



Partners in Population and Development (PPD)
An Inter-Governmental Organization
Promoting South-South Cooperation



Ministry of Health
Government of the Socialist Republic of Vietnam



THE POPULATION AND FAMILY PLANNING PROGRAM OF VIETNAM: SUCCESS AND LESSONS LEARNED 1992-2019

SHARING BEST PRACTICES

Addressing RH, Population and Development Challenges

Case from VIETNAM



Biography of the Consultant



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FOREWORD

Partners in Population and Development (PPD) is an inter-governmental organization of 27 Developing Countries from Asia, Africa, Latin America, and Middle East and North Africa (MENA) regions, launched in 1994 at the International Conference on Population and Development (ICPD) held in Cairo, Egypt with the mandate to institutionalize and promote South-South Cooperation (SSC) in Reproductive Health, Family Planning and Population related issues for the implementation of the ICPD Program of Action. Through exchange of knowledge, experiences and best practices among its member countries and other developing countries, PPD contributed in creating opportunities for launching efficient and transformational SSTC programs, considered as best alternative approaches to achieve ICPD and the 2030 Agenda for Sustainable Development in developing countries.

In 2019, PPD and UNFPA jointly documented 2 best practices from Kenya and Tunisia which were published in UNOSSC South-South Galaxy (Volume 3: South-South and Triangular Cooperation for Sustainable Development). In 2020 and as the whole world experienced the social and economic disruption, particularly in health system caused by COVID-19 pandemic, PPD with the support of UNFPA has documented nine (9) best practices from Bangladesh, China, Egypt, The Gambia, Ghana, India, Morocco, Vietnam and Thailand, highlighting the issues related to reproductive health, family planning, maternal health, adolescent health, gender equality, population and development.

I strongly believe that sharing best practices is a key tool to promote South-South Cooperation and this document will help other countries to adapt and replicate the ideas to solve similar issues in the beneficiary countries.

I wish to express my sincerest thanks and appreciation to the Government of the Socialist Republic of Vietnam through the General Office for Population and Family Planning for their strong engagement to South-South Cooperation and continued support to PPD as witnessed by the documentation of the **“Population and Family Planning Program of Vietnam”** and the commitment to share it with other developing countries.

Adnene Ben Haj Aissa
Executive Director



Socialist Republic of Viet Nam

Capital:	Ha Noi
Population:	96.2 million (2019)
Urban:	33.1 million (34.4%)
Rural:	63.1 million (65.6%)
TFR:	2.09 (2019).
Achieved replacement fertility (2.1):	Since 2005
IMR:	14.0‰ (2019)
MMR:	46 per 100000 live births (2019)
Literacy rate of population aged 15+:	95.8% (2019)
Life expectancy at birth:	73.6 (2019)
GDP per capital:	3.500 USD (2019)

Implementing Institution:

General Office for Population and Family Planning, Ministry of Health

Address: Alley 8, Ton That Thuyet Str., Nam Tu Liem Dis., Ha Noi, Viet Nam

Website: <http://www.gopfp.gov.vn>

Head of the Institution: Dr. Nguyen Doan Tu

1. OVERVIEW

Viet Nam is one of the first countries in Asia that launched the population and family planning (PFP) program. On 26 December 1961, the Government issued the Resolution 216-CP on guided birth marking the beginning of the PFP program in Viet Nam. After various periods, especially since 1992, the PFP work has gained important achievements. Viet Nam has gotten Population Award of United Nation in 1999 and other Awards of the Government of Viet Nam. Viet Nam is one of a few countries has achieved MDGs by 2015 and Viet Nam is striving to achieve the SDGs by 2030.

However, before 1992, the fertility rate of Viet Nam was very high: The annual population growth rate was more than 2% per year, the total fertility rate (TFR) was 3-4 children per woman at reproductive age (15-49 years). Maternal and child mortality was high, and the life expectancy at birth was low. People's lives still face many difficulties and are always in poverty and hunger. The targets of the PFP programs set by the government have not been achieved.

Facing that situation, it was seriously requirement that the government of Viet Nam have appropriate PFP programs. The Government has set a target of achieving replacement fertility (TFR: 2.1) by 2015; the population growth rate was too fast to be controlled, reducing maternal and child mortality and improving the life expectancy at birth.

In 2005, Viet Nam achieved the replacement fertility rate (TFR: 2.1), 10 years earlier than the set target (by 2015). The growth rate of population was 1.17%/year. The contraceptive prevalence rate reached 76.8% in which modern method was 65.7%. The infant mortality rate of children under 1 year (IMR) has decreased to 17.8‰. The maternal mortality rate (MMR) fell to 80 per 100 thousand live births. The life expectancy at birth increased 72.2 years. The success of reducing the fertility has brought Viet Nam enter the dividend population/ bonus demographic period with huge numbers of people at working age since 2007. It was advantages for so-economic programs in Viet Nam.

