

MINISTRY OF HEALTH and MINISTRY OF LABOUR,  
INVALIDS AND SOCIAL AFFAIRS

# OVERVIEW ON POPULATION AGEING AND HEALTH CARE AND POLICIES FOR THE ELDERLY IN VIETNAM





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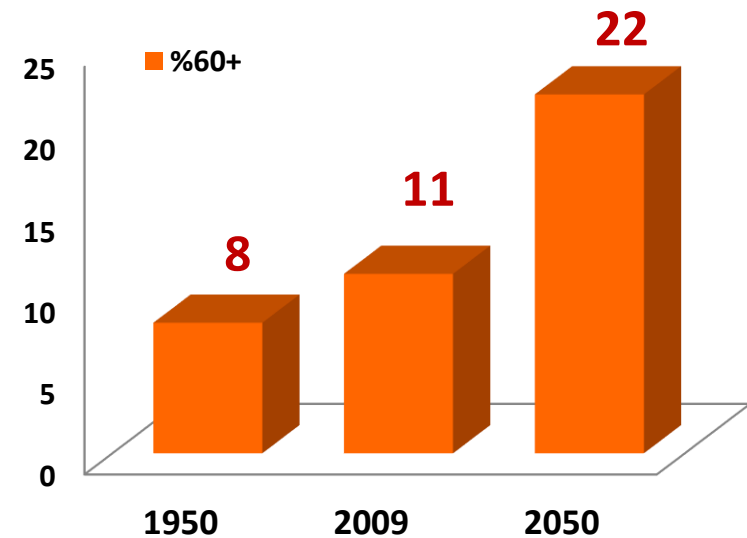
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# THE UNITED NATIONS PREDICTS 21ST CENTURY TO BE THE AGING CENTURY

- ❑ "Population ageing" is a global problem and affects all countries
- ❑ "Population aging" emerged in the 20th century and the rate will continue to increase in the 21st century
- ❑ 2009-2050: the increase rate doubles: 11% => 22% (60+)

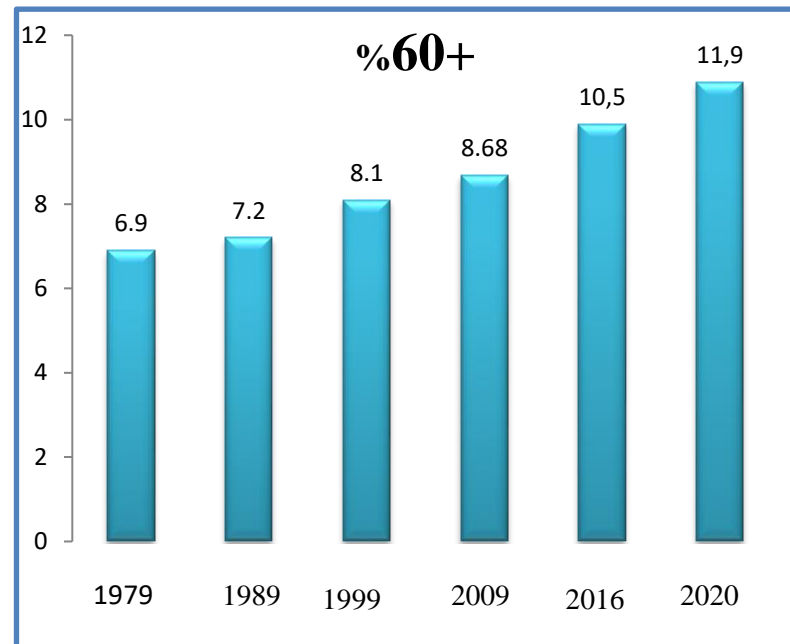
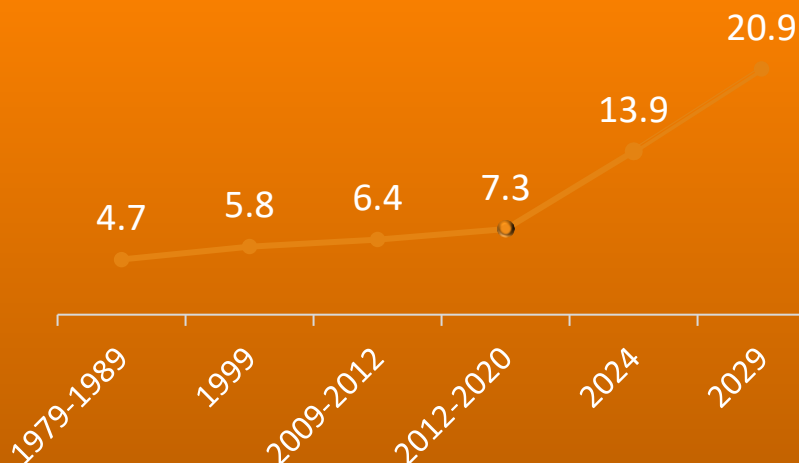


