

DEVELOPING INFRASTRUCTURE FOR SAFE AND SECURE CHILDBIRTH

The 15TH ASEAN & Japan High Level Officials Meeting on Caring Societies



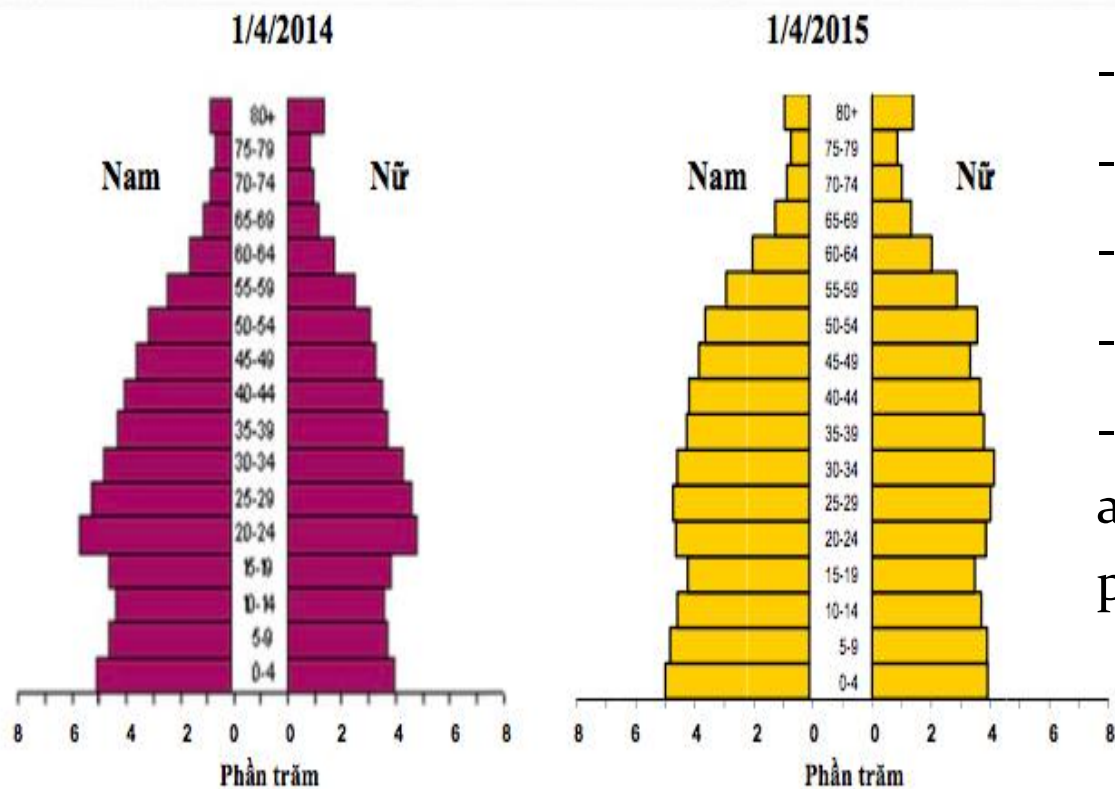
GOVERNMENT OF VIET NAM

MINISTRY OF LABOR –WAR INVALIDS AND SOCIAL AFFAIRS

OUTLINE

1. Over view on population
2. Brief policy on children and health for mother and children
3. Achievement on maternal and child health care
4. Challenges and recommendations for safe and secure childbirth

POPULATION PYRAMIDS OF VIET NAM



- Pop.: 92,7 million
- GDP per capita: 2.200 USD
- 45,7% male
- 33,9% in urban areas
- Children under 16: 26 mil accounting for 28% of its population

Source: General statistics Office (2016), [Major findings: The 1/4/2015 time-point population change and family planning survey](#)

