



The impact of COVID-19 on older persons

Vietnam analytical brief

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Highlights

- The 2nd wave of community virus transmission in Vietnam was contained by early September¹ (after more than one month of spreading). Since 2nd September², there have been no new domestic cases. Provinces and cities affected have almost returned to normal.
- The disbursement of 62 trillion VND (2.66 billion USD) relief funding package is still not completed after five months. There is no further update on this since July. In the latest update in mid July, less than 20% of the fund was spent³. On the other hand, Ministry of Labour, Invalids and Social Affairs (MOLISA) has proposed a second COVID-19 support package, worth 18.6 trillion VND (800.000 USD). However, the main target group of this package is not older people but business owners and contracted workers.⁴ No major COVID-19 support policy including or targeting older people has been introduced to date.
- Key themes emerging throughout the literature and KIIs is the need for more attention on the psychosocial health of older people during the pandemic and challenges in manual disbursement of the COVID-19 support package.
- Vietnam's approach to COVID-19 containment during the second wave is proportional.⁵ Even though there had been more cases, lockdown is only applied in heavily affected areas (at city and district level) and only after careful deliberation to not disrupt social and economic activities. This new approach is also due to better capacity of the government to handle the virus.

Changes in national COVID-19 situation

Despite increased treatment capacities, the second wave of the virus posed some new challenges to the health care system of Vietnam. A remarkable amount of currently treated patients (70 per cent) do not show any typical symptoms of infected people.⁶ In addition, there are cases who test positive again after two weeks of being 'cured' of the virus.^{7 8} These complications, though not surprising based on international experience, still caught most of the Vietnamese public off guard.

Expenses for examination and treatment of COVID-19 for Vietnamese people (with or without health insurance) continue to be covered by the government budget under Clause 2, Article 48 of the Law on Prevention and Control of Infectious Diseases. But centralized quarantine fees (about 6 USD/day minimum) must be paid by anyone entering the Vietnamese border from 1st Sep.⁹

As many hospitals became virus transmission hotspots in the second wave and there were gaps in risk management of hospitals,¹⁰ the Ministry of Health strengthened the monitoring of COVID-19 prevention measures in medical facilities.¹¹ Several hospitals were forced to seal for not meeting the disease protection minimum standards.¹² Hospitals where positive cases were spotted were closed almost immediately (within 24 hours).¹³

Immediate lockdown and rapid tracing of people who are suspected as infected or have direct contact with COVID-19 patients¹⁴ continue to be Vietnam's key strategies against COVID-19. Hundreds of F1 can be traced within matter of hours¹⁵ due to close collaboration between the government Center for Disease Control (CDC), local community workers/volunteers, mobile app (BlueZone) and media channels.

On the other hand, though the death rate for older people is higher compared to younger age groups, there are many older patients who have successfully recovered and promoted this on mainstream media¹⁶ to encourage people's spirits and affirm older people's chance of surviving the virus.

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Changes in general context

Commercial flights were reopened on 15th and 22nd September¹⁷ for direct flights to selected countries and territories including Tokyo, Seoul, Guangzhou, Taipei, Phnom Penh, Vientiane. All people entering Vietnam must still quarantine, but the quarantine time will be shorter (less than the standard 14 days) for people with negative test results on arrival.

Vietnam is projected to be the only country in South East Asia to have a positive economic growth rate despite the second wave of the virus.¹⁸ The Prime Minister has urged local production of goods and services, domestic consumption, and ODA disbursement (due to COVID-19, the country is falling behind in terms of public spending).¹⁹ Certain expenses such as land renting taxes are reduced, while business management procedures have been simplified to boost local economy. Moreover, violations of the Border Law, counterfeiting, and illegal trading of medical supplies will be strictly handled to ensure social security and public trust.²⁰ Still, at the micro level, from January to August 2020, 34,300 enterprises suspended their business nationwide, up 70.8 per cent over the same period last year.²¹ The number does not express fully the impact in real life. COVID-19 is a test of resilience; more vulnerable businesses may not last the pandemic.

The Vietnamese authority continues pushing toward modernization²² with the intention of increasing cost-effectiveness, simplifying administrating paperwork, e-managing citizen data and digitalizing governing tasks. This change is pushed forward faster partly due to pressure from reaching “double goals” of social economic development and pandemic control concurrently.

The past two months were a period with important national activities such as high school graduation and university/colleague entrance exam, August Revolution Commemoration Day and National Independent Day to name but some. Due to COVID-19, all activities were reduced in scale, simplified in organization or organized separately, and with high precaution.