Rate of population aged 60+ worldwide  
1950-2050



# OVERVIEW POPULATION AGEING AND HEALTH CARE FOR ELDERLY IN VIETNAM

**Trend in population aged 65+,  
Vietnam 1979-2029**



**In 2011, the population aged 60+ accounts for 9.9%, Viet Nam has officially entered the population aging period**

- In 2020, the population aged 60+ accounts for about 11.95%**
- People aged 80+ takes 18.7% of total older population**



# OVERVIEW POPULATION AGEING AND HEALTH CARE FOR ELDERLY IN VIETNAM

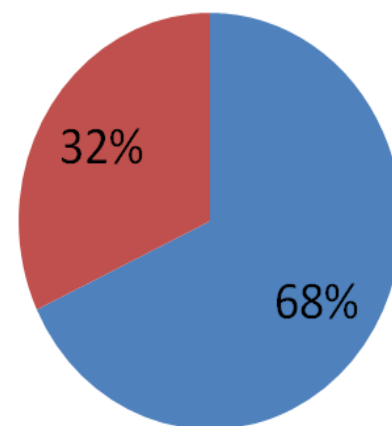
**The elderly in Viet Nam mainly live in rural areas, live on farming and are farmers. Their material life remains hard**

❑ **68% of the elderly live in rural, live on farming and are farmers**

❑ **The current generation of the elderly in Viet Nam still face with difficult living.**

the elderly distribution by rural and urban

■ Rural ■ Urban



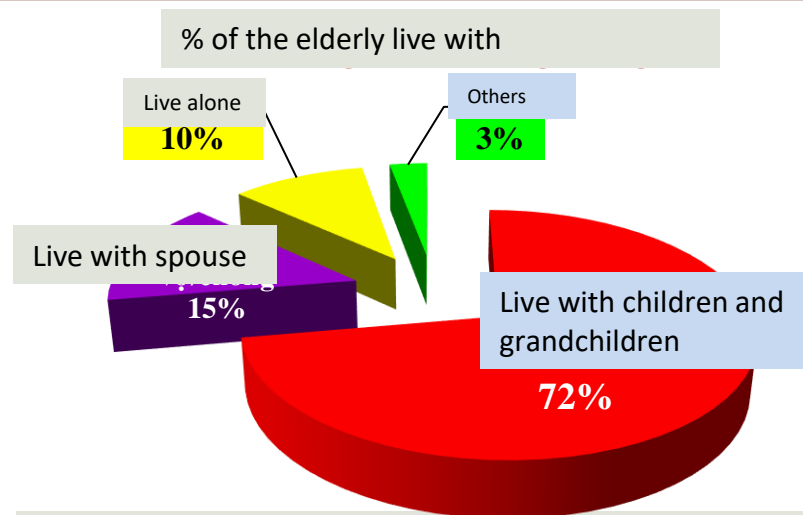


# OVERVIEW POPULATION AGEING AND HEALTH CARE FOR ELDERLY IN VIETNAM

the elderly in Viet Nam mainly live with their children, grandchildren while the family structure has changed

□ 72.3% of the elderly live with their children and grandchildren. Vietnamese family trends to gradually shift from traditional to nuclear families.

□ The elderly living without a spouse accounts for a high rate, in which the number of lonely female is 5.44 times higher than that of lonely male.



➤ It is disadvantaged for the the elderly to live alone because family is always the mainstay for its members when they age.



# OVERVIEW POPULATION AGEING AND HEALTH CARE FOR ELDERLY IN VIETNAM

Many Vietnamese elderly remains poor

- ❑ 70% of the elderly do not have savings
- ❑ 62.3%: Hard and poor. Rural: 68%, Urban: 50%
- ❑ 27.6%: Think their economic condition is getting worse.
- ❑ Due to being born and raised during war time, most of the elderly can not afford the best health service and accumulate savings.

18% are poor households

- Poor rate increases with age
- Women are poorer than men
- Rural area is poorer than urban area



- ✓ More than 30% live in permanent houses
- ✓ Nearly 10% live in temporary houses



# OVERVIEW POPULATION AGEING AND HEALTH CARE FOR ELDERLY IN VIETNAM

## Health status of