</i>	Nguyen	Hoai An	HealthBridge Canada
61.	<i>Ms</i>	Tran Thi Kieu	Thanh Ha	HealthBridge Canada
62.	<i>Ms</i>	Le Thi Chi	Phuong	HealthBridge Canada
63.	<i>Mr</i>	Andersson	Pierre	IOGT Viet Nam
64.	<i>Ms</i>	Nguyen Hoang	Oanh	Vietnam Public Health Association
65.	<i>Ms</i>	Nguyen	Ngoc Bich	Vietnam Public Health Association
66.	<i>Mr</i>	Bui Thanh	Tam	Vietnam Public Health Association
67.	<i>Mr</i>	Jacob	Johansson	IOGT
68.	<i>Ms</i>	Marcanne	Hallbert	IOGT
69.	<i>Ms.</i>	Christina	Price	ADRA
70.	<i>Mr.</i>	Luu	Cong Dinh	ADRA

### LIST OF COORDINATING GROUP

		Name		Organization
1.	<i>Dr</i>	<b>Nguyen Tuan</b>	<b>Lam</b>	WHO
2.	<i>Ms</i>	Phan Thi	Hai	VINACOSH
3.	<i>Ms</i>	Le Nhan	Phuong	AP
4.	<i>Ms</i>	Pham Hoang	Anh	HealthBridge Canada
5.	<i>Ms</i>	Do Thi	Phi	IDE
6.	<i>Dr</i>	Bui Thanh	Tam	VPHA
7.	<i>Ms</i>	Nguyen Ngoc	Bich	VPHA

Appendix 2 Small Grant Projects Funded under MTC Project

Page 1

No.	Contracts	Partner	General Objectives	Signing date/ Time range
<b>Networking</b>				
1.	Mainstreaming Tobacco control in Vietnam	Vietnam Public Health Association (VPHA)	To give VPHA an active role as a coordinator for networking TCWG, organising TCWG meetings and setting up TC working groups in local provinces	
<b>Advocacy</b>				
2	Mainstreaming media communication on tobacco control	Press Department of Party Central Commission for Ideology and Culture	To improve media advocacy on tobacco control	15/4/2004 15/4/2005
3	Supporting Vinacosh to develop health warnings on tobacco packages	Vinacosh	To organize workshop to collect opinions about developing health warnings on the tobacco packages in Vietnam.	1/9/2005 31/12/2005
4	Supporting Vinacosh to introduce new regulation on tobacco advertisement and promotion ban	Vinacosh	To organize a press conference to introduce the regular #19/2005/TT-BVHTT of Ministry of Information and Culture regarding the Tobacco advertisement and promotion ban.	30/06/2005 15/07/2005
5	Supporting Vinacosh to advocate for tobacco tax increase	Vinacosh	To review the researches and prepare the documents for tax raising advocacy activities.	23/06/2005 31/07/2005
<b>Intervention</b>				
6	Encourage HSPH Post graduated Students to Undertake Researches on Tobacco Control	6 Students of Hanoi School of Public Health (HSPH)	To encourage six HSPH post graduated students to undertake researches on tobacco control	15/11/2004
7	For a Smoke-free University	HSPH	To reduce and eliminate smoking behavior in HSPH by developing and maintaining the model of a smoke free university	15/9/2004 15/3/2006
8	Evaluation of the impact of implementation of Smoke Free University model	HSPH	To evaluate the impact of implementation of model Smoke Free University on knowledge, attitude, and practice of HSPH students and staff	15/9/2004 25/3/2006
9	Designing "Say No to Smoking" software	HSPH	To develop a software to help cessation consultation	31/05/2004 31/05/2005
10	Extension of Model Smoke Free Areas in Restaurants and Hotels	Business Support Services Company	To encourage and promote the establishment of smoke free areas in restaurants and hotels	15/8/2004 15/1/2005
11	"Developing and piloting consultation on cessation and harm effects of smoking via automatic information line and phone line"	Centre for Studies and Applied Sciences in Gender, Family, Women and Adolescents (CSAGA)	To increase the knowledge and skill of media officers and counselors of CSAGA on the harmful effects of smoking and quit counseling; To develop and air 60 programs on harmful effects and cessation of smoking on the automatic information line	15/9/2005 15/8/2005

