

Family Planning Stakeholders in Vietnam

Enhancing Equity and Sustainability

Meeting report
November 2, 2010—Hanoi, Vietnam



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Introduction

Vietnam, with an estimated population of 87 million people in 2010, is attaining middle-income country status. The past decade has seen important progress for health, with many of the goals of the national population strategy for 2001–2010 achieved earlier than planned. When last measured in 2008, the modern contraceptive prevalence rate in Vietnam was 68 percent (dominated by intrauterine devices). Most family planning methods are provided in the public sector, although a vibrant commercial sector does exist. However, the for-profit commercial sector is highly fragmented. No information is available about the number of private clinics, hospitals, pharmacists, or doctors providing family planning. There is one local oral contraceptive (OC) manufacturer. All other hormonal and clinical methods are imported by multiple distributors from nearly 20 international and regional manufacturers.

As Vietnam attains middle-income country status, the two primary donors, KfW banking group (the German government development bank) and the United Nations Population Fund (UNFPA), have withdrawn their longstanding support for contraceptive supply. According to government estimates, international donor support provided 84 percent of the total budget for contraceptives between 1996 and 2006. From 2006 to 2010, the projected national budget need for contraceptives was approximately €35 million, with a shortfall of almost €14 million. For the period from 2011 to 2015, the projected national shortfall is €33 million.

Within this context, the General Office for Population and Family Planning, or GOPFP, has expressed a desire to explore a “total market approach” to family planning in Vietnam and focus its public sector resources on specific populations. This approach aims to help bring together the public and private sectors (social marketing groups, nongovernmental organizations (NGO), and commercial organizations) in a coordinated effort to identify segments of the population they are best suited to serve. The draft government Population–Reproductive Health Strategy for 2011–2013 states that it will:

“Prioritize free or subsidized supplies of contraceptives for poor, socially and economically disadvantaged and especially disadvantaged areas and, at the same time, enhance social marketing and sales of contraceptives in the free market.”

Careful planning for a total market approach in family planning is required to maintain the impressive gains that Vietnam has achieved in contraceptive prevalence in recent decades, especially to protect populations that already face access challenges under the current health system. PATH is currently working with the GOPFP to help plan for implementation of a total market approach and facilitate the planning process.

In November 2010, GOPFP and PATH convened diverse family planning stakeholders in order to formally initiate their involvement in the planning process. The objectives of the meeting were as follows:

- Share the findings of a stakeholder analysis and additional research regarding the family planning program and market in Vietnam with a broad range of family planning stakeholders.

- Gather more information from meeting participants regarding the roles of different provider types (including public sector, NGOs, social marketing, and commercial sector) in the family planning program/market.
- Garner the participation of stakeholders in coordination and future working groups to develop a total market plan for family planning.

Meeting outcomes

More than 70 stakeholders from 35 organizations attended the meeting, and were actively engaged throughout the day asking questions and participating in small group discussion sessions. Participants noted that the group discussions were exceptionally participatory and focused. Outcomes of the meeting included a clear and public government commitment to private-sector involvement in family planning policy and programming; corresponding expressions of interest to be involved by private sector stakeholders; a potential list of key steps for developing a total market plan generated by participants; and detailed ideas of how the Vietnamese family planning market might be segmented. All commercial manufacturers who attended reported that the meeting provided a useful opportunity to engage with government stakeholders, and expressed interest to participate in future meetings. Some of them did note that they still need a clearer picture of their roles in government planning and policy. This feedback has helped GOPFP and PATH to identify next steps.



Meeting attendees participate in small group discussions regarding family planning in Vietnam.

Meeting opening

Welcome



Dr. Dang Van Nghi
Vice Director of Planning and Finance Division, GOPFP
Ministry of Health, Vietnam

Dr. Nghi introduced the meeting chairpersons (Dr. Duong Quoc Trong of GOPFP and Ms. Janet Vail of PATH), reviewed the meeting objectives and agenda, and noted the diverse participant groups who were in attendance.

Opening remarks



Dr. Duong Quoc Trong
General Director, General Office for Population and Family Planning
Ministry of Health, Vietnam

Dr. Trong began his opening remarks by highlighting significant achievements of the national population and family planning program (e.g., reducing total fertility and increasing the modern contraceptive prevalence rate), which occurred together with other socioeconomic progress in Vietnam (for example, gross domestic product and human development index). However, he noted that donor funding for the family planning program has been decreasing while contraceptive demand is high and increasing. Even though Vietnam is becoming a middle-income country, wealth disparities among regions within the country are large and increasing.

Given this context, the government family planning policy is to encourage development of the private sector, strengthen social marketing, and prioritize government resources for continued subsidies for poor and disadvantaged populations. This would help to ensure equity, which is also the goal of the project “Enhancing Equity and Sustainability of Public-Sector Family Planning” being implemented by GOPFP and PATH. Dr. Trong noted that this first stakeholder meeting would include presentations about the overall picture of family planning program and policy, interesting results of recent studies, and group discussion.



