

**VIETNAM PERMANENT MISSION TO THE UNITED NATIONS**

**General of the General Office for Population and family planning, MOH of Vietnam**

**Agenda Item 4**

**Statement by Mr. Tran Van Chien**

**Deputy Director- General of the General Office for Population and family planning – MOH of Vietnam at the 44<sup>th</sup> Session of the UN Commission on Population and Development**

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Mr. Chairperson, Ladies and Gentlemen

On behalf of the Vietnam delegation allow me to extend my sincere congratulations to you on your appointment as the Chair of this session. My congratulations also go to the other member of the bureau. I would like to express my sincere thanks to the good foundation for discussion about fertility, RH and development at this session. We are also delighted Secretariat for very comprehensive reports and as a to share Vietnamese experience and to lean any from all participants regarding about mentioned them, particularly all recommendations for Vietnam, is now belongs to group with low fertility and still one of the populous country and human resource quality is low.

Mr. Chairperson, Distinguished Delegates

After nearly 50 years implementing the population-family planning (Pop-FP) and reproductive health care (RHC), especially after 10 years carrying out the Viet Nam Population Strategy and National Strategy on Reproductive Health Care, and realizing international commitment on population and development at ICPD and MDGs, Vietnam has made impressive achievements. Fertility and population growth have significantly declined, maternal and child health notably improved, making remarkable contribution to socio-economic development during the *doi moi* period and enhanced quality of life. However, many Pop-FP and RH issues are still challenging for sustainable development of the nation and improvement of quality of life for people. Population size with high density continues to be larger, proportion of elderly people is increasing, sex ratio at birth becomes a serious concern and migration happens nationwide. Especially

population quality remains low. Many RH challenges have not been addressed. Therefore ensuring reasonable population growth and constantly improving population quality is a fundamental national social policy and is of particular significance to human resource development and national socio-economic development.

Distinguished Delegates

## **I. ACHIEVEMENTS**

### ***1. Fertility decline has been maintained and fertility at replacement level achieved***

Fertility decline targets set forth in the Viet Nam Population Strategy for the period 2001-2010 have been achieved earlier than planned. During 1999-2009, TFR declined from 2.33 to 2.03, CBR from 19.9‰ to 17.6‰ and population growth from 1.5% to 1.1%. By 2005, Vietnam had achieved replacement fertility level as set forth by the Strategy. Population growth has reached its lowest level for the last 50 years. According to the Population and Housing Census 2009, Vietnam has a population of 85.789.573 which is projected to increase to 87 million by 2010, in line with objectives of the Strategy. Fertility decline has also drastically changed the age structure of the population. Viet Nam has entered into a period of “**demographic bonus**” which offers human resource advantages and an essential condition for rapid economic development.

This outstanding achievement presents a solid prerequisite for a stabilized population size and important contribution to the cause of industrialization, modernization and sustainable development and improved quality of life.

### ***2. Population quality has been enhanced***

Over the last ten years, the average life expectancy has reached 72.8 or an increase of 4.3 for men and 5.5 for women. The average number of schooling years was 9.6 as of 2006. GNP per capita has more than doubled. These achievements are far beyond the targets of the Population Strategy. Thanks to achievements in economic development, health care and education, HDI of Vietnam has increased from 0.690 (in 2000) to 0.725 (in 2009) according to objectives of the Strategy.

Many models to improve population quality have been piloted and gradually replicated in over 40 provinces and cities nationwide such as: prenatal and neo-natal screening for early detection and treatment of diseases and prevention of disabilities and genetic disorders, pre- marriage health checks and counselling, interventions to minimize early marriages and consanguineous marriages among certain ethnic minority groups.