No.	Contracts	Partner	General Objectives	Signing date/ Time range
12	Training on tobacco cessation consulting for CSAGA and National Traditional Medical Hospital staff's		To organize training for CSAGA and National Tradition Hospital staff's consulting to quit smoking	28/02/2006 31/03/2006
<b>Provinces</b>				
13	"The elderly contribute to a smoke free community" piloted in Hai Duong City	Centre for Studies and Assistance to the Elderly	To improve the roles and skills of the elderly in tobacco control activities	1/3/2005 28/2/2006
14	Mainstreaming Tobacco Control in Thai Binh Province	Thai Binh Public Health Association (TBPHA)	To improve TBPHA capacity in tobacco control to reduce smoking prevalence in Thai Binh province	1/5/2005 30/4/2006
15	Mainstreaming Tobacco Control in Hai Duong Province	Hai Duong Public Health Association (HDPHA)	To improve HDPHA capacity in tobacco control to reduce smoking prevalence in Hai Duong province	1/5/2005 30/4/2006
16	Mainstreaming Tobacco Control in Dong Thap Province	Dong Thap Public Health Association (DTPHA)	To improve DTPHA capacity in tobacco control to reduce smoking prevalence in Dong Thaop province	1/5/2005 30/4/2006
17	Mainstreaming Tobacco Control in Da Nang Province	Da nang Public Health Association (DNPHA)	To improve DNPHA capacity in tobacco control to reduce smoking prevalence in Da Nang province	1/5/2005 30/4/2006
18	Mainstreaming Tobacco Control in Khanh Hoa Province	Khanh Hoa Public Health Association (KHPHA)	To improve KHPHA capacity in tobacco control to reduce smoking prevalence in Khanh Hoa province	1/5/2005 30/4/2006
19	For a Smoke-free University in Dong Thap	Dong Thap teaching college (DTTC)	To reduce and eliminate smoking behavior in Dong Thap teaching college by developing and maintaining the model of a smoke free university	15/9/2004 15/3/2006
20	Anti-smoking Music performance in Thai Binh	Thai Binh Public Health Association	Organize a music performance " Youth say No to smoking"	10/12/05 31/12/05
21	Education on tobacco control	Hue Central for Health communication and Education	To organize training workshop for health communication workers about tobacco control and communication skills.	30/04/2005 31/05/2005
22	Supporting E hospital to build a smoke free hospital	E Hospital	To organize workshop on "World no Tobacco day" and implement "smoke free hospital"	30/04/2005 30/09/2005
23	Supporting Ha Tay Department of Health	Ha Tay Department of Health	To organize workshop on "World no Toacco day"	30/04/2005 31/05/2005
24	Supporting Nam Dinh Department of Health	Nam Dinh Department of Health	To organize workshop on "World no Toacco day"	30/04/2005 31/05/2005



### Appendix 3 List of researches conducted by master students of HSPH funded by the MTC Project

No.	Topic	Researcher (HSPH MPH Student)
1	KAP of smoking of male fishers in Nam Thinh Commune, Tien Hai District, Thai Binh Province – 2004	Bui Dinh Linh
2.	Smoking prevalence among male students of Tay Tien Hai Secondary School and related factors – Thai Binh Province - 2004	Trinh Cong Vinh
3.	Spending on smoking of males in Phuong Cong commune, Tien Hai district, Thai Binh province	Tran Dinh Chien
4.	KAP on passive smoking of over-15 women in Lien Bao commune, Tien Du district, Bac Ninh province	Do Thi Bich Thuy
5.	KAP on tobacco control of students of Tien Du I Secondary District, Bac Ninh province	Tran Hoang Loc
6.	Smoking prevalence among students of Fine Art College and related factors, Hanoi – 2004	Luong Thi Phuong Lan

Appendix 4 Research Fact sheet (Objective 5)

Page 1 + 2 + 3 + 4

**Tobacco Versus Education**  
An Examination Of The Opportunity Losses For Smoking Households

**Introduction**

While the negative health consequences of tobacco use are well-documented, the full impact of the tobacco epidemic on the economic and social development of developing countries is still not well understood. This study was premised on the hypothesis that economic and opportunity losses from tobacco spending could exacerbate household poverty and retard economic development. For the very poor, spending on tobacco may compete with expenditures on food, education, healthcare, and social services.

