



S.R.Viet Nam
MOH and MOLISA



State of the World's Children 2008

Child Survival Everyone's Responsibility

VIET NAM FACT SHEET

Overview

Survival is a basic right of every child. Yet the benefits of slashing child mortality extend beyond the number of lives saved. The positive impacts of enhancing the health of newborns, children and their mothers are felt throughout the country, both economically and socially. Investing in the health of children and their mothers is a sound economic decision and one of the surest ways for a country to set its course towards a better future. Child survival is both a human rights imperative and a sensitive indicator of a country's development.

Viet Nam has adopted the Millennium Development Goals (MDGs), including the goal to reduce by two-thirds the under-five mortality rate between 1990 and 2015 (MDG4). However, reducing child mortality requires the achievement of other health-related Millennium Development Goals – especially reducing poverty and hunger (MDG1), improving maternal health (MDG5), combating HIV and AIDS, malaria and other major diseases (MDG6), and improving access to improved water and sanitation (MDG7).

Viet Nam is on track to meet the MDG4 by 2015

- Under-five mortality rate has dropped from 53 deaths per thousand live births in 1990 to 17 in 2006
- Over the same period, infant mortality has decreased from 38 to 15 deaths per thousand live births

But emerging disparities threaten progress

- The mortality rate of children in mountainous and rural areas or of poor families is three to four times higher than that of children in lowland areas or of better-off families
- Limited access and/or low quality of obstetric and newborn care, particularly in remote, minority communities, has resulted in high rates of neonatal mortality

Viet Nam's Achievements in Child Survival

Impressive results have been achieved in reducing child mortality. According to this year's State of the World's Children report, Viet Nam's under-five mortality rate has dropped from 53 deaths per thousand live births in 1990 to 17 in 2006. Over the same period, infant mortality has decreased from 38 to 15 deaths per thousand live births. Viet Nam is on track to meet the MDG4 by 2015¹.

Viet Nam has maintained a high rate of childhood immunization (>95%). Polio was eradicated in 2002, and maternal and neonatal tetanus were eliminated in 2005. The incidence of measles has plummeted by 95% since 1990.

Effective strategies to reduce cases of night-blindness and mental retardation from micronutrient deficiencies have been carried out nationally. Viet Nam has also made remarkable progress towards becoming self-sufficient in producing oral rehydration salts and DPT vaccines.

¹ For additional information, including data from the recent Multiple Indicator Cluster Survey 2006, see the enclosed Data Sheet.

In addition, efforts have been made to improve maternal and child care. Maternal mortality has been reduced substantially and nearly 88% of pregnant women receive skilled assistance at birth. Most children with signs of pneumonia receive appropriate care (83%) and oral rehydration therapy (ORT) is widely used in treating diarrhoea [or diarrhoeal diseases] in children (65%)ⁱ.

The Government has shown its strong commitment to reducing child mortality. Viet Nam has various laws, policies, strategies and plans to promote child health and survival. Recently, the Ministry of Health has developed a set of crucial steps that will be put into action: consolidation of partnerships among key stakeholders; an increase in resource mobilization for health, in particular child health; recruitment, training and deployment of sufficient numbers of skilled care providers in the most remote and underserved areas; and improvements in advocacy and communication.

Challenges to Child Survival in Viet Nam

1. Disparity

While overall progress on child survival has been impressive, it has not been sufficient to achieve MDG4 in all parts of the country. The mortality rate of children in mountainous and rural areas or of poor families is three to four times higher than that of children in lowland areas or of better-off families. Although child mortality has declined in all income groups, the gap between the richest 20% and the poorest 20% of society is increasing.

Access to appropriate healthcare services is limited in remote and mountainous areas. This is the biggest obstacle to ensuring that newborns survive the first days of life. While, on average, the vast majority of women in Vietnam give birth with skilled assistance (88%)ⁱ, the rate is half (44%)ⁱⁱ in Northern mountainous areas. An estimated 27% of women in the Central Highlands do not receive obstetric servicesⁱⁱ.

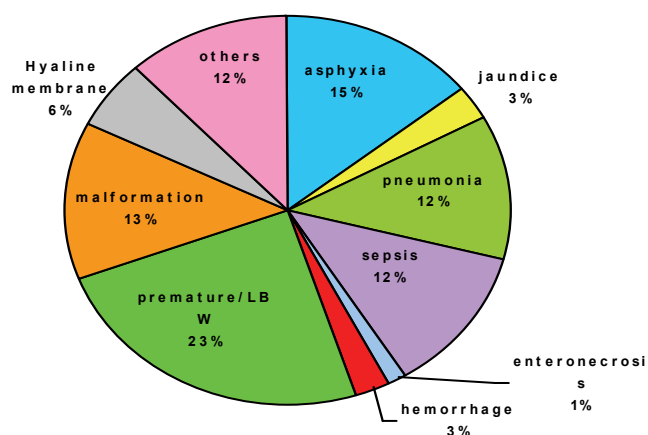
2. Saving Newborns

While child mortality has declined overall, progress on newborn survival is far from satisfactory. Limited access and/or low quality of obstetric and newborn care, particularly in remote, minority communities, has resulted in high rates of neonatal mortality, which represents about 70% of infant deaths and more than 50% of under-five deaths.ⁱⁱ Only with universal access to skilled birth attendants and essential newborn care will it be possible to reduce neonatal mortality and achieve the child survival targets.

