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|  | **The impact of COVID-19 on older persons**  Vietnam analytical brief  July 2020 |

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| Highlights  * As of 31 July, Vietnam has had 546 cases, of which 302 are imported, 373 recovered, 104 occurred in the last week of July in which most severe cases were older people and the first two deaths occurred (both older men, 60+).[[1]](#endnote-1) * The estimated 3.5 million of 11.4 million older people who regularly receive cash transfer support through pensions or other mechanisms, have received support so far through the economic relief funding package. However, only 19% of disbursement of the 62 trillion VND ($2.66 billion) relief funding package had been disbursed by mid-July, despite plans to distribute it all by the end of June. [[2]](#endnote-2) Informal workers have been slow to receive support they are entitled too. * No other major post first wave COVID-19 support policy including or targeting older people has been introduced so far. Communication on the pandemic was reduced substantially on almost all channels until recently when the disease returned. * Some other policy changes are being delayed partly because of COVID-19, i.e. adjustment of basic salary[[3]](#endnote-3) and social pension scheme. The delay in policy change resulted in delayed expansion of social protection coverage, both in terms of number of beneficiaries and level of benefits. * A key theme emerging throughout the literature and KIIs is the need for updated and age-disaggregated information. * UN agencies conducted a number of responses to support vulnerable groups. UNFPA and HelpAge had responses targeting older people. |
| Changes in general context In the last two months, with the ending the first physical distancing period, daily activities including work, schooling, health care, family interactions, public transportation, entertainment, etc. were almost back to normal all over the country, up until the second outbreak in the last week of July.  Vietnam reported a 1.81 percent GDP growth in the first half of 2020 – its lowest since 2011.[[4]](#endnote-4) This mainly reflects substantial slowdown in manufacturing, and contraction in the service sector, in particular transport, tourism and hospitality industries.[[5]](#endnote-5) Still, given global economic trends, ADB and World Bank consider Vietnam in a better position than most countries because of its positive growth prospects.[[6]](#endnote-6) Various measures have been applied to promote domestic consumption and tourist market[[7]](#endnote-7). COVID-19 is also accelerating movement on technology towards a more “contact-free” economy by promoting digital payments, e-learning, telemedicine and digital data sharing. [[8]](#endnote-8),[[9]](#endnote-9),[[10]](#endnote-10),[[11]](#endnote-11)  GSO data shows that half of the labor force have been negatively affected by the COVID-19 epidemic with the greatest impact on unskilled workers. [[12]](#endnote-12) Vietnam is experiencing the worst unemployment rates in the past ten years. Post-COVID-19, these groups will also have more difficulties finding jobs.[[13]](#endnote-13) The average workers’ monthly income in the second quarter has seen reduction compared to the same period last year, first time ever in the last 5 years.[[14]](#endnote-14) Roughly 4.9% of women out of the working age range (15-54) have lost their jobs, while men still have a slight increase in employment despite being in the same group. COVID-19 can exacerbate gender-related labor inequality.[[15]](#endnote-15),19 |

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| Changes in national COVID-19 situation The country is adapting to a new normal with the dual goals of developing and stabilizing the economy whilst keeping the epidemic in check with strong action from the government and strong public support. Following the lifting of a national lockdown in May, life has returned mostly to normal. The country has improved testing ability compared to previous period with self-produced testing kits and number of COVID-19 qualified testing labs increased from 30 in February to 118 in July.[[16]](#endnote-16) While Vietnam borders remain mostly closed, some groups are able to return with compulsory 14 day quarantine and border crossings with China have been allowed to resume trading activities between the two countries.[[17]](#endnote-17)  Yet after more than 3 months without a domestic case, the country is experiencing a wave of COVID-19 infections beginning 25 July in Danang and with 104 new cases across 6 provinces/cities in just the first week following.[[18]](#endnote-18),[[19]](#endnote-19) The source of this first wave is unknown and trend of this wave is not yet clear and can be tracked here.[[20]](#endnote-20) The surge has infected many older people, likely due to their high use of hospitals.[[21]](#endnote-21)  The country is now gathering all of its resources and efforts to battle the second flare-up of the virus. With this new outbreak, social distancing is re-introduced, in higher risks areas in 3 provinces/cities while lockdown is applied for places having confirmed cases including four hospitals in Da Nang and some villages/buildings.[[22]](#endnote-22) |