**Vietnam Profile**  
GDP (2003) - US\$480  
Poverty rate (2003) - 24.1%  
Children malnutrition rate (2002)\* - 32%  
Smoking rate in adult males (2001-2002)\* - 56.1%

**Tobacco Versus Education**  
AN EXAMINATION OF THE OPPORTUNITY LOSSES FOR SMOKING HOUSEHOLDS

This study collected new data to investigate the linkages between tobacco use and poverty in Vietnam, looking specifically at the opportunity losses for children in smoking households.

The research goal was to examine the relationship between resource allocation and opportunity costs of tobacco expenditures for tobacco control promotion and policy formulation. The specific objectives of the research were:

- To examine the relationship between tobacco consumption (cigarettes and water-pipe tobacco), resource allocation, and access to basic needs (food, education, healthcare, and clothing).
- To examine the relationship between gender and tobacco use as well as female vs. male household expenditures and their contribution to household, family, and child health.
- To promote NGO interest in tobacco control by showing how it intersects with economic development, poverty, food insecurity, and child health.

**Methods**

The study used a cross-sectional community-based design comparing expenditure data from two study groups: 1) Households with no smoking tobacco expenditures or households without smokers (HHS without smokers); and 2) Households with tobacco expenditures or households with smokers (HHS with smokers). The study purposively sampled from the Young Lives (YL) cohort smoking and non-smoking households. Starting with a purposive sample of 600 smoking households and 600 non-smoking households, study households were randomly selected from a sub-sample of households representing each of the 5 provinces of the YL cohort, which in turn reflected different geographical regions, levels of development, and population characteristics across Vietnam (Figure 1). The poverty levels were based on the international figures produced by the General Statistics Office and the World Bank. The Human Development Index ranks the 61 provinces in the country based on the human development indicators. All figures are based on 1999-2000 data.

In total, 1,158 households were surveyed. Of the final households recruited, 680 were households with smokers and 478 were households without smokers.

**Figure 1: Research project study sites**

**Lao Cai Province**  
Population: 674,000 persons; GDP per person: 120 USD;  
HDI ranking: 56/61; 23.2% of population living in poverty.

**Hung Yen Province**  
Population: 1,094,554 persons; GDP per person: 330 USD;  
HDI ranking: 14/61; 12.8% of population living in poverty.

**Da Nang City**  
Population: 706,798 persons; GDP per person: 527 USD;  
HDI ranking: 4/61; 12% of population living in poverty.

**Phu Yen Province**  
Population: 963,864 persons; GDP per person: 200 USD;  
HDI ranking: 49/61; 8.4% of population living in poverty.

**Ben Tre Province**  
Population: 1,316,354 persons; GDP per person: 293 USD;  
HDI ranking: 27/61; 22.34% of population living in poverty.

**Results**

**Study sample characteristics**

In total, 5,611 persons in 1,158 households were surveyed. As seen in Table 1, the two household groups had similar distributions of household members' age and sex, while there were significant differences between their distribution of ethnicity, education level, and occupation.