General Statistics Office (2016): Statistics Year Book 2015



DEVELOPING INFRASTRUCTURE FOR SAFE AND SECURE CHILDBIRTH

POLICY AND PROGRAMME ON
MATERNAL AND CHILDREN HEALTH CARE

POLICY AND PROGRAMME ON MATERNAL AND CHILDREN HEALTH CARE

- Maternal and child health care (MCH) has always been identified by Vietnamese Government as one of the top priorities in improving people's health. Especially policies to ensure safe and secure child birth.
- Government treasures health as the most precious asset of nation; Public health services are special social services, not for profit purposes; Investing in health is a development investment.
- Viet Nam has passed many laws and policies that create a solid infrastructure for safe and secure childbirth

POLICY AND PROGRAMME ON MATERNAL AND CHILDREN HEALTH CARE

- Constitution of Viet Nam passed in 2013 regulated on Article 38: “Everyone has the right to protection, health care and equality in the use of health services”.
- The Law on Children 2016: Child is person who under 16 years of age.
- Decision of the Prime Minister approving the National strategy on nutrition by the period of 2011-2020 with vision to 2030: No. 226/QĐ-TTg dated 22 February 2012.

POLICY AND PROGRAMME ON MATERNAL AND CHILDREN HEALTH CARE

- Labor Code 2012
- Law on Social Insurance 2014
- Law on medical examination and treatment 2009.
- Law on health insurance 2014: The State shall issue health insurance cards for children <6 years of age.
- Decree No. 39/2015 by Gov'n't stipulating policies to support poor ethnic minority.
- Decree No. 100/2014/ND-CP by Government regulating the trading and use of nutritious products for infants, breast-feeding bottles and artificial breast milk.

POLICY AND PROGRAMME ON MATERNAL AND CHILDREN HEALTH CARE

- **Article 32 of the Law on Social Insurance** stipulates that during the period of pregnancy, female laborers shall be entitled to take leave for five times for health check up, one day for each time of health check up; If living away from medical examination and treatment institutions or pregnant women with abnormal pregnancies, they shall be entitled to two days off for each pre-natal visit.

POLICY AND PROGRAMME ON MATERNAL AND CHILDREN HEALTH CARE

- **Article 155 of the Labor Code** stipulates that workers are not allowed to use female laborers working at night, working overtime and working far away from home, pregnancy from the 7th month or from the sixth month if working in the up-lands, under-land work, remote and island areas. Female laborers who work in heavy labor during pregnancy from the 7th month, are transferred to lighter work or reduced working time to 01 hour/day but still receive full salary. Employers are not allowed to terminate or unilaterally terminate labor contracts for female laborers for reasons of marriage, pregnancy, maternity leave, raising children under 12 months of age.

POLICY AND PROGRAMME ON MATERNAL AND CHILDREN HEALTH CARE

- Article 157 of Labor Code regulates: “Female workers are entitled to leave before and after childbirth for 06 months. Pre-birth leave is limited to 2 months.
- Adoption mother has 6 months maternal leave
- Male laborers who are paying social insurance are entitled to father leave of 5 days when their wives give birth
- Circular No.38/2016/TT-BYT regulates some measures to promote breastfeeding in medical establishments.

POLICY AND PROGRAMME ON MATERNAL AND CHILDREN HEALTH CARE

Targets by the Prime Minister on the National Strategy for the Protection, Care and Promotion of the People's Health 2011-2020, vision to 2030 as followed :

No	INDICATORS	BY 2020
1	(%) of villages having health workers	>90
2	(%) of commune health stations with doctors	90
3	(%) of commune health stations having midwives or pediatric physicians	>95
4	(%) of children < 1 year of age fully immunized	>90
5	Maternal mortality rate (100,000 live births)	< 52,0
6	Infant mortality rate (1,000 live births)	11,0
7	Under-five mortality rate (1,000 live births)	16,0
8	(%) < 5 children malnutrition (weight/age) (%)	10,0