# Key changes in situation of older persons

## Health and care

Among the 546 COVID-19 cases through 31 July, 13% are older people (51% women). However, 39% of the new cases in the last week of July were older people (56% women). The percentage of older people cases is much higher, because the hot spots are hospitals where higher proportions of older people visited or were hospitalised in July. Without good protection and control measures, older people are very vulnerable to the infection and being serious once they are infected, especially those with underlying health conditions. Underlying conditions, which increase risk from COVID-19, are prevalent among older people, and risk is highest for the oldest age group (80+) among whom 95% have at least 1 disease (and average 6.8 diseases).[[23]](#endnote-23),[[24]](#endnote-24),[[25]](#endnote-25) Still 5% of older population do not have health insurance.[[26]](#endnote-26)

The number of people visiting hospitals increased sharply right after the lockdown (increases varying from 50% to 400%, by location).[[27]](#endnote-27),[[28]](#endnote-28),[[29]](#endnote-29) The majority of visits related to non-communicable diseases (NCDs), most prevalent among older people.26 This had put health workers work much harder to both provide services for the people but at the same time to ensure the safety.

There is concern that due to physical distancing, health has been negatively impacted as people reduce physical activity as well as have had reduced access to food supplies.[[30]](#endnote-30)

In Vietnam, where 72% people with disabilities (PwD) aged 5 years and above are older people, a UNDP rapid assessment showed that PwD are among the groups most affected by COVID-19.[[31]](#endnote-31),[[32]](#endnote-32) Key concerns raised included: health (82%), accessing medical care services such as check-up, assistive devices, rehabilitation services (70%) and getting hold of PPE (25%). About 22% of respondents suffer from at least one underlying medical condition, of which 41% are people 60+.

A close up of a logo

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The economic impact from COVID-19 is affecting millions of older people.

*Older people’s income is affected because their adult children’s income is less*: More than half of the labor force (30.8 million workers) were negatively impacted because of COVID-19.[[33]](#endnote-33) The average monthly income of workers in the second quarter of 2020 declined to VND 5.2 million ($233), a *decrease* of VND 525,000 ($23.5) compared to the previous quarter, or VND 279,000 compared to same period of last year.[[34]](#endnote-34) As income from adult children accounts for an average of 31.9% of income for older people, the impact on incomes will likely be significant.

*Older people’s direct income is also affected, particularly for the majority who are informal workers and the half who are unskilled workers, and older women are more impacted than older men.* Their own income from work is the second biggest average source of income for older people (at 29.4%).[[35]](#endnote-35) 80% of older workers are in the informal sector, the category which saw the most significant decrease in income (8.4%) in the second quarter of 2020.[[36]](#endnote-36),19. There is likely to be a long-term impact on income as well because of shrinking job opportunities, especially for unskilled workers, who account for over half of older workers.[[37]](#endnote-37),[[38]](#endnote-38),[[39]](#endnote-39) Higher age is also documented in one survey as an impeding factor to the job mobility of respondents.[[40]](#endnote-40)

Depending on implementation and whether proper support is provided or not, technology can either reduce or increase barriers for older generations. One concern is that older business owners with a traditional sales approach (such as street vendor, retailers, etc.) may find it harder to adapt to changes after COVID-19. According to survey by Google, online shopping increased by 40% due to COVID-19, a trend which may not be fully reversed following COVID-19.[[41]](#endnote-41) Digitalization of trade and services has also been promoted by local authority as a measure to adapt to the new normal. Considering that only 4% of internet users are people 55+ and fewer older adults have access to social media or smartphone, this may put them at a disadvantage.[[42]](#endnote-42),[[43]](#endnote-43)

*While at least 3.5 million older people have received cash transfers in this period, many others have not yet received their entitlements from the emergency funding package.* The 62 trillion VND ($2.7 trillion) funding package was intended to be fully distributed by the end of June, yet as of 13 July, only 11,600 billion VND ($500,000) has been disbursed for more than 11.5 million people, including about 3.5 million older people, of which almost all are regular recipients of social cash transfers.[[44]](#endnote-44) Informal workers and those without labour contracts have been most affected. This has been due to complication in manual identification and administrative overload, informal sector workers have been particularly slow to receive COVID-19 cash support. There has also been limits in funding allocation from local authorities, who are responsible for 40% of the total budget (60% national government).[[45]](#endnote-45),[[46]](#endnote-46)