**Table 1: Distribution of demographic variables by household smoking status**

Characteristic	HHS with smokers		HHS without smokers		Total	
	n	%	n	%	n	%
<b>Age (years)</b>						
<5	518	15.1%	328	15.0%	844	15.0%
5-14	926	27.0%	632	28.9%	1,558	27.8%
15-29	707	20.6%	426	19.8%	1,133	19.8%
30-44	902	26.2%	595	27.2%	1,497	26.7%
45-59	190	5.3%	115	5.2%	305	5.4%
>= 60	183	5.3%	108	4.8%	291	5.2%
Missing	1	0.0%	2	0.1%	3	0.1%
<b>Total</b>	<b>3,423</b>	<b>100.0%</b>	<b>2,188</b>	<b>100.0%</b>	<b>5,611</b>	<b>100.0%</b>
<b>Sex</b>						
Male	1,548	45.1%	1,023	46.8%	2,571	47.8%
Female	1,777	51.9%	1,165	53.2%	2,942	52.4%
<b>Total</b>	<b>3,423</b>	<b>100.0%</b>	<b>2,188</b>	<b>100.0%</b>	<b>5,611</b>	<b>100.0%</b>
<b>Education level (only for those &gt;= 15 yrs)</b>						
Never attended school	580	16.1%	288	20.1%	868	23.8%
Primary school	758	21.2%	438	30.3%	1,194	32.2%
Secondary school	690	19.0%	445	31.3%	1,135	32.9%
High school and above	265	7.7%	255	18.1%	520	14.1%
<b>Total</b>	<b>2,274</b>	<b>100.0%</b>	<b>1,434</b>	<b>100.0%</b>	<b>3,708</b>	<b>100.0%</b>
<b>Ethnic group</b>						
Kinh	2,790	81.5%	1,899	86.9%	4,689	83.6%
Others	635	18.5%	287	13.1%	922	16.4%
<b>Total</b>	<b>3,423</b>	<b>100.0%</b>	<b>2,188</b>	<b>100.0%</b>	<b>5,611</b>	<b>100.0%</b>
<b>Occupation (only for those &gt;= 10 yrs)</b>						
Student	377	10.3%	277	19.1%	654	17.4%
Farmer	694	19.3%	540	37.3%	1,234	37.9%
Factory worker	71	2.1%	37	2.6%	108	2.9%
Govt. employee	83	2.4%	85	5.9%	168	4.6%
Don't work/No job	231	6.7%	128	8.8%	359	9.6%
Retired	17	0.5%	12	0.8%	29	0.8%
Others	546	15.9%	370	25.5%	916	27.0%
<b>Total</b>	<b>2,369</b>	<b>100.0%</b>	<b>1,448</b>	<b>100.0%</b>	<b>3,817</b>	<b>100.0%</b>

\*Nons is the predominant ethnic group in Vietnam. In Vietnam, nearly 85% of the population is Kinh.

**Wealth index<sup>2</sup>**

As shown in Table 2, there was a statistically significant difference of 10% in the distribution of wealth index by household smoking status (p<0.00).

**Table 2: Distribution of wealth index by household smoking status**

Wealth Index <sup>2</sup>	HHS with smokers		HHS without smokers	
	n	%	n	%
Poorest (W1 < 0.25)	153	22.5%	87	18.2%
Very Poor (W1 0.25 - <0.5)	368	38.1%	188	38.9%
Less Poor (W1 0.5 - < 0.75)	210	30.9%	152	31.8%
Better Off (W1 >= 0.75)	51	7.5%	53	11.1%
<b>Total</b>	<b>660</b>	<b>100.0%</b>	<b>478</b>	<b>100.0%</b>

<sup>2</sup>p<0.00

<sup>2</sup>The wealth index is based on asset ownership by the World Bank and Human Development and Income sufficient countries that are standardized across the entire country in assets. The wealth index is a simple average of the following three components, all of which are 0-1 variables: Ownership of a television, a bicycle, and a house.

**Table 3: Comparison between annual household spending on tobacco compared with food, clothing, and education by wealth index**

Wealth Index	Annual Spending in HHS with smokers (USD, 1,000 VND)			Ratio (%) Tobacco/Food, Clothing, Education <sup>2</sup>		
	Tobacco	Food	Education	Tobacco	Food	Education
Poorest (W1 < 0.25)	410.4	8,433.3	876.9	179.9	4.8	46.6
Very Poor (W1 0.25 - <0.5)	422.0	10,572.0	1,226.5	487.4	4.9	34.4
Less Poor (W1 0.5 - <0.75)	733.7	12,730.4	1,447.0	1,040.2	5.7	50.7
Better Off (W1 >= 0.75)	1,872.5	24,963.0	3,955.6	2,352.2	7.5	47.3
<b>Mean</b>	<b>626.9</b>	<b>11,886.5</b>	<b>1,421.3</b>	<b>728.8</b>	<b>5.3</b>	<b>44.1</b>

