

**COVID-19 Legal and Policy Frameworks
Affecting Older Persons**

Vietnam

TABLE OF CONTENTS

PREFACE 5

Objectives of this study 5

Research methodology 5

Part 1: POPULATION AGEING IN VIETNAM 6

1.1. The proportion of older people 6

1.2. Characteristics of ageing population in Vietnam 8

Part 2: ISSUES RELATED TO AGEING POPULATION13

2.1. Concerned issues regarding ageing population.....13

2.1.1. Ensuring financial sources13

2.2.2. Health care for older population14

2.2.3. Social care for older population15

2.2.4. Reasonable living conditions16

2.2.6. Social inclusion and prevention of abuse and violence against older persons16

2.2.7 Ensure safety for older person in an emergency situation.....17

2.2.8. Intergenerational relationship17

2.2.9. Preparation for healthy and active ageing.....18

2.2.10. The Silver Economy and advantages of ageing population.....19

Part 3: POLICY AND LEGISLATION ON AGEING POPULATION19

3.1. The Constitution and laws19

3.2 The Documents from Government and Ministries20

Part 4: The Older people during Pandemic COVID-1921

4.1. Situation on COVID-19.....21

4.2. The role of Parliament.....21

4.3. The role of Government21

4.4. The role of Ministry of Health22

4.5. Lesson learned from Vietnam in combating COVID-1922

4.6. Policy and legislation changes against COVID-19 pandemic23

Part 5: CONCLUSION AND RECOMMENDATIONS23

5.1. Conclusion23

5.2. Policy recommendations on population ageing24

5.2.1. Basic principles for policy development	24
5.2.1.1 Policy scope and roadmap.....	24
5.2.1.2 Basic principles:	24
5.2.1.3 The role of parliament	24
5.2.1.4. The role of the government and ministries	25
5.2.2. Concerned issues for developoing policies and legislation on population ageing	25
5.2.2.1. Ensuring financial security for older people	25
5.2.2.2. Ensuring access to health and social care	25
5.2.2.3. Promoting age-friendly family life	26
5.2.2.4. Building a friendly living environment.....	26
5.2.2.5. Protection of older people from abuse, violence and in emergency cases	26
5.2.2.6. Preparing for healthy old age from a younger age.....	26
5.2.2.7. Promotion of Silver Economy.....	27

LIST OF TABLES

Table 1: The number of older people by year

Table 2: The percentage of older people out of the total population in ASEAN countries

Table 3: Life expectancy at 60 years old by gender

Table 4: The percentage of women out of the total older population

Table 5: The percentage of women out of the total older population in ASEAN countries

Table 6: Ageing Population by residence in 2014

Table 7: Age structure and ageing index by region in 2019 censuses

Table 8: Poverty rate and pension by age group

Table 9: Types of social cares

LIST OF FIGURES

Figure 1: Proportion of older people by census and projection

Figure 2: Total fertility rate by census

Figure 3: Life expectancy at birth by census and projection

Figure 4: Population structure by age group by census and projection

Figure 5: Proportion of 80+ out of the total older population by census

Figure 6: Number of older women/100 older men by age group, 2009-2019

Figure 7: Potential rate of support by census and projection

Figure 8: GDP and pension growth rate by year

Figure 9: Global incidence of adult diabetes, 1980-2014

Figure 10: Trained labor force, 2009-2019

Figure 11: Proportion of population with professional and technical qualification

Figure 12: Proportion of labor force participation in social insurance, by residence and gender

PREFACE

According to the population census in 2019, with nearly 12% of the population being 60 years old, Vietnam's population has begun to age. Furthermore, Vietnam is one of the countries with the fastest ageing speed in the world.

Vietnam has issued and implemented policies to support and address the issues of older people. But population ageing is process; it is not only older people but also other groups of population that affect population ageing. Therefore, dealing with population ageing requires comprehensive policies.

Recognizing this, the Government of Vietnam has developed mechanisms and comprehensive policies to adapt to the ageing society. These are policies are intended not only for older people but also for other population groups, so that older people in the next few decades will live healthier and happier in their life. This is in conformity with the Nairobi commitments adopted at the ICPD25 Nairobi Summit in 2019.

The outbreak of COVID-19 has affected the world in terms of security, socio-economy, health and many other aspects of people's lives. By the end of November 2020, Vietnam detected more than 1,300 cases. Vietnam has issued many policies and invested in a great amount of resources to control COVID-19 infection. Although Vietnam is considered a successful case in controlling COVID-19, because there are only 35 deaths caused by COVID-19, of which nearly 65% are older people. Thus, in the fight against the COVID19 pandemic, older people are affected mostly seriously; it needs appropriate policy and legislation.

It is hoped that this report will contribute to parliamentarians, policymakers, professionals and readers who are interested in population ageing and social security issues for developing and implementing effective laws and policies to address these issues.

Objectives of this study

This report aims to provide basic information on the current situation, characteristics of the ageing population and the ageing process in Vietnam, identify what challenges are posed to the ageing society, and make recommendations policy and legislation to overcome these challenges. The data, targets and recommendations are scientific evidence for the development of policies and laws on population and development in the next coming decades of the 21st century, and also for implementing ICPD PoA and ICPD25 commitments, especially under the serious impact of the COVID19 pandemic.

Research methodology

The research was conducted by desk study by analyzing statistical data from censuses, mid-term censuses, national surveys related to ageing and by using data in qualitative and quantitative studies. Due to differences in concepts of older people (the legal definition of older persons' group in Vietnam is 60 year and over, while many countries defined it as 65 years and over), sometimes comparative analyses can not be reasonable, which is the limitation of this report.

This report was developed in the context of the COVID-19 pandemic. The impact that COVID-19 pandemic has on policies related to population ageing and older people is analyzed for policy recommendations.

Part 1: POPULATION AGEING IN VIETNAM

Population ageing is a dominant demographic trend in most countries in the world today, and Vietnam is no exception. In Vietnam, according to the Law on the Older People, people aged 60 and over (60+) are considered as older people¹. By the population census, it is evident that the proportion of older people increased: from 7.2% of the total population in 1989 to 8.1% according to the 1999 Census, to 8.6% according to the 2009 Census, to 11.8% according to the 2019 Census, and it is projected to reach 20% in 2035.

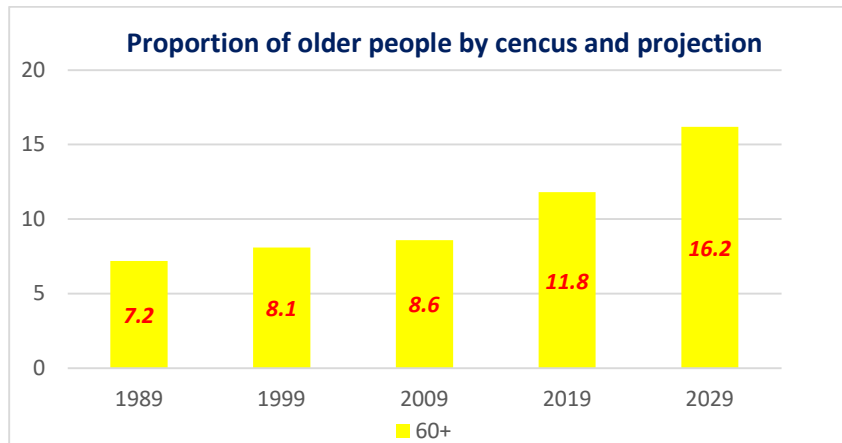


Figure 1: Proportion of older people by census and projection,
Source: Population census and population projection, 2014-2049, GSO

The main causes of population ageing are declining fertility and mortality. The reduction in the fertility rate is due to the results of the progress in the implementation of population and family planning programme as well as the impact of socio-economic development and improvement in life, thereby reducing the number of children born and indirectly increasing the proportion of other population groups including older persons. Improving living standards and health care services has resulted in lowering mortality and increasing life expectancy, which directly increased the number of older people. However, the causes of ageing are different by period.

