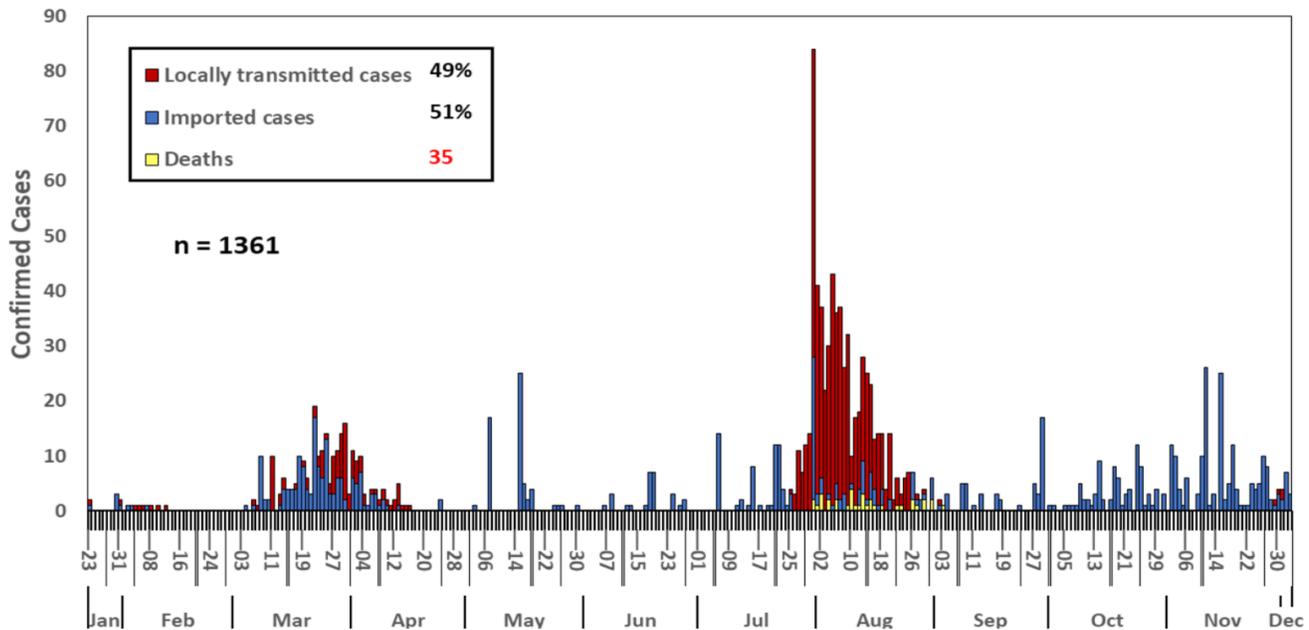


## The impact of COVID-19 on older persons in Vietnam 2020 in review

### Situation of COVID-19 in Vietnam

**Figure 1: Update of confirmed COVID-19 cases in Vietnam (as of 3 Dec 2020)**



Source: WHO Vietnam<sup>1</sup>



*The economy can be recovered but not people's lives. Public health must be in higher priority than short-term economic development.*

Vietnam Prime Minister Nguyen Xuan Phuc<sup>2 3</sup>

In the early morning of **23 Jan 2020**, while the whole country was celebrating Lunar New Year holiday, two first COVID-19 cases were announced in Vietnam.<sup>4</sup> Despite all factors that can lead to a catastrophe such as large population,<sup>5</sup> limited resources and health care capacity,<sup>6</sup> opened economy with active tourisms and trading activities worldwide, the country has been praised<sup>7</sup> for effective non-pharmaceutical interventions; minimizing casualties while also spending least.<sup>8</sup> Up to **3 Dec 2020**, Vietnam has recorded **1,361** confirmed cases, of which **190** (14%) are older people (82 male and 108 female). The country's COVID-19 death toll (per one million population) is among top three lowest in the world at **35**,<sup>9</sup> with older patients accounting for **22** (63%) (10 male, 12 female).

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The COVID-19 situation in Vietnam has been a **series** of community transmissions and “new normal” status. The country went through two major virus waves: one from Mar to Apr and the other from late July to early September. For both times, the virus was quickly contained. The nation enjoyed two relaxed periods (April-July and September until now). These months in between are crucial to the continued social and economic development of the country and ensuring that the most disadvantaged do not fall too deeply into depression.