<sup>2</sup>W1=0 for all wealth categories. Tobacco/Food/Clothing/education/education

**Tobacco over education**

By each variable, per household per year, per person per year, and per child per year, households without smokers spent more on education than households with smokers (Table 4). While primary school education in Vietnam is free, families are expected to meet financial expenditures towards their child's school materials and supplies as well as school building and maintenance costs. Data from this research indicates that households without smokers spent more per child for education than households with smokers. This finding was consistent and statistically significant (p<0.001) after controlling for age, sex of person, household size, wealth index, education level, and geographic location. As was expected, data from the Young Lives baseline indicated that school enrollment rates were lower for poorer households. Yet, the proportion of tobacco spending to education spending reached 20% in some of these same poorest households. In our study, some poor households were choosing tobacco over education and thereby losing a possible opportunity for their children to obtain the best level of education available to them.

**Tobacco and food poverty**

Comparing expenditures per person of the two household groups, there was a statistically significant difference between the two groups, with households without smokers spending more than households with smokers on food (Table 5). In our study population, approximately 14.7% of all household members lived in food poverty and were unable to meet their

**Table 4: Annual household expenditure for education by household smoking status (1000 VND)**

Expenditures for education	HHS with smokers		HHS without smokers		Total
	n	%	n	%	
Per household per year	728.8	100.0%	1,016.3	100.0%	1,745.1
Per person per year	144.7	100.0%	222.6	100.0%	175.1
Per child per year	367.0	100.0%	553.0	100.0%	448.0

**TOBACCO VERSUS EDUCATION  
AN EXAMINATION OF THE OPPORTUNITY LOSSES FOR SMOKING HOUSEHOLDS**

nutritional needs. Of the households that were food poor, over half (59.4%) were smoking households. We analyzed the influence of cigarette smoking on food poverty by estimating the potential reduction in the percentage of poor households if money spent on tobacco were used instead to buy food. The results demonstrated that a reallocation of tobacco expenditures to food expenditures could potentially raise 11.3% (n=7) of all smoking households above the food poverty line. Further reductions in food poverty could potentially be gained if the same smoking households reallocated their alcohol expenditures to household food expenditures.

**Table 5: Household expenditure for food by household smoking status (1000 VND)**

Expenditures for food	HHs with smokers n=80	HHs without smokers n=478	Total n=1158
Per person per week Mean	45.3	49.8	47.1
Per household per year Mean	2,356.0	2,591.6	2,447.8

**Recommendations**

**Smokers need to be educated about how their expenditures may impact other household members**  
Many smokers would never fabricate that they spend more on tobacco than on food or education for their children. In the Vietnamese context, a child's nutrition is considered of extreme importance and many mothers and fathers would never suspect that tobacco expenditures may compromise their child's nutritional health. In addition, as evidenced by its supportive educational policies, the Vietnamese government places high priority on education for children. Households with smokers, if given the choice — tobacco or education — would undoubtedly choose education for their children. However, the reality is that poor smokers, addicted to tobacco, unwittingly choose tobacco over education. Their decision is most likely neither conscious nor calculated. However, the potential long-term opportunity cost of tobacco expenditures on smoking households' resources is significant. For many smokers, the message that a smoking habit may compromise their child's nutrition or significantly limit their child's access to a good education could be used as a powerful and motivating message in smoking cessation information and education campaigns.