By the Housing and Population census 2019, the replacement fertility has been maintained since 2005 (TFR: 2.09). The IMR dropped to 14.0‰, the under-five mortality rate of children (U5MR) reduced to 21‰ and the MMR dropped to 46 per 100 thousand live births. The life expectancy at birth increased to 73.6 years, in which men are 71.0 years and women are 76.3 years.

The achievements of the PFP program have made important contributions to improving people's health, improving education status, implementing gender-based equality issues, and successfully implementing the poverty reduction program, increaseing GDP per capita and improveing the quality of life of the people in Viet Nam.

At present, after nearly six decades, especially since 1992 up to now, the PFP program of Viet Nam has achieved many important achievements in reducing the fertility with suitable structure of population and improving health population. The standards of people lives is increasing day by day. Viet Nam has shifted its focus on population policy from family planning to population and development, placing population in close relationship between population and socio-economic programs, defense-public security sectors and ensures the rapid and sustainable development of the country.

What has made the PFP program success over the past decades, especially the period 1992 up to now in Viet Nam? What are the lessons learned including successes and failures that Viet Nam found out in the past periods? The Viet Nam's successes could be applied appropriately and creatively in other countries specially with countries have not yet reached replacement fertility level? How the Viet Nam case could be applied for South-South cooperation framework or trianglecooperation initiative?

The information below may meet or satisfies those key questions.



The success of the PFP program has made an important contribution to the poverty reduction program in Viet Nam, improving the quality of life for people, including ethnic minorities. Viet Nam is one of the largest rice exporters in the world.

Implementing Institutions

The whole political system (party and government bodies, political and social organization in Viet Nam) involve in the PFP program. The Party has a leading role, and government agencies, political and social organizations, NGOs, communities, families have a coordinating role in implementing PFP.

The National Committee on Population and Family Planning (NCPFP) is responsible organization.

In 1991, the NCPFP, the first PFP institution, was established. From this time, the PFP system from central to local level was set up and step- by-step strengthened and improved.

In 2002, the National Committee for Population, Family and Children was established on the basis of merging the NCPFP with the Committee on Protection of Children. The National Committee for Population, Family and Children has functions on state managements of PFP, family and children sectors.

In 2007, the National Committee for Population, Family and Children was separated again. In which the function of state management on family is assigned to the Ministry of Culture, Sports and Tourism, the function of state management of children is assigned to the Ministry of Labor, Invalids and Social Affairs. The function of state management of PFPs assigned to the Ministry of Health and the establishment of the General Department of Population and Family Planning (GOPFP). The GOPFP was established by the Prime Minister and working today.

- PFP organizational apparatus from central to local level:

Central level: General Office for Population and Family Planning (GOPFP), Ministry of Health

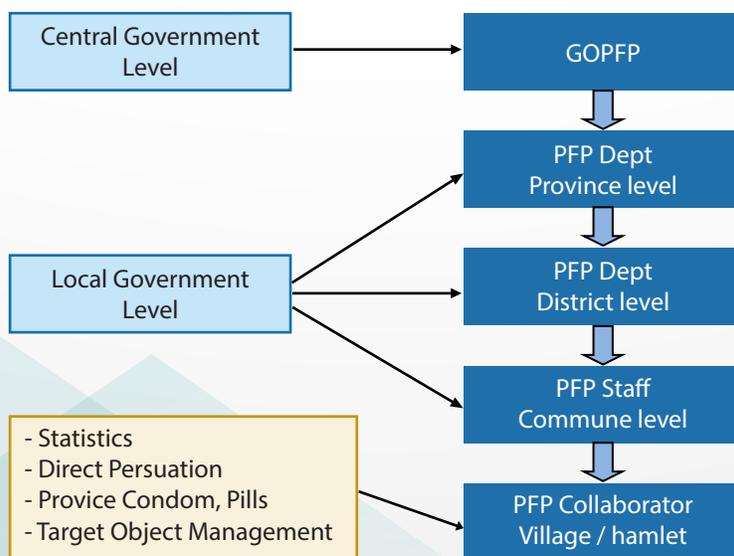
Provincial level: Provincial PFP Office

District level: PFP department

Communed level: full-time officer, village population motivators/ PFP collaborators.