Key changes in situation of older persons



Health and care

As of 20th September, Vietnam had a total of 1,068 cases²³. Among these cases, 413 (39 per cent) are imported, 655 (61 per cent) are domestic. 942 have recovered (88 per cent), 88 are still in treatment with only 2/88 cases in more critical state²⁴. 35 people (3 per cent) have died from the virus. Among infected cases, 178 (16.67 per cent) are older people (as of April 2019, older people account for nearly 12 per cent of the total population), 43.82 per cent are older men and 56.18 per cent are older women. Among the 35 deceased patients, 22 (62.86 per cent) are older people, 45.45 per cent are older men and 54.55 per cent are older women. The number of people in quarantine is 24,396, of which about 60 per cent self-quarantine at home and 40 per cent in centralized facilities and hospitals.

Many older patients (60+) have successfully recovered from COVID-19 and featured on the media as victors against the disease. This affirms the belief that one can overcome sickness regardless of age.

According to KIIs, the number of older people joining social security/care centers/nursing homes (as well as their desire to do so) did not increase during COVID-19. This is partly because social distancing policies and centers are instructed by local authorities not to take in more residents to ensure internal safety.

The government has boosted work towards both the production and import of a vaccine. Internally, there are four companies working on COVID-19 in Vietnam and they are preparing to test on humans.²⁵ Vietnam has also imported hundreds of millions of vaccine doses from Russia and England²⁶. However, according to MOH's statement, they will not be ready for distribution until later half of 2021.²⁷



Income security

Older people find it hard to find jobs after returning to the 'new normal': There is an observation²⁸ that most of the employees who have had job cuts in enterprises/factories recently are older female workers. Most of them are migrant workers, who live in rental accommodation, and have many difficulties in life. It is challenging for them to find alternative jobs.

In addition, Vietnam's agriculture and goods exports may be negatively affected in quarter three of 2020²⁹ as the country's big importers (namely China, Korea, Japan, EU, the U.S.) are also in difficult situations and materials used to produce exports are running out. As a result, livelihoods of those working in the agriculture sector (mostly older people³⁰) will not be improved in the near future.

Traditional livelihood owners struggle to adapt to the new situation and maintain their operations: workers who have decades of experience in their livelihoods are shaken by COVID-19.^{31 32} One solution is to go online, yet this approach requires additional investment³³, a completely new set of skills and cannot be done in a short time to save the business quickly.

The economy may still be positive, but this does not apply for all individuals. The labor market is gloomy, with calculations that 100,000 workers may lose their jobs monthly.³⁴ This can have direct or indirect impact on older people (as they are the workers themselves or their children). In addition, there is no job introduction or training environment officially established for older people in Vietnam. Job promotion efforts are only for those defined by the official working age (15-59).³⁵

Social issues

Lockdown is applied almost immediately in affected areas across Vietnam. For example, Hai Duong city was closed one day after confirming community transmission. The number of infected people at that point was less than 10. This has imposed challenges for older people who live alone with family far away. All citizens are not allowed to leave the area while outsiders cannot enter. There is no available data on how many older people fell into this situation, but certainly they had to rely on local services, social workers and neighbors. COVID-19 has led to a greater need for local care services for older people.

Interview with four KIIs who are managing care facilities suggest that during peak time, restriction of visits from friend and families and limited open environment exposure has had impact on older residents. They feel sadder and lonelier. On the other hand, this can be improved through good communication from the centers and enhanced care.

Responses

Government

Health and care:

In the last two months, the MOH has issued many instructions and policies to ensure COVID-19 prevention in both medical facilities and communities. On 1st August 2020, the MOH issued an infographic on adapting to the 'new normal' (in light of COVID-19) and "Instruction on community-based quarantine", both aimed at the general public. On 3rd Aug 2020, Official paper 1212/CD-BYT on strengthening COVID-19 prevention measures in medical facilities was published. On 6th Aug 2020, the MOH announced a communication campaign called "Believe in a victory" to raise public awareness of and donations for COVID-19 prevention. On 9th September, the MOH produced a public manual on "COVID-19 prevention for community in new normality." This manual contains recommendations for individuals, households, schools, offices, users of public transportation, etc.³⁶

Since the MOH issued the "Telemedicine project" on June 2020³⁷, hundreds of medical facilities and hospitals^{38 39 40 41 42} at central and local levels have joined the network of telemedicine organisations, increasing access to health services and successful treatment rate. Services include but are not limited to remote health monitoring, real-time interactive consultation, storage and diagnostic scanning imaging⁴³, and capacity building. The scale of implementation is still small due to new technology and limited popularity and we do not yet have a clear investment/payment mechanism (to ensure sustainability of the program).⁴⁴ Nevertheless, the fact that many hospitals have joined the telehealth network is a good starting point.