### ***3. Reproductive health has been improved***

Many targets and indicators of the National Strategy on Reproductive Health Care have been achieved earlier than planned with results better than other countries with the same level of GDP per capita. Maternal mortality rate declined from 100 (in 2000) to 75 (in 2008) per 100,000 live births. The infant mortality rate declined from 36.7‰ (in 1999) to 16‰ (in 2009) and it has reduced dramatically in all regions. Under 5 malnutrition rate reduced from 33.8% (in 2000) to 18.9% (in 2009); rate of couples using contraceptive measures increased from 73.9% (in 2000) up to 79.5% (in 2008), of which those using modern measures increased from 61% to 68.8%; some new contraceptive methods have been tested and replicated in the whole country.

#### ***4. Awareness, attitude and behaviors on population and reproductive health of target groups have notably improved***

Communication and education on population and reproductive health have been renovated in contents, methods and approaches. Pop-RH has been mainstreamed into education curriculum and extra-school activities, therefore awareness and behavior on this issue have been improved among people including adolescents and youths. A small-size family has become more widely acceptable. Awareness and practice in family planning and reproductive health have been significantly enhanced among various population groups.

Activities of communication and advocacy on Pop-RH have contributed to policy development and created an enabling social environment for population and reproductive health work.

#### ***5. Network on reproductive health care and family planning services has been consolidated and developed***

The network of reproductive health care services has been expanded from central to local levels. RHC centers have been set up in all provinces and cities and RHC departments have also been established in all district medical centers. At communal level, 98.6% communes have clinics, 55.5% communes have met the national health care standard, 65.9% communes have medical doctors, 93.0% communes have midwives or obstetric/pediatric physicians, 84.4% villages have medical workers, 100% hamlets and villages have population coordinators. At present, there are 12 specialized obstetric/hospitals and 12 pediatric hospitals. Apart from the public health care system, there are tens of thousands private health facilities, including two obstetric hospitals.

Almost all midwives, obstetric/ pediatric physicians and grassroots medical workers have been trained and provided with basic RHC/FP skills up to national standards. Full time officers and coordinators in charge of population work have been trained with knowledge, skills and capacity in providing services of consultation and non-clinical contraceptive methods in the community.

**6.** Funding for Pop-RH programs has been increased. The National Target Program (NTP) management mechanism continues to be applied. State budget allocated for the work of Pop-FP, including ODA, central and local budget reached an average of VND 550 billion/year over the period 2001-2010. Since 2008, reproductive health care has become a project under NTP on prevention and control of some social diseases, severe pandemics and HIV/AIDS.

Socialization on Pop-FP has been paid much attention to with positive development. Pop-FP issues have been integrated into village and community regulations and operation of agencies and mass organizations. Private RHC network has been expanded to further meet the increasing demands of the society. Social marketing on contraceptive measures and RHC services has been developed; number of self-paid clients has been increasing.

Capacity building for Pop-RH management and technical officers has been paid due attention and achieved some results. Almost all management and technical staff from central to local levels have been trained to meet what their assigned tasks.

Pop-FP management information system has been improved and gradually computerized at all district, all 63 provinces/cities. RH reporting and information system have been updated with relatively sufficient data.

Such achievements have resulted in fundamental changes to population and reproductive health status in the country compared to what had been in final years of the twentieth century. These have been creating a comprehensive and positive impact on sustainable development of the country.

Mr. Chairperson,

## **II. POPULATION AND REPRODUCTIVE HEALTH ISSUES FOR THE NEXT YEARS**

### **1. Population quality**

The quality of population in our country is still limited although HDI is improving step by step but at a slow pace. The stature and physical strength of the Vietnamese remain limited, especially in terms of height, weight, and resilience being far less than people in other regional countries.

IMR has declined but still at a high level, especially in the Northwest, North Central, and High Lands. The trend of diseases is shifting from communicable diseases to the ones of disorder in genetic, transformation or consequences of accidents and injuries. There is an increase of number of children being over-weight, having mental disorder, autism, and diabetes.