The network of population motivators was formed at all villages, streets, hamlets. Population motivators were provided with professional training on communication, advocacy and provision of family planning services. They are the core persons who make the PFP program successful. Different and qualified PFP intervention programs were implemented, including communication and education programs, behavior change communication programs, reproductive health/family planning (RH/FP) services, training courses, improving quality of the labour force, strengthening scientific research, promoting socialization and cross-sectoral cooperation, improving service quality and management, and finalizing the PFP mechanism from central to local level. Not only women of reproductive ages and eligible couples but also adolescents/youth, specific ethnic groups and older people get benefits from the program.

The PFP Organization system



- **Party commissions:** Central Propaganda and Training Commission, Central Commission for Mass Mobilization, Central Economic Commission...

The Party agencies also participated with leading role in the PFP programs at all local levels

- **Related ministries:** Ministry of Labour, War- Invalid and Social, Ministry of Public Security, Ministry of Planning and Investment, Ministry of Finance, Ministry of Education and Training, Ministry of Culture, Sport and Tourism, Ministry of Justice, Ministry of Agriculture and Rural Development, Ministry of Home Affairs, Ministry of Science and Technology, Ministry of Information and Communication, Ministry of Foreign Affairs, Committee of Ethnic Affairs...

The related sectors also participated in the PFP programs at all local levels.

- **Political and social organization:** Viet Nam Father Front, Viet Nam General Confederation of Labour, Viet Nam Farmer's Union, Viet Nam Women's Union, Ho Chi Minh Communist Youth Union, Viet Nam Family Planning Association...

The related political and social organization also participated in the PFP programs at all local levels.

- **NGOs, community and family** in the whole of Viet Nam



Reproductive health counseling for people in Bong Khe commune, Con Cuong district, Nghe An province. (Photo: Bich Hue / VNA)

2. SUMMARY: BACKGROUND, OBJECTIVES AND RESULTS

2.1. Background and Justification:

The Doi Moi (Renovation since 1986) in Viet Nam with many so-economic development policies has been issued and has been initially effective. However, the so-economic situation of Viet Nam faced many difficulties; especially the economic growth rate was low while the population growth rate was too fast. Viet Nam's PFP program has not been particularly successful in previous decades. In 1991, Viet Nam's population was 67.2 million people, TFR: 3.8, the annual population growth rate was over 2%. If the annual population growth rate and TFR continued the population size of Viet Nam will double in 30 years late.

The population growth rate rapidly increases is one of the most important reasons hindering so-economic development, causing great difficulties for improving life, limiting intellectual and cultural development conditions and the Vietnamese fitness. Reducing the rapid population growth rate was one of the most priority national policies of Viet Nam at that time. It must become a large, strong and profound movement in the whole country, the Party said. The Central Committee of the Communist Party of Vietnam has issued Resolution No. 04- NQ/HNTW on population-family planning sector.

2.2. Objective: to ensure small size family with healthy children to achieve happy and well-off life.

Specific objectives: By 2000, the population growth rate is 1.8%, by 2015, in the whole country, each family has two children. The total population did not exceed 82 million by 2000.

2.3. Solutions: In order to institutionalize the directions and objective given by the Party, the Prime Minister has approved the Strategy for Population-Family Planning of Viet Nam by 2000. The strategy emphasizes "lowering the population growth rate requires doing well in family planning program, having a family with few children, healthy, civilized and wealthy"

A comprehensive solution system was deployed, in which:

- Leadership and organization was the prerequisite solutions;
- Information, education, communication (IEC), family planning/reproductive health services and policies/programs are the basic solutions;
- Finance-logistics, training-research and management are the conditional solutions.

2.4. Outcomes: Major indicators were achieved ahead of schedule. The TFR reduced from 3.8 (1991) to 2.9 (2000). Viet Nam has gotten the replacement level fertility since 2005, earlier 10 years as compared with objective (2015).The fertility keeps constant until now (2019: 2.09).

The population growth rate reduced from over 2%/year to 1.28% (2000), exceed the set targets (1.8%) and 1.17% in 2005 and now 1.14% (2019).

The total population increased from 67.24 million (1991) to 77.6 million in 2000, smaller 4.36 million compared with objective (82 million by 2000) and was 86.92million 2005 and now 96.2 million (2019).



Providing family planning / health care services for the people is getting better, including ethnic minorities

3. MAIN ACTIVITIES, ACHIEVEMENTS AND IMPACT

3.1. Main activities: As above mentions that a comprehensive solution system was deployed, in which leadership and organization was the prerequisite solutions; IEC, family planning/reproductive health services and policies/programs are the basic solutions; finance-logistics, training-research and management were the conditional solutions.

