

Maternal and Newborn Health: A Vietnam Roundtable Discussion



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THE NATIONAL BUREAU of ASIAN RESEARCH
Center for Health and Aging



Overview

On February 2, 2010 the NBR Center for Health and Aging and the Institute of Social and Medical Studies convened 28 leaders in Vietnam from civil society, public health, medicine, policy, industry, and academia to examine critical topics and priorities in maternal and newborn health (MNH). GlaxoSmithKline provided sponsorship.

For many of the participants, this roundtable represented the first time in several years that leaders from diverse sectors convened in a forum where the voices of local practitioners formed the majority. Findings generated by the Roundtable dialogue have informed the 2010 Pacific Health Summit planning process.

Goals for the Roundtable Included:

- Bring together stakeholders from civil society, policy, public health, and industry to discuss critical topics in maternal and newborn health for Vietnam.
- Explore potential commitments and calls to action that would have an impact on Vietnam and the Southeast Asian region.
- Examine implementation challenges in a holistic context, noting the delivery, leadership, education, and infrastructure issues that are inextricably linked to uptake and awareness of innovative tools.

Research fuels innovation—
without it we cannot
identify new solutions.”

—**Nguyen Thi Hoai Duc**, Institute for
Reproductive and Family Health



Nguyen Lam Dung, Elizabeth Hernandez,
Bui Dai Thu (left to right)



Vietnamese women on their way to the market. A WHO study recently showed that maternal mortality in the Northern Uplands, a poorer region, was almost 10 times higher than in the more prosperous Red River Delta and Southeast regions.

Discussion Summary

Despite Success, Disparities Remain

Vietnam has experienced significant success in reducing maternal and newborn mortality rates.¹ However, many regional disparities exist that serve as barriers to accessing services and quality of care. For example, the newborn mortality rate in rural areas is 50% higher than in urban areas. Numerous Roundtable participants emphasized that scaling-up quality care for women and their newborns in remote areas, particularly in mountainous regions, is a key factor in reducing disparities.²

Promoting Prevention

The Vietnamese healthcare system, like most systems around the world, primarily focuses on disease treatment rather than on public health and prevention-oriented programs and policies. Roundtable participants agreed there is a critical need to increase investment in health promotion, disease prevention, and support for integrated approaches to health investment.

Exploring Communication and Productive Relationships with the Private Health Sector

Improving maternal and newborn health outcomes requires collaboration across all sectors and people; government, donors, NGOs, private companies, and patients are all part of the solution. The private health sector is particularly important: pharmacies are often the first point of entry into the Vietnamese healthcare system, yet the sector is unregulated. Standards are unenforced and care can vary drastically from one provider to another.

Collaborating with the Business Sector

Vietnam is a source for cutting-edge innovation in terms of technologies, services, and processes; businesses have a key role and stake in MNH. The healthcare community can only gain from continued and increased engagement with companies on appropriate technology and other innovative collaborations. Demonstrating how science, industry, and policy can work together for effective, locally relevant solutions is CPAP (Continuous Positive Air Pressure), a device used by national hospitals to help babies breathe. CPAP was initially sponsored by international donors but is manufactured locally at one-fifth the cost of an imported device by a company founded to develop effective medical devices that specifically address Vietnam's needs. Adapting innovation to local settings was emphasized by many participants as key for successful implementation and delivery of care.

1 Save the Children, *State of the World's Mothers 2006* (Westport: Save the Children, May 2006), 19.

2 Ibid, 10.



In many rural areas of Vietnam, in addition to accessing appropriate healthcare, availability of clean water and electricity presents a challenge.

Noting the potential impact of public-private partnerships, members of civil society discussed possibilities for launching new collaborations with the business participants in the room. Participants agreed that for partnerships and engagement to be sustainable, businesses must become engaged beyond traditional corporate social responsibility models and see themselves as equal stakeholders, offering viable solutions as part of a core business model.

Increasing Knowledge and Human Resources in MNH

Investing in programs on the ground and increasing human resource capacity is crucial to sustaining and building upon past successes. But the challenge doesn't end there. Attracting, maintaining, and supporting healthcare workers at all levels is also vital for success. Investing in maternal, newborn, and reproductive health research is also key, particularly in prevention of mother-to-child transmission of HIV, research on the social determinants of MNH, including poverty, gender violence, and climate change.

Roundtable Conclusions

- **Emphasize Integration:** Policies and programs should emphasize integration of maternal and newborn health solutions, as well as horizontal approaches across related pro-

grams and issues, including, for example, nutrition, HIV/AIDS, and mental health.