**Success** of Vietnam’s COVID-19 response is due to rapid and effective measures of the Government, together with the participation of the community. In the early days, despite small patient numbers and mixed information about the virus, the nation did not take the risk lightly. In fact, weeks before the first COVID-19 case was discovered, the Ministry of Health had already warned the public of an unidentified virus from a neighbouring country.<sup>10</sup> On the same day that first COVID-19 was discovered, Deputy Prime Minister Vu Duc Dam directly inspected preparation work at the National Hospital of Tropical Diseases<sup>11</sup> - Vietnam’s focal facility for communicable disease treatment. In a week, Vietnam officially declared its battle against the virus,<sup>12</sup> developed a national Response Plan<sup>13</sup> and assembled a multi sectoral National Steering Committee on COVID-19 prevention and control.<sup>14</sup> The country went on to:

- i. utilize its experience in combating previous diseases such as SARS (2003), A/H1N1 (2009) and A/H5N1 (2014)
- ii. send out transparent information and clear public health messages (via technical guidance, mass media, social media, mass organizations, visual communication materials at public facilities and crowded places, mobile phones texts)
- iii. mandate mask wearing in public, hand sanitizing, social distancing, intensive contact tracing, targeted testing,<sup>15</sup> and strict quarantine (up to third-degree contact)
- iv. apply a whole-of-society approach against the virus (despite being one of the countries with strictest epidemic containment measures in the world,<sup>16 17</sup> Vietnamese’s public support is at highest, with 96% of people giving positive reviews).<sup>18 19 20</sup>

The battle against the disease is far from over. In late 2020, a few local cases were reported again (after 88 days).<sup>21</sup> Nevertheless, with solidarity and proper strategy, Vietnam is showing high confidence to stop a third virus wave, protect its people, recover the economy and join hands with other countries to beat the virus.

## COVID-19 impact on older people



### **Income security**

Generally, Vietnam’s biggest success in ensuring income security for older people lies in the quick control of coronavirus. This leads to relaxation of intensive containment measures, continuation of economic activities and macroeconomy recovery.<sup>22</sup> In addition, at the most critical point of the pandemic, substantial support was poured to the disadvantaged (including older people) from the Government of Vietnam, organizations, and individuals.

**Table 1: COVID-19 financial/livelihood support activities and older beneficiaries**

	<b>Description</b>	<b>Main focal point</b>	<b>Eligible/benefited older people</b>
<b>Directive 11/CT-TTg 2020 dated 4 Mar 2020 by Prime Minister<sup>23</sup></b>	<p>High-level document setting overall strategy for Vietnam’s support to people and businesses facing difficulties amid COVID-19</p> <ul style="list-style-type: none"> <li>➤ Remove barriers and facilitate access to capital, credit, finance, tax, commerce, and electronic payment</li> <li>➤ Review and cut administrative procedures and costs for businesses</li> <li>➤ Promote production and business, promote import and export</li> <li>➤ Urgently restore and develop the tourism and aviation industry</li> <li>➤ Speed up implementation, disbursement of investment capital and improve business environment</li> <li>➤ Focus on handling employment problems</li> <li>➤ Strengthen information and communication (on the disease)</li> </ul>	Central and local government, Ministries and Departments	<b>Data not available</b>
<b>COVID-19 relief package (Resolution No. 42/NQ-CP dated 9 Apr 2020 by Government of Vietnam<sup>24</sup> and Decision No. 15/2020/QĐ-TTg dated 24 April 2020 by Prime Minister)<sup>25</sup></b>	<ul style="list-style-type: none"> <li>➤ <b>Main target:</b> Existing social protection beneficiaries, people with meritorious services, unemployed workers, the poor and near poor, other disadvantaged people (22-78 USD/case/month x 3 months); small and medium businesses/cooperatives</li> <li>➤ <b>Value and source:</b> 62 trillion VND (2.66 billion USD) from: central and local government administration budgets (~46 billion VND), Vietnam Bank for Social Policies (~16 billion VND)</li> <li>➤ <b>Type:</b> Cash transfers, zero interest loans</li> <li>➤ <b>Effective time:</b> Apr – present (on-going)</li> </ul>	Ministry of Labour, War Invalids and Social Affairs	<b>At least 3.7 million benefited</b> (estimated from number of existing older protection beneficiaries, <sup>26</sup> near-poor households, <sup>27</sup> etc.). These groups have the highest disbursement rate
<b>Continuum of social security programs (even during social distancing)</b>	<ul style="list-style-type: none"> <li>➤ Vietnam committed not to disrupt social security schemes. Meaning unemployment benefits, health insurance, social insurance, pension benefits, social assistance, etc. will continued to be delivered</li> <li>➤ Receive two months’ pension/social insurance transfers at home<sup>28</sup> (for those who do not have a bank account, cannot visit commune People’s Committee or post offices)</li> </ul>	Social Insurance of Vietnam; Ministry of Labour, War Invalids and Social Affairs; Vietnam Post	<b>6.498 million benefited</b> (estimated from number of older people with pension, social assistance, etc.)