**Stronger tax and price measures are needed in Vietnam**  
Data from this research indicated that for the poorest group, spending on tobacco represented a significant amount when compared to spending on essential items. As higher taxes on cigarettes have been shown to be extremely efficacious in reducing smoking (and thus expenditures on smoking) among the poor, higher tobacco taxes should be considered as a key approach to reducing the problems described in this research. Comprehensive reviews by WHO and the World Bank have shown that price measures are arguably the most effective at both reducing uptake and increasing cessation, and would have the most impact on the poor. As such, this research project suggests that strong tax and price measures are necessary to prevent smoking uptake by the poorest group. Vietnam's economic growth over the past three decades has made tobacco increasingly affordable. Worse still, retail prices for tobacco in Vietnam have been falling consistently over the past three decades<sup>1</sup>. The tobacco tax incidence in Vietnam is low and far from The World Bank's recommendation that tobacco taxes make up 2/3 to 4/5 of retail price. Furthermore, as Vietnam transitions from a centrally planned and socialist economy to a more market-based model, families are increasingly more responsible for paying for such commodities as healthcare and education that used to be provided "free" by the government. Thus, it will be more important in the coming decades for poor families to use their scarce resources wisely.

**Further research on this subject is needed**  
Follow up research on expenditure patterns of smoking households is needed to monitor the impact of smoking on child health and opportunity costs for poor households. In 2006, Vietnam implemented a uniform tax rate for both domestic and imported tobacco materials. Monitoring the impact of tobacco tax and price measures on smoking household's expenditures for food and education would provide invaluable information about how these strategies influence consumer behavior. In addition, data from this research indicated that households with smokers tended to spend more on alcohol than households without smokers, however, differences between the two household groups did not reach statistical significance. Further research on the combined impact of spending on both alcohol and tobacco and the linkages between the two consumption patterns could inform future legislation and public health programming for alcohol and tobacco control.

1. Sunmou HJ, Tsoh J, Hsu C. Trends and Affordability of Cigarette Prices Around the World for the Poor and Health Health Care. Tobacco Control 2002; 7(1): 24-31

**Tobacco Versus Education**  
An Examination of the Opportunity Costs of Smoking Households

**Implementing agencies**

**HealthBridge Foundation of Canada (formerly PATH Canada)**

HealthBridge is an international, non-profit, non-governmental organization that aims to identify, understand and bridge gaps in public health, including gaps between:  
• Needs and technologies  
• Evidence and policies  
• Policies and practice

HealthBridge has been working since 1982 in Asia, Africa and the Americas. It is an agile and efficient organization that aims to improve the health of vulnerable populations, including those at risk of malnutrition, infectious disease (particularly malaria and HIV/AIDS), and emerging epidemics, such as obesity and tobacco-caused disease. HealthBridge helps local partners develop and implement appropriate solutions, apply innovative and sustainable practices, and promote effective policies.

**Research and Training Center for Community Development (RTCDC)**

The Research and Training Center for Community Development (RTCDC) was established in May 1996 by a group of local researchers to facilitate the investigation of practical and effective approaches to develop people's capacity to alleviate poverty and disadvantage in Vietnam. The Center is a Vietnamese non-profit, non-governmental, and locally managed organization providing an independent voice for advocating participatory community development. RTCDC aims to increase the capacity and quality of human resources at the grass-roots level by implementing activities to assist people to carry out their own active research, as well as providing training to support community participation.

**Acknowledgements**

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## Appendix 5 List of Media contacts

