Improving Quality of Abortion Services in Viet Nam

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Pathfinder

International Conference on Family Planning: Research and Best Practices, November 15-18, 2009
Socialist Republic of Vietnam

- Population: 82.5 million
- 25.5% urban
- Contraceptive prevalence: 57% modern methods (DHS, 2002)
Background

- Abortion legal since 1945. Services available since the early 1960s.
- High abortion use:
  - 1,300,000 procedures nationwide in 1996\(^1\)
- High CPR and high rate of abortion?
  - Contraceptive failures:\(^2\)
    - 15.2% of abortion clients became pregnant while using a modern method
    - 49.1% of abortion clients became pregnant while using a traditional method. 22% of married women use traditional methods.

1. MOH 1997
2. DHS 2002
A strategic assessment\(^1\) in 1997 found:

- Lack of counseling and information;
- Limited availability and variety of contraceptives;
- Almost no pain control;
- Almost no postabortion contraception;
- Almost no checking of completeness of products of conception;
- Poor infection prevention practices;
- D&C used for almost all abortion procedures.

\(^1\) WHO MOH Abortion in Vietnam: An assessment of policy, program and research issues
The Reproductive Health Projects (RHPs)

• A partnership between Pathfinder International, EngenderHealth, and Ipas in 16 provinces
• Priority: Improving abortion services
  - Project interventions:
    • Service delivery improvements in 8 provinces
    • National policy and standards development
    • Scale-up of project experience
Service Delivery

The RHPs provides:
• Capacity building, including:
  • Competency-based clinical training for abortion procedures, counseling, and promotion of postabortion family planning use.
  • Training of trainers
• Quality supervision
• Facility upgrades
Service Delivery

- MVA instrument provision and sustainability planning
- Medical abortion
- Youth-friendly RH services in 2004
- IEC materials
National Policy

At the national policy level:

• Create a procurement system for MVA
• Update the National Standards and Guidelines for Abortion Care
• National training curriculum in RH, including abortion services
• Standards for in-service training in reproductive health
Scaling Up: Pilot RH In-service Training Network

- Development of a sustainable training network. This provides:
  - Standards for high quality training,
  - Certification of trainers and training sites, and
  - Expansion support to eight neighboring provinces.

- Can Tho RH Care Center was certified as the first non-university Continuous Medical Education (CME) center in May 2009.
In-Service Training Network Pilot

Ministry of Health
Dept of Maternal and Child Health
Dept of Science and Training

National Ob/Gyn Hospital

Huế RHC Center

Vinh Phuc MCH/FP Center

Thai Nguyen

Quang Ninh

Hai Duong

HCMC RHC

Tay Ninh

Quang Binh

Dong Thap

Can Tho RHC Center

Soc Trang RHC

Hau Giang

An Giang RHC

Vinh Long

Bac Lieu

Phase III Extension

Phase IV
RHPs’ Achievements

In eight provinces, involved since 1994/1998:
- 6-12 trainers in each province capable of training on MVA
- **2300** providers trained on MVA, **116** providers on MA
- D&C for first trimester abortion largely replaced by MVA
- Provinces support their own instrument needs since 2003

In three expansion provinces (> 2006):
- **339** providers trained on MVA, **45** providers on medical abortion
- D&C for first trimester abortion largely replaced by MVA
RHPs’ Achievements

Postabortion contraceptive rate, incl. condoms at RHC Centers in 8 long term provinces
RHPs’ Achievements
RHPs’ Achievements

Postabortion contraceptive rate, incl. condoms at RHC Centers in 3 EPs

- 2006
- 2007
- 2008
RHPs’ Achievements

Postabortion method mix at RHC Center in 3 EPs

- 2006
- 2007
- 2008

- IUD insertion - Postabortion
- COCs - Postabortion
- POPs - Postabortion
- DMPA - Postabortion
- Implanon - Postabortion
- ECP - Postabortion
- Condoms - Postabortion
Challenges

- Overuse of ultrasound for confirmation of pregnancy.
- Correct practice of pain relief regimen.
Challenges, continued

• Continued need for promotion of effective, long-term postabortion contraceptive method use.
  • Condoms account for a high percentage of the method mix due to:
    ▪ Incomplete and biased counseling
    ▪ Client preference
Challenges, continued

- The high price of Mifepristone and incentives for MVA procedures is a barrier to widespread use of medical abortion.
- No supervision or regulation of quality of private sector abortion services.
Lessons Learned

• Quality abortion services respond to clients’ needs and rights.
• A comprehensive program should include skills-based clinical training, follow-up supervision and support, facility support, and advocacy for sustainability.
Lessons Learned

• A quality service delivery model can be scaled-up to benefit the whole country.

• It is important to monitor and improve quality indicators such as the postabortion contraception acceptance rate and any imbalance in method choice reflecting provider bias.
Thank you very much