1.1. The proportion of older people

Vietnam's fertility begins to decrease from mid-1960. The total fertility rate (TFR) was at the level of 6.3 in 1960, which fell down to 4.8 in 1979 and then went down near the replacement rate in this first years of this century.

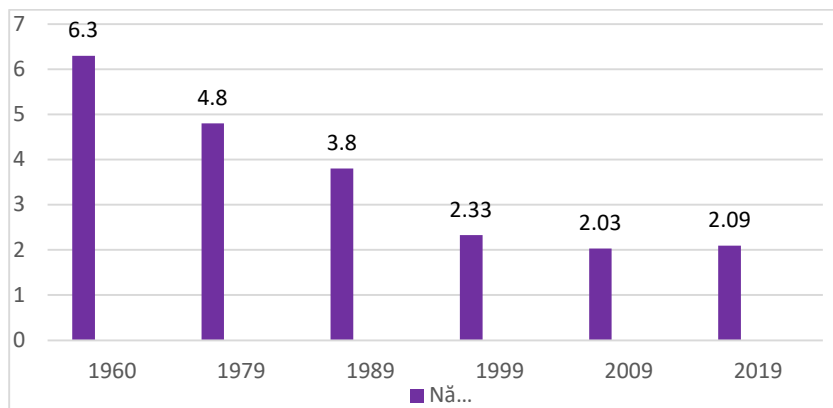


Figure 2: Total fertility rate by census
Source: General Statistics Office

¹ Law on Older people, No39/QH12, Vietnam Parliament.

Thanks to the socio-economic development and improvement of the quality of health care services, the mortality rate has decreased gradually and life expectancy has increased over the years. Life expectancy at birth increased from 62.4 to 71 years in the period 1979-2019 for males and from 67.1 to 76.3 years for females during the same period. Life expectancy is expected to continue to increase in the coming years .

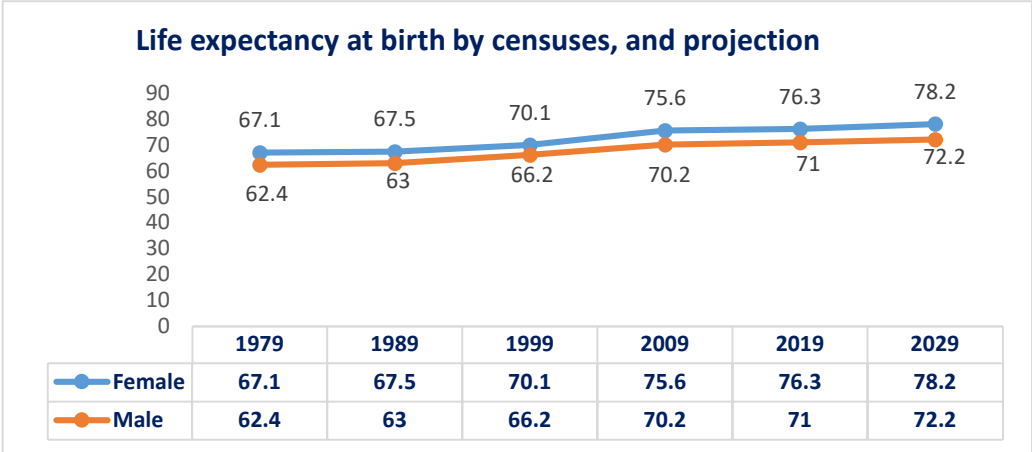


Figure 3: Life expectancy at birth by census and projection
Source: General Statistic Office

The proportion of the older people is increasing continuously, while the proportion of children (0-14) continues to decrease. The proportion of working age population (15-59) also started to decline since 2009.

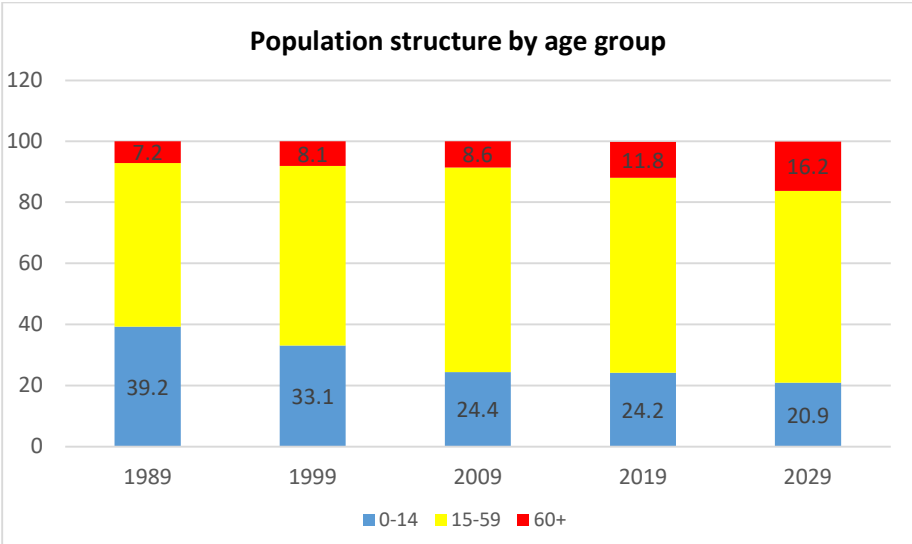


Figure 4. Population structure by age group by census and projection
Source: Population censuses and projection, GSO

Table 1: The number of older people by year

<i>Period</i>	<i>Increase of the average number of older persons per year</i>	<i>The proportion of the older people in the population increase (%)</i>
1979-89	93,000	8.7
1989-99	155,000	12.9
1999-09	126,000	13.3
2009-14	348,000	37.4
2014-19	387,000	39.6
2019-24	536,000	68.3
2024-29	564,000	93.6
2029-34	565,000	115.4

Source: The 2014-2049 Population Census and Forecast , General Statistics Office

Compared with the ASEAN countries, since 1980 to 2000, the proportion of older people in Vietnam was highest. However, since 2000, the proportion of older people in Vietnam dropped to 3rd place, after Singapore and Thailand. It is because in 1970-1990, Thailand and Singapore successfully implemented family planning programmes, while Vietnam did not succeed in similar programmes. It is forecasted that by 2035, Vietnam will still at the 3rd in ASEAN in terms of population ageing with 20% of the population being older people.

Table 2: The percentage of older people out of the total population in ASEAN countries²

Country	1980	1990	2000	2010	2015	2020	2025	2030	2035
Brunei D 'Salam	4.3	4.0	3.9	5.4	7.1	9.6	12.5	15.8	19.3
Cambodia	4.7	4.8	4.9	5.9	6.8	7.6	9.0	10.2	11.3
Indonesia	5.6	6.1	7.4	7.4	8.1	9.5	11.1	12.9	14.7
Laos	5.7	5.6	5.4	5.6	6.1	6.7	7.6	8.6	10.0
Malaysia	5.6	5.7	6.3	7.9	9.1	10.7	12.3	13.8	15.4
Myanmar	6.4	6.8	7.0	7.5	8.9	10.3	11.6	13.1	14.6
Philippines	4.9	4.7	5.1	6.5	7.3	8.2	9.2	10.3	11.2
Singapore	7.2	8.4	10.8	14.1	17.9	22.3	26.8	30.6	34.1
Thailand	5.6	7.2	9.9	12.9	15.6	19.1	22.9	26.8	30.2
Vietnam	7.8	8.2	8.6	8.9	10.3	12.5	15.0	17.5	20.2

Source: Population projection (UNDESA, NY, 2017)

1.2. Characteristics of ageing population in Vietnam

Similar to the characteristics of ageing population in many countries, the ageing population in Vietnam has two basic characteristics: a) there are more people in the very old (80+) group, and b) in older age, there are more women due to their higher life expectancy, which lead to “feminization of old age”.

