

# FACTSHEET



## World Population Day 2009 in Viet Nam

### *Responding to the Economic Crisis: Investing in Women is a Smart Choice*

#### The issue

What started as a financial crisis in rich countries is now deepening into a global economic crisis that is hitting developing countries hard. Without immediate rights-based action to protect the most vulnerable, today's economic crisis could trigger a spiral down into worse poverty that lasts for generations.

#### Protecting progress towards the MDGs in Viet Nam

Investments in education and health for women and girls have been linked to increases in productivity, agricultural yields, and national income.

Progress in Viet Nam has been made in expanding access to quality reproductive health, including maternal and neonatal health; family planning; reproductive tract infections and sexually transmitted infections; HIV prevention; increased use of modern contraception; and establishment of stronger programmes, policies and laws for reproductive health and rights, as well as measures to provide quality services to the poor and other vulnerable groups.

#### Opportunities and challenges

The current crisis is an opportunity to use the world's resources, technology and knowledge to put people first, especially the poor and marginalized, and to lay the foundations for a new global partnership and economic, social and environmental recovery. New opportunities can come with expanded inclusion of citizens in national ownership and development. Faced with the worst economic crises in decades, the challenge is to maintain and even expand gains in health and gender equality.

#### MDG 5

##### Maternal health

- The economic crisis is now threatening to wipe out hard-won progress in improving health and reducing poverty. Cuts in funding for social programmes can immediately curtail life-saving services, and cause a loss of momentum. For MDG 5 on maternal health, further reversal of progress means more women, children and infants will die—mostly of preventable causes.
- In Viet Nam, the Multiple Indicator Cluster Survey published by UNICEF and GSO shows that the Maternal Mortality Ratio (MMR) in 2006 reached 162 deaths per 100,000 live births.
- MMR in Viet Nam varies between the river deltas and mountainous areas with higher incidences in remote ethnic minority areas. In fact, MMR fluctuates between 40 and 510 as stated by WHO, UNICEF, UNFPA, and the World Bank in the report "Maternal Mortality in 2005".

## Benefits of action

Every year, the world loses an estimated USD 15 billion in productivity because half a million women die in pregnancy and childbirth, and four million newborns do not survive. It would cost only USD 6 billion to provide the health services needed to save these lives (UNFPA 2008). Most maternal deaths could be prevented through universal access to reproductive health. Health systems need to be strengthened to provide family planning, skilled attendance at birth and emergency obstetric care. This would not only save lives, but also improve world productivity.

Globally, the total cost for reproductive health, including family planning and maternal health components, is estimated to be USD 23.5 billion in 2009, and will reach an estimated USD 33 billion in 2014 and 2015. These seem like large amounts, but they are minor investments compared to financial bailouts that have been distributed in the last few months. Such investment would promote health, and boost productivity and economic growth.

## What must be done

Safe motherhood services in some areas, especially in remote mountainous localities where ethnic minority people live, are of inconsistent quality and must be enhanced. According to the needs assessment by UNFPA/PATH, many district hospitals in disadvantages areas cannot provide comprehensive emergency obstetric care, and few maternal-child health and family planning centers can manage abortion complications. In addition to this, practices are not always according to clinical protocols and the knowledge, skills and attitudes of service providers of maternal health and newborn care can be further strengthened. The priority, then, should be on skilled attendance at delivery with a strengthened referral system to a centre which can provide comprehensive care, including care of sick newborns.

### **The UN in Viet Nam supports the Ministry of Health in implementing safe motherhood interventions by:**

- Providing technical support for the implementation of the National Safe Motherhood Programme.
- Strengthening access to, and quality of, emergency obstetric and newborn care.
- Improving planning, monitoring and evaluation of safe motherhood and newborn care services, and implementing maternal and neonatal mortality audits.
- Coordinating strategies for training more skilled birth attendants.
- Training ethnic and other midwives, general practitioners, and health managers.
- Enhancing community-based referral system for emergencies.
- Reinforcing health education for safe delivery.
- Preventing mother to child transmission of HIV.
- Increasing women's access to HIV prevention and treatment.

### **UN Joint Programme in Kon Tum**

The Central Highlands province of Kon Tum is mountainous and rural. Poverty is higher than the national average, particularly among ethnic minorities, who also experience higher maternal mortality and higher infant mortality. A joint effort between UNFPA, UNICEF and UNDP, the UN Joint Programme in Kon Tum focuses on capacity building to improve access to maternal health including reproductive health, child health and nutrition, basic education, water and sanitation and protection services for ethnic minorities and other vulnerable groups. Each agency contributes its expertise to the Joint Programme.

## **UNITED NATIONS VIET NAM**

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