	Description	Main focal point	Eligible/benefited older people
<b>Electricity cost reduction<sup>29</sup></b>	<ul style="list-style-type: none"> <li>➤ <b>Main target:</b> Households, businesses, medical facilities, quarantine facilities</li> <li>➤ <b>Type:</b> Up to three months of 10% reduction (for households and businesses) and 20-100% for medical/quarantine</li> <li>➤ <b>Effective time:</b> Apr-Jun</li> </ul>	Ministry of Industry and Trade; Vietnam Electricity Corporation (EVN)	<b>10.6 million benefited</b> (estimated from EVN's report <sup>30</sup> )
<b>Agriculture land tax exemption until 2025<sup>31</sup></b>	<ul style="list-style-type: none"> <li>➤ Extend tax exemption on the use of agricultural land until 2025</li> <li>➤ <b>Effective time:</b> 2021-2015</li> </ul>	Local government and tax department	<b>5.8 million eligible</b> (estimated from number of OP who are farmers) <sup>32</sup>
<b>Airline support<sup>33</sup></b>	<ul style="list-style-type: none"> <li>➤ Waive and reduce the price of many aviation services for all airlines</li> <li>➤ <b>Effective time:</b> Mar-Aug 2020</li> <li>➤</li> </ul>	Ministry of Transport; Airports Corporation of Vietnam	Older people who use airlines services
<b>Resolution No. 116/2020/QH14 dated 19 Jun 2020 by National Assembly<sup>34</sup></b>	<ul style="list-style-type: none"> <li>➤ <b>Main target:</b> all businesses with revenue of less than 200 billion VND (8.8 million USD) (small and medium enterprises-SME)</li> <li>➤ <b>Value:</b> 30% corporate income tax cut for the 2020 financial year</li> </ul>	Local government and tax department	<b>35,000 eligible</b> (estimate from total number of SME eligible <sup>35</sup> and number older people who are business owners <sup>47</sup> )
<b>Decree No. 41/2020/ND-CP dated 8 April 2020 of the Government<sup>36</sup></b>	<ul style="list-style-type: none"> <li>➤ <b>Main target:</b> (Small and micro) enterprises, organizations, households and individuals engaged in certain production activities such as agriculture, forestry, fisheries; food production and processing; weaving; costume making; wood processing and production of products from wood, bamboo, cork; products from straw, straw and braided materials; accommodation and dining services; education and training; health care and social assistance activities; tourism services; creative, artistic and entertainment activities; etc.</li> <li>➤ Extension of the term of payment of value-added tax, corporate income tax, personal income tax and land rent (up to five months)</li> </ul>	Local government and tax department	Main beneficiaries not older people (since beneficiaries are existing taxpayers). Majority of older workers do informal jobs

	<b>Description</b>	<b>Main focal point</b>	<b>Eligible/benefited older people</b>
<b>Other fiscal policies</b>	<ul style="list-style-type: none"> <li>➤ Circular No. 14/2020/TT-BTC on March 18, 2020 on discounts and exempts of 15 types of securities services; Circular No. 33/2020/TT-BTC on May 5, 2020 for banks and non-bank credit institutions; Circular No. 34/TT-BTC on May 5, 2020 on the charge rate, payment of fees and charges in the construction sector; Circular No. 35/TT-BTC on May 5, 2020 on fees for granting international travel services licenses; Licenses for domestic travel services; appraisal fee for granting tour guide card, etc.</li> <li>➤ Decree No. 22/2020/ND-CP exempting or reducing license fees for new business in 2021</li> <li>➤ Circular No. 01/2020/TT-NHNN regulating credit institutions and branches of foreign banks on rescheduling of debt repayment terms, interest exemption and reduction; Directive No. 02/CT-NHNN dated 31/3/2020 on urgent solutions of the banking sector to strengthen prevention, combat and overcome difficulties caused by the COVID-19 epidemic</li> </ul>	Government of Vietnam, Ministry of Finance	Main beneficiaries not older people
<b>Vocational training and job promotion</b>	<ul style="list-style-type: none"> <li>➤ The Government and other public/private organizations have rolled out some job promotion programs and vocational trainings (focusing on new skill set in adaptation of new normal)</li> <li>➤ Ministry of Labour, War Invalids and Social Affairs has proposed to use 3-5000 billion VND to re-train skills for about one million working labours<sup>37</sup></li> </ul>	The Government of Vietnam, Ministry of Labours, War Invalids and Social Affairs	Main beneficiaries not older people
<b>Public fund raising</b>	<ul style="list-style-type: none"> <li>➤ The Fatherland Front called for cash and in-kind support to the COVID-19 response and social security</li> <li>➤ By end of Aug 2020, 2.2 trillion VND (956.5 million USD) was mobilized<sup>38</sup></li> <li>➤ Majority of the fund is donated to Ministry of Health and quarantine areas</li> </ul>	Fatherland Front of Vietnam	<b>Data not available</b>