Mona Byrkit
Country Program Leader, Vietnam
PATH

Ms. Byrkit noted the government's commitment to prioritizing subsidized family planning products for poor and vulnerable groups, while enhancing the private sector's supply of contraceptives. She highlighted the development of a comprehensive approach for providing those services to segments of the population that the public and private sectors are best suited to serve, thereby engaging the public sector, social marketing efforts, NGOs, and the commercial sector.

Overview of the current situation of the family planning program in Vietnam



Mr. Nguyen Van Tan
Vice General Director, GOPFP
Ministry of Health, Vietnam

Mr. Tan noted that family planning in Vietnam has experienced two stages in the last 50 years. The first stage (1961–1990) saw decentralized funding for family planning, while the second stage (1991–present) experienced an expansion of family planning to all levels of the government with the budget from the central government as well as from the provinces. He mentioned that the contraceptive methods used in Vietnam and the sources of supply have gradually become more diversified. However, large gaps still exist between rural and urban areas. The number of women of reproductive age is increasing and will not begin to decline until 2025. Experience from other countries can inform how Vietnam needs to intervene in order to control the sex ratio at birth or it will continue to increase. He noted the government is focused on three areas for the future: population size, population structure (i.e., sex ratio at birth), and population quality (e.g., economic and health quality). In addition to these three focus areas, the government also is focused on how to reduce government subsidies for family planning by 2020 in order to target public funds toward the poor and disadvantaged groups, which is where the total market approach can assist.

“The need for dealing with family planning issues from the perspective of the total market is certain; thus it is the responsibility of GOPFP to help ensure that the entire family planning system becomes acquainted with this new concept.” – Nguyen Van Tan, GOPFP

Ten-year Strategy for Reproductive Health and Population 2011–2020

Dr. Dang Van Nghi

GOPFP

Ministry of Health, Vietnam

Dr. Nghi presented an overview of the government's ten-year strategy (2011–2020) for reproductive health and population. He reiterated some of the comments made by Dr. Tan, including the growing disparities between the rich and the poor. Dr. Nghi discussed socioeconomic improvements in Vietnam, but noted that gaps still exist between the country and other countries in the region and world, as well as within the country among various ethnic groups and regions. In the coming ten years, he emphasized several issues relating to population and reproductive health in Vietnam. Maternal and infant health still faces many challenges. As the number of women of reproductive age increases, the demand for contraceptives will also increase, creating a funding challenge for the government. Dr. Nghi noted problems with population structure in Vietnam, namely the increasing sex ratio, increased migration, and an aging population. Dr. Nghi highlighted the need for strengthened leadership, and effective management and implementation, including development of policies and a legal framework.



Jane Hutchings, Director of Reproductive Health (PATH) with Duong Quoc Trong, General Director (GOPFP) and Janet Vail, Senior Program Officer (PATH).

New findings regarding family planning in Vietnam

Family planning stakeholders in Vietnam



Dr. Luu Huong
Program Officer, Vietnam
PATH



Ms. Jennifer Kidwell Drake
Senior Program Associate, Reproductive Health
PATH

Dr. Huong and Ms. Drake presented an overview of their family planning stakeholder analysis in Vietnam. Dr. Huong noted that the purpose of the exploratory, descriptive study was to help develop a plan for the transitions outlined in the draft Population–Reproductive Health Strategy and involve relevant key stakeholders, address their interests, and account for relevant opportunities and obstacles. Based on interviews with 38 stakeholders, PATH developed a map of the family planning network in Vietnam. The network is closely connected, with the government, as well as UNFPA, serving as dominant forces for family planning policy and programming. The analysis also identified the opportunity for improved coordination among stakeholders, particularly between the government and nongovernmental and commercial sectors.

Figure 1. Network structure of collaborating family planning organizations in Vietnam.