3.1.1. Population Policy:

As above mentioned, the Party has issued Resolution No. 04-NQ/HNTW and other related documents every 5 years. The National Assembly of Viet Nam also issued annual and 5- years fertility reduction targets. The Prime Minister has issued the Strategy for Population- Family Planning of Viet Nam by 2000. The Government issued an Action plan for 5-years, 1991-1995, issued improving three programs: management capacity, efficiency of family planning services and IEC programs.

The strategy is implemented in the whole country but focuses on rural areas, especially three key areas with high population density (Red river delta, Central coast and Mekong river delta).

Some policies to encourage people to implement family planning such as loan support, poverty reduction, job creation, health insurance, and support for planning service providers, PFP commune staffs, PFP collaborators. Emulation and commendation policies and programs have also been widely deployed across the country.

Likewise, in the following periods, the Prime Minister issued the Strategy for Population of Viet Nam period 2001-2010; the Strategy for Population and Reproductive Health of Viet Nam period 2011-2020. Currently, the Strategy for Population of Viet Nam by 2030 has been issued by the Prime Minister.

3.1.2. Organization:

In order to achieve the objectives that issued by Party and National Assembly, the Government established the National Committee on Population and Family Planning (NCPFP) in 1991 (previous periods, the MOH has responsible for PFP).

NCPFP is established from central to local levels (including 3 levels: province, district and commune). The PFP collaborators were working at the villages/streets/hamlets. The commune PFP staff and PFP collaborators work as method of “door-by-door”, “mouth to mouth” for providing information, advocacy and non-clinical contraception. They were key human resources for the success of the PFP program in Viet Nam.

In 2002, the National Committee for Population, Family and Children was established on the basis of merging the NCPFP with the Committee on Protection of Children. In 2007, the National Committee for Population, Family and Children was separated again. The function of state management of PFP is assigned to the Ministry of Health and the establishment of the General Department of Population and Family Planning (GOPFP).

Currently, at the central level is GOPFP that was established by the Prime Minister. At the local level: 63 PFP agencies of 63 provinces/cities; more than 700 PFP district agencies, more than 10 thousand PFP staffs at commune level and 140 thousands PFP collaborators in villages/streets/hamlets.

Beside the PFP system, Viet Nam also establishes a PFP Committee at all levels from central to local. The Chairperson of the Committee is the leader of the Government (Prime Minister or Deputy Prime Minister at central level), President or Vice President of the People's Committee at all levels in the locality. Members of the Committee are leaders of relevant agencies such as health, education, labor, society, investment planning, finance, women's union, youth, labor unions, farmers... The Committee is advisable for the leaders of Government, People's Committees at all levels to implement the PFP sector and integrate population objectives/targets and indicators into the socio-economic sectors.

3.1.3. IEC:

IEC is promoted, comprehensively implemented on mass media, expanding in scope and object; improve quality, innovate methods to raise awareness, create consensus of the whole society on PFP and increase the number of users.

IEC is implemented through all mass media channels from the central to local levels such as the Viet Nam National Television, the Voice of Viet Nam, etc. In addition, there are entertainment programs, theater, advertising, and questions and answers program... The IEC of PFP is also integrated into the educational programs, extracurricular activities and clubs of universities, high schools and secondary schools.

IEC has mobilized the participation of all related sectors such as the youth, farmers, labours and at all levels in the whole country. The content of IEC on family planning, the benefits of family planning, giving birth at health facilities, care during pregnancy...IEC documents are produced and distributed to all people, focusing on couples of childbearing age, adolescents, and young people.

Nowadays, the digital communication methods via smart phones and social networks are also using in Viet Nam.

3.1.4. Family Planning/Reproductive health Services:

The reproductive health/family planning service delivery network has been expanded and improved service quality from central to local levels. The services are provided to each family and users with convenient, close to the people, safe and effective.

The services have been invested and upgraded equipment, diversified family planning measures and contraceptive to meet the increasingly choice opportunities and demand of users. The providers have been enhanced knowledge and skills to meet the increasing needs of users.

Non-clinical methods of contraception are provided to users at their houses by PFP collaborators. The preventive contraceptive storage system is established at all levels from the central to local levels. Every commune has health centers in which have a doctor and midwife. At the village where the mother could not give a baby at health center, the health worker will support services for the mother at their house. The annual campaigns to strengthen both of communication and service by qualified health workers at district level to support commune level for providing high quality reproductive health/family planning services to users.

Currently, Viet Nam is providing a comprehensive services packet in the life cycle approach from prenatal to old age at the commune level, including counseling and pre-marriage health check-ups, health care services for pregnancy, screening and prenatal diagnosis, neonatal, free medical services for children under 7 years old; cervical cancer, breast cancer screening for women in some places, occupational disease health care, and health care for the elderly.