² UNFPA, *Toward comprehensive policy adapt population aging in Vietnam, 2019*

Ageing older population is the result of social and economic development, improvement of lives; and thus older persons are living healthier and longer life. Ageing of the older population is reflected in the rapid increase in the proportion of the 80+ older population out of the total older people.

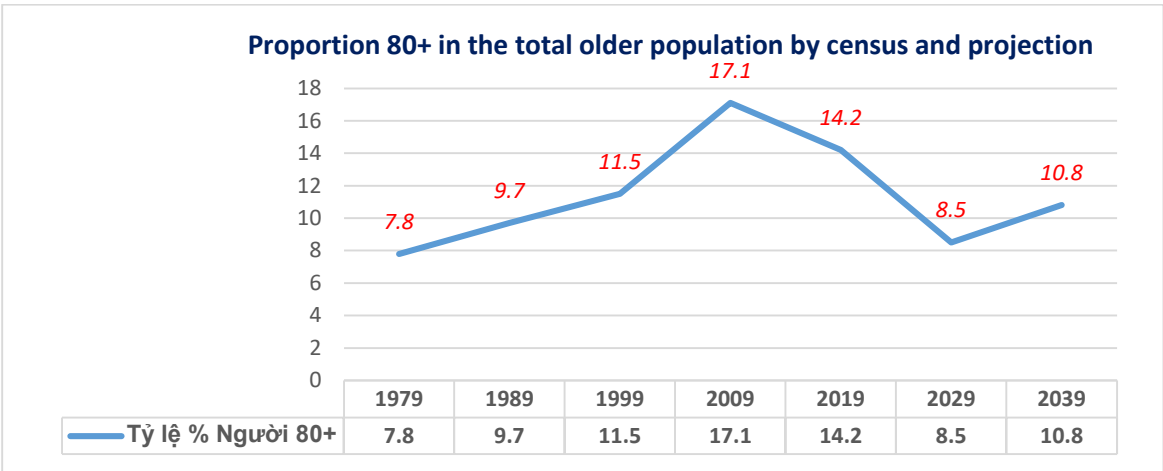


Figure 5: Proportion of 80+ out of the total older population by census
 Source: Pop censuses, and projection, GSO

The proportion of the oldest population group in the period 1979- 2009 increased from 7.8% to 17.1%. For the next 20 years (2009-2029), it is forecasted to decrease gradually before increasing again. This decline can be explained by the high number of deaths among young people during the war. It will gradually increase again to 10.8% by 2039 and nearly 16% by 2049. When the population becomes older, there will be a greater need for health care and social care. Older persons may face isolation and loneliness, as well as difficulties in economic and financial conditions.

As in most other countries in the world, women make up more than 50% of the older population, because women live longer than men. In Vietnam the female/male life expectancy gap remains at around 5 years.

Table 3: Life expectancy at 60 years old by gender and censuses

Year	Expected years to live at age 60	
	Male	Female
1999	18.2	23.5
2009	18.1	20.4
2019	18.3	20.7
2030	20.8	25.7

Source: General Statistics Office, Population projection 2014-2049

After age 60, women live longer so the proportion of women in the older population increases with years.

Table 4: The percentage of women out of the total older population

Age group	2009	2014	2019	2024	2029	2034
	<i>(Proportion of women in the total population)</i>					
60+	58.8	59.0	58.1	56.4	55.2	54.5
60-64	54.8	55.7	54.3	52.5	51.9	51.7
65-69	57.1	55.8	56.1	54.5	53.4	52.8
70-74	59.0	59.0	58.3	56.9	55.7	54.6
75-79	61.3	61.4	61.2	61.5	58.6	57.4
80+	68.3	65.7	65.7	68.5	67.3	64.4

Source: Population censuses and projection 2014-2049, GSO

The data from the 2009 Census showed that out of 100 older men, there were 131 women (in the group aged 60-69); it was 149 women in the group aged 70-79 and 201 women in the group aged 80+.

After 10 years, in the Census 2019 showed that out of 100 older men, there were 124 women (60-69), and 146 women (70-79) and 191 women (80+). After 10 years, the difference between men and women has decreased.

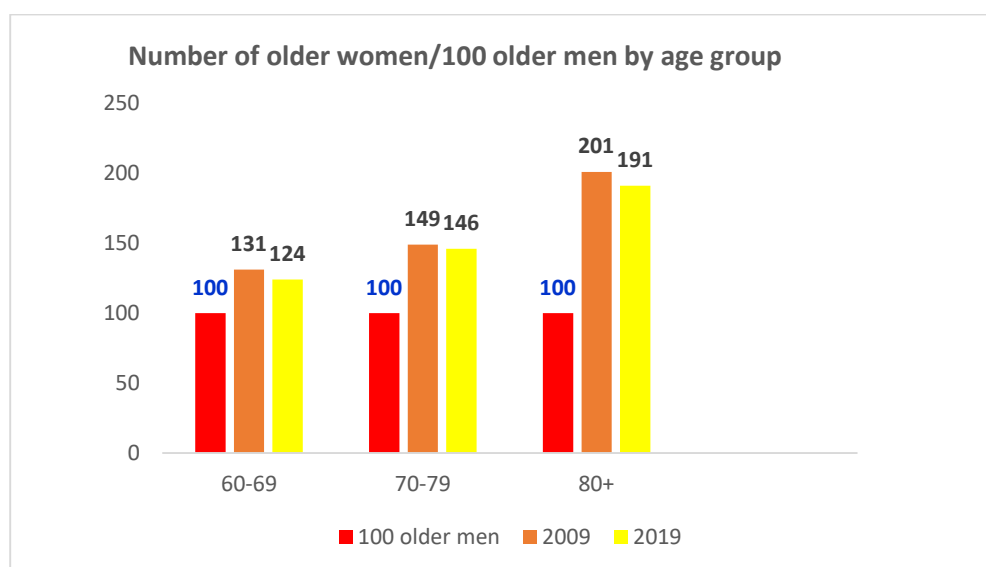


Figure 6: Number of older women/100 older men by age group, 2009-2019
Source: Population censuses 2009-2019, GSO

The level of feminization among the Vietnamese older population is the highest in the ASEAN region (Table 5). This is also due to the fact that adult men suffered more casualties than adult women in the period 1965-1975.

Table 5: The percentage of women out of the total older population in ASEAN countries

Country name	Proportion of women in the population by age group									
	NCT (aged 60+)					Oldest age (aged 80+)				
	2000	2010	2020	2030	2035	2000	2010	2020	2030	2035
Brunei D'salam	50.5	51.4	50.7	50.6	50.8	53.0	51.1	58.6	58.1	57.0
Cambodia	55.9	58.8	60.9	58.7	58.0	63.2	61.8	62.0	64.7	66.2
Indonesia	54.8	54.1	53.0	53.9	54.3	61.5	59.7	62.3	62.7	61.1
Lao	54.9	55.5	54.6	54.5	54.8	61.3	60.5	59.7	61.1	60.4
Malaysia	50.9	50.7	51.0	51.6	51.8	53.8	55.0	54.3	55.0	55.3
Myanmar	56.0	56.0	56.2	56.3	56.2	62.1	61.9	62.3	61.9	62.8
Philippines	56.0	55.6	55.4	56.0	56.4	62.9	64.7	63.0	63.5	63.8
Singapore	53.6	53.9	52.4	52.3	52.7	62.7	63.3	60.1	57.6	56.8
Thailand	54.3	54.8	55.3	55.6	55.9	60.1	58.2	60.5	61.5	61.5
Vietnam	59.6	61.1	58.7	56.9	56.5	69.3	69.5	70.1	69.3	66.8

Source: World population forecast 2017

Among the 10 ASEAN countries, the proportion of older women out of the total number of the older people aged 60 and over in Vietnam is very high, only after Cambodia. Older women are more vulnerable because of the higher proportion of widows, most of whom are financially dependent, have lower education, and more likely to suffer from illnesses and disabilities. Therefore, special attention needs to be given to older women.