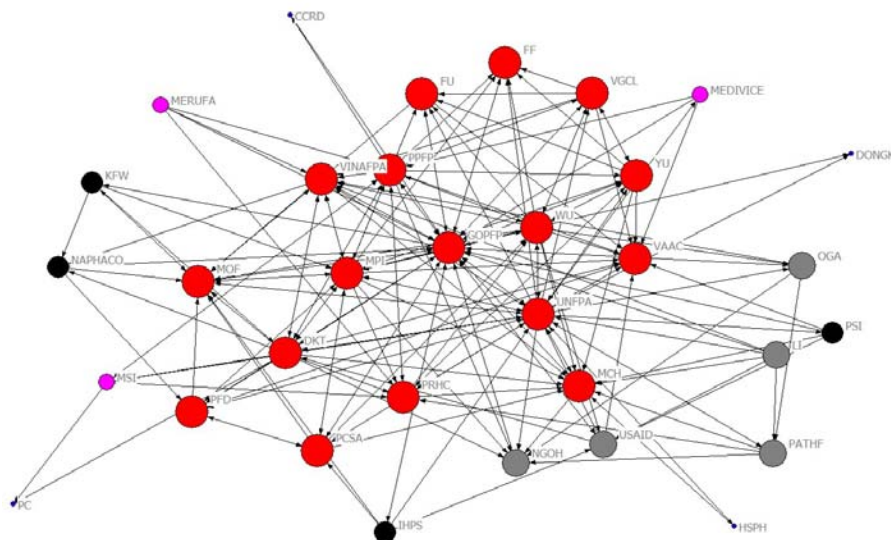


Figure 1 presents the network structure of 33 organizations in family planning that reciprocally cited each other as collaborators. The five sub-groups (by color of the circle) reflect the closeness of connection among organizations in each group. The size of the circles is proportional to the size of the group. For example, a core group contains 17 organizations, which were highly prominent in family planning and include GOPFP and UNFPA.

Ms. Drake followed Dr. Huong with an overview of the results of the stakeholder perceptions analysis. Overall, there was strong support for public-sector leadership of public-private coordination, and for the government to act as a steward of family planning programming in Vietnam (see Figure 2). In fact, there was a widespread perception that strengthening the government's role to coordinate and mobilize was an effective way to improve family planning programs. In addition, 18 of 38 respondents said that engaging the private sector in policy and planning should be a priority. There was recognition that the private sector has a role to play in providing equitable access through a total market approach (see Figure 3). However, 27 interviewees stated that clear regulations regarding private-sector involvement in family planning are needed. Finally, there was widespread consensus that information-gathering and research were necessary in a number of areas, including ability and willingness to pay, identifying market segments, identifying products available in the commercial sector and their prices, and assessing the cost of providing family planning services in the public sector (in order to develop an appropriate fee schedule). Based on the results of the analysis, PATH recommended supporting public-sector leadership of a total market approach, expanding the government's role in family planning from provider to steward, promoting equity and financial sustainability by matching providers to market segments, and additional research and information-gathering activities.

Figure 2. Positions of 38 stakeholders regarding public-sector leadership of public-private coordination.

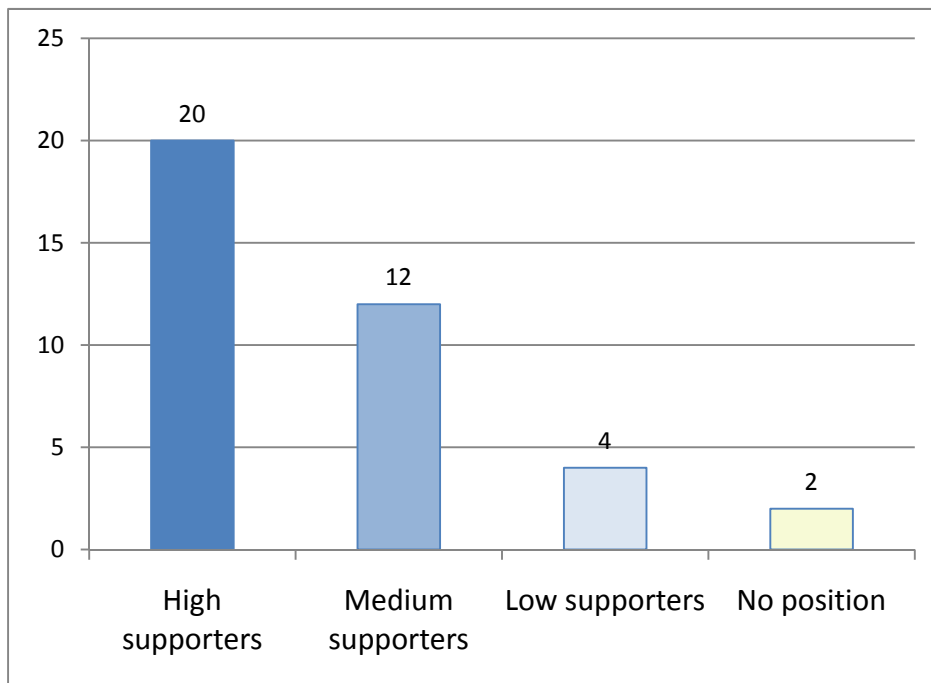


Figure 3. Extent to which 38 respondents thought a total market approach would improve family planning programs among low-income populations in Vietnam.

	Accessibility	Quality	Sustainability
Greatly	23	22	22
Moderately	5	8	8
Slightly	2	0	0
Not at all	0	0	0
Don't know	8	8	8

Following the presentation, participants asked about the government's views regarding the role of the private sector in family planning. Ms. Drake noted that strong support was expressed for private-sector involvement, although it was qualified among some government officials due to equity concerns. Other government officials, however, thought the private sector (particularly NGOs, but even some for-profit groups) had helped to improve access to family planning for low-income groups. Additional questions concerned the meaning of the 'no position' and 'don't know' responses. PATH interpreted this as indicating a lack of understanding about the concept of a total market.