- **Create Demand and Incentivize Professional Engagement:** Policies and programs must support and encourage successful health practices at the community level. Government, donors, and industry must work together to address human resource capacity shortages by increasing support of, and incentives for, individuals to study, advance, and remain in practice in this field, particularly in rural and remote regions.
- **Illustrate Return-on-Investment:** Make the case to the government and donors that MNH is worth the investment—the payoff far exceeds the initial costs. Increased multi-sectoral conversation and collaboration will make a positive impact on MNH outcomes in Vietnam.
- **Build Partnerships with the Business Sector:** Governments and civil society could benefit from exploring innovative engagement with the business sector beyond the traditional CSR model, establishing stronger foundations for sustainable public-private partnerships.

The challenge continues even after individuals are trained: How do we support workers at the grassroots level so that they remain in their roles, serving populations who need their help the most?

—Vo Kim Hue, National Hospital of Pediatrics

Phan Thi Thu Ha, Vu Chinh Thien, Nguyen Duc Minh, Sarah Keithly, Khu Thi Khanh Dung, Vo Kim Hue (left to right)



Continuing Challenges for MNH in Vietnam: Preparing for Success

- As Vietnam's health outcomes improve and its economy grows, donor funds are increasingly difficult to secure. How does the government and NGO sector develop creative and sustainable approaches to securing the funding, care, and necessary interventions to sustain such success?
- How can the government and NGO sector collaborate in documenting successful programs and projects in a way that has a lasting impact on policy and transfers best practices effectively to other programs and regions?

Hmong woman with her baby in a mountainous area of Vietnam. Scaling up access to and quality of skilled health care workers is key to reducing maternal and newborn ill health for minority and rural populations in Vietnam and surrounding countries.

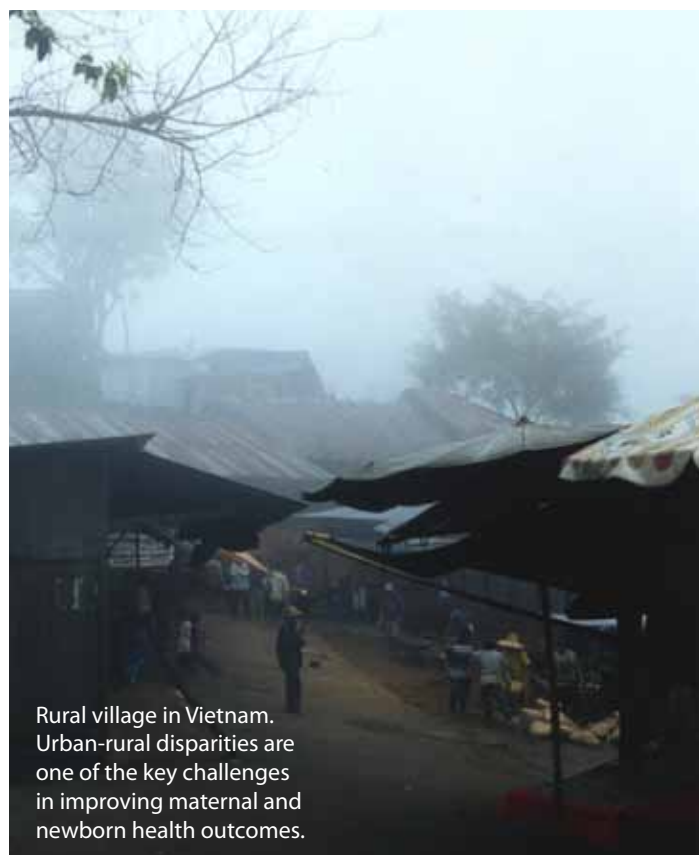


Maternal and Newborn Health: Current Strategies in Vietnam

In Vietnam, many existing national strategies and policies directly and indirectly impact MNH outcomes. Numerous government programs and plans broadly address different components of these multi-faceted issues:

Five-Year Socio-Economic Development Plan 2006-2010³

The plan details increased investment in primary healthcare, with an explicit focus on education in reproductive health, nutrition, traffic safety, and tobacco control. Objectives include improving the “material and spiritual life” of women and raising their quality of education and job training in ways that ensure “rational human resource structures.” The plan also outlines support for residents of socio-economically-challenged communities and communities in mountainous, island, and border regions.



National Strategy for Reproductive Health Care 2001-2010⁴

Key objectives include improving the nation's overall reproductive health status and narrowing the disparities between different regions and target groups. The strategy outlines seven objectives, including improving the health status of women and mothers and reducing maternal mortality and morbidity, perinatal deaths, and infant mortality with “specific attention to disadvantaged areas and to beneficiaries of government policies.”

National Plan on Safe Motherhood 2003-2010⁵

Key elements of this plan include increasing delivery of new tools and equipment at the provincial and district levels and the expansion training for doctors and nurses in essential newborn care.