	Description	Main focal point	Eligible/benefited older people
<b>Rice ATM, Happy 0 cost market/ humanitarian market</b>	<ul style="list-style-type: none"> <li>➤ Hundreds of “rice ATMs” have been set up across the country, distributing thousands of tons of rice to needy people<sup>39</sup></li> <li>➤ Started in Hanoi and in just one week “Happy 0 market” was replicated to at least ten other provinces/cities.<sup>40</sup> Another similar model is humanitarian market initiated by Vietnam Red Cross and other mass organizations. Coming to these markets, people can “shop” for a number of necessities at the price of 0. This model is a dignity humanitarian response and bears even greater meaning these difficult COVID-19 days. Up to May -2020, hundreds of markets have been organized, providing support worth of 343 billion VND (~15 million USD) to 562,000 people<sup>41</sup></li> <li>➤ In addition, other support was sent to people in difficult circumstances such as meals giving, PPE distribution, etc.</li> </ul>	Public fund raising, Vietnam Red Cross and other organizations such as Vietnam Women’s Union, Youth Union, etc.	<b>Data not available</b> But older people are one of the priorities to receive support via this channel
<b>Other cash/in-kind transfer programs</b>	<ul style="list-style-type: none"> <li>➤ Vietnam Association of the Elderly donated 200 million VND and other in-kind support (milk, PPE) to 20 provinces/cities</li> <li>➤ UNFPA Vietnam (with technical support from VAE and HelpAge) donated PPE to four provinces/cities (for both communities and care centres). Livelihood trainings in adaptation to COVID-19 situation were also organized for older people and members of Intergenerational Self-help Club in 12 provinces/cities. Total worth of support about 150,000 USD</li> <li>➤ Age International and HelpAge International in Vietnam donated 90 million VND to two provinces/cities</li> <li>➤ Above listed the only organizations specifically targeting older beneficiaries</li> </ul>	VAE, UNFPA, HelpAge	<b>At least 1,000</b>

Both economy restoration and support rollout have had positive effects on older people’s financial situation. However, when surveyed, *income security is still their top concern*.<sup>42</sup> Some further evaluation of older people’s difficulty can be presented as below:

**Reduced support from offspring and relatives to older people:** In Vietnam, a big source of income for older people is family support (32%).<sup>63</sup> However, since the outbreak, 75% of households had their income reduced<sup>43</sup> and 31.8 million labours (more than half of workforce) were negatively affected.<sup>44</sup> Therefore, is expected that assistance to family members, including older members, has declined. Specifically, households with older members (70+) needing medical care can temporarily fall into poverty because of COVID-19.<sup>45</sup>



*My income for the last 3 months was just enough for me to live, so no remittances to my elderly parents in my hometown.*

**Job loss, work hiatus, reduced income and limited savings:** More than half of the older population still works.<sup>46</sup> Most do unskilled jobs, are self-employed or unpaid family-contributing workers.<sup>47</sup> It is calculated that 81.4% of older workers (60+) in the economy are informal.<sup>48</sup> Meanwhile, informal workers actually bear the most significant job losses and income losses due to COVID-19.<sup>49</sup> Geographically, the majority (64%) of older people live in rural areas,<sup>50</sup> where households suffer higher declines in income compared to urban areas.<sup>51</sup> In addition, even during the time when COVID-19 was temporarily controlled in Vietnam, older people have still found it challenging to make ends meet because of adaptation to the “new normal”. Amid the pandemic, the Government encourages moving toward a more “contact-free” economy by promoting digital payments, e-learning, telemedicine<sup>52</sup> and digital data sharing.<sup>53</sup> Shopping habits have changed from direct to online, and e-commerce accelerated substantially<sup>54</sup> while traditional businesses remained slow.<sup>55 56</sup> As a result, businesses without modern platforms are expected to lose a large number of customers.<sup>57</sup> Considering only 4% of internet users are people aged 55+,<sup>58</sup> their businesses, if not advanced technologically, will face greater hindrance and competition.



*My business was already slacking even before COVID-19 was announced as a pandemic. Then came the lockdown so I stayed at home the entire time and could not earn any money.*

63-year-old, female, food stall owner, Hanoi city<sup>59</sup>

In particular, the employment crisis is harder for older women. In first six months of 2020, there was a 4.9% decline in the number of non-working age (out of the range of age 15-54) female workers while, for males this percentage even slightly increased.<sup>60</sup> COVID-19, therefore, can exacerbate gender-related labor inequality.<sup>61</sup>

Regarding savings, during the pandemic, most households have relied on savings (74%) to cope with reduced income.<sup>62</sup> However, as the percentage of older people having savings is very low (from 10-30%),<sup>63 64</sup> relying on savings is not an option for most of them. Even if they do, they will become more vulnerable with less financial accumulation for later years.

Last but not least, even though the employment rate among informal workers, household businesses and SMEs are showing faster recovery than their counterparts,<sup>43 65</sup> the situation may not be sustainable. These groups continue to remain less secure if another virus wave happens. The impact can also be long term, as vocational training programs remain exclusively for “working age” laborers and the employment market becomes more skilled-biased.<sup>66</sup>

**Shortcomings in COVID-19 relief implementation:** In April (first virus community transmission wave), the Government of Vietnam enacted an unprecedented 62 trillion VND (2.66 billion USD) COVID-19 support package.<sup>67</sup> It is estimated that at least 3.7 million (32%) of Vietnam’s 11.4 million older people have benefited from this assistance, mostly regular social assistance beneficiaries, people of merit, and poor and near-poor households. However, as this is the first time such a large scale and emergency support program was implemented, the result is below expectation.<sup>68</sup> Until mid-October (half a year after implementation), the disbursement rate is just 35%.<sup>69</sup> Among vulnerable groups who do not have sufficient information, are missed or under-served by the package, there are a lot of older representatives. For example, these include (i) families with members suffering from serious illnesses and under treatment in specialized hospitals, with people with disability and elderly; (ii) households in rural areas (especially at a lower-middle-income level) that are engaged in both agriculture and non-agriculture activities (such as handicrafts, tourism-related services, cross-border migrant workers); and (iii) informal workers without contract<sup>62</sup> (80% informal workers had to stop working for a month due to the social distancing policy).<sup>70</sup> The early announcement and issuance of support policies won over public favour and trust. Nevertheless, complicated paperwork and tight eligible conditions have made it hard for certain disadvantaged groups to access help in timely manner (or access at all).<sup>71</sup>