Commercial sector contraceptive products



Ms. Janet Vail
Senior Program Officer, Reproductive Health
PATH

Ms. Janet Vail presented data on hormonal contraceptives available in the commercial sector in Vietnam. Before reviewing the data, Ms. Vail noted that the product analysis did not look at condoms or public and private hospitals. The analysis aimed to identify the specific contraceptive products, prices, and quantities available through the commercial sector. In Vietnam, 10 to 15 percent of contraceptive users use pills. Two brands, Marvelon and New Choice, dominate the OC market, and Postinor and ECEE 2 dominate the emergency contraceptive (EC) market. Most sales occur in Ho Chi Minh City, Mekong River Delta, Southeast, Central, and Hanoi, with sales increasing in the first three locations. Based on pricing information, women of all income levels have the potential to buy monthly OCs and EC. Overall, the analysis highlighted the good level of diversity in sources of products, both local and international. It also highlighted that several products may be affordable for lower-income populations. The analysis demonstrated that market opportunities exist, particularly in the untapped injectable market, and among EC users who could possibly be encouraged to use routine contraceptive methods.

Following the presentation, a number of questions were raised. Dr. Nguyen Duy Khe, Director of the Maternal and Child Health Department of the Ministry of Health, asked about information concerning user perspectives on OC use. Although that was outside the scope of this analysis, Ms. Vail noted that a KfW study on OC use found that women used pharmacies to obtain the method because they viewed it as easier. There was lively discussion of the potential for transitioning EC users to become OC users. Ms. Jane Hutchings, Reproductive Health Global Program Leader at PATH, noted that although some studies exist on transitioning EC users to OC users, there is no successful programming on this issue to date. In response to a question from Jonathan Ross at USAID, Ms. Vail underscored that the government's total market approach will focus on clinical methods such as intrauterine devices (IUDs), injectables, and implants, which are not currently being delivered commercially, and that others (including Population Services International (PSI), who presented later in the day) are conducting analysis of the condom market in Vietnam.

Willingness to pay for family planning



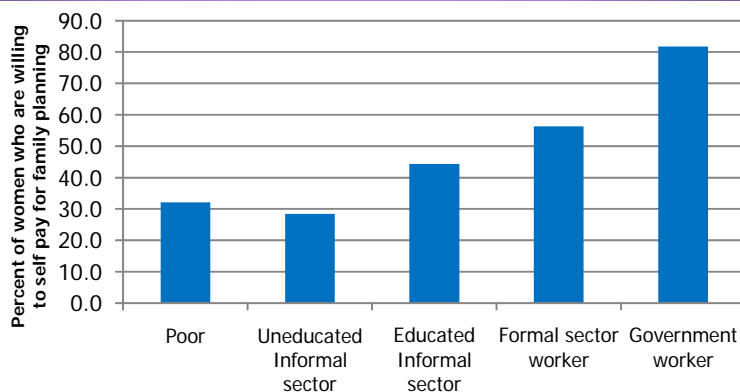
Mr. William Winfrey
Futures Institute

Mr. Winfrey presented results of his analysis of willingness to pay for family planning, conducted on behalf of PATH. Mr. Winfrey provided an overview of the two pre-existing data sources he re-analyzed: the 2006 Vietnam Multiple Indicator Cluster Survey (VMICS) conducted by the Vietnam General Statistics Office and the 2009 Vietnam Self Paying Survey (VSPS) conducted by the Military Medical Institute. The VSPS gathered detailed information about family planning and willingness to pay from a large sample of women from five provinces; however, there was limited information on economic status of the respondents and the sampling was limited to a few geographic areas. The VMICS provided better economic data and was nationally representative; however, it asked very few questions about family planning. By combining the results of these previously conducted surveys, he identified some new findings.

The VMICS confirmed that approximately 75 percent of each wealth status group uses family planning methods, but that poorer women use modern methods more than wealthier women. Mr. Winfrey cautioned the audience that the VSPS also over-represents users of injectables in general and use of IUDs among wealthier job classes. The VSPS willingness to pay data show that women have very little experience self-paying for clinical methods of family planning. There appeared to be high levels of willingness to pay for IUDs, which was concentrated among government workers and women in urban areas (Figure 4).

Figure 4. Willingness to self-pay for family planning.

Willingness to self pay for family planning (work status)



Source: Vietnam Self Paying Survey, 2009



Following Mr. Winfrey's presentation, most questions concerned why the surveys did not examine other factors with regard to willingness to pay (e.g., education), and why they did not examine other methods of family planning (e.g., female sterilization). Mr. Winfrey stressed that these surveys were not conducted by PATH and that he was not able to address the reasoning behind the choices in creating the surveys; however, he agreed that these were all valid points.