Table 6: Ageing population by residence in 2014

Region	% 60+ / total population		% 60+ female / total older people		Ageing index	Percentage ratio potential support
	60+	80+	60+	80+		
Rural	12.1	2.1	58.5	66.4	47.6	5.1
Urban	11.3	1.6	57.2	63.7	51.3	5.8
All	11.8	1.9	58.1	65.7	48.8	5.4

Source: Census 2019, GSO

The proportion of the older people and the oldest group in rural areas are both higher than those in urban areas (Table 6). The level of feminization of older people is higher in rural areas for both groups aged 60+ and 80+, compare to those in urban areas. The main reason for this gap is that young people move out of rural areas, while older people in rural areas are at a risk of living alone and have little support from their families.

The potential support ratio was 5.1 in rural areas, which means there are 5.1 worker/1 older person (Figure 7). In 2009-2019, the ratio decreased significantly from 7.3 to 5.8, and it is forecasted to continue to decline to 3.8 in 2029 and 2.2 in 2049.

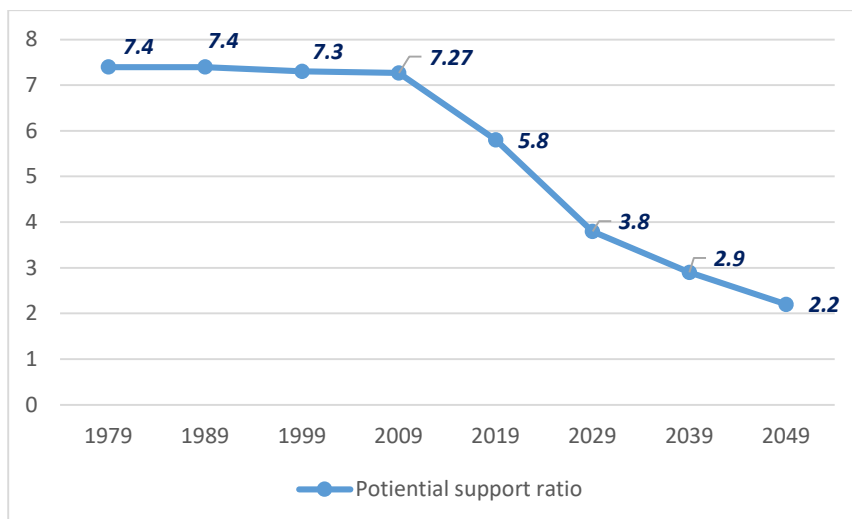


Figure 7: Potential rate of support by census and projection
Source: Population Census, General Statistics Office

The ageing index, which is the ratio of older person per 100 children (0-14 years old). This low index indicates that there are many children, which is typical in rural areas, where parents migrate to work in urban areas to leave their children in the rural areas with their grandparents.

The older population is not evenly distributed across the country, and it varies from region to region. In the six socio-economic regions in Vietnam, the largest proportion of the older persons is in the Red River Delta (9.3%) and the lowest is in the Central Highlands (5.1%). However, there is a common trend of the feminization of older persons in all 6 regions.

The Red River Delta and Mekong Delta regions have the highest ageing index, while the Central Highland has the lowest ageing index. Southeast, where millions of young workers live in Ho Chi Minh City, has a low ageing index as well.

Table 7: Age structure and ageing index by region in 2019 censuses³

Region	Proportion in total population			Ageing indicator
	0 – 14	15-64	65+	
All country	24.3	68.0	7.7	48.8
Northern mountain	28.1	65.3	6.6	36.6
Red River Delta	24.7	66.1	9.3	57.4
Northern central	25.0	66.1	8.9	52.2
Central Highland	29.3	65.6	5.1	28.1
South East	20.8	73.9	5.3	42.8
Mekong delta	22.0	69.5	8.4	58.5

Source: The 2019 Census, General Statistics Office

³ This table using age of 65+ for calculation of older people; from 2019 Census, GSO

Part 2: ISSUES RELATED TO AGEING POPULATION

The main effect of population ageing is the decline of the potential support ratio, which is an indicator of the number of working people (who make material wealth and can support others) in proportion to an older person (who may depend and need care). This indicator is very useful for tax and financial agencies to calculate revenue sources for the budget and to calculate social protection spending, including programmes for the older persons.

Figure 7 shows that the potential support ratio in Vietnam remained relatively stable until 2009 (around 7.3). It gradually decreased to 5.8 workers/older persons in 2019 and then it is expected to decrease to 3.8 in 2029, and to 2.2 in 2049. This means that only 2.2 workers pay taxes to ensure a life for an older person. This decline should be compensated by a timely response to avoid the economic downturn caused by the labor shortage.

As ageing is more progressed, the transportation system and housing need to be built in an age-friendly way that allows older people to live a meaningful life. Social inclusion and active participation in the community should be promoted.

2.1. Concerned issues regarding ageing population

It is natural that many problems arise inevitably in old age. There is an increasing demand for health care and social care. Analyzing these issues will create an evidence base for building reasonable policy and legislation dealing with ageing population.

2.1.1. Ensuring financial sources

Having financial resources for daily life is an important condition for older people. The data from the 2016 Living Standards Survey shows that the older people become, the poorer they become. The percentage of the older people living in serious poverty (too poor) increases gradually by age. The percentage of the older people living at the poverty line is 8.86%, higher than the national poverty rate of 5.58%. At the age of 80+, the poverty rate is lower, but it is due to the state policy of social subsidy for people 80+ (non-contribution pension mechanism).

The 2011 National Survey on older people showed that the older people mainly earned income from children (32%), from pensions (16%), from working (29%), other subsidies (9%), from savings/ friends/ spouse (14%). Compared to China, it is 50% from children, 25% from pensions, 25% from savings. In the U.S., 40% from pension. The results also show that only 10.4% of older people (no difference according to age) have savings, and they save mainly for medical care (10%) and for their children (8.5%).

Table 8: Poverty rate and pension by age group

Age group	Living standard rate at		% by group	
	50% of the poverty line	Poverty line	Retire	At least 1 person in the household receives a pension
60+	1.37	8.86	19.4	24.54
60-69	1.39	8.45	20.48	25.26
70-79	2.19	10.09	20.9	25.58
80+	0.3	8.47	14.42	21.15

Source: Author self-calculation from data of Living Standards Survey of households in 2016

The number of older persons receiving pension and other social protection accounts for 44% (20% receiving pensions, 24% receiving other types of regular social protection). Still about 56 % (more than 6 million older person)⁴ out of the total older people did not receive any income support from the government, and most of them were in the 60-79 age group.

Regarding 20% of the older people receiving pensions (about 2.25 million people), from 2003 to 2019, the government annually adjusted to increase pensions on the principle of early retirement. Specifically, from 2002 to 2007, there were 6 times of increases (164% to 228%); from 2008 to 2019, 12 times increases (207% to 298%). In general, the pension growth rate is higher than the GDP growth rate. No increase during 2020 due to the COVID-19⁵.

