The Role of Government in “Active Ageing” in Vietnam

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The MDG index is the normalized weighted average of the provincial rankings on 17 variables that measure various social and governance dimensions underlying the MDGs. The MDG index attempts to assess the relative situation of various provinces vis-à-vis these dimensions using available provincial level data. Appendix I describes the methodology used for the composition of the index and lists the variables used for each MDG.

- **Area:** 331,000 km²
- **Population:** 90 millions (11/2013)
- **74% people living in rural area**
VIETNAM IS IN THE PERIOD OF BECOMING “AGEING POPULATION”

- Average life expectancy: 73
- Traditional culture: multi-generation family - 50% elderly people living with children (VHLSS, 2010)

### Table: Proportion of the elderly (65+), Vietnam 1979-2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Popu. (millions)</th>
<th>60+ (millions)</th>
<th>%</th>
<th>65+ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979</td>
<td>53.74</td>
<td>3.71</td>
<td>6.9</td>
<td>4.7</td>
</tr>
<tr>
<td>1989</td>
<td>64.38</td>
<td>4.64</td>
<td>7.2</td>
<td>4.7</td>
</tr>
<tr>
<td>1999</td>
<td>76.33</td>
<td>6.19</td>
<td>8.1</td>
<td>5.8</td>
</tr>
<tr>
<td>2009</td>
<td>85.84</td>
<td>7.45</td>
<td>8.68</td>
<td>6.4</td>
</tr>
<tr>
<td>2010</td>
<td>86.75</td>
<td>8.15</td>
<td>9.4</td>
<td>6.8</td>
</tr>
<tr>
<td>2011</td>
<td>87.61</td>
<td>8.65</td>
<td>9.9</td>
<td>7.0</td>
</tr>
</tbody>
</table>

In 2011: Vietnam becoming a country with aging population
Role of government in active ageing in Vietnam

- Health
- Security
- Participation
Overall policy framework toward elderly care in Vietnam

- Law on the Elderly issued by National Assembly in Nov. 2009 and under law policies
- National action plan on elderly people for 2012-2020
- Other health related policies:
  - Law on health care for people for the period 2011-2020 and vision of 2030
  - Resolution of the Politburo on strengthening PHC
- Decree 67/2007/ND-CP and Decree 13/2010/ND-CP of the government on social allowance for vulnerable group include the elderly who have no income
# Main contents of the elderly care related policies

<table>
<thead>
<tr>
<th>Health</th>
<th>Facility services</th>
</tr>
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<tbody>
<tr>
<td>The elderly’s right in health care</td>
<td>• The elderly are given priority when seeking health care at the health facilities</td>
</tr>
<tr>
<td></td>
<td>• The elderly ≥ 80 years is followed up health status by CHSs and can received health services at home in the case if needed</td>
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- The elderly are given priority when seeking health care at the health facilities.
- The elderly ≥ 80 years is followed up health status by CHSs and can receive health services at home in the case if needed.
- Health facilities must have separate treatment beds or separate treatment room for the elderly.
Health service delivery system for the elderly care

Public sector (199,011 beds)
- 1BV LK TW
- 561 District hospitals
- 11,112 TYT xã (78.8% TYT xã KCB BHYT)
- 96,534 NVYT thôn, bản (>90%)

Private (9,611 beds)
- 150 private hospitals
- 35,000 private practitioners
- 39,000 private pharmacies

200 long-terms care facilities for the elderly
Main contents of the elderly care related policies

<table>
<thead>
<tr>
<th>Security</th>
<th>Health security program</th>
<th>• The elderly ≥ 80 years, the elderly poor and no income are provided free health insurance cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income security for the elderly</td>
<td>• Lonely and no income elderly: provided monthly allowance from the government</td>
<td></td>
</tr>
</tbody>
</table>
Main contents of the elderly care related policies

Participation

- There are organizations for the elderly: the Elderly Care Committee at central level, Elderly Association at province level and at the community level, there is village elderly associations (existed in every village) and village elderly clubs.
- Addressed important role of the elderly in keeping local political stability and encourage the elderly to actively participate in local community activities.
Challenges in caring for Old people in Vietnam
Challenges in health service provision at PHC level

(1) Shortage and low quality of health workforces at grassroots level in providing PHC services: mal-distribution (27-60-80); difficult to attract and sustain health workforces in rural & mountainous areas; lack of knowledge and skills in providing health services
Challenges in health service provision at PHC level

(2) Lack of medicines and medical equipments compared to regulation ➔ not adequate enough to provide PHC services comprehensively with good quality
(3) Budget allocation is in favor of tertiary hospitals and under-funded for PHC → can not follow up health status of the elderly ≥ 80 years
Challenges in health service provision at PHC level

(4) Wide health service delivery network but lack of integration in providing preventive and curative services, between health programs. Lack of coordination between health facilities at higher levels and grassroot health facilities

- 63 Chi cục Dân số KHHGĐ
- 62 TT Phòng chống HIV/AIDS
- 63 Chi cục ATVSTP
- 63 TT SKSS; 63 TT GDSK

- TTYT Huyện (BV huyện và Y tế dự phòng)
- TT Dân số KHHGĐ Huyện (62/63 tỉnh)

11,112 TYT xã (75% TYT xã KCB BHYT)

96.53% dân (Tổng số dân = 35.000 cơ sở y tế tư nhân)

150 BV tư

- 35,000 cơ sở y tế tư nhân

- 39,000 cơ sở được tư nhân
Low coverage of social allowance (50%)  
Low rate of allowance  
(21% of the minimum living standard and 34% of the minimum food consumption)  

- Monthly allowance receivers 12.4%  
- Pension receivers 22.1%  
- Monthly allowance for elderly: 16.3%  

30% elderly without health insurance  
No allowance 49.3%
Challenges in caring for old people

➢ **Social Security fund is at risk of breaking in the future**

Due to:

- The benefit rate is higher than the contribution rate (contribute 16-22%, benefit 75%) and Vietnam applies PAYG system with defined benefit managed by the government.

- Limited number of participating people in social insurance scheme: can involve only 20% labor force; low % of people involved in voluntary social insurance scheme due to high premium compared to income and workers aged >45 yrs (40 yrs for female) can not participate because participation duration is not adequate.

- Compliance of private enterprises in social insurance scheme for their labor forces is very low.

➔ According to ILO, social security fund would probably exhausted by 2030
Challenges in caring for old people

- Long-term care facilities is limited in terms of quantity: 200

- Caring for the elderly is mainly responsible by the family but lack of knowledge on health care for the elderly among caregivers
Thank you for your attention!