Participants also discussed the role of the private sector; for example, Nguyen Bich Hang of Marie Stopes International noted that their information and research has found that women are willing to pay for services in the private sector, but are less willing to pay in the public sector because they have not had to pay before.

Mr. Tan (GOPFP) and Mr. Winfrey both acknowledged that the survey design likely influenced results, and people may have responded differently if it had been known that government subsidies would be ending. Mr. Winfrey emphasized that there was room to expand the private sector's role in providing family planning services, which would ultimately benefit the government. Ms.

Hutchings (PATH) also raised a question on the future of injectables in Vietnam, specifically outside of the clinical setting. Currently, a woman can obtain an injectable with a prescription from a pharmacy, but then must visit a health provider to have it administered. A commercial



Question from Nguyen Bich Hang

distributor responded that efforts are needed to get the support of providers to raise user awareness of the method and how to use it.

Social marketing prevention and supportive services project



Ms. Yasmin Madan
Country Representative, Vietnam
Population Services International

Ms. Madan presented data on the PSI condom social marketing project in Vietnam, which aims to increase consistent condom use among high-risk groups through private-sector distribution channels. She highlighted the differences between poor and vulnerable groups and cautioned that they not be viewed as the same (particularly with regard to condom access). PSI's goal is to promote private sector distribution networks and increase demand by examining use barriers and the need for behavior change. It is difficult to estimate demand for condoms, given that they are used for both family planning and disease prevention.

Summary of new findings

Dr. Trong (GOPFP) followed the presentation of new findings with some closing comments to help guide the small group discussions in the afternoon. First, he stated that equity does not equal subsidies. The government cannot subsidize the rich, who must cover their own expenses. However, while it may be easy to say that the government can only cover costs for the poor, that can be difficult to apply in a way that ensures equity and sustainability. Second, Dr. Trong highlighted priorities for further discussion: diversification of methods; diversification of sources of payment to include public (state budget, central and local, donors, health insurance) and private (out-of-pocket); and supply of services to include public and private sites.

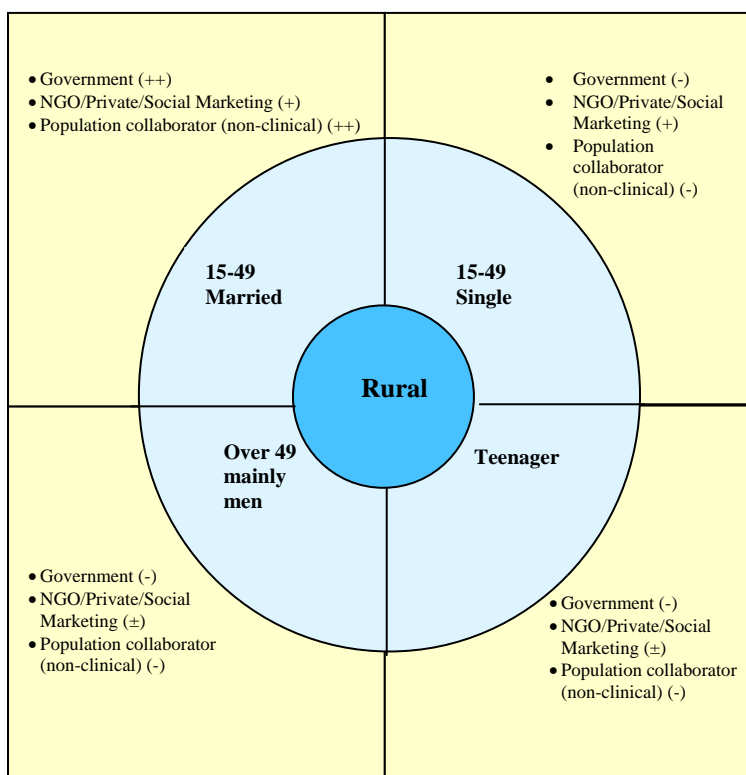
Small group discussions: Total market perspectives

In the afternoon, participants divided into five small groups to discuss different topics (see below), and then presented the results of their discussion to the larger group.

Group 1: Which *type of provider* is best suited to serve which *type of client*?

Group 1 segmented the market into two specific groups, urban and rural. Clients were then further segmented based on their age, gender, and marital status. For example, Figure 5 depicts the segmentation for rural populations. The public sector is the most important provider for married women aged 15 to 49 in rural areas, but community-based distribution is also important. Services are nearly absent for adolescents and single women aged 15 to 49 in rural areas, who seek services in urban areas. The group noted that they focused on the public sector and social marketing, and did not address which contraceptives should be targeted to each population group.

Figure 5. Targeting clients based on market segmentation.



Group 2: How should a *user fee scheme* be developed and applied?