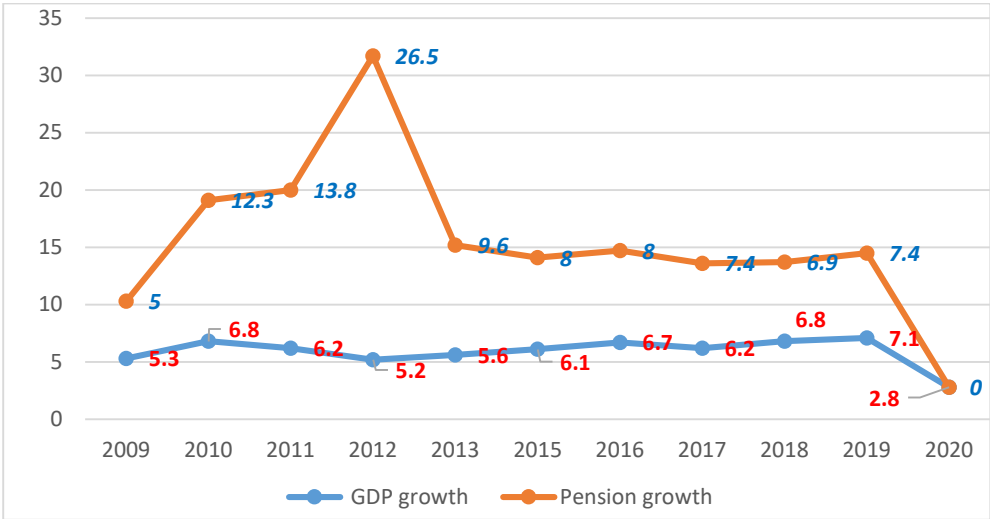


Figure 8: GDP and pension growth rate by year
 Source: Author self-calculation from GSO data

The compulsory retirement age is set at 60 years old for men and 55 years old for women, but actually the average retirement age is only 56.6 years for men and 52.6 years for women. On average, only about 40% retire at the right age (60 for man and 55 for women). On average, a pensioner receives a 24.1-year pension. According to the Labor Law, only professors, associate professors, and doctors can work another 5-7 years depending on the requirements of the employer. Therefore, the the need to continue to work is a major challenge, while life expectancy is increasing.

Because there is no job market for older people, it is common for older persons to find jobs by themselves, or they rely on relatives in order to look for jobs. Therefore, there is still little training and support for older workers, so the majority of older persons do simple work, with low income.

2.2.2. Health care for older population

The health status of the Vietnamese people has improved significantly over the past two to three decades and this is reflected in the gradual increase in life expectancy. According to the 2019 Census, life expectancy at birth is 73.6 years (71 for men, 76.3 years for women). Given that the current world life expectancy is 72, Vietnam is 16 years ahead of the world (because it takes an average of 1 year to increase life expectancy by 0.1 year). Despite the high life expectancy, healthy life expectancy

⁴ MOLISA - Social Security Reform (Doan Mau Diep, Vice Minister of MOLISA, Thoinay / Nhandan Aug 15 2018).
⁵ MOLISA – Report to Parliament at 10th session, Nov 2020.

(HALE) in Vietnam according to the WHO estimates is 63.2 years for men, meaning that men have 8 years (and women have 11 years) to live with diseases⁶.

The diseases among older persons are mainly non-communicable diseases (NCDs), which account for about 87-89% of the year of life adjusted for the degree of disability (DALY) and 86-88% of death by age group.



Figure 9: Global incidence of diabetes in adult, 1980 – 2014
Source: Ministry of Health, 2016

2.2.3. Social care for older population

Care services for older persons include not only health care, but also social care to support basic life activities, daily necessary activities, socialization and integration.

Table 9: Types of social cares⁷

Forms of social care	Content	Example
Basic daily life activities	Basic self-care activities.	Walk, get dressed, go to the bathroom, eat and drink.
Active living	Self-care activities needed for independent living	Clean the house, cook, wash clothes, shop, travel, go to the doctor, use the phone, manage money, take medicine.
Active social inteaction	Support for better social and psychological interactions, provided with Basic Care, Necessary Care	Peace of mind, personal counseling, companionship (such as chatting or helping to read books/newspapers, taking part in social / religious activities).

Source: UNFPA Hanoi, 2019

In 2011 in Vietnam, about 1.5 million older people (60+) need support in daily life. By 2019 the number of older people needing daily care reached nearly 4 million, and by 2049 it is expected to reach nearly 10 million (out of about 33.5 million older persons).

The need for social care services is increasing due to the decreasing role of family. Before 2000 in Vietnam, after marriage, it was quite common that children lived with their parents, which was part

⁶ MOH - Towards healthy aging in Vietnam, 2016 Joint Annual Health Review, (Medical House publication)

⁷ UNFPA – Toward comprehensive policy adaptation to population aging in Vietnam, 2019

of traditional culture. However, since about 10 to 15 years ago, due to improvements in housing conditions and socio-economic improvement, there is a social trend that many young people after getting married and especially after having a child, they live separately from their parents. Therefore, taking care of aging parents, as well as receiving help from aging parents to nurture children is limited. This change has a positive side for older person in terms of decreasing housework and childcare, while they may lose regular communication among family members.

2.2.4. Reasonable living conditions

According to the 2019 Census, the number of older persons aged 60+ who are married was 67.8%, and that of the widowed was 27.9% (41% for women and 10% for men). The rate of older persons who have never been married was 2.7% and the rate of those who got divorced and separated was about 1.1%. During the period of 1999-2019, the widowed rate decreased, because of the improvement in life expectancy (by 4.2 years). Similar studies show that in 2000-2015, the proportion of the widowed in China decreased by 9.5%⁸.

During the 1992-2008 period, the proportion of the older persons who do not live with family members increased from 9.5% to 21.5%. Among the older persons living alone, 80% are women and 80% live in rural areas. In fact, it is common that older persons aged 65+ are taking care of their parents 90+ in bed ridden in both urban and rural areas.

In 2016, research results in a rural commune showed that 52% of older persons wanted to live with a boy child and 38% with any child. Most of the older persons feel happy because their children take care of them regularly and only 10% complained about their children. Also, 4.5% of older persons want to live in a nursing home for many different reasons.

As of December 2018, there were more than 420 nurturing care centers focusing for older persons, and children and people with disabilities. Of these, there were about 20 private nursing homes that only take care of older persons. Due to budget constraints, at public social protection centers, only older persons who do not have relatives are accepted. The older persons who want to live in private nursing homes have to pay USD400-1,000/month⁹.

At present in Vietnam, it is estimated that there are a maximum of 5/1,000 older persons living social public protection centers and private nursing homes.

2.2.5. Age-friendly living conditions

Age-friendly environment is one of the three priority pillars of Madrid International Plan of Action on Aging (MIPA) announced in 2002. A friendly living environment for older people includes housing and infrastructure design as well as affordable housing and transportation that is suitable with the needs of the older person. This is intended for the elderly to access places and use transport systems without risk of injury.

2.2.6. Social inclusion and prevention of abuse and violence against older persons

In Vietnam, there is little official research information on the abuse of older persons. Since 2007, the National Committee for the Older Persons in Vietnam has conducted the research on abuse of older persons. In 2012, the Department of Family (FD), Ministry of Culture, Sports and Tourism, conducted a survey on domestic violence (including violence against older persons). The results showed that 7.3% of older persons were abused or neglected by their children (VNCA 2007). Among the older

⁸ *Population census 2019, GSO*

⁹ *UNFPA – Toward comprehensive policy adaptation to population aging in Vietnam, 2019*

persons interviewed in the 2012 FD survey, 11.6% of the older persons reported having been abused by their descendants, and 7.9% reported being abused in the past 12 months.

2.2.7 Ensure safety for older person in an emergency situation

In May 11, 2020, four storms hit the provinces in northern central region, killing more than 30 people and damaging thousands of houses. However, there is no specific information about older people affected by natural disasters. Therefore, there is a need for policy and legislation on emergency cases for vulnerable groups (including children, women, and older persons).

2.2.8. Intergenerational relationship

In Vietnam, 30% of households are multigenerational, including older persons (parents, children and grandchildren). The percentage of older people who continue to work is quite high: 59% for the 60-69 group and 41% for the 70+ group, so the older people have many opportunities to interact with each other.

According to the 2006 Vietnam Household Survey, approximately 10% of respondents from three-generation households admitted inconsistencies in living standards, money management and expenditure, economic development and children's education.

At present, it is becoming common for young people to separately live from their parents and visit them sometimes. The 2006 Vietnamese Family Study showed that in 12 months, 95.9% of adults visited their parents who were older persons living separately. Adults in urban areas visit their parents more often than those in the countryside. More than 90% of older people answered that they supported children at least one of the following forms: economic (giving money), sharing experience in family care or running business, social behavior guidance and teaching children, housework and childcare.

