Enhancing Equity and Sustainability of Public-Sector Family Planning
Project Brief: Opportunities and Challenges in Vietnam

PATH has received a grant from the Fred H. Bixby Foundation to enhance equitable and sustained access to family planning by strengthening country-led, public-sector decision-making within a total market context. Over a three-year period (2009–2011), PATH will work with governments in Nicaragua and Vietnam to develop operational plans for public-sector contraceptive selection and distribution; strengthen public-private dialogue around family planning service delivery, including for the poorest populations; and disseminate lessons learned. This document summarizes specific opportunities and challenges for the project in Vietnam.

In Vietnam, donor funding for health will decrease in the coming years as economic growth continues.

Vietnam has experienced impressive social and economic development over the past few decades, and the country will attain middle-income status in 2010. Many development partners are planning their exit strategies in preparation for this transition.

There is strong leadership for family planning, although recent shifts present challenges.

The national family planning program is currently implemented by the General Office of Population and Family Planning (GOPFP). GOPFP’s purpose is to assist the Minister of Health in public administration and providing professional guidelines for population and family planning activities throughout the country according to current laws. As the Deputy Prime Minister recently expressed on World Population Day, “The Party and State always consider population-family planning work as an important part of the country’s development strategy, a top socioeconomic issue and a basic solution to better living quality for each person, each family, and the whole society.” GOPFP recently transitioned from functioning as an autonomous, Ministry-level program to a division of the Ministry of Health, which is a significant change for family planning policy in the country.

Donor funding has been crucial to providing contraceptives and will soon be phased out.

All commodity support is expected to end in 2009. According to the draft contraceptive security action plan, international donor support provided 84 percent of the total budget for contraceptives from 1996 to 2006. In particular, this includes a substantial proportion of intrauterine devices (IUDs), by far the most popular method in the country. This will present a major funding challenge for the government, as well as an opportunity to diversify the method mix, in the years ahead.

Contraceptive prevalence is relatively high, thanks to a strong family planning program.

The past decade or so has seen important progress for family planning in Vietnam. Government data show that contraceptive prevalence has increased from 68 percent in 1996 to 78 percent in 2006, and modern method use in particular has increased from 53 percent to 68 percent. The IUD is by far the dominant method in Vietnam, although use of pills and condoms appears to be growing and these are increasingly offered through social marketing (both by the government and nongovernmental organizations, or NGOs). Gender issues and cultural barriers are important reasons why condoms are not used more widely, and lack of information, misunderstanding, and perceived risk of cancer are cited as reasons for discontinuing oral pills. Convenience and effectiveness are the primary considerations for women when they choose contraception.

Although, as noted, the family planning program in Vietnam has been highly successful overall, traditional methods are still used fairly often—the 2002 Demographic and Health Survey (DHS) shows that rates of traditional method use are similar to rates of pill use and higher than rates of condom use. Additionally, many women continue to experience unintended pregnancy as is reflected in the country’s high rates of abortion.
The public sector dominates the contraceptive market, although opportunities for the private sector are increasing.

According to the DHS, 86 percent of contraceptive methods were provided by the public sector and 14 percent by the private sector (defined as private hospitals, clinics, or doctors; pharmacies; or other private sources). Source of supply varies by method: for example, nearly all IUDs and 65 percent of pills were obtained from the public sector, while the majority of condoms (57 percent) were supplied by the private sector. The government increasingly promotes social marketing, including through its own program. The Vietnamese population has demonstrated a preference for private sector health services, including reproductive health services, in recent years, although data on family planning services specifically are not available.

Efforts to improve the equity of family planning will need to involve special efforts to reach the rural poor and migrant populations.

Wealth status in Vietnam is closely tied to geography: approximately 90 percent of the poor live in rural areas. Another sub-group of the poor includes those that have migrated due to urbanization and industrialization. Contraceptive prevalence ranges from 64 percent of currently married women in the rural Central Highlands to 83 percent in the more populous Red River Delta region; trends are similar for modern methods. Women in migrant populations also show lower rates of contraceptive use than their non-migrant counterparts. Service availability and accessibility are challenges for ethnic minorities, people of low socioeconomic status, and women in the northern part of the country. The terrain in these areas has made it difficult for development of a commercial sector and/or private medical practices.

The national government is increasingly focused on contraceptive security.

UNFPA worked with the government in recent years to draft a contraceptive security action plan given the impending reduction in donor funding. The action plan will ultimately be incorporated into the national family planning and reproductive health strategy for 2011–2020. The draft government action plan identifies three major challenges to contraceptive commodity security: the high population increase, the high and increasing rate of contraceptive use, and the reduction of donor aid. Not surprisingly, the budget requirements for contraceptive commodities in Vietnam are substantial and growing. Objectives of the draft strategy are well aligned with the Enhancing Equity and Sustainability of Public-Sector Family Planning project, including developing budget plans for contraceptive needs; establishing a coordinating group on contraceptive security; and expanding the contraceptive market so that individuals and communities cover more costs of contraceptives themselves.

The country presents a mixed picture in terms of readiness for a total market approach.

Vietnam has a large and growing private sector. In 1996, the Ministry of Health estimated that the number of private practitioners in rural communes had exceeded the number of commune health center staff throughout the country. The government is increasingly willing to engage with the private sector around contraceptive security and family planning. The draft contraceptive security action plan includes commitments to shift from a free-products-for-all paradigm, encourage enterprises and local NGOs to participate in social marketing, and develop a contraceptive market through supportive policies. However, there is currently very limited interaction between the public and private health sectors, including in the context of family planning. The private sector is largely unorganized and unregulated, and important policy obstacles to private-sector growth persist.

For more information

See www.path.org/publications for recent PATH reports and newsletters concerning family planning and reproductive health.

Another excellent source of information is the Reproductive Health Supplies Coalition website, www.rhsupplies.org.