

ADVOCACY BRIEF

REVITALIZATION OF VOLUNTARY FAMILY PLANNING IN VIET NAM 2011-2020



PURPOSE

The purpose of this advocacy brief is to raise the political commitment of stakeholders in renewing and establishing a more comprehensive Family Planning (FP) programme in Viet Nam that will promote the goal of universal access to voluntary information and services.

This advocacy brief highlights major challenges facing the FP programme and outlines key principles of the proposed renewal process. The brief is in accordance with the International Development Agenda, aligned to the International Convention on Population and Development (ICPD) and the Millennium Development Goals (MDGs), particularly MDG 5b on universal access to reproductive health by 2015, as well as the Vietnamese Government's National Strategy on Population and Reproductive Health 2011-2020.

BACKGROUND

Currently, modern contraception is inaccessible to over 200 million women in developing countries. Consequently, many are unable to avoid unintended pregnancy that too often results in unsafe delivery or unsafe abortion, the two main causes of maternal death [1]. Potential benefits of a voluntary FP programme include:

Reduction of maternal and infant mortality

Reliable access to good quality FP services would reduce unintended pregnancies by an estimated 50 million, save nearly 80,000 mothers from death due to complications during pregnancy and childbirth, and avoid more than 500,000 newborn deaths, worldwide every year [2]. Access to family planning information, services and supplies is critical for reducing the need for abortion and for preventing HIV/AIDS and other sexually transmitted infections.

KEY MESSAGES:

Viet Nam has experienced significant demographic, health and socio-economic transitions during the last decades. Among the new demands of socio-economic and development is the need to renew and broaden the National Family Planning (FP) programme.

An estimated 23 million women comprise the reproductive age group 15-49, the largest cohort in Viet Nam's demographic history, thus creating a significant and escalating demand for reproductive health services and commodities. Existing unmet need for contraception among unmarried women is approximately three times higher than for married women, at 34.3% and 11.2%, respectively. Notably, the quality of FP services is compromised by shortages of qualified service providers and contraceptive supplies. For example, at current capacity, the FP programme can meet only 40% of the demand for condoms.

Key principles underlying the reform of the FP programme should include: (i) a vision of universal access to voluntary FP information, services and supplies; (ii) political commitment to results, transparency, accountability and sustainability; (iii) national ownership of the renewal process; (iv) development of strategic partnerships to achieve broader outcomes for continuum of care in reproductive, maternal, newborn and child health and; (v) assurance that young people, the poor and socially vulnerable populations such as young female migrants and women living with HIV/AIDS and sexually transmitted infections, are not neglected in the process.

Improvement of health, economic and educational status for women and girls

Studies show that women with access to voluntary FP are better positioned to increase household income and general family prosperity that extends to investment in the health and education of their children [3].

Empowerment for young women and girls

Delaying the age of marriage and first pregnancy dramatically increases educational opportunities for young women, placing them in a position to gain the necessary skills and confidence that will lead to better employment opportunities [4].

WHY DOES VIET NAM NEED TO UPGRADE THE FP PROGRAMME?

New challenges emerging from the demographic and health transition confirm the need for a comprehensive renewal of the FP programme, to ensure a more effective response to the demands of socio-economic development in Viet Nam.

High demand for FP information, commodities and services

In 2011, the population of Viet Nam was close to 88 million, including 23 million women in the reproductive age group 15-49, the largest cohort in Viet Nam's demographic history. An estimated 79% of these women currently use some forms of contraception. This demographic trend correlates with a decline in the fertility rate that will impose a growing demand for reproductive health commodities and services in years to come, particularly in the supply of contraceptives.

Although the intra-uterine device (IUD) accounts for more than 50% of the contraceptive mix among married women [5], this method is generally viewed as inappropriate for young, unmarried women. In turn, this highlights the need to diversify the contraceptive mix by increasing contemporary methods such as condoms



and oral contraceptive pills.

Great unmet need for FP services

The 2010 Multiple Indicator Cluster Survey (MICS) report shows significant differentials of unmet need for FP between married and unmarried women. Unmet need for contraception among unmarried women is about three times higher than for married women, 34.3% compared to 11.2%, respectively [5], and particularly so among women living in the Northern Midlands and Mountainous region and the Central Highlands.