Group 2 highlighted the need for information (e.g., social and economic) on people in different regions in order to create the best user fee scheme. The scheme should be based on price fluctuation, government subsidies, competitiveness of products (e.g., quality, price), government policies, product distribution channels, and access to services. The group felt a road map should

be developed for increasing the prices of products and services, including appropriate management and mechanisms for fee collection, as well as for communicating the changes to the public. The government should also collect timely information on prices and distribution of products, and provide customers with a way to deal with problems related to the new policy.

Group 3: What are *key steps* to develop a total market plan?

Group 3 felt the total market plan should be developed by stakeholders with one coordinating body, which they recommended be led by MOH/GOPFP and the Ministry of Planning and Investment. They highlighted the following steps for developing a total market plan: 1) conduct a survey that goes deeper into the national strategy objectives to see what we have done and still needs to be done, examining additional factors raised in today's workshop; 2) develop short- and long-term objectives for a total market plan; 3) identify priorities for implementation; 4) define roles of each sector/stakeholder; and 5) implement periodic monitoring to determine what is working and what still needs to be done.



Participant from Group 4 reporting out following small group discussions.

Group 4: Are there opportunities to introduce *new products* into the different sectors?

Group 4 felt it is possible to introduce new products into different geographical regions, but that it depends on the user's needs, such as her reproductive intentions and general health. It also depends on the service availability.



Recording a small group discussion.

Group 5: What *regulations* might be needed to sustain or promote the private sector?

Group 5 suggested a number of issues that need attention, for example, taxes on imported products, pharmacist regulations, and health insurance. They suggested that the government conduct a pilot program with the private sector before wider application in the country. They also stressed inclusion of the private sector in the government policy for provision of family planning. Training on standard service procedures for private sector providers should be given attention during the planning process.

“A total market plan with active involvement of various stakeholders (including the public sector, social marketing groups, NGOs, and commercial organizations) will definitely help better meet the demands of different target groups.” – Nguyen Thien Truong, VINAFFPA

Meeting closing and next steps

Dr. Trong (GOPFP) concluded the meeting with the following key points:

- The government is committed to including the private sector in health, including population and family planning.
- We have a long way to go, including determining how to implement and organize going forward.
- As Vietnam experiences economic transition, support from international donors is still requested.
- As Vietnam becomes a market economy, the gap between the rich and poor is increasing.
- There is consensus that in the future the percentage of clients who are self-paying will increase; we need to distinguish between social marketing and commercial marketing.

Next steps will include:

- Sharing participant input at a subsequent meeting focused on reproductive health commodity security convened by GOPFP and UNFPA.
- Developing commodity needs projections that take the private-sector market share into consideration.
- Identifying the costs of family planning service provision in the public sector, jointly conducted by PATH and GOPFP.
- Developing a draft process and outline for a total market operational plan, based on participant input, that clearly defines roles and responsibilities.
- Convening working groups to provide inputs to the planning process; for example, develop recommendations for each contraceptive method and identify market segments; identify action steps for each recommendation; assign responsible parties; monitor timelines; and determine how to measure success.



Dr. Nghi (GOPFP) welcomes participants, including Ms. Hutchings (PATH) and Dr. Trong (GOPFP).

Annex 1: Meeting agenda

Time	Activities	Presenters
7:30–8:00	Welcome participants	
8:00–8:10	Introduction and review meeting agenda	Dr. Dang Van Nghi, Vice Director of Planning and Finance Division, GOPFP
8:10–8:30	Opening and review of meeting objectives	Dr. Duong Quoc Trong, GOPFP; Mona Byrkit, Country Program Leader, Vietnam, PATH
8:30–9:00	Overview of the current situation of Vietnam family planning program	Mr. Nguyen Van Tan, Vice General Director, GOPFP
9:00–9:30	Targeting plans and National Ten-year Strategy for Reproductive Health and Population 2011–2020 Q&A	Dr. Dang Van Nghi, GOPFP
9:30–10:15	New findings: Family planning stakeholders in Vietnam—Discussion	Dr. Luu Huong, Program Officer, PATH Jennifer Kidwell Drake, Senior Program Associate, PATH
10:15–10:30	Break	
10:30–11:15	New findings: Commercial sector contraceptive products in Vietnam—Discussion	Janet Vail, Senior Program Officer, PATH
11:15–12:00	New findings: Ability and willingness to pay for family planning in Vietnam Discussion	William Winfrey, Futures Institute
12:00–13:30	Lunch	
13:30–15:00	Small group discussion: Total market perspectives <ul style="list-style-type: none"> • Which type of provider is best suited to serve which type of client? • How should a user fee scheme be developed and applied? • What are key steps to develop a total market plan? • Are there opportunities to introduce new products into the different sectors? • What regulations might be needed to sustain or promote the private sector? 	All
15:00–15:15	Break	
15:15–15:45	Social marketing prevention and supportive services project	Yasmin Madan, Country Representative, Vietnam, PSI
15:45–16:00	Wrap-up and closure, including next steps for plan development	Dr. Duong Quoc Trong, GOPFP

Annex 2: List of participants

Chairpersons:

1. Duong Quoc Trong, General Director, General Office for Population and Family Planning (GOPFP)—the Ministry of Health
2. Janet Vail, Project Director, Enhancing Equity and Sustainability of Public-Sector Family Planning, PATH, Seattle

Participants: More than 70 participants from 35 organizations attended from national and provincial level government (including MPI and MOH), NGOs, donors, mass organizations, media, and manufacturer representatives and distributors.