The Law on Older Person stipulates the duties and responsibilities of family members in supporting and taking care of older parents or grandparents. Up to now, these responsibilities are both governed by legal regulations, by moral values, as well as by the "court of conscience". It is very important that the government supports older persons by different forms (health insurance, social allowance), so that older persons are not too dependent on their children.

There is a commercial model in rural communities Vietnam that are currently popular. They are called community markets and they can promote social exchange and enable the elderly to earn extra income. According to the regulations, each commune can set up only one market; however in reality there are 4-5 small markets in many communes. Although these markets are illegal and they sometimes cause traffic congestion, the local authorities always try to clean them up. However, these small markets are supported by the majority of people, especially older persons, because they are both sellers (bunch of vegetables, fruits, etc.) and buyers. Mostly, these rural markets offer a place for older persons to take the initiative in life, help them with social inclusion, and avoid loneliness.

In the internet technology era, more and more people including older people are using the internet for their life. According to the Investment Bridge¹⁰, about 8.3% of the older people (55-64) and 6% (65+) use the internet (the rate of internet usage nationwide is 67% out of 96 million people and increasing rate is 20% per year). The internet utilization rate among 65+ in 2019 was 41% in China and 80% in England. The older people who use the internet are happy and positive. It is the easiest, cheapest and most effective means of communication between young and old generations and also among older persons.

¹⁰ <https://nhipcaudautu.vn/phong-cach-song/nguoi-lon-tuoi-trong-the-gioi-ao-3329231/>

2.2.9. Preparation for healthy and active ageing

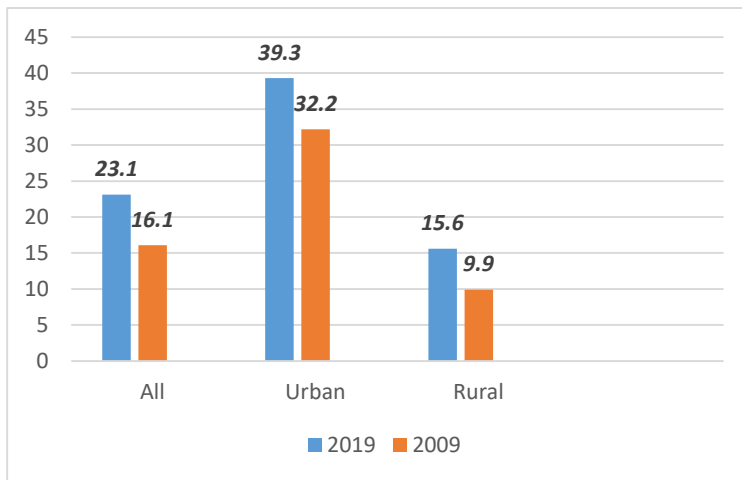


Figure 10: Trained labor force, 2009-2019
Source: 2019 Census, GSO

Regarding the labor force, in the 2019 Census, 23.1% of the workforce has been trained (39.3% in urban areas and 15.6% in rural areas), compared to the 2009 corresponding figures were 16.3%; 32.4% and 9.9%. The National Strategy on Gender Equality for the period 2011-2020 mentions that the proportion of rural female workers under 45 years old with vocational training must reach 25% by 2015 and 50% by 2020. In fact, this rate in 2016 was far to reach.

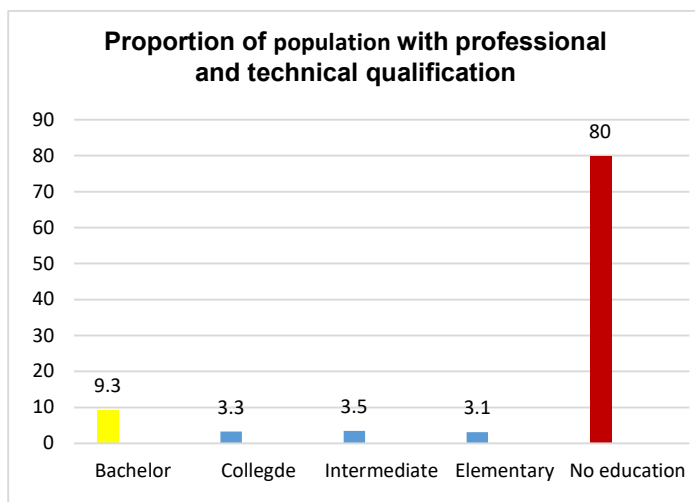


Figure 11: Proportion of population with professional and technical qualification
Source: 2019 Census, GSO

The percentage of labor force participating in social insurance is still at low level, reaching 21.3% in 2016 and around 33% by 2020, and it is far below the national target of 50% set up by the government strategy. It means that in 20-25 years, the state budget will be heavy burdened with social protection allowance for older persons living without pension.

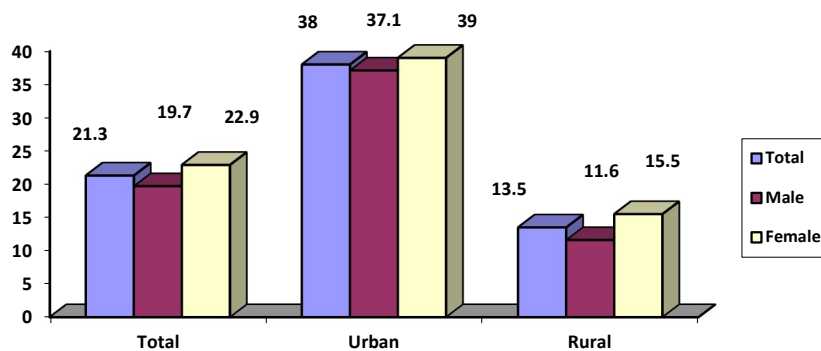


Figure 12. Proportion of labor force participation in social insurance, by residence and gender
Source: 2016 Labor Force Survey, General Statistics Office. GSO

2.2.10. The Silver Economy and advantages of ageing population

Due to the ageing population, the workforce decreases, so there is a need to increase the workforce, especially older persons and females. However, it is necessary to clearly define the labor relationship with aged workers to avoid legal troubles. Recently, Vietnam has decided to gradually increase the retirement age to 62 for men and 60 for women. Male retirement age would increase by three months per year, while female retirement age would increase by four months per year.

The elderly are getting healthier and healthier than the previous generation, due to physical training, availability of medicine, functional food and health-enhancing aids, improved living standards and mental health. Young married people living separately from their parents are increasing, so the elderly are also less burdened with housework and childcare. That is the need to be met from the related industries, which is called “Silver economy”.

In general, the services to serve the elderly in Vietnam is not yet developed, so the supply-demand imbalance still exists. Among 420 social protection centers, only 20 are private ones. Therefore, the development of “Silver Economy” services has a long way to go, and there is a need for building a national strategy for the Silver Economy.

Part 3: POLICY AND LEGISLATION ON AGEING POPULATION

3.1. The Constitution and laws

Respecting older people is a long cultural tradition in Vietnam. Therefore, right from the 1946 Constitution, which was the first Constitution, mentioned the care for older people (Article 14): “Older people or disabled citizens who cannot work can get help”.

The 1959 Constitution, Articles 32 and 64, stipulated the obligation to care with respect grandparents and parents. Article 87 stated: “Elderly people, disabled people, helpless orphans should be supported by the state and society”.

In the 2013 Constitution, there are comprehensive regulations on the rights of the elderly. Article 37 states: “Elderly people are respected and cared for, and their roles are to be promoted by the state, family and society in the cause of national construction and defense”. Article 59 states: “The State creates equal opportunities for citizens to enjoy social welfare, develop social security system, and adopt policies to support the elderly, the disabled, the poor”.

Regarding other laws, in 1989 the Law on the Health Protection and Care for People was approved by Parliament, Clause 1 of Article 41 stipulates that “Older people... are given priority for medical examination and treatment, and are given favorable conditions to contribute to the society in accordance with their health”.