Tighter regulations on funeral organizations, especially for funerals for those who died from COVID-19 have been applied to prevent community transmission.⁴⁵ Cremation is compulsory and must be done within 24 hours. Funeral feast must be held in small scale or postponed until improved situation.

Security for older people (including security income):

On 21st Aug, MOLISA issued paper 3284/LDTBXH-TE on strengthening measures to prevent and control the situation of children, people with disabilities and older people being taken advantage of, seduced or forced to become street beggars. Older people who are homeless or street beggars will be supported to

receive COVID-19 tests and admit to centralized quarantine facilities (then social centers) or hospitals if positive with the virus.⁴⁶

The disbursement of the 62 trillion VND funding package to informal workers is still not completed: MOLISA has proposed to open the criteria of the package but an official adjustment has not been announced so far. Another support package has been proposed but the target audience is not older people.

Information and communication:

According to researchers' observations, there are more visual (reader friendly) communication and instruction materials for groups such as students, pregnant women, office workers and the general public than for older people. Materials for older people are contain with more texts.⁴⁷

Others

Private sector: Private sector companies continue to provide support. For example, Vietcombank donated 1 billion VND to Hai Duong province.⁴⁸ Supermarkets such as Vinmart, BigC, and Coop mart give discount on necessities.⁴⁹ Vingroup provided wireless broadcasting systems to disadvantaged communes in Hoa Binh province.⁵⁰ (this is part of an ongoing project which began in 2019). Moreover, Vingroup also sent software DrAid™⁵¹ and 3,200 ventilators⁵² to the MOH to support the treatment of people with COVID-19. The Vietnam vaccine joint stock company and Tam Anh Hospital donated 10,000 advanced RT-rPCR KIT test kits and 12,000 specialized face masks, worth 6 billion VND (261,000 USD) in total.⁵³

UN: UNFPA Vietnam approved the project "Support Vietnam organizations in COVID-19 preparedness and response for older persons in high risk areas". When implemented, thousands of older people in 13 target provinces and cities will benefit. WHO Vietnam translated into the "Guidance on COVID-19 for the care of older people and people living in long-term care facilities, other non-acute care facilities and home care" into Vietnamese.

NGOs: HelpAge and LIGHT organized smartphone training for older people in Hanoi to increase older people's access to information and social activities in light on COVID-19. Nearly 60 older people benefited from the training.

Mass organizations: mass organizations play a very active role in resource mobilization for disadvantaged cases. At the national level, Vietnam Association of the Elderly (VAE) mobilized nearly 2,000 bottles of milk, PPE and other in-kind support for older people. The Association also donated 200 million VND (8,695 USD) to give to 200 disadvantaged older people in 20 provinces and cities. Vietnam Young Physician Association organised the donation of medical equipment and materials worth 1.1 billion VND (48,000 USD) for five hospitals.⁵⁴ Vietnam General Confederation of Labour has donated ~4.5 billion VND (~200,000 USD) to the fight against COVID-19.⁵⁵ Fatherland Front, Red Cross, Women Union, and Youth Union also continue to raise resources to donate to people with difficulties (KIIs show the majority are older people). The Red Cross in particular give older people priority in their instructions for who should receive support.

Broader public response: National hotlines enable people to donate. Additionally, there are many community initiatives implemented effectively, such as "0 cost market" in Danang,⁵⁶ ⁵⁷, or "face mask ATM" in Hanoi, which distributes approximately 200,000 masks.⁵⁸

Case study

Mrs. Nguyen Thi Hoi, 73 years old, Ba Dinh district, Hanoi:

"I cannot sleep at night because of anxiety. I am desperate for news from my children."

"I live alone. My children live far away from me. They have families of their own. During the pandemic, to tell the truth, I am disheartened because of loneliness and powerlessness. I am constantly worried. To make things worse, my kids are infected with the virus. When I heard the news, I was so distressed. I did not know what to do. Travelling is restricted. Older people like me are even more vulnerable from the disease. I cannot sleep at night because of anxiety. I am desperate for news from my children. I am longing for their call every hour to know if they get better."



Endnotes

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