3.1.5. Resources:

Since 1993, the national PFP program has a separate budget from central to local and higher by yearly. The national budget is approved by the National Assembly. Local authorities also added more budgets to the PFP program.

The state budget used for contraception, family planning services, IEC, incentive, training, management, research and administrative expenses of the PFP system from the central to local government level including for PFP collaborators. Currently, contraception and family planning services are provided free for the poor.

3.1.6. Training and Research

Since 1990, NCPFP has cooperated with the Ha Noi National Economics University and the University of Economics Ho Chi Minh City to open basic population training courses (3 months) for the PFP staffs from central to local. The TOT training is also applied to provide basic knowledge about PFP for all staffs, especially at the communes, villages and hamlets.

Postgraduate training programs are also focused. Many officials are trained abroad, hundreds of employees are allowed to abroad for short terms or sharing/learning experiences. In order to ensure the scientific and practical basis for the management of the PFP program, the research is strengthened with state-level and ministerial-level research projects. Research results contribute to making policies and programs based-evidences. The Scientific Council established at NCPFP (currently is GOPFP)

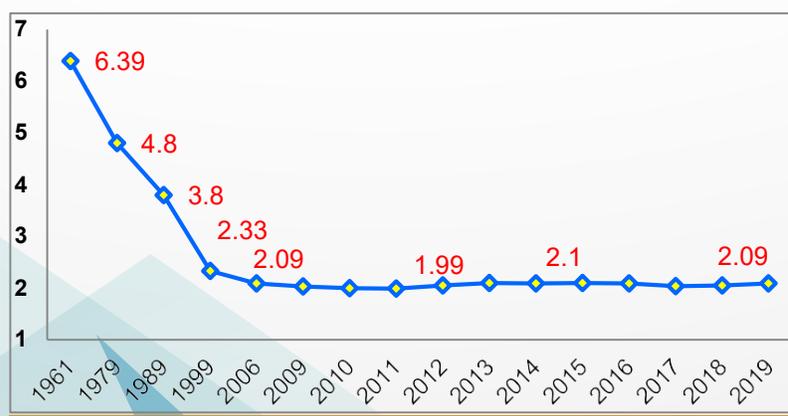
3.1.7. Cooperation:

The involvement of relevant agencies and sectors in the PFP program is very important. As mentioned in the organization item, beside the PFP system, which has function of state management in population sector, in Vietnam there are also PFP Committees at all levels where the Committee's members are relevant ministries, socio-political organizations. These member organizations all implement PFP programs in their systems. For example, the Viet Nam Women's Union has a movement for women who do not have a third child; The Youth Union has a movement of 3 goals (no early marriage, no early birth, no thick birth), the Viet Nam Farmers Association implements the male involvement in family planning; The Ministry of Culture implements the movement of cultured family, including family planning indicator. Agencies such as the Voice of Viet Nam, The National Television of Viet Nam, Viet Nam News Agency and local press agencies implement the IEC for PFP program. The participation of all ministries, sectors in PFP program created a great movement in the whole society to implement family planning and its consensus and success.

3.2. Achievements and Impacts:

With the main activities above, the PFP program of Viet Nam has achieved impressive results. The TFR reduced from 3.8 (1991) to 2.9 (2000). Viet Nam has gotten the replacement level fertility since 2005, earlier 10 years as compared with objective (2015). The fertility keeps constant until now (2019: 2.09).