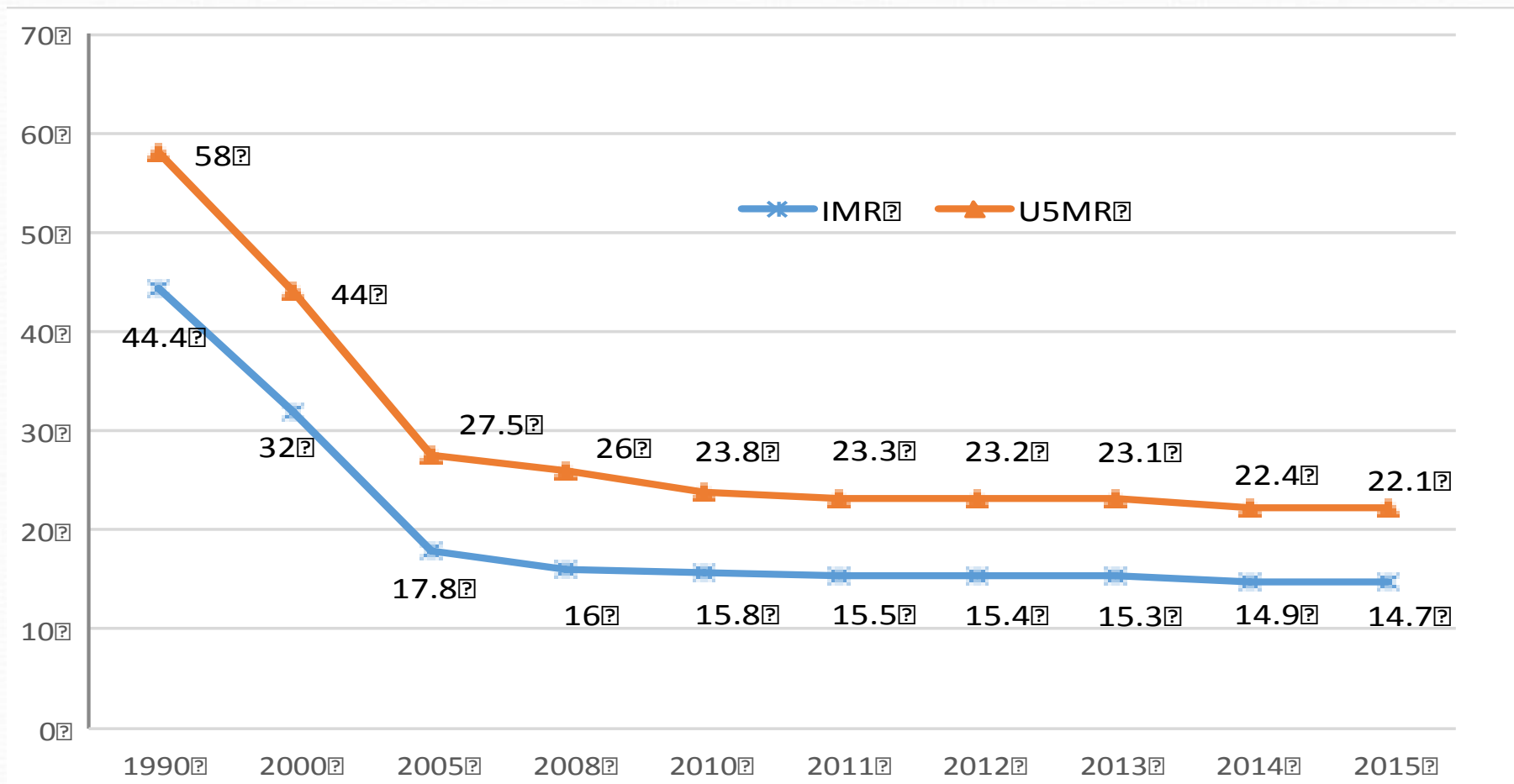
DEVELOPING INFRASTRUCTURE FOR SAFE AND SECURE CHILDBIRTH

MAJOR RESULT ON
MATERNAL AND CHILD HEALTH CARE

RESULT ON MATERNAL AND CHILDREN HEALTH CARE (Contn't)

- IMR declined from 15,5‰ in 2011 to 14,7‰ in 2015
- U5MR declined from 23,3‰ in 2011 to 22,1‰ in 2015
- U5 underweight declined from 16,8% in 2011 to about 14,1% in 2015.
- Stunting under 5 years (%) dropped from 29,3% in 2010 to 24,6% in 2015.
- Immunized <1 year : 97,2%