National Action Plan for Child Survival⁶

Implemented by Save the Children in partnership with the Ministry of Health and other partners, this plan aims to reduce newborn deaths by introducing a newborn care intervention package and updating national guidelines and standards.

Strategy for Protection and Care of the People's Health 2001 – 2010⁷

Specific objectives include reducing maternal and under-one-year mortality and reducing malnutrition among newborns. Implemented solutions aim to improve quality and access of reproductive care services and prioritize investment in maternal and child health services.

National Nutrition Strategy 2001-2010⁸

Specific objectives of this strategy include promoting exclusive breastfeeding practices, reducing malnutrition rates for women and children, and increasing women's nutritional health literacy.

3 “On 2006-2010 Five Year Socio-economic Development Plan,” The National Assembly of Vietnam, 11th National Assembly, 9th Session, Resolution No. 56 (Hanoi, June 29, 2006), <http://moj.gov.vn> <http://www.asianlii.org/vn/legis/laws/o20062010fsdp394/>

4 “Decision by the Prime Minister Approving the National Strategy on Reproductive Health Care for the Period 2001-2010,” Prime Minister of Vietnam Phan van Khai, Decision No. 136 (Hanoi, November 28, 2000), <http://www.moh.gov.vn>

5 “National Plan on Safe Motherhood in Vietnam 2003-2010,” Ministry of Health of Vietnam (Hanoi, 2003), United Nations Population Fund Vietnam: Resources, <http://vietnam.unfpa.org/resources.htm>

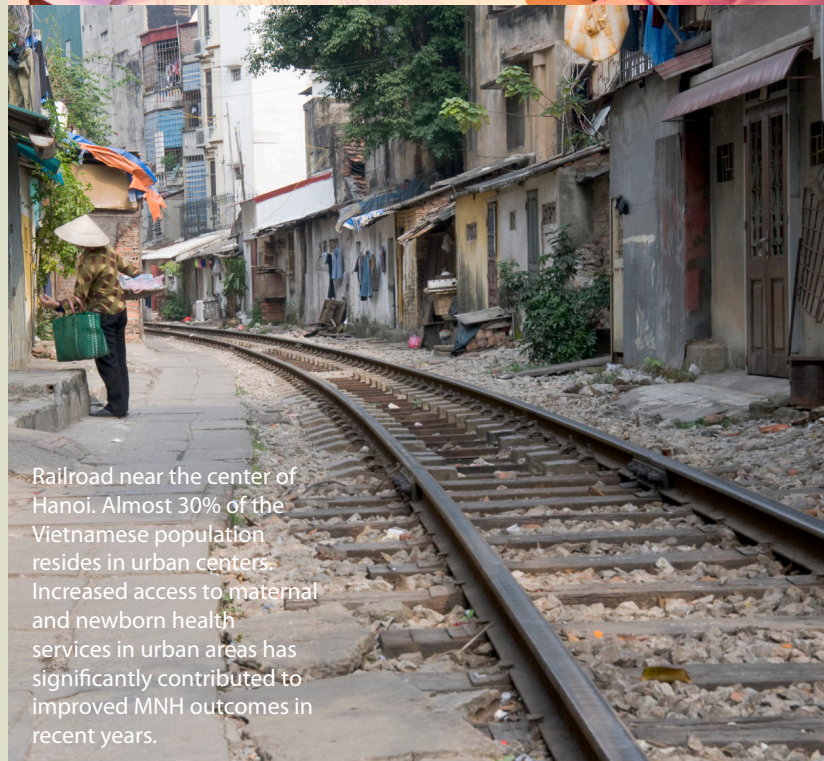
6 “Saving Newborns in Vietnam,” Save the Children Official Site: Creating Lasting Change for Children in Need, April 2009, <http://www.savethechildren.org/programs/health/saving-newborn-lives/newborn-health-information/where-we-work/saving-newborns-in-vietnam.html>

7 “Decision by the Prime Minister Approving the Strategy for the Protection and Care of the People's Health in the 2001-2010 period,” Prime Minister of Vietnam Phan van Khai, Decision No. 35 (Hanoi, March 19, 2001), <http://www.moh.gov.vn>

8 “Decision by the Prime Minister Approving the National Strategy on Nutrition for the period 2001-2010,” Prime Minister of Vietnam Phan van Khai, Decision No. 21 (Hanoi, February 22, 2001), <http://www.moh.gov.vn>

Participants:

Nguyen Hong Phuong, *Alive and Thrive*
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Railroad near the center of Hanoi. Almost 30% of the Vietnamese population resides in urban centers. Increased access to maternal and newborn health services in urban areas has significantly contributed to improved MNH outcomes in recent years.

Special thanks to:

