OVERALL PROGRESS TO DATE

Maternal mortality has declined considerably over the last two decades, from 233 per 100,000 live births in 1990 to 69 per 100,000 live births in 2009, with approximately two-thirds of this decrease related to safer pregnancy. Good progress has also been made in expanding access to quality reproductive health, including maternal and neonatal health; family planning; increased use of modern contraception; and establishment of stronger programmes, policies and laws for reproductive health and rights, as well as measures to provide quality services to the poor and other vulnerable groups.

MAINTAINING ACHIEVEMENTS

Although maternal health has improved substantially, the maternal mortality rate (MMR) has remained unchanged between 2006 and 2009. In order to reach the MDG target of reducing maternal mortality by three quarters (to 58.3 per 100,000 live births) even greater efforts are needed.

There are also remaining disparity gaps which are important to address, with the MMR higher in remote and ethnic minority areas. Geographical factors, the educational level of mothers and traditional practices in remote areas often prevent mothers from accessing maternal health services.

To address this, it is essential Viet Nam strengthens and improves the knowledge, skills and attitudes among service providers of maternal health and newborn care. The priority should be on skilled attendance at delivery, with a strengthened referral system to a centre which can provide comprehensive care, including emergency obstetric and newborn care. With universal access to these critical reproductive health services, maternal death and disability could be reduced dramatically.

Reproductive health

Ethnic minorities, young people and migrants continue to have limited access to sexual and reproductive health information and services, including family planning services. The reproductive health care service network is insufficient in mountainous areas, where there is a lack of infrastructure, inadequate number of medical staff and unfavorable working conditions.

Research indicates that one third of Vietnamese young people continue to face barriers when trying to access reproductive health information and services. According to the Multiple Indicator Cluster Survey (MICS) in 2010, there is a very high need for contraception among unmarried young people. For example, the unmet need for contraception among young people aged 15–19 years and 20–24 years is 35.4 percent and 34.6 percent respectively. As a result, a significant number of unwanted pregnancies and unsafe abortions occur among young people, especially unmarried young people. In addition, the adolescent birth rate was 46 per 1,000. This rate was higher among groups with lower levels of education, poorer living standard quintiles, and ethnic minority backgrounds in the northern midland and mountainous regions and the rural areas.