There are 20 minority groups with a population of less than 10,000 people facing problems that need to be attended to. Diseases such as malaria, goitre and leprosy... occupy a high number in ethnic minorities. Some minority groups are at the risk of declining caused by consanguineous marriages and early marriages which are still very

popular. Knowledge and skills of health workers in maternal and newborn health care are still limited, as a result, the rate of infertility, infant mortality remain high. Furthermore, the level of benefiting services on health care, population and family planning, and basic social services is still low.

Use and abuse of addictive agents such as cigarettes, alcohol and drugs; consequences of mental stresses including suicide, injury and legal violations are becoming increasingly serious among youths.

## **2. Reproductive health**

*There remain many challenges for maternal health care.* Though obstetrical complications and maternal mortality have reduced but still there is a remarkable difference of those in and between regions. The ability of accessing, plus the quality of services of prenatal, during and postnatal care, as well as newborn health care are seen to be limited in mountainous, and remote areas. In some ethnic minorities, there exists home delivery or delivery without support from skilled birth attendants. The rate of post-natal mother and new-born health check visits is also low.

*The supply of contraceptives faces up with some difficulties.* In the next coming years, as the number of women entering reproductive age continues to increase and may reach some 27million by 2020, the demand for contraception, especially modern contraception will keep increasing at a high rate. Local production of contraceptives remains limited and depends on foreign supplies while international aid for procurement of contraceptives will phase out. It remains a great challenge to secure contraceptive supplies in the coming period which require hundreds of billion dongs annually.

*There is still a great prevalence of abortion and infertility.* A high rate of abortion including adolescent and young people's abortion is found. Repetitive abortion or unsafe abortion happens quite commonly. The rate of infertility, particularly secondary infertility is also high while access to infertility support services remains limited.

*Reproductive tract infection is widespread, meanwhile sexual transmitted diseases (STDs), HIV and reproductive cancers are still at high rate.* But examinations, detection, treatment, monitoring and post-counseling are not paid proper attention to. The screening and early detection of reproductive cancer are not implemented broadly. The linkage between RH services and HIV keeps constrained. The rate of women affected HIV from their husband or partner tends to increase.

Reproductive and sexual health of particular groups encounter with a number of challenges. Adolescents and youth still have limited knowledge and behaviors on reproductive and sexual health so that they have more unwanted pregnancy, abortion and STDs. Hence, this is an emerging issue. The whole community and health workers also have limited knowledge/attitudes and behaviors about male reproductive health. RH services for males, elderly people, migrants have not been available yet to meet a rising demand. Sexuality is considered a sensitive and tactful issue and not discussed

so often on mass media and working agendas. The community has limited awareness and knowledge about gender and effects of sexual abuse towards victims' SRH status. People are unaware of the relation between the utilization of addictive agents and gender violence. There is still backward perception about roles of men and women. Women lack knowledge on women's rights, etc.

### **3. Population structure**

The proportion and quantity of the population in working age (15-59 years of age) are increasing rapidly (a total of about 65 million people by 2020). This will create more opportunities but also challenges for education, vocational training, job creation for tens of millions laborers, especially youth.

Migration is also becoming more and more, especially labor movement between regions. Therefore, it is necessary to strengthen the management over population, reform management modality, and meet social needs for millions of migrants.

Sex ratio at birth is increasing drastically, continuously and reached the ratio at 111 boys/100 girls in 2009. According international experience, if there is not any powerful measure to be taken, this ratio will be up to the ratio of 120 boys/100 girls by 2020. This situation will surely make a bad impact on social order and security, creating difficulty in getting married of future generations.

The population of Vietnam is ageing with the rate of elderly people on a drastic increase. Given low fertility rate, small family size (mainly nuclear families consisting of parents and children only), there is an urgent need to provide appropriate arrangements for elderly care.

### **4. Population size, population density and fertility**

Viet Nam currently has a population of 85.8 million with a density of about 259 people/ km<sup>2</sup> and is among the world's most populous and densely populated countries.