No.	Mr./Ms.	Name	Title	Organization/agency
GOPFP				
1	Mr.	Duong Quoc Trong	Director	General Office of Population and Family Planning, MOH
2	Mr.	Nguyen Van Tan	Vice General Director	General Office of Population and Family Planning, MOH
3	Mr.	Tran Van Chien	Deputy Director	General Office of Population and Family Planning, MOH
4	Mr.	Le Viet Huong	Head of Inspectorate Department	General Office of Population and Family Planning, MOH
5	Ms.	Nguyen Thi Lien Huong	Head of the Department	Department of Population and Family Planning, GOPFP, MOH
6	Ms.	Nguyen Thi Hien	Head of the Department	Department of Communication and Education, GOPFP, MOH
7	Mr.	Luong The Khanh	Head of the Department	Department of Human Resource, GOPFP, MOH
8	Mr.	Dang Van Nghi	Vice Director	Department of Planning and Finance, GOPFP, MOH
9	Mr.	Mai Trung Son	Head of the Contraceptive Section	Department of Population and Family Planning, GOPFP, MOH
10	Mr.	Tran Duc Quang	Expert	Department of Population and Family Planning, GOPFP, MOH
11	Ms.	Nguyen Lam Binh	Accountant	Accounting Department, GOPFP, MOH
Government agencies (other than GOPFP)				
12	Mr.	Dao Xuan Quang	National Expert	Department of International Economic, MPI
13	Mr.	Nguyen Duy Khe	Director	Department of Mother and Child Health, MOH
14	Ms.	Nguyen Thi Ngoc Bao	National Expert	Department of Planning and Finance, MOH
15	Mr.	Nguyen Quoc Tuan	Director	Health Communication and Education Center, MOH
16	Ms.	Nguyen Thi Thanh Huong	Deputy Director	Hanoi Health Department
17	Mr.	Nguyen Huu Pham	Deputy Director	Ha Nam Health Department
18	Mr.	Huynh Cao Hai	Deputy Director	Dong Nai Health Department
19	Mr.	Pham Van Dan	Deputy Director	Nam Dinh Provincial Office of Population and Family Planning

20	Ms.	Nguyen Thi Hoa	Director	Da Nang Provincial Office of Population and Family Planning
21	Mr.	Dao Quang Khoa	Deputy Director	Ha Nam Provincial Office of Population and Family Planning
22	Mr.	Nguyen Van Sai	Director	Hai Duong Provincial Health Department
23	Ms.	Nguyen Thi Hien	Deputy Director	Hai Duong Provincial Office of Population and Family Planning
24	Mr.	Vu Van Hoan	Director	Lam Dong Provincial Office of Population and Family Planning
Academic/Research institute				
25	Mr.	Pham Tri Dung	Deputy Head of the Faculty	Health Economic Management, Hanoi School of Public Health
26	Mr.	Doan Minh Loc	Deputy Director	Institute of Health Strategy and Policy, MOH
Public-sector providers				
27	Mr.	Le Anh Tuan	Deputy Director	National Obstetric and Gyconaeology Hospital
Nongovernmental organization providers				
28	Ms.	Nguyen Bich Hang	Country Representative	Marie Stopes International
29	Ms.	Dinh Thi Nhuan	Head of the Technical Group	Marie Stopes International
30	Ms.	Nguyen Thu Giang	Deputy Director	Light Institute of Community Health Development
31	Mr.	Nguyen Thien Truong	Deputy President	VINAFPA
Private-sector providers				
32	Mr.	Nguyen Huu Dong	Manager	Private reproductive health clinic in Da Nang
Manufacturers/Distributors				
33	Ms.	Nguyen Khanh Van	General Director	NAPHACO
34	Mr.	Doan Van Doi	Chairman of the Board	NAPHACO
35	Ms.	Dang Thi Lich	Director	Dongkuk Vietnam Ltd
36	Mr.	King H Lee		Dongkuk Vietnam Ltd
37	Ms.	Cao Thi Thanh Le		Dongkuk Vietnam Ltd
38	Mr.	Ho Van Minh	Director	Medivice - 3S Joint Venture
39	Ms.	Phan Hong Phuong	Women products Manager	MSD Vietnam
40	Mr.	Le Tuan Anh	Director Regulatory and Gov Affairs	MSD Vietnam
41	Ms.	Phan Phuong Lien	External Relationship Director	Gedeon Richter
42	Ms.	Do Thanh Ha	Regional Operation Manager	Bayer Vietnam Ltd - Bayer Schering Pharma
43	Mr.	Nguyen Duc Quang Bao	National Business Director	Bayer Vietnam Ltd - Bayer Schering Pharma
44	Ms.	Nguyen Phuong	Country Representative	Recalcine Pharmaceutical Corporation (CFR)
45	Ms.	Tran Thi Thu Ha	Business Director of Hanoi Office	Zuellig Vietnam
46	Ms.	Truong Quoc Huong	Media Director	Janssen Cilag
47	Mr.	Pham Tan Trung	Marketing Director	Janssen Cilag
48	Ms.	Huynh Tran Hong Ngoc	Director	A Dong Pharma Company Ltd
49	Mr.	Nguyen Xuan Hoang	Chairman of the Board	DHS