3. Quality health care for children

The quality of services for essential care, emergency care and referral care for newborns and young children are unsatisfactory. Health services in Viet Nam have not developed equally at all levels. While health care services in central and regional hospitals have significantly improved

CAUSES OF NEONATAL MORTALITY IN VIET NAM



Source: Ministry of Health, 2007

- some even reaching international standard - the scale and the quality of child health care at the local level have been gradually decreasing. Because people often go directly to central and regional hospitals, these health facilities are often overloaded. This has reduced the intended impact of certain progressive State policies, such as free healthcare services for children below six years of age and for poor people.

4. Nutrition

Maternal and child undernutrition is the single most important underlying cause for child mortality. This includes intrauterine growth retardation (IUGR) resulting in low birth weight, chronic and acute malnutrition, and micronutrient deficiencies. In Viet Nam, the following nutrition problems persist:

➤ Poor Feeding Practices

Breastfeeding stimulates babies' immune systems and protects them from dying, particularly from the two of the major causes of infant mortality in the developing world, diarrhoea and acute respiratory infections. It is recommended that babies receive only breast milk and nothing else for the first six months, i.e. exclusive breastfeeding. After six months infants and young children should still be breastfed until two years but also receive nutritious complementary food. Yet, in Viet Nam, only 17% infants are exclusively breastfed for the first six months and only 23% are still breastfed at 20 to 23 months of ageⁱ.

➤ Undernutrition

These poor feeding practices are one of the main causes of the unacceptably high rates of maternal and child undernutrition in Viet Nam. Some 30% of children under five years old are stunted, while 37% of pregnant women are anaemic.ⁱ

5. Water and Sanitation

Progress towards providing access to sanitation and hygiene has been especially slow. Despite efforts to improve environmental sanitation – particularly in rural areas – only 55.8%ⁱ of the rural population have access to adequate sanitation facilities, well below national targets. Moreover, a recent study estimated that only 18%ⁱⁱⁱ of latrines in rural households meet the national standards. The lack of adequate hygiene and access to sanitation can cause diarrhoea in children and are associated with high levels intestinal worms.

6. HIV and AIDS

The country's HIV epidemic has rapidly changed over the course of the last decade. No longer confined to injecting drug users, the virus has made inroads into the general population and is increasingly affecting young people, pregnant women and, in turn, newborn babies. An estimated of 6,000 pregnant women are HIV positive and 2,000 newborns are at risk of contracting HIV every year if activities to prevent the transmission of HIV from mother to child are not implemented nation-wide.ⁱⁱ

7. Data

A big obstacle to the planning of interventions that enhance the quality of child healthcare is the lack of precise data. For example, child mortality, especially neonatal mortality, is mostly under-reported.

Late birth registration, especially for girls, has resulted in imprecise data on newborns as well as a lack of statistics on newborn morbidity and mortality.

The Way Forward

In order to meet MDG4 across the whole country, efforts are needed to assure universal access to high-impact packages of essential child survival interventions. Every child must be reached, especially in remote areas. This can be done by strengthening health systems and community partnerships.

Providing a continuum of care for mothers, newborns and children by packaging life-saving interventions at key points in the life cycle, is critical to an effective integrated approach to their health and well-being.

The continuum of care should include:

- skilled attendants at delivery and newborn care;
- adequate nutrition (including exclusive breastfeeding for six months);
- care of low birth weight infants;
- immunization against major vaccine-preventable diseases;
- oral rehydration therapy and zinc to combat diarrhoeal disease;
- improved water and sanitation facilities;
- hygiene promotion;
- micronutrient supplementation to boost immune systems;

- antibiotics to fight pneumonia;
- insecticide-treated nets and effective medicines to prevent and treat malaria; and
- prevention (primary prevention and prevention of mother-to-child transmission) as well as care and treatment for children affected by HIV and AIDS.

More data and research on child survival issues are also needed in order to develop effective programming and interventions.

Sufficient resources should be mobilized to accelerate and sustain the progress made so far on child survival. Several successful public health interventions such as immunization and Vitamin A supplementation still need to achieve sustainability in order to ensure continued quality of, and access to, services.

Finally, improved leadership and governance are required so that Viet Nam can take lead and develop its own solutions to the country's health problems. This will require greater harmonization and alignment of the country's priorities, systems and procedures. The Government should also be committed to creating and sustaining the required technical and administration capacity.

ⁱ Source: Multiple Indicator Cluster Survey 2006, see the enclosed Data Sheet.

ⁱⁱ Source: Ministry of Health

ⁱⁱⁱ Source: National Baseline Survey on Environmental Sanitation and Hygiene Situation in Viet Nam