IMR vs. U5MR (/100.000 live births)



Sources: MOH (2014) Health Statistics Year Book 2014
Ministry of Health- Maternal and Child Health Dept. (2017)- The indicators of MCHC

RESULT ON MATERNAL AND CHILDREN HEALTH CARE (Contn't)

- **Child cares for the first 1000 days of life** - the golden age that affects the brain, the nerves, the health of the child, and the height of the child's growth. Care for pregnant women, breast-feeding mothers and child in the womb to 2 years, results:
 - 97.1⁰% pregnant women received fetal management
 - 89,9⁰% pregnant women had 3+ times of examinations/3 trimester
 - 96⁰% of pregnant women got appropriate tetanus vaccination.
 - 98,3⁰% of women gave birth with the help of trained health care workers. (at health facilities: 92.3⁰%)
 - 82,1⁰% mother and child had postnatal care
 - MMR: 58,2 per 100.000 live birth.

RESULT ON MATERNAL AND CHILDREN HEALTH CARE (Contn't)

- The pre-natal screening rates have increased over the years: prenatal screening has increased from 1.5% in 2011 to 15% in 2015, infant screening has increased from 6% in 2011 to 30% in 2015.
- By 2015, the model of pre-marital counseling and examinations has been expanded to 63 provinces/cities.

CHALLENGES (Contn't)

- High level of disparity in basic health indicators between urban and rural areas, between regions, and in the target population in recent years.
- Maternal and infant mortality rates in some mountainous areas are 3-4 times higher than those in the delta and urban areas, and nearly double the national average.
- Financial investment for maternal and child health is still limited.

CHALLENGES (Contn't)

- Lack of programs/guidelines for mental healthcare and psychological, emotional development of children as well as well-trained personnel for maternal and child health care.
- Data collection system is poor and not meet international standard.
- Vietnam is one of the six countries most affected by climate change and one of the five countries with highest natural disaster risk in the world. Environment is seriously polluted.

CHALLENGES (Contn't)

- Lack of service connection networks at families and communities.
- Awareness&knowledge/skills of parents and caregivers on maternal and childbirth caring is low.
- The gap between rich and poor; inequality in development opportunities and access to health care services for mother and children.

RECOMMENDATIONS (Contn't)

- The Law on Children 2016 and others as a solid base for maternal and childbirth as well as children's rights implementation.
- Speeding up preparation and approval of the National Program on Integrated early childhood development (IECD) in period of 2018 – 2025 for children from 0-8 year of ages.

RECOMMENDATIONS (Contn't)

- To increase investment in infrastructure, equipment, human resources, technologies and essential drugs for health facilities at district and commune levels, with priority given to mountainous, remote and disadvantaged communes, villages, especially for those in difficult areas. These included:

RECOMMENDATIONS (Contn't)

- Strengthen nutrition;
- Practices and means to ensure clean water supply, personal hygiene and environmental sanitation;
- Prevention and treatment of diseases;
- Quality reproductive health care services;
- Good maternal health during pregnancy;
- Midwifery services of skilled health workers;
- Basic and holistic care for mothers and infants in an emergency;
- Postnatal care;
- Caring for babies;
- Integrated management of infants and young children in preschool age.

RECOMMENDATIONS (Contn't)

- Promote direct interventions to reduce maternal and neonatal mortality;
- To organize a network of service supply suitable with culture, customs and habits, especially ethnic minority groups.

RECOMMENDATIONS (Contn't)

- Strengthening inter-sectoral coordination in implementing hygiene, nutrition and pre-postnatal care, interventions to ensure safe and secure maternal and childbirth. Promote community mobilization in improving maternal nutrition, pre-natal and nutritional supplements for children of all ages.

RECOMMENDATIONS (Contn't)

- Developing health information, data collection system on maternal and children health, enhancing and improving the effectiveness of communication and health education.
- Organizing communication campaign on maternal and child health, especially safe and secure childbirth to increase awareness of all people and authorities at all levels.
- Strengthening collaboration with international agencies, nations, ASEAN countries to share experiences on maternal and children health.

THANK YOU