In 2000, the Standing Committee of Parliament issued the Ordinance on the Older people, which expresses the concern for older people in the country. Vietnam is one of the first countries in Southeast Asia that have legislation on older people.

In 2009, the Law on the Older people was approved (replacing the Ordinance on the Older people). This law comprehensively stipulates the rights, obligations and responsibilities of stakeholders in the care and promotion of the role of the older people.

The Law on Marriage and Family in 2014, Clause 2 of Article 71, stipulates: “Children have the obligations and rights to care for and nurture their parents, especially when their parents lose their civil act capacity, are sick, old and weak, disabled; in a family with many children, they must together take care and nurture their parents”.

The Law on Domestic Violence Prevention and Control 2007 prohibit acts of violence in the family, including older people.

Value-added tax law offers VAT exemption for using materials when building nursing homes.

Criminal Code 2015, Article 40 Clause 2, stipulates: “Do not apply the death penalty for older persons aged 75+ years”. Article 185 stipulates: “Any person who treats badly or commits violent acts that infringe the bodies of grandparents, parents, spouses be in a prison or a period of between 6 months and 3 years. Committing the crime against pregnant women, frail older people ... could be sentenced to between 2 and 5 years’ imprisonment”.

Law on Prevention of Harmful Effect of Tobacco 2012 and Law on Prevention of Harmful Effect of Alcohol 2019 were approved, which intend to from a long-term vision to keep people healthy from a younger age for healthy old ageing.

3.2 The Documents from Government and Ministries

- Based on the provisions of the Constitution and laws, the Government has issued a series of strategies related to older people. National Committee for Older Persons has been established, chaired by Deputy Prime Minister. The multidisciplinary participation is encouraged to create favorable conditions to implement policies and legislation on ageing population.
- Many ministries and agencies have issued guidelines for the implementation of laws related to older persons.
- Ministry of Labor, Invalids and Social Affairs (MOLISA) is assigned to the focal point ministry for older population issues. MOLISA issued regulations on the admission of older persons to social protection centers.
- Ministry of Health issued main provisions of primary health care for older people at the residence, hospital; older people aged 80+ are granted health insurance cards covered by the government.
- The Ministry of Finance regulates fund for the primary health care for the elderly in the residence, fund to celebrate longevity, fund to apply reductions to visit cultural and historical places, museum, and scenic spots for the elderly.

- In 2012, the Ministry of Culture, Sports and Tourism provided for the elderly to participate in cultural, sports and tourism activities.
- In 2012, the Ministry of Transport provided regulations on supporting older persons in public transport, reducing fares for older persons. In fact, many provinces provide free public transport for the elderly.
- Although the central budget provides for the general subsidy for older people 80+, many provinces use their local budget to subsidize more for older people. For instance, in Hanoi all older persons aged 60+ get free tickets for public bus and 150% social allowance for older person in 80+.
- In general laws, regulation, action programmes and strategies, all only focus on caring, nurturing and promoting the role of older people, while no attention is paid to other groups. It is important to understand that ageing population is a process during the life cycle.

Part 4: The Older people during Pandemic COVID-19

4.1. Situation on COVID-19

During the COVID-19 pandemic in Vietnam, older people were most severely affected. In fact, the older people infected was 13 % of total infected cases, but 65 % of the deaths due to COVID-19 were older people (5 times higher than the general average). This is also a high mortality rate compared to other countries.

54% of the deaths caused by COVID-19 are in nursing homes in Ireland, 45% in Italy, and 42% in Belgium, 57% in Spain, 81% in Canada (the average in the OECD countries is 42%¹¹), while in Vietnam, no death due to COVID-19 in nursing homes, because all nursing home in Vietnam is private and small scale, so they can strictly control people going in/out.

COVID-19 pandemic has seriously affected socio-economic development and people's life. In 2020, it is expected that Vietnam's economic growth rate will go down to 2.5% (in 2019, it was 6.8%).

4.2. The role of Parliament

The law was approved that allows the Government to use about \$3 billion to support disadvantaged people and businesses in disarray. This provides vulnerable people including older people with financial support for 3 months (\$30/month).

4.3. The role of Government

- Following the Law on Prevention of Communicable Diseases, the Government declared /removed physical distancing, no running school, limited shopping, and so forth.
- Direct the Ministry of Health to paying special attention to older people, nursing homes, social protection centers.
- Use central and provincial resources for epidemic prevention and control.

¹¹ <http://baobaohiemxahoi.vn/en/tin-chi-tiet-nhieu-nha-duong-lao-o-chau-au-bi-bo-roi-cf567c2d.aspx>

- Educate people for self-protection, isolation, refraining from crowded areas including hospitals.

4.4. The role of Ministry of Health

- Establish medical teams for their rapid responses to COVID-19 and support protection in some key, needed regions.
- Set up base data of older persons in social protection centers and nursing homes.
- Issue a set of hospital safety standards for epidemic control that all hospital must implement.
- Issue regulations and guidelines for older persons at the grassroots health institution; older person can receive medicine for treatment for 2-3 months in advance.
- Issue guidelines for admission and treatment of COVID-19 infected people, allowing treatment at all healthcare levels (at district/province/central).
- Update COVID-19 treatment regimen set up by WHO.
- Develop and apply telehealthcare. Since 2017, MOH has issued a circular on telehealthcare, but the implementation was slow. When the outbreak of COVID-19 epidemic occurred, there was a great pressure on its realization. Only 5 months later, from April to September 2020, more than 1,100 health facilities from the central level to the district and commune levels were tele connected for consultation, treatment guidance, and surgery.
- Guide and monitor medical isolation, blockade in some communes, villages, hospitals, in Hanoi, Vinh Phuc, Binh Thuan, Thai Binh, Hai Duong, Ho Chi Minh City.
- Set up and monitor the implementation of regulations on testing and isolation for immigrants since the partial re-opening of aviation entry.

4.5. Lesson learned from Vietnam in combating COVID-19

- To strictly implement the Law on Prevention of Communicable Diseases.
- To promptly promulgate the Law on Budget Adjustment to ensure epidemic prevention and support social protection for those who lost income, including older persons.
- To speedily set up blockage, medical isolation, physical distance.
- To educate about the risk of transmission and high-risk groups.
- To guide people for self-isolation to prevent transmission.
- To detect, trace and isolate at institutions.
- To mandate people to wear masks at certain circumstance.
- To determine where the most critical protection is needed (Hospitals, nursing homes, etc.)
- To set safe hospital standards in prevention of COVID-19,
- Provide treatment to patients infected with COVID-19 at all levels and update treatment guidelines in line with the WHO guidelines.
- To promote the role of grassroots health care centers to limit the older people to travel to hospitals and crowded places.

4.6. Policy and legislation changes against COVID-19 pandemic

This is the first time in the history of the country to deal with the pandemic at this scale with millions of people at the risk of infection. Currently, policies and laws on the prevention and treatment of diseases are not very relevant to the COVID-19 pandemic and need to be revised.

- Right from the beginning of an epidemic, it is necessary to strictly control and protect hospitals, so that they do not become a source of transmission. That is a fatal experience at Da nang hospital.
- Set up clear standard for blockage, physical distance, and isolation. In practice, some provinces applied excessive blockade.
- According to the Law on Prevention of Communicable Diseases, all expenses related to disease prevention and treatment for patients suffering from COVID-19 are covered by the state budget (expenses for food and accommodation during isolation for all people including foreigners). This mechanism may be inappropriate when the universal health insurance is in place.

Part 5: CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

Population ageing is an inevitable global trend. Sooner or later countries will face ageing population. Vietnam is one of the countries that have entered the ageing population, with the fastest ageing speed (2017-2037). It will take only 20 years for Vietnam to have an ageing population, while it will take 30-100 years for other countries.