*(To receive the support) I was told to return to my hometown 340km away to verify my residency registration. This is not possible because I have to take care of my sick wife and cannot travel that far. I accept not receiving the money even though we are in a very difficult situation.*

68-year-old motorbike taxi driver, male, Hanoi city<sup>45</sup>

**Gap in pension scheme:** It has been assessed for years that due to lack of resources, Vietnam has a big gap in its pension scheme. The social allowance amount is low (equal to only 30% of the urban poverty baseline and 40% of rural). In terms of coverage, 57% of older people are not covered under any government programs and must rely on families or on their own.<sup>72</sup> The *age group 70-79*, in reality, has the highest poverty rate (10.1%) in older age<sup>85</sup> as they are not old enough to be eligible for support (must be 80+) and at the same time have less working capacity (and opportunities) than the age group 60-69. Older people who have chronic diseases, live in near-poor households, and do not have stable income are also not yet addressed. Earlier this year, the Ministry of Labor, War Invalids and Social Affairs submitted a draft decree to the National Assembly on reducing the social welfare age (from 80 to 75) and expanding groups of beneficiaries. However, it is not yet approved. As a result, at least 330,000<sup>73</sup> disadvantaged older people in the above category will have to wait at least another year. In order to direct resources towards the COVID-19 response, the National Assembly also had to postpone the plan to raise the base salary in 2020 or even 2021.<sup>74</sup> So despite the high inflation rate<sup>75</sup> and the fact that the value of the support has dropped significantly with time,<sup>76</sup> pension, social allowance and merit payments (of approximately 5.1 million older people)<sup>77</sup> will remain unchanged. Notably, the social allowance has been the same for almost six years.<sup>78</sup> From a gender perspective, female pensioners will be more affected as they have already had lower pension and live longer with more disease.<sup>79</sup> In a way, COVID-19 has taken away Vietnam's opportunity to fill the gaps of the pension scheme.



## Health and care

Regardless of limited resources and capacity, Vietnam produced much effort in protecting older people amid COVID-19. There have been general policies that applied to every Vietnamese citizen such as mass communication health messages (some also available in ethnic minority languages, sign language, audio and visual), medical declarations (older people given priority), all costs covered (with or without health insurance) for testing, quarantine/isolation and treatment fees. In the case of older people, they have received further support including:

- i. a guidance for COVID-19 prevention for older people and non-communicable disease (NCD) and health management for primary health care during COVID-19<sup>80</sup>
- ii. at home check-ups and treatment<sup>81</sup>
- iii. up to 3-month supply of prescription medicines (for people with NCDs)<sup>82</sup>
- iv. telemedicine promotion<sup>83</sup>
- v. tightened protection layers at social centres<sup>84</sup> (stored surplus medicine, stop in receiving residents, limited visits, regular disinfection, etc). About 10,000<sup>85</sup> older people are being cared for at social protection centres and no infection there was recorded so far.

The measures are balanced between both treatment and prevention (older persons to limit unnecessary travel and pay attention to self-care). There have been no signs of discrimination in treatment for older patients infected with the virus. In fact, thanks to effective resource allocation and containment measures, the health system was not put under a great burden in both times of community transmission and thus had enough capacity to care for all needed patients. Like many other countries in the world, Vietnam also requires that older people are target subjects of the COVID-19 vaccine. Every manufacturer needs to demonstrate the effectiveness of the vaccine by using a test injection in this group.<sup>86</sup> Vietnam is among 40

countries worldwide to have reached the human testing stage of a vaccine made in Vietnam. The vaccine will cost just 120,000 VND/shot (5 USD) (as substituted by state budget), does not require a complicated storing condition and to be available by mid-2021 the soonest.<sup>87</sup>

On the other hand, it is unavoidable that the pandemic imposes certain risks and difficulties for older people and their families. The situation in Vietnam can be addressed as follows:

**Challenge in meeting physical health and care need, especially for older people with disabilities, facing isolation and other disadvantaged persons:** As the SAR-Cov-2 virus has severe impact on people with underlying health conditions and non-communicable diseases (NCDs), older people in Vietnam are in high risk. Vietnam is the second ranking country in South East Asia in terms of deaths by NCDs.<sup>88</sup> On average, an older person has three illnesses.<sup>89</sup> Across the country, only 23%<sup>90</sup> <sup>91</sup> of national and provincial hospitals have geriatrics departments (falling behind Ministry of Health's plan to reach 100% in 2025).<sup>92</sup> The healthcare need of older people is high while the current system is not able to catch up, let alone the fact that resources (including staff) are pulled toward COVID-19 response these days. The Ministry of Health directed to reserve at least one capable medical facility in each province/city for COVID-19 response exclusively.<sup>93</sup> For example, the National Hospital of Tropical Diseases (II) in Hanoi was chosen. Even if not 100% redirected to the COVID-19 response, medical facilities like Can Tho province rehabilitation hospital was still reduced in capacity by almost 30% and the services were prioritized to treating emergency cases.<sup>94</sup>