## List of Reporters in Hanoi and Ho Chi Minh City

No	Names	Organisations
1.	Ms Kim Ngan	Great Unity Newspaper
2.	Ms Pham Bich Thuy	Vietnam Television
3.	Ms Pham Tu Anh	Science & Life Newspaper
4.	Ms Le Ha	Health Department Vietnamnet Online newspaper
5.	Ms Chau Giang	Social Labor Newspaper
6.	Mr (Ms) Thanh Binh	HCM City Women Newspaper
7.	Mr Chan Giac	Science & Development Newspaper
8.	Ms Hien Phuong	Vietnam Sport Newspaper
9.	Ms Do Thanh Nha	Capital Women Newspaper
10.	Ms Kim Dung	Vietnam Women Newspaper
11.	Ms Nguyen Hang	Labor Newspaper
12.	Ms Lien Chau	Young People Newspaper
13.	Mr (Ms) The Uyen	Labor Newspaper
14.	Ms Thanh Nhan	Health Department, VNexpress Online newspaper
15.	Mr Hong Quan	Capital Security Newspaper
16.	Ms Ngoc Dung	Laborer Newspaper
17.	Ms Diep Ha	Capital Labor Newspaper
18.	Ms Doan Trang	Vietnam Law Newspaper
19.	Ms Lan Anh	HCM City Youth Newspaper
20.	Mr Trong Thuy	News Newspaper
21.	Ms Le Hang	Vietnam Voice Radio
22.	Mr Hoang Hieu	People's Army Newspaper
23.	Ms Nguyen Thu Huong	Law & Life Newspaper
24.	Ms Dinh Lan	Saigon Liberation Newspaper
25.	Ms Vu Kim Lien	Urban Economy Newspaper
26.	Mr Nguyen Viet	Hanoian Newspaper
27.	Ms Ngoc Nam	Education & Times Newspaper
28.	Ms Thai Ha	Pioneer Newspaper
29.	MS Phuong Ngoc	Education & Times Newspaper
30.	Ms Thuy Nga	Family & Society Newspaper
31.	Ms Van Anh	New Hanoi Newspaper
32.	Ms Dang Kim Hien	Customer Magazine
33.	Mr Duc	Health & Life Newspaper
34.	Ms Thanh Mai	Hanoi Television
35.	Mr Nguyen Hong Ninh	Vietnam News Agency
36.	Mr Van Hoc	Vietnam Financial Times
37.	Ms Mai Ngoc Anh	Capital Youth Newspaper

38.	Ms Lam Oanh	Tourism Newspaper
39.	Mr (Ms) Nguyen Van Tho	Vietnam Christians Newspaper
40.	Ms Phan Thanh Hai	Social Labor Newspaper
41.	Ms Hong Hoa	Countryside Today Newspaper
42.	Ms Thanh Xuan	Culture Newspaper
43.	Ms Pham Kieu Minh	Times Newspaper
44.	Mr Vo Minh Tuan	Vietnam Students
45.	Mr (Ms) Phan Nam	Business Forum Newspaper
46.	Mr Dinh Nam	Vietnam Economic Times
47.	Ms Hue Huong	Cooperative Economy Newspaper
48.	Mr Tran Viet Cuong	Vietnam Voice Radio
49.	Mr (Ms) Nguyen Minh Tam	HCM City Women Newspaper
50.	Ms Nguyen Thi Hanh	Vietnam Industry
51.	Mr Trung Hieu	People Newspaper
52.	Mr Thanh Tung	Young People Newspaper (HCM City)
53.	Mr Nguyen Phan Toan	People Newspaper (HCM City)
54.	Ms Thuong Loan	HCM City Art Newspaper
55.	Ms Nguyen Thi Lan	Red Tie Newspaper
56.	Mr Nguyen Thanh Dung	Science & Life Newspaper (HCM City)
57.	Ms Kim Son	HCM City Youth Newspaper (HCM City)
58.	Mr (Ms) Hong Lam	Saigon Liberatino Newspaper (HCM City)
59.	Ms Huynh Chau Yen	Young People Newspaper (HCM City)
60.	Mr (Ms) Nhat Phuong	Laborer Newspaper (HCM City)
61.	Ms Pham Thanh Ha	People Newspaper
62.	Ms To Hong Ngoc	Deputy editor-in-chief, Health & Life Newspaper
63.	Mr Tran Sy Tuan	Editor in chief, Health & Life Newspaper
64.	Mr Nguyen Tuan Anh	Students Newspaper
65.	Ms Chau Giang	Health & Life Newspaper
66.	Mr Pham Tuyen	Pioneer Newspaper
67.	Ms Mai Huong	Family & Society Newspaper
68.	Mr Nguyen Ha Nam	Vietnam Television
69.	Mr Le Nghiem	People Newspaper's website
70.	Ms Do Hoai Thu	People Newspaper
71.	Ms Thanh Binh	People Newspaper
72.	Mr Tran Ngoc Ha	Vietnam Law Newspaper
73.	Ms Nguyen Thu Ha	News Newspaper
74.	Mr Huu Oai	Vietnam News Agency
75.	Ms My Hang	Pioneer Newspaper
76.	Mr Pham Tuan Anh	Labor Newspaper
77.	Mr Nguyen Nhu Vu	Vietnam Scientific and Documentary Film Studio
78.	Mr Chien Thang	Labor Newspaper
79.	Ms Hong Sau	Vietnam Television
80.	Prof. Vu Quang Hao	Journalism Department, Hanoi National University
81.	Bui Tien Dung	Journalism Department, Hanoi National University