Vietnam's cultural tradition is to care, and promote the role of the elderly. The country's Constitution and related laws stipulate the caring of the elderly and promotion of the role of the elderly. Many local authorities address the caring and supporting for the elderly and promote activities of the association of the elderly at the grassroots level. The life of the elderly is improved, and the life expectancy is increasing. More and more older persons are participating in working and other activities in their communities.

Currently, the average annual income is only \$2,750/person, and only 33% of the labor force are participating in the social insurance mechanism.¹² Therefore, ensuring a sustainable financial source for old age is a big challenge since the social protection budget is limited. It is difficult to support 6 million (50%) older person who still do not receive any support from the state. That is not to mention the challenge of health care and social care, when there is no home social care service for the elderly while the demand is increasing.

Ageing is a process, affected by a series of changes that take place in the human life cycle. Therefore, in order to adapt to the population ageing, it is necessary to have a comprehensive policy, affecting all stages of the human life cycle, and to ensure the rights and responsibilities of the elderly for healthy and active ageing.

Comprehensive policies and legislation related to population ageing should focus on ensuring access to health and social care, creating a friendly and favorable living environment, not being isolated, promoting a safe and secure life without violence, facilitating social exchanges and connections in the community, and being concerned and protected in an emergency caused by natural disasters and diseases such as COVID-19.

¹² Answering questions of the Prime Minister at the 10th session of the Nov 14th 2020, Parliament

5.2. Policy recommendations on population ageing

5.2.1. Basic principles for policy development

5.2.1.1 Policy scope and roadmap

- There is a need to define a policy scope for addressing the issue of population ageing; the policy for population ageing should not be limited to the issue of older persons.
- Multidisciplinary and multi-sector mechanisms are needed for developing policies.
- There is a need to set up detailed roadmaps and specific objectives, even in times of natural disasters or epidemics.

5.2.1.2 Basic principles:

- Keeping the ageing speed at an appropriate level;
- Looking at population ageing from a positive perspective, taking care and promoting the role of the older people.
- “Ageing in place” should be strongly promoted.
- Noting the diversity of older people (such as socio-economic conditions, residences, family structures)
- Building policies based on life cycle analysis and evidence.
- Ensuring the basic rights and responsibilities of older people, gender equality, through the implementation of commitments to international and regional conventions.
- Noting experiences and lessons learned during the pandemic COVID-19, especially specific measures for protecting older people.
- Developing policies for the Silver Economy to meet the need of a large number of older persons.

5.2.1.3 The role of parliament

- Amending the Older People Law (in order to stipulate more details on population ageing, prevention of abuse and violence, addressing loneliness, family responsibility for older persons. And health care and social care).
- Revising the Law on Government Organization and setting up a focal point ministry only for older people. (Australia, France and Canada have a set of focal points that are responsible for population ageing.)
- Amending the Law on Health Care, the Health Insurance Law, and Social Insurance Law (to improve universal health coverage and long-term care, strengthen the role of grassroots health care and family doctor in health care, and manage non-communicable diseases for older people at the grassroot level).
- Promulgating the Law on Health Promotion (to promote adequate nutrition, healthy eating and drinking habits, exercising from a younger age to prepare for a healthy and active old age).
- Amending the Law on the Prevention of Domestic Violence (to facilitate prevention of abuse and violence against older people and set up a focal point for support for victims of violence).

- Developing the Bill on Social Protection and putting into place a mechanism to mobilize resources from society to take care of older people, especially those under difficult circumstances.
- Amending Tax Laws to encourage the development and promotion of the “Silver Economy” to meet the need of a growing number of older people.
- Revising the Law on Disaster Prevention and Law on Emergencies, so that older people can participate in the process of developing natural disaster prevention plans and relief and systematic data on victims.
- Amending the Law on the Prevention of Communicable Diseases to create a suitable legal corridor against emerging infectious diseases such as COVID-19 (to identify priority subjects in prevention and treatment, take isolation measures, blockade, physical distance, and developing human and financial resources mechanism for pandemic prevention).

5.2.1.4. The role of the government and ministries

- Issuing comprehensive strategies/policies and action programmes to adapt to the population ageing.
- Increasing the level and target of social allowance for older people (increasing from \$15 to \$25/ month and including to the group aged 70-75 years old).
- Increasing health finance and raising premium of health insurance, which can fund health care services at home and long-term care.
- Strengthening the regulations on tobacco and alcohol in order to protect people’s health from a younger age.
- Issuing regulations to strickly control and monitor the pandemic in key areas, such as hospitals and nursing homes; setting up detailed and clear standards for lockdown, blockage, physical distance, medical isolation.

5.2.2. Concerned issues for developoing policies and legislation on population ageing

5.2.2.1. Ensuring financial security for older people

- Extending the age limit for work so older persons who want to work can do so and receive social allowance.

5.2.2.2. Ensuring access to health and social care

- Creating reasonable financial mechanisms for improving efficiency of grassroots health networks, the role of family doctors to manage the health of older persons in the community, and provision of health care at home.
- Improving universal health coverage (UHC) and long-term health care insurance.
- Developing policies and standardizing social care services; promoting public-private partnership mechanism in social care service delivery; and carrying out a pilot of long-term care insurance.

5.2.2.3. Promoting age-friendly family life

- Guiding family members and relatives on life skills for a harmonious life and know-how to handle conflict and emergency situations.
- Encouraging people to build houses that are convenient for an extended family.
- Raising awareness of family members to respect older people; do not consider housework and child care as the inevitable responsibility of older people.

5.2.2.4. Building a friendly living environment

- Building friendly rural communities and cities to older people (such as traffics, parks, public places, shopping centers, public offices) with living places and suitable designs for older people.
- Maintaining and supporting rural market for older people at the community level in order to promote social exchange, increase their income, and avoid isolation and loneliness.
- Ensuring housing safety standards for older persons (entrances, stairs, exits, floors, electrical connections and toilets) with monitoring system to respond to emergencies.
- Including the issues of population ageing and role of young people to take care of older people into school curriculum and mass media.
- Setting up young-old interactive communication forums for better understanding and helping each other.
- Making available inexpensive internet communication needed for older persons in housing construction.
- Meeting the need of older persons who want to stay in institutions (nursing homes, social protection centers) and providing more incentive for those who want to sett up nursing homes and social protection institutions.
- Providing more entertainment information on television, radio for older people.
- Supporting for the operation of associations of older people, the intergenerational club, and promoting social and cultural values of older persons helping each other.

5.2.2.5. Protection of older people from abuse, violence and in emergency cases

- Raising awareness of young people and family members to prevent abuse/violence toward older people.
- Encouraging older people, other family members, community members to open cases of abuse/violence.
- Setting up inter-agency coordination in planning and rescuing in emergency cases to ensure safety and evacuation for older people.
- Informing and educating about high-risk groups infected with pandemic diseases and taking measures to protect vulnerable groups.

5.2.2.6. Preparing for healthy old age from a younger age

- Raising awareness of young people so that they understand financial conditions at retirement and start preparations at an earlier stage (e.g. participating in social insurance, saving).

- Advocating for young people to understand challenges in their old age so that they can develop a healthy lifestyle for their older age (e.g. appropriate nutrition, drinking, exercise).

5.2.2.7. Promotion of Silver Economy

Ageing is a process that creates not only challenges as mentioned above but it also creates opportunities and a momentum for the development of the service industry to serve the growing needs of the elderly, so-called the “Silver Economy”. This include industries and products that older persons tend to frequently use such as: tourism, medicine and functional food, transportation, inter-generational family accommodation, appropriate information technology, nursing home service, and age-friendly school for older person. Also it refers to the promotion of the development of the internet, smart phones, telehealthcare services as a foundation for older persons to access quality health care services and social inclusion.

The growth of the silver economy will contribute to promoting national economic development, limiting the negative effects of ageing population. Some incentives for the establishment and operation of Silver Economy industries and services, will promote production and circulation of goods and services for older persons.