From the patients' side, they become reluctant to visit crowded places such as hospitals as well, especially older people. Hospital visits and inpatient care, for instance, have dropped respectively ~30% and 20% in Ho Chi Minh City.<sup>95</sup> The care work, as a result, is done by family or the older people themselves, who have limited or no training. Dangerously, there were cases of patients suffering from respiratory failure, kidney failure, stroke, dying at home after a few days of resisting because they did not dare to go to the hospital out of COVID-19 fear.<sup>96</sup> Due to gaps in containment measures, some medical facilities even became virus hot spots.<sup>97</sup> Subsequently, patients and their family members here were exposed to the virus, put under quarantine or had to look for alternative treatment centres. Some interviewees reported that this resulted in additional travel and other expenses and pushed them further into poverty.<sup>45</sup>

The situation is more critical for *people with disabilities* (of which 72% are older people and there are more older women than older men).<sup>98</sup> According to a rapid assessment,<sup>99</sup> 70% of people with disabilities had difficult accessing medical care during the pandemic (including check-ups, medicines, assistive devices and rehabilitation services). 28% found it hard to access necessities, including protective supplies such masks, hand sanitizer, clean water, and soap, and getting adequate supplies of food. Therefore, specific needs of this group have not been addressed well.

Telehealth and other alternative online/distant health services were introduced amid the epidemic. Up to September, 1,000 hospitals/medical facilities have joined the network.<sup>100</sup> Still, the program is at early stage to bring noticeable impact to the public. These services are not yet covered by health insurance and they require modern equipment and tech know-how to access. It will take more time and instruction for older patients in general to enjoy benefits of such programs.

Looking into impact in the future, it has been evaluated that Vietnam's out-of-pocket health expenditure (its share of current health expenditure of around 45 percent) is not expected to increase as a result of the pandemic.<sup>45</sup> This either means people turn more to services covered by health insurance (which are limited) or refrain from seeking medical checkups and treatment not related to COVID-19.

**The lack of mental health services and support system (isolation, stress):** After the social distancing period, the rate of patients going to the Institute of Mental Health under National Bach Mai Hospital increased significantly, to 250-300 people per day.<sup>101</sup> A health services booking company also received unusual extra calls on mental issues and insomnia.<sup>102</sup> Even though there is no available data on number of older people affected, sharing from doctors has pointed out that people with underlying diseases in their body, especially older people, bear higher mental risks and consequences during the pandemic. *In fact, most older people worry more about families, friends and social issues than about themselves.* There is not yet an organized platform to address and relieve older people's worries, especially those who are isolated at home or experience substantial lifestyle changes (from going out freely and socializing to

staying inside). The support is based on the availability of families, friends, communities, local authorities, or the older person's own ability to stay connected (i.e., via phone) and stress free.



*I cannot sleep at night because of anxiety. I long for calls from my children every single day to know if they are all right. I feel disheartened because of loneliness and powerlessness.*

73-year-old, female, living alone, Hanoi city<sup>103</sup>

**Poorer health behaviours (including nutrition) and quality of life:** Due to social distancing, health indicators generally decline as people reduce healthier activities such as exercise and sports as well as have less access to food supplies.<sup>104</sup> Food expenses are among those cut off the most during the pandemic.<sup>62</sup> Nutritional security of many households is seriously affected, and the nutritional quality of each meal is greatly reduced.<sup>71</sup> During the epidemic, those having chronic diseases (of whom the majority are older people) were significantly associated with lower quality of life.<sup>105</sup> In the Central and Mekong Delta areas, older people face even greater difficulties due to recent natural disasters (landslide, flood, storm, drought and salinization). There is a shortage of clean water for personal hygiene, drinking and cooking.<sup>71</sup>



## Social issues

**In need of community-based care and age-friendly communities:** About 30% of older people in Vietnam live alone, with another older spouse, or with young grandchildren only,<sup>106</sup> and this rate is a few times higher for older women than men.<sup>107</sup> They care for themselves and are main care givers for others. Social distancing can hurt them the most. In fact, lockdown of infected areas can be carried out overnight or within three days,<sup>108</sup> not allowing families enough time to re-arrange living conditions or carers. Older family members in this case face not just loneliness and isolation but overall lack of support in (instrumental) activities of daily living.