Young women, particularly female migrant workers have limited access to FP services,



especially for modern contraception. They face many barriers and to such an extent that unmet need for modern contraception among this group is significantly higher than the average for the rest of the country [6].

Limited quality of FP services

The quality of FP services is further compromised by a shortage of qualified FP service providers. Only 22.2% of provincial and district health workers are sufficiently qualified to perform the appropriate technical procedures for IUD insertion. The provision of FP counselling services also needs to improve, especially for women in the stages of postpartum, post abortion care, breastfeeding, or approaching menopause, to ensure they are informed of the most appropriate FP methods and to preclude premature discontinuation of contraceptive use [7].

Existing infrastructure and equipment are inadequate in many commune health centres particularly in mountainous areas,



home to the majority of ethnic people [8]. There is also concern about the quality of FP services provided by mobile teams and, in some cases, the lack of cultural sensitivity.

Insecurity of contraceptive supplies

Until 2008, 85% of contraceptives were supported by international development partners. Since Viet Nam assumed middle income status in 2010, this support has declined dramatically. Although the Government has increased the budget line, the shortage of contraceptive supplies continues to be of crucial concern as the FP programme meets only 40% of the demand for condoms [9].

Gaps also remain in the contraceptive logistics information systems, including procurement and distribution plans. Warehouse conditions and storage facilities are inadequate for effective monitoring and management of contraceptive supplies. Social marketing of contraceptives still faces difficulties due to lack of concerted efforts in coordination and collaboration with other programmes, and lack of appropriate pricing policies for contraceptives, including condoms [10].

WHAT ARE THE KEY PRINCIPLES FOR REVITALIZATION OF THE FP PROGRAMME?

The vision for revitalising and broadening the FP programme should focus on **achieving universal access to voluntary FP** information, services and supplies aligned with the broader framework for sexual and reproductive health and rights as set out in the ICPD and MDGs.

The renewal of the FP programme should **aim at achieving equity** by ensuring the poorest and most socially vulnerable populations such as unmarried women, young female migrants and women living with HIV/AIDS are not neglected in the process. For example, the unmet need is 34.3% among unmarried women.

Political commitment to results, transparency, accountability and sustainability of a reformed FP programme is integral to the health care financing and health service delivery systems, and should address social and cultural barriers. The budget for the national FP programme should be secure in the national health account.

National ownership should be assured, charged with steering a transparent and accountable process of reform that focuses on Viet Nam's priorities, conditions and needs. Development of strategic partnerships, including the non-state sectors, should be important contributors towards improving the quality of FP services.

Financial support from **development partners should play a catalytic role**, joining with the healthcare system in effecting the transformation of the FP programme, to ensure provision of reproductive, maternal, newborn and child health care on a long term basis.

CALL FOR ACTION

The Government must make bold political commitments to ensure nation-wide access to the voluntary FP programme. This will involve making additional domestic resources available, and tackling policy, demand and service delivery barriers which currently prevent certain disadvantaged groups from accessing FP services. The Ministry of Health must play a central role in the reform process in collaboration with line ministries such as the Ministry of Finance, the Ministry of Home Affairs and the Ministry of Planning and Investment.

Development partners firstly, must commit to sustainable investment and providing

additional funds for FP; secondly, must apply these funds under the national ownership in a more coordinated, effective and efficient way; improved coordination needed between different social marketing programmes and; thirdly must support advocacy efforts for revitalization of voluntary FP.

Social organizations must show their commitment through consistent advocacy for creating demands and improvement of FP services and supplies, to ensure supply meets demand. These organizations must play a key and accountable role in providing FP information and services to the poorest families and communities.

The private sector must engage with the Government and development partners firstly, to ensure availability of a greater range of good quality contraceptives that are affordable, acceptable and accessible to the poor and most vulnerable populations including the unmarried women and secondly, to enhance logistical expertise in communicating FP information, technology and education to ensure consistent access to reproductive, maternal and newborn health care, focusing on FP.

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