## A picture containing drawing Description automatically generated Social issues

Women took up more domestic chores and care of family members during social distancing period. Even before the pandemic, older women have the largest burden of care in the family, according to the results of a 2017 survey.[[47]](#endnote-47),[[48]](#endnote-48) As the lockdown lifted and children return to school, the extra care responsibility will have eased up. Still, as Vietnam is facing a second wave again, this may be an issue of concern again.

There is a lack of updated and age-disaggregated data to look into issues of mental health and social impacts, for example surrounding social isolation or abuse. However, according to a research by CARE International, there was a profound increase in number of people seeking help and shelter in the first 4 months of 2020 (compared to 2019) because of psychological and physical violence.29 Some perpetrators use social distancing as a way to exercise their power to restrict survivors to seek help or support.21 Furthermore, as per Vietnam Women’s Union’s recent report, tracking data at the 1900969680 Helping Center shows that from February to April, the number of calls for support increased by 2.5 times over the same period in 2019, including a number of serious cases. The number of temporary residents at Women Union’s Peaceful Shelter also increased by 1.5–2 times compared to the same period in 2019, of which 90% residents are self-employed and have no stable jobs.

As mentioned in the section above, the COVID-19 crisis has put higher emphasis on implementation of new technology and digitalization.[[49]](#endnote-49) In order to catch up with this, a person needs a complete new set of skill and knowledge. This may exclude older people who have more limited education opportunities or age friendly support.

# Responses

***Government***

**Health and care:**

In addition to the continued efforts to prevent and manage the spread of COVID-19 in the country, Vietnam’s health and care system is investing into more advanced and distance services such as electronic health record and telemedicine including distance health examination.[[50]](#endnote-50),[[51]](#endnote-51) On 22 June 2020, the MOH approved a five-year project on remote medical examination and treatment involving 24 hospitals. Apps and medical services will be developed to manage files and knowledge systems, as well as helping patients find medical information, make their appointments, and consult doctors.[[52]](#endnote-52) Vietnamese researchers are also working hard to get a COVID-19 vaccine ready by the end of next year.[[53]](#endnote-53)

**Employment and income security for older people:**

Vietnam has set a “double targets” program to control the pandemic while still stabilize and develop the economy. While a number of economic and employment promotion programs have been discussed/initiated (such as restructuring private businesses[[54]](#endnote-54), local market promotion[[55]](#endnote-55)), there is none targeting older people specifically or informal workers, people with disabilities. Older people’s role in economic and social development has not been underscored in recovery strategy. However, there starts to have discussion on reforming social protection policies, linking emergency relief with regular cash support, and expanding relief to responding to pandemic and other wide scale risk.

An increase in levels of support for about 2.7 million older people (24% of OP) receiving contributory and voluntary social insurance planned for 1 July 2020 has been postponed. The plan was for the government to increase the monthly base wage for civil servants, public employees and *contributory/voluntary social insured people* to 7.3%. This group of older people is among the least financially affected group of older people, and due to the pandemic, it was approved by the NA to be postponed.[[56]](#endnote-56)

The significant delays in receipt of economic support through the COVID-19 economic relief funding programme, particularly for informal workers is a concern. MOLISA is working to put in more human resources, work closely with mass organizations and possible review the eligibility criteria in order to accelerate progress in disbursement of economic relief transfers.[[57]](#endnote-57)

***Others***

*Private sector:* Some private sector companies are providing support at this time. For example, Vingroup successfully shifted its system from manufacturing products such as automobiles and smartphones to ventilators[[58]](#endnote-58) and thermometers[[59]](#endnote-59) – meeting domestic demand and even donating to other countries. Ecopark donated VND 3 billion to a hospital in Danang, airlines supported customers travelling back home from infected areas, BSH insurance donated VND 700 million to support healthcare costs, and Vinamilk sent VND 1 billion worth of nutritious products to medical staff and people in quarantine in central Vietnam.[[60]](#endnote-60),[[61]](#endnote-61),[[62]](#endnote-62),[[63]](#endnote-63)