*My children are not well off themselves and all live far away. Only my husband and I are in the house. We have so many difficulties since the outbreak. I am happy to receive rice and food today from the "0 cost market", and thankful to the volunteers as well for loading the gifts for me.*

81-year-old, female, Da Nang city<sup>109</sup>

**Lower access to information of support package:** According to a survey by UNDP Vietnam, groups who have no knowledge about Government COVID-19 packages mostly are (i) ethnic minority people, (ii) the poorest (who are more likely to be older people),<sup>110</sup> (iii) rural citizens (64% older people live in rural area)<sup>50</sup> and (iv) people with lower education (only 51% of older people can read and write easily, 64.9% had no schooling or only completed primary level).<sup>63</sup> So three out of four groups include a high proportion of older people, which gives us a glimpse of the situation (without available age-disaggregated data). In addition, older adults have much lower access to social media or smartphones<sup>111</sup> to access real-time information. In the future, while society and the economy digitalize more and more,<sup>112</sup> older people may be left behind in important social economic updates.

**Lack of age-disaggregated data or analysis:** Limited time, travel restrictions and safety protocols lead to more COVID-19 assessments and surveys being done online or via phone. This, to a degree, limits the participation of older people. Furthermore, almost none of the reports/assessments analyze data by age. As a result, older people's situation is not fully understood to tailor support policies accordingly.

**Overlooked contribution of domestic chores:** Different reports and assessments unanimously agree that women took up more domestic chores and care of family members during the social distancing period.<sup>113</sup> Nevertheless, none of the reports highlighted older women's contribution. They did mention burden of "elderly care" but no information about the care that elders provide. In fact, 50.4%<sup>63</sup> of older people aged 60-69 are caring for grandchildren under 10 years old. And it is actually older women who have the largest burden of providing care in families, spending more than five hours per day caring for their grandchildren and doing housework.<sup>114</sup>

**Fulfil social responsibilities:** The fight against COVID-19 cannot be successful without community engagement, and much is from older people. Roughly 60-70%<sup>115</sup> of grassroots level leaders are older people, and almost all older people are members of at least one mass or community-based organization. Households received more from local authority and mass organizations than other sources.<sup>62</sup> With their indispensable understanding of the neighbourhood, good local reputation, social responsibility sense and volunteerism, older people have played a vital role in the Government's directive to "go to every alley, knock on every door, track every subject."<sup>116</sup> They helped check for COVID-19 systems, scanned travel history, provided self-care information, raised awareness, and united the community. When the COVID-19 relief package was deployed, they once again supported with the identification of eligible beneficiaries, especially the most disadvantaged. Hundreds of retired doctors and nurses put their uniforms back on to join either at the front line or rear.<sup>117</sup> Last but not least, older people – through Fatherland Front, Association of the Elderly, Women's Union, Inter-generational Self-help Clubs<sup>118</sup> – have mobilized enormous time and human and physical resources to support.



*Listening to the radio, I am thankful and at the same time worried that the epidemic prevention force is getting exhausted. If I had enough strength left in me, I should be at the front line joining them now. So, I came up with the idea and together with my friends donated 10 million VND (434 USD) of our pension for the COVID-19 fight.*

90-year-old, male, living in care centre, Da Nang city<sup>119</sup>



*If I could make it while combat aircraft were roaming above me, I can make it this time as well. I volunteered because I cannot stand the feeling of not doing anything to help.*

77-year-old, female, retired nurse, Hanoi city<sup>120</sup>



*In a very short time, we have mobilized 50kg of rice, 15 million VND (652 USD) of cash support, 500 face masks, 40 hand sanitizers to distribute to most disadvantaged people.*

69-year-old, female, chair of Inter-generational Self-help Club, Hanoi city<sup>103</sup>

**Daily collision in living arrangement:** 10% of multi-generational families admit conflicts happened between family members.<sup>85</sup> During social distancing when all stayed together under the same roof, dealing with stress over income loss and childcare to name but some challenges, there is a high chance that the situation could become worse at times.

**Negligence, violence and abuse:** There is no separate data on older persons' experience during the pandemic. But we know older-age abuse existed even before.<sup>121</sup> The exact situation is unclear to us and can only be seen via other data sources. For example, according to research by CARE International,<sup>113</sup> there was a profound increase in the number of people seeking help and shelter in the first four months of 2020 (compared to 2019). Psychological violence rose substantially. Physical violence got more serious. Some perpetrators used social distancing as a way to exercise their power to restrict survivors to go out and to seek help, or restrict protectors to visit.<sup>21</sup> As per Vietnam Women Union's recent report, tracking data at the 1900969680 Call Center for responding to gender-based violence received around 350 calls from women who needed support, an increase of seven times compared to the same period in 2019,<sup>62</sup>

including a number of particularly serious, life-threatening cases, preventing access to outside help. The number of temporary residents at Women Union's Peaceful Shelter also increased by two times<sup>71</sup> compared to the same period in 2019. Another research by the Gender Based Violence network on 303 female domestic violence victims confirmed that 89.1% were violated during social distancing period (mentally, physically, economically, sexually).

