

FAMILY PLANNING 2020

COUNTRY ACTION: OPPORTUNITIES, CHALLENGES, AND PRIORITIES



VIETNAM

This document reflects the country context, opportunities, challenges, and priorities developed by FP2020 focal points for Vietnam in collaboration with the FP2020 Secretariat and other partners during the Asia Focal Point Workshop in Bali, Indonesia in January 2016. FP2020's focal point representatives are from the government and two donor organizations, usually UNFPA and USAID, and serve as the key representatives of FP2020 in-country. They coordinate with each other, the government, partners and other stakeholders, and the FP2020 Secretariat to drive progress on the country's family planning goals. These opportunities, challenges, and priorities serve as the foundation of the shared agenda of action across the next 12- to 18-month horizon.

COUNTRY CONTEXT

- Vietnam is in a so-called “demographic bonus” period, registering the largest cohort of young people in the country's history. According to the 2014 Inter-census Population Survey, young people ages 10 years old to 24 years old, account for approximately 22 million out of a total population of over 90 million in the country in 2014.¹ With a high rate of urbanization, 3.4% per year,² a large number of young people move to cities as internal migrant workers, and attend vocational training courses before joining the labor force.
- Not only is the number of young people large, a rapid change in sexual values, norms, and behaviors among Vietnamese young people has been documented as well. The Survey Assessment of Vietnamese Youth in 2002 (SAVY 1)³ and in 2009 (SAVY II)⁴ indicate that the average age of first sex has declined from 19.6 years in 2002 to 18.2 years in 2009 among those reported ever having sex. Moreover, the average age of marriage among adults has been increasing: the average age of first marriage among adults is 26.4 years in 2013 compared to 25.4 years in 1999.⁵ Such data suggest that there is a tendency for more young people engaging in pre-marital sex.
- National and donor budget on FP has gradually decreased since 2010 when the country reached Middle Income Status. It is estimated that 85% of contraceptive commodities are managed by the free market while the government and donors cover only 15%.⁶
- The target for mCPR of married couples was set at 70.1% by 2015, but actually achieved 67.5%. The national objective of 72% mCPR by 2020 requires annual increase of 0.9% in the coming period.⁷
- The contraceptive method mix of the country is still heavily skewed towards IUD (over 50%) although the rate of condom and pill use has been increasing. The use of implants and injectables still remains very low⁸.
- National FP indicators covers only married couples rather than sexually active populations

OPPORTUNITIES

- There has been great political commitment of Party, National Assembly, and line ministries on the national SRH/FP programs. Particularly, SRH/FP as part of the National Socio-economic Development Plan at the national and sub-national level and the 5-year health plan for the period 2016-2020.
- National SRH/FP priorities post-2015 were defined and officially launched (in line with SDGs) in December 2015.

¹GSO. Inter-Censal Population Survey 2014.

²World Bank. Vietnam Urbanization Review. Hanoi 2012

³ GSO Survey Assessment of Vietnamese Youth Round 1(SAVYI). Hanoi; 2003.

⁴GSO Survey Assessment of Vietnamese Youth Round 2(SAVYII). Hanoi; 2009.

⁵GSO Population Change Survey, 2013.

⁶GOPFP/MOH National RHCS plan for the period 2011-2020

⁷ GOFPP/MOH National projection report on FP commodities 2015

⁸ UNICEF MISC round 5 report Hanoi 2015

- Further diversification of the national contraceptive method mix is one of the country priorities defined in the national population and reproductive health strategy 2011-2020.
- The SRH and FP network is well structured from the central to local levels. The national data on SRH and FP is collected and reported at the grassroots level.
- An FP national coordination mechanism amongst involved partners already exists (Government, UN agencies, development banks, CSOs, private sector and consumer protection organizations).
- The private sector on SRH/FP has dramatically grown (covers 85% of the national market share) and a large proportion of the population is able to pay for FP services.
- The national program on “socialization” (i.e. better involvement of CSOs and private sectors) of provision of FP commodities and services was approved by the government.

CHALLENGES

- The national budget on health in general and SRH/FP in particular has been decreasing in the past 5 years, while donors withdrew support on FP since the country reached middle income status.
- The national policy framework on quality assurance of contraceptives in the free market is still not available. National and sub-national capacity on quality assurance of FP commodities and services is poor.
- National data on contraceptive users among vulnerable populations (adolescents, unmarried young people and migrants) is neither sufficient nor available. Most national FP data is not disaggregated; therefore it is difficult to track the progress amongst vulnerable population groups. In addition, there has been a lack of key indicators on clients (satisfaction, discontinuation rate, failure rates).
- Quality of contraceptive commodity projection is poor, particularly at sub-national levels.
- There has been a lack of quality Comprehensive Sexuality Education for adolescents and youths.
- The national FP program does not cover adolescents and youths (it covers only married population) while there have been very few initiatives that provide contraceptive services for adolescents and youth and young migrants.
- There is not a national comprehensive costed implementation plan (CIP) on FP, which causes difficulties in mobilizing additional resources for the national FP program.

PRIORITIES

- Review and revise the existing national indicators on SRH/FP to meet international standards to ensure these indicators cover all sexually active populations.
- Advocacy and investments in quality assurance schemes for FP services in the public, CSO, and private sectors, which will lead to:
 - Reduction of unmet FP needs and services for vulnerable population including adolescents, youths and migrants;
 - Better informed leaders of Party, National Assembly, line ministries and sub-national authorities (using the evidence from the studies supported by UNFPA and MOH).
- To develop a national CIP for FP services for the period 2016-2020 covering the needs of the entire sexually active population.
- Building capacity of health providers on national FP standards for more effective provision of quality FP services and information, with particular focus on the vulnerable populations including migrants and adolescents/youths.
- Conduct innovative interventions on behavior change communication on quality FP services to create demand amongst adolescents, youths and migrants.