*International organizations:* UNFPA and HelpAge are the principle organizations working with and for older people. UNFPA technical guidance on responding to COVID-19 for older persons has been shared with local and national government agencies. UNFPA provided hygiene items and PPE to hospitals. UNFPA and HelpAge, in collaboration with VAE and GOPFP, developed a video on impact of COVID-19 on older people. HelpAge developed and disseminated communication materials on COVID-19 and guidelines for Intergenerational Self-help Clubs (ISHCs) on how to support older people during pandemic context. UNDP Vietnam organised assessments on health and socio-economic challenges faced by people with disabilities and their families during COVID-19 and COVID-19 socio-economic impact on vulnerable households and enterprises: a gender sensitive assessment. Australia provided AUD 10.5 million to help Vietnam recover from COVID-19,[[64]](#endnote-64) while CARE International in Vietnam and Mastercard provided cash support to 800 domestic workers.[[65]](#endnote-65)

UNDP, as part of a Joint SDG Fund’s initiative by UNDP, ILO, UNFPA and UNICEF in Viet Nam, has also supported the Ministry of Labour - Invalids and Social Affairs (MOLISA) and localities to accelerate the e-payment and e-reporting of the Government’s social protection support in the short term, and to lay the foundation for digitalizing the regular social assistance services and building an integrated social protection database in longer term. The World Bank provided Vietnam with $6.2 million in non-refundable aid to strengthen coronavirus surveillance and testing capacities amid a fresh outbreak.[[66]](#endnote-66) Australian government, UNFPA, UNICEF and UN Women launched a new project to eliminate violence against women and children in Viet Nam - a priority response in the context of the COVID-19.[[67]](#endnote-67)

*Mass organizations:* in the first six months, Vietnam Women’s Union (VWU)- national level mobilized VND 9,3 billion (nearly $400,000). Local WU mobilized more than 6,121,000 facial mask, 132,184 hand sanitizers for wider distribution, valued at VND 82.29 billion (more than $3,5 million).[[68]](#endnote-68) Vietnam Red Cross from central to local levels, organized ~11,000 communication sessions on COVID-19 prevention for about 1,8 million people. The organization has also mobilized 111.644 billion VND ($5 million) worth of cash and in-kind to support the disease prevention and control.[[69]](#endnote-69)

*Broader public response:* In the first 90 days, from 19 March to the end of 18 June 2020, 152 billion VND ($6.54 billion) was donated by the public through text messages in a funding drive run by the National Humanitarian Portal 1400 (in collaboration with Ministry of Information and Communications; Vietnam Fatherland Front; Ministry of Health; Vietnam Red Cross).[[70]](#endnote-70)

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| Case study Ms. Pham Thi Cai, Tan Binh district, Ho Chi Minh city, a street food seller.  “I decided to give up applying for the COVID-19 support package. By the time I manage to prove myself eligible, it would probably have passed the deadline.”  Ms. Pham Thi Cai is eligible for Covid-19 support package as she is a mobile street food vendor with low income. If successfully registered, she would receive 3 million VND cash support in total ($134). However, to do so, she must fill out forms, submit paperwork and provide evidence proving her official residence and income. The process was not easy for her. Two weeks after she had sent all personal documents back to her hometown for verification (she is a migrant worker), her file was sent back due to some mistakes, meaning she had to fix and submit additional papers. Ms. Cai decided to give up the application because she thought when she finally managed to get everything ready, it would probably be too late for the submission deadline.  Ms. Cai is not the only person in Ho Chi Minh city facing this problem. Many other informal workers like motorbike taxi drivers, lottery sellers, garbage collectors also have faced difficulty. They cannot manage the paperwork on their own and the process is time consuming and intensive. Only 10% of informal workers in Ho Chi Minh city has received support.  Source: <https://vtv.vn/xa-hoi/tphcm-ly-do-nao-khien-gan-90-lao-dong-tu-do-chua-duoc-nhan-tien-ho-tro-covid-19-2020060312505711.htm> |
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