**Other issues (celebration and anniversary, travel, housing, quarantine procedure):** During the social distancing period, traditional festivals, family anniversaries and events which have important meaning to older people were banned or limited. Public transportation (mostly used by students and older citizens)<sup>122</sup> were also shut down. This limited older people's choice of transportation in case of necessity (shopping, hospital visits, etc.). Furthermore, only 31%<sup>63</sup> of older people live in permanent housing. The rest who have to stay at home for a long time in poorer housing conditions may experience negative impacts.

Regarding quarantine, while all costs are covered by the state budget (for appointed risky cases and non-commercial travellers) and basic needs are provided, there is no information on whether older people's specific requirements are addressed yet. For example, this may include soft foods, medicines, a quiet environment, non-slippery floors and hand grips to prevent falls, etc. An inclusive quarantine safety procedure is lacking (specific guidance is available only for women and children).<sup>123</sup> When Vietnam opened commercial flights again and Vietnamese people returned back to the country from across the world, there was an incident of an older traveller fainting at the airport after hours of discussion about quarantine conditions and expenses.<sup>124</sup>

## Recommendations

### Short term

- Vietnam has been doing well in containing the virus. The country should **maintain** its dual COVID-19 prevention and development goal, strong containment measures and remain vigilant (especially in high-risk places like hospitals, care centres). Any neglect will hit older people and their families the hardest.
- **Simplify** the identification of eligible beneficiaries for COVID-19 relief packages through some suggested methods as below:
  - i. in case of an **emergency** like COVID-19, apply **universal** support for older people and people with disabilities instead of targeted support.
  - ii. **for contracted workers** remove conditions, namely: "have contract terminated/postponed or stop working without salary for at least one month"; "currently participate in social insurance" and "work for employers who cannot pay salary" to one condition only, that is "reduced or lost income". Allow workers to file papers directly to the local authority instead of via employers.
  - iii. **for informal workers** remove residency authentication (which excludes informal/migrant workers the most). Verify based on Identity Card or local authority's confirmation. Extend support to all type of informal jobs.
- **Change** criteria to receive support from "*reduced income to less than poverty line*" to "*reduced income less than minimum salary line*" (because poverty line does not fully reflect the expenditure).
- Communicate more widely the **hotline** for violence reporting and encourage victims to seek support. Introduce free of charge or affordable **mental consultation** services via phone as well. Provide more **shelter** and protection places.
- **Establish** a support network at community level for older people (involving the local authority, social workers, local health staff, mass organizations and community volunteers).
- Produce age friendly self-care communication **materials** (and organize trainings if applicable) for older people and their family/care givers (especially on healthy behaviours like at-home exercises and nutrition). Such materials are available but not in picture, audio, video format but long text. With older people relying on self-care and family care more during social distancing, they and their families need to be provided with simple and effective instructions.

- **Include** older people in surveys and assessments on the impact of COVID-19 as well as in monitoring the effectiveness of COVID-19 response programs. Suggested channels include via direct visits (keeping 1-2m distance), handphone, their family members or mass organizations/clubs representing older people like Association of the Elderly or Intergenerational Self-help Club leaders. After collection, the information must be **analysed** by age.
- **Develop** age-friendly and dignity support kits for older people to coordinate assistance more effectively (preferably cash, PPEs, diverse food types apart from instant noodles, medicines and clean water, especially for older people in disaster prone areas).
- Constantly **review** COVID-19 response interventions for improvement, taking into account the disproportionate effects of the disease on different groups (older females, those with disabilities, those living alone, etc.)
- **Learn** from other countries and actively share experience of Vietnam in supporting older people amid COVID-19.

### Long term

- **Raise awareness on older people's issues and acknowledge older people's role:** Call for adequate attention and investment in older people, and erase ageism and existing stereotypes of older age. Care for and promote older people from a rights-based approach.
- **Promote age-friendly communities:** Local availability of support, community-based organizations/clubs and an age-friendly environment are crucial to older people's well-being, especially in case of a disaster like the COVID-19 pandemic.
- Collect **sex-, age- and disability-disaggregated data** in all socio-economic aspects to have a better understanding of older people's situation.
- **Fill social protection gaps:** More older people, especially the 70-79 age group, must be covered under the scheme. The support amount needs to be adjusted regularly with inflation and living cost.
- **Improve older people's income security:** Along with increasing the coverage of social protection program, older people's livelihood must be promoted through job promotion (with equal benefit), inclusive vocational training and credit access programs (remove age barriers both on paper and in implementation). Improve cash transfers amid disasters to be more effective and on time.
- **Promote healthy and active ageing** to increase older people's good health (physically, mentally) and reduce illnesses, especially non-communicable diseases.
- **Continue to improve the health care system** with a focus on prevention and older people's care. Advanced services such as telemedicine must be improved (and covered by health insurance) to become more popular with the general public. Establish a system between hospitals and medical facilities for flexible sharing of health records, health insurance and care plans.
- **Promote life-long learning:** Equip older people with new knowledge and skills, and meet the learning needs of older people, with a focus on internet use.

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**Contact information**

Tran Bich Thuy, Country Director, [thuytb@helppagevn.org](mailto:thuytb@helppagevn.org)  
HelpAge International, Vietnam Country Office