Although Viet Nam has achieved a replacement fertility rate, it is still in a sensitive period together with many impact factors. The possibility of fertility getting back on the rise has not been eliminated while in certain provinces with a high level of urbanization and rather low fertility already, continuing the same Pop-FP policy may likely result in ultra-low fertility. In order to maintain fertility rate at a reasonably low level and avoid unfavorable changes for stabilizing the population size in a proper way, it is required to develop appropriate policies and promote the ability of flexible dealing with the evolution of fertility.

### **5. Capacity to integrate population parameters into development planning**

There is a close relationship between population and development. Thus, the integration of population parameters into the development plan is an objective requirement. However, the integration of population parameters into socio-economic planning by sectors and provinces has not been paid due attention to, which as resulted in wasteful investments in socio-economic development.

In this context and given socio-economic development orientation and Pop-RH challenges to the national sustainable development in close relation to the implementation of strategies in sectors such as education, health care, vocational training and employment, the Population and Reproductive Health Strategy will focus on the following:

- Improve population quality in early stages of life to lay the foundation for improved population quality in physical, mental and spiritual terms.

- Maintain a reasonably low fertility level in order to stabilize population size and at the same time prevent the risk of population decline; effectively address a number of urgent issues related to population structure

- Improve maternal and child health, reproductive health, especially in remote and ethnic minority areas and among specific population groups.

Mr. Chairperson, Distinguished Delegates

### III. SOLUTIONS

Comprehensive measures will be taken, in which leadership; organization and management are decisive solutions. BCC and the service provision of pop - RH services are basic solutions. Conditional solutions include: developing and perfecting the system of policies and laws on pop and RH; socialization, interdisciplinary coordination and international relations; finance, logistics; training, scientific researches and database.

**1. Strengthen Leadership, organization and management.** *Strengthen the leadership and direction of the Party and authorities at all levels towards the pop and RH work; consolidate the organizational system to ensure effective management and implementation of this work.*

**2. Extensive in depth behavior change communication.** *Strongly and effectively implement education and communication activities with contents, modalities and approaches appropriate to specific regions and target groups. Pay attention to disadvantaged and difficult-to-reach regions or targets. Improve the quality of education on pop – RH, HIV, gender and gender equality, sexual health in and outside of schools.*

*Enhance the participation of target groups and communities in planning, implementing, **monitoring and providing feedback on education and communication activities.***

**3. Improving quality of Pop-RH services;** *provide prenatal and newborn screening; increase access to services, especially the essential service packages; ensure reproductive rights and respond to needs of all targets groups, gradually eliminate disparities between regions, areas and target groups.*

**4. Develop and complete policy framework for Pop-RH.** *Complete the policy and legal system and other management tools to ensure an enabling legal and social environment for the implementation of population and RHC work.*

**5. Mobilize the participation and expansion international cooperation.** *Mobilize the participation of communities, individuals and political and **social** organizations and, at the same time, encourage the private sector, national and foreign organizations to participate in Pop-RHC service provision; enhance inter-sectoral coordination and expand international cooperation.*

**6. Increase Finance resources.** *Diversify finance resources and gradually increase investment in Pop-RH work. Effectively manage and coordinate State financial resources to ensure equity and equality in access to and selection of quality Pop-RH/FP*

**7. Strengthen training, scientific research, information and data collection.** *Focus on professional training for Pop-RHC staff as part of effort to professionalize pop-RHC work; strengthen capacities and promote practical scientific research on Pop-RH; complete and strengthen a computerized management information system and Pop-RH database; enhance capacities to monitor, evaluate, analyze and forecast*

Finally, strengthen international cooperation in the areas of population, RH and development.

In briefly, the solutions should be ensure 7s letters as follow: (1) **Statement** much be strong; (2) **Structure** should be stabilized; (3) **Strategy** develop appropriated; (4) **Services** much be accessed to RH; (5) **Statistic** evidence reliance; (6) **Social** mobilization/ participation and (7) **Supply** to be meet by demand ;

Thank You, Mr. Chairperson, Distinguished Delegates