Social marketing organizations				
50	Ms.	Yasmin Madan	Country Representative	PSI
51	Ms.	Ha Thi Luc	Operation Director	DKT
52	Ms.	Nguyen Thi Thu Huong	Manager	Clinical Contraceptive project, DKT Center for Community Research and Development (CCRD)
53	Ms.	Dinh Thi Yen Nhi	Program Officer	
Mass organizations				
54	Mr.	Le Ba Trinh	Deputy Director	Vietnam Fatherland Front Center for Northern Youth and Adolescence
55	Mr.	Nguyen Thanh Hao	Deputy Director	Center for Population, Family and Children, Farmers' Union
56	Mr.	Tran Ngoc Thanh	Director	Center for Population, Family and Children, Vietnam General Federation of Labor
57	Ms.	Huynh Thi Hai Van	Director	
Professional association				
58	Mr.	Nguyen The Tin	Secretary	Vietnam Pharmaceutical Association
Donors				
59	Mr.	Ha Huu Toan	National Program Officer	Reproductive Health Care Unit, UNFPA
60	Ms.	Nguyen Thi Minh Huong	HIV/AIDS Drug Rehabilitation Specialist	USAID
61	Mr.	Jonathan Ross		USAID
Others				
62	Mr.	Pham Duc Minh	Manager of Public Private Partnership Program	Pathfinder
63	Ms.	Nguyen Hoai Duc	Director	Reproductive and Family Health Center (RAFH)
Press agencies				
64	Ms.	Huyen Sam	Journalist	O2TV
65	Ms.	Pham Quynh Trang	Journalist	O2TV
66	Mr.	Dao Phong Loan	Journalist	VTV2
67	Ms.	Bui Viet Ha	Journalist	Newspaper Family and Society
PATH				
68	Ms.	Mona Byrkit	Country Program Leader	PATH Vietnam
69	Ms.	Janet Vail	Project Director	PATH Seattle
70	Ms.	Jennifer Kidwell Drake	Senior Program Associate	PATH Seattle
71	Mr.	William Winfrey	Consultant	Futures Institute
72	Ms.	Jane Hutching	Director	Global RH Program PATH Seattle
73	Ms.	Molly Derrick	Consultant	PATH Vietnam
74	Ms.	Luu Thi Thanh Huong	Program Officer	PATH Vietnam
75	Ms.	Dinh Ngoc Han	Program Assistant	PATH Vietnam
76	Ms.	Trinh Thu Huong	Program Officer	PATH Vietnam
77	Mr.	Vo Xuan Hoa	Program Officer	PATH Vietnam
78	Ms.	Nguyen Quynh Nga	Program Officer	PATH Vietnam
79	Ms.	Nguyen Thai Thanh	Consultant	PATH

Annex 3: Participant survey results

PATH and GOPFP distributed questionnaires to participants in order to gain a better understanding of their target markets, their views of barriers to providing family planning services or products, and their interest in being more involved in and participating in working groups for total market planning. Following are key results from the survey.

Survey respondents:

Type of organization	Number of respondents (n=20)
Government agency	3
Public-sector provider	1
NGO provider	3
Private-sector provider	1
Manufacturer/distributor	8
Social marketing	2
Mass organization	1
Donor	1

Eighteen respondents reported that their institution has a target market to which their services/activities are directed, characterized by method, income level, geographic locations, occupation, level of education, or age.

When asked to rank the importance of the following barriers in providing family planning services or product, the respondents cited:

1. Pricing
2. Regulations for private-sector involvement in family planning
3. Certainty of contraceptive supplies
4. Quality of service delivery
5. Access barriers

All of the survey respondents indicated that they were interested in being more actively involved and/or staying involved in total market planning, including participating in working groups for total market planning. Of those surveyed, 7 would be interested in participating in a commercial manufacturer/ distributor working group, 12 would be interested in regulatory mechanisms for private sector involvement, and 11 would be interested in communication needs. Some respondents suggested needing a coordination mechanism among these working groups.

Annex 4: PATH's proposed steps to a national total market plan

STEPS TO A NATIONAL TOTAL MARKET PLAN