- 82. Mr Bui Van Kha Deputy editor – in – chief, Industry Magazine
- 83. Mr Nguyen Tat Hong Duong VNMedia Online Newspaper
- 84. Ms Mai Y Van Press Department, Communist Party's Central Committee on Culture and Ideology
- 85. Mr Nguyen Huu Chinh Journalist and Public Opinions Newspaper

**List of Reporters in Northern provinces**

No.	Names	Organisations	Provinces
1.	Nguyen Thi Thu Hang	Dien Bien Television and radio	Dien Bien Province
2.	Nguyen Thu Hang	Bac Giang Newspaper	Bac Giang Province
3.	Phan Dang Duong	Bac Giang Television and radio	Bac Giang Province
4.	Hoang Thanh Bach	Bac Kan Newspaper	Bac Kan Province
5.	Vu Gia Long	Bac Ninh Television and radio	Bac Ninh Province
6.	Ta Bich Thuy	Bac Ninh Newspaper	Bac Ninh Province
7.	Le Hien Chuong	Ha Giang Newspaper	Ha Giang Province
8.	Tran Xuan Quyet	Ha Nam Newspaper	Ha Nam Province
9.	Duong Phuc Ban	Ha Tay Newspaper	Ha Tay Province
10.	Ta Manh Tuan	Ha Tay Television and radio	Ha Tay Province
11.	Bui Thang	Ha Tinh Newspaper	Ha Tinh Province
12.	Tran Van Hung	Hai Duong Television and radio	Hai Duong Province
13.	Nguyen Mai Lien	Hai Duong Newspaper	Hai Duong Province
14.	Do Minh Hue	Hung Yen Newspaper	Hung Yen Province
15.	Thuy Hang	Hoa Binh Newspaper	Hoa Binh Province
16.	Mai Van Hoa	Lang Son Newspaper	Lang Son Province
17.	Nguyen Van Chien	Lai Chau Newspaper	Lai Chau Province
18.	Ha Mo	Nam Dinh Television and radio	Nam Dinh Province
19.	Nguyen Manh Chien	Nghe An Police Newspaper	Nghe An Province
20.	Van Quyen	Ngha An Newspaper	Nghe An Province
21.	Vu Thi Huong	Ninh Binh Television and radio	Ninh Binh Province
22.	Nguyen Thong	Ninh Binh Newspaper	Ninh Binh Province
23.	Nguyen Xien	Phu Tho Newspaper	Phu Tho Province
24.	Nguyen Nhu Anh	Quang Ninh Television and radio	Quang Ninh Province
25.	Nguyen Minh Thu	Quang Ninh Newspaper	Quang Ninh Province
26.	Nguyen Thanh Mai	Quang Tri Television and radio	Quang Tri Province
27.	Mu An Son	Son La Television and radio	Son La Province
28.	Phi Ngoc Thuan	Son La Newspaper	Son La Province
29.	Le Viet	Thanh Hoa Newspaper	Thanh Hoa Province
30.	Nguyen Xuan Hung	Vinh Phuc Newspaper	Vinh Phuc Province
31.	Truong Mai Huong	Vinh Phuc Television and radio	Vinh Phuc Province
32.	Tran Ngoc Son	Yen Bai Newspaper	Yen Bai Province
33.	To Bich Hanh	Hai Phong Newspaper	Hai Phong City

Appendix 6 Some IEC materials produced by project



No-smoking signs distributed to local partners



Guidance for Elderly Association in the development of smoke free community

Guidance for development the club of women having no smoking relatives



Facts sheet of May 2006 advocating for graphic health warning (one of seventeen fact sheets produced by the project)

Appendix 7 Media Surveillance Database  
(Please see attached file)