TFR Viet Nam, 1961-2019

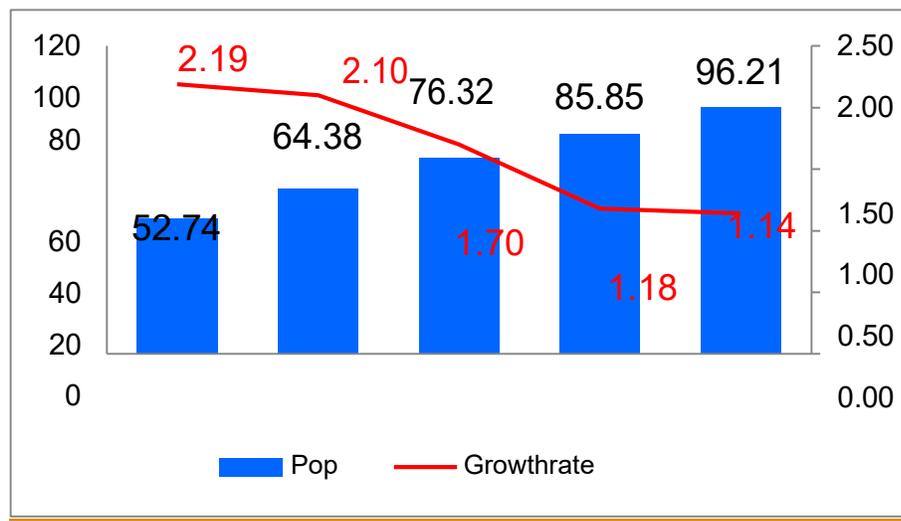


Source: GSO, Census (1979, 1989, 1999, 2009, 2019), Annual sample survey

IMR greatly decreased from 36.7‰ (1999) to 14.5‰ (2016), and 14‰ (2019). In 2019, U5MR was 21%, declining by over a half compared to 1999 (56.9‰). MMR was 46 deaths per 100.000 live births, a reduction of 223 deaths compared to 1999.

The total population of Viet Nam is increasing by census from 64.38 million persons (1989) to 85.85 million persons (2009) and reached 96.2 million persons (2019). However, the growth rate reduced from 2.1% (1989) to 1.7% (2009) and 1.14 (2019).

The population and growth rate, Viet Nam 1979-2019



Source: GSO, Census 1979, 1989, 1999, 2009, 2019

The declining fertility and mortality rate has made Viet Nam's population enter a dividend period since 2007 with the number of population at working age is increasing. The proportion of population at working age (15-64 years) increased from 53% (1979) to 69% (2007) and 68% (2019). Viet Nam is an emerging destination for foreign direct investment in the world. Because of advantaged factors such as stable political environment, favorable infrastructure for waterways, airways, roads, the labor force is large, hard-working, higher technical level and cheap labor cost... The success of the PFP program has made a success in reducing poverty program, enhancing the education and health care for the people, improving gender issues as well as women empowerment, promoting migration and urbanization, increasing the GDP per capital in Viet Nam. The life expectancy at birth also increased from 65.2 years (1989) to 68.3 years (1999) and reached 73.6 (2019). Viet Nam was one of a few countries has achieved MDGs by 2015.

The successes of the PFP program over the past decades have helped Viet Nam to issued new policies for the phase towards in which improving health population quality, life quality, taking advantage of the dividend period and strongly integrate population dynamic into development program to achieve the SDGs by 2030.

4. LESSON LEARNED

The successes of the PFP program in Viet Nam have been recognized by the international community. In 1999, the United Nations awarded Viet Nam the Population Prize. In Viet Nam, the NCPFP (GOPFP) also receives great awards from the Party and Government of Viet Nam. Viet Nam also assesses the results achieved in population work and found out important lessons learned as the following:

4.1. PFP policy must be closely linked with socio-economic policy, consistent with the aspirations of the majority of people. Viet Nam has early recognized the role and impacts of the population on economic development, social security, health, education, food security, hunger and poverty reduction programs... In 1986, Viet Nam officially implemented Doi Moi (Renovation) and has been really effective today. At that time, Viet Nam realized that if the population growth rate was too fast, even if the economic growth was high, the socio-economic will not success. Viet Nam was an agricultural poor and backward country. The vicious cycle of a large population, high fertility, low education, low health care, poverty, backwardness, and high birth again... Therefore, Viet Nam determined that the PFP program must be successfully implemented as soon as possible. The results of the PFP program will have a positive impact on the socio-economic development program.

On the other hand, the PFP program cannot be successful if it is separated from the socio-economic development program. Socio-economic development will facilitate the success of the PFP program. For example, the government provides free contraception, family planning services, and free medical care for children under 7 years old... To do this, the economy must develop to be able to free payments for users and people. When the level of education is raised, people are also more proactive in implementing family planning programs. Advancement in the health sector has also helped reduce maternal and child mortality. IMR, MMR decrease, fertility also decreases.

The program must be built in accordance with the aspirations and interests of the people. The PFP program is developed entirely from the interests of the people, by people and for the people. Viet Nam does not have the two-child policy, it is a major campaign in the whole society through IEC so that people understand the benefits of family planning and voluntarily implement it. Up to the present time, Viet Nam has no punishment for people having the third child.

4.2. The political commitment is strong by the Party and authorities at all levels.

Political commitment is the most importance to the PFP program. In Viet Nam, the PFP program only really changed when the Party issued Resolution 04-NQ / HNTW (since 1993). In 2005, the Politburo of the Communist Party of Vietnam issued Resolution No. 47-NQ/TW on continuing to implement the PFP program. In 2017, the Central Committee of the Communist Party of Viet Nam issued Resolution No. 21-NQ / TW on population sector in the new situation, with emphasis on population and development. The National Assembly of Viet Nam issued the Ordinance of Population in 2003, the Ordinance Amended of Population in 2008. Under the leadership of the Party and the National Assembly, the Government issued specific policies, strategies and 5-year action plans, and assigning targets/indicators and budget allocations from central to local levels. Each party member, state employee also exemplifies the implementation of the PFP program.

Under the leadership of the Party, socio-political organizations also participate in the PFP program. The evaluation of the program implementation results, comparison of indicators are done seriously at all Party agencies and authorities at all levels.

4.3. The strong organization from central to local levels

In order to effectively implement the PFP program, it is necessary to have a separate and strong organization established from the central to local levels. Before 1991, the PFP agency was under the Ministry of Health and from 1992 to 2007 was an independent agency of the Government. Currently it is GOPFP belong Ministry of Health.

The PFP system has been established at all levels including central, provincial, district and commune levels. In the villages, streets, and hamlets, there is also a team of collaborators even it is not the administrative management level. With this system has helped making, implementing, monitoring and evaluating the PFP program to be unified and seriously. The coordination among stakeholders and integrated population indicators with health, labor, social security, rural development... is also more favorable.

Beside the PFP system, Viet Nam also establishes a PFP Committee at all levels from central to local. Members of the Committee are leaders of relevant agencies such as health, education, labor, society, investment planning, finance, women's union, youth, labor unions, farmers...

4.4. The network of PFP collaborators/ motivators is developed in the whole country. One of the most important success lessons of the PFP program in Viet Nam is the development of population collaborators/ motivators at all villages, hamlets and streets in the whole country. These staff was formed since 1992 and has been maintained up to now (although the numbers and specific person have changed). The PFP collaborators who were born and raised in their own villages, hamlets and streets. They are trained regularly, provided with the basic knowledge about population and specially family planning. They go to house to house to collect population data and propagate and mobilize people (mouth to mouth method) to implement population policies, especially using contraceptives. They also offer non-clinical contraception such as condoms and pills. They know clearly the number of people in the village, who will get married, the number of married women of reproductive age, the number of pregnancies, the number of mother will give a birth and the number of babies born... the PFP collaborators do not get a salary but just only a small amount of remuneration. Therefore, they work with all their hearts and live by hearts with great contribute to their community. The measures of encouragement and praise should be especially focused. Normally, the PFP collaborators are women.

4.5. Adequate investment for PFP Program. Viet Nam recognizes that the state budget is inadequate to meet financial requirements for action in PFP programs. The State continues to prioritize resource allocations to develop basic human capital through education and training, preventive medicine and subsidizing health insurance to improve access to health services for disadvantaged groups, with emphasis on achieving equity goals and overcoming market failures.

To deal with resource shortfalls, Viet Nam has resorted to social mobilization strategies, namely mobilizing additional resources through fee collection in public facilities from better off individuals in society who can afford to pay. As Viet Nam develops, external assistance is less readily available, but

donors are still investing in disadvantaged areas, for public health and disaster preparedness. Despite the large amount of resources spent on human development, accountability for use of these resources is inadequate, primarily due to lack of data on actual government spending and on measurement of its impact.

4.6 . Integrated IEC and reproductive health / family planning services ensure convenience, proximity, safety and efficiency.

IEC and service provision go hand in hand. IEC is the mobilization of all stakeholders involved and creates a great movement in the society for people to understand the benefits of family planning and voluntary implementation.

When people accept to use family planning, services must be diverse for people to choose. Services must be provided conveniently, safely and effectively to people's homes. A number of non-clinical contraception is delivered at home to users through PFP collaborators.

The provision of reproductive health/family planning services does not only focus on married women but also to adolescents. The services are expanding such as pre-marital care, baby care, postpartum, safe motherhood program (give baby at health facilities), mother-baby package, midwifery program, etc...

IEC and services are increasingly improved in quality, in accordance with the development of society, of science and technology to meet the increasing needs of the people by lifecycle approach.

IEC and service delivery are not only by the government but also need to mobilize the participation of the whole society, socialization is especially important and the participation of the private sector in provision of reproductive health/planning services with high standard for the people.

4.7. Training, research and program management. Training and capacity building to create high-quality human resources is an important item. Training methods of TOT, training on jobs are widely applied to meet the needs of improving the knowledge, expertise and skills of the team of more than 150 thousand PFP staffs in the whole country.

Making evidence-based policies and programs need focus on research. Research, survey, evaluation of the program, lessons learned from the locality are regularly held and shared throughout the country. Making evidence-based policies and programs need to focus on research. Research, survey, evaluation of the program, lessons learned from the locality are regularly held and shared throughout the country. Training and research are not only done domestically but also with the support of international partners. Viet Nam has sent many PFP delegations to attend short-term overseas training courses.

One of the reasons that make the PFP program successes in Viet Nam is the program management by the national target program that approved by the National Assembly. PFP program is one of the most important and prioritized objectives to invest in resources and be determined to succeed. State budget was assigned to NCPFP and NCPFP signed responsibility contracts, including budget with provinces and ministries to implement the PFP program. Monitoring and evaluation activities are implemented by agencies including the Party, National Assembly, the government, socio-political organizations, depending on the functions of each of these agencies.

4.8. International cooperation is expanded.

International cooperation is indispensable in the success of Viet Nam's PFP program. The effective support of the international community, especially UNFPA, has led to the rapid success of the PFP program in Viet Nam. UNFPA has provided technical and financial support including contraceptive for Viet Nam. Many experts of the UN, other countries and international organizations have come to Viet Nam to provide technical assistance to the Vietnamese government and are ready to assist Viet Nam in sending delegations to join the other countries like China, Indonesia, Egypt, India, Thailand, Denmark, Sweden, Norway

Viet Nam joined ICPD 1994. Since ICPD, Viet Nam is more aware of population and development, and applies to policy and program development in a creative, flexible way in accordance with conditions of Viet Nam. In 2009, Viet Nam officially became a member of PPD family. With the support of the international community and the efforts of Viet Nam, Viet Nam was one of the few countries in the world to successfully implement the MDGs in 2015. Viet Nam has been consulted for SDGs by 2030.

The success of the PFP program has helped with the success of socio-economic development programs in Viet Nam. Viet Nam is one of the most attractive destinations for foreign investment in the world. Viet Nam is also increasingly integrating deeply and wirely with the region and the world community.



*Celebrates Viet Nam's Population Day (26/12) in Da Nang
Source: Baodanang.vn*

5. FUTURE PLANS: EXTENSIONS THAT ARE CURRENTLY BEING IMPLEMENTED

FUTURE PLANS

The successes of the PFP program over the past decades have changed the overall picture of population work in Viet Nam. The population size of Viet Nam is 15th largest in the world, 8th in Asia and 3rd in the ASEAN community. The replacement fertility rate (TFR = 2.1), which has been maintained for the past 15 (many countries quickly drop to very low fertility, after reaching replacement fertility). Viet Nam is in the period of a golden population structure, the quality of human resources and the quality of the population are increasingly improved. These brings Viet Nam have a chance to succeed in economic development.

However, Viet Nam is also facing many challenges in population work such as some provinces and cities of Viet Nam with low fertility (TFR = 1.5-1.8); imbalanced sex ratio at birth; the need of reproductive health care/family planning continues to increase due to birth cohort. Viet Nam is aging country with the proportion of people at aged 65+ accounting for 7.7% of the total population. The number of people aged 80+ is 2 million. Viet Nam is one of the countries with the fastest aging population in the world. Internal and international migration is increasingly in the context of Viet Nam is increasingly integrating with the region and the world.

To guide Vietnam's population policy by 2030, in 2017, the Central Committee of the Communist Party of Viet Nam issued Resolution No. 21- NQ/TW on population sector in the new situation in which focus of the population policy continues to move from family planning to population and development. Comprehensive attention should be paid on the size, structure, distribution, specifically the well-being of the population that are integrated in economic, social, defense, security issues to ensure rapid and sustainable development.

Sustainably maintaining replacement level fertility; making efforts to achieve natural sex ratio at birth; taking advantage of the population dividend; responding the population ageing, reasonable population distribution; improving the population's well-being

Some indicators by 2030

Population: 104 million; Urban population: 45%; maintain replacement fertility (TFR: 2.1). SRB: 109 boys/100 girls. Life expectancy at birth: 75 years; healthy life expectancy at birth: 68 years; 100% older persons have health insurance and is provided health care.



*The corner of Ho Chi Minh city
Photo: SGGPO*

6. REPLICABILITY AND SCALABILITY TO PROMOTE COOPERATION SOUTH-SOUTH

In 2009, Viet Nam officially became a member of PPD. Since then, Viet Nam has always been an active and responsible member of the PPD family.

The success of Viet Nam's PFP program as well as that of PPD is a good example to the success of ICPD since 1994. Viet Nam is willing and happy to share the lessons of Viet Nam in the PFP program with PPD members and other countries, especially countries that have not yet reached replacement fertility. Sharing Viet Nam's lessons learned through this small book is an example.

Under the financial support of UN, UNFPA or a third party, a triangle cooperation model in which Viet Nam has technical support if it is possible. It could be good example for the triangle cooperation or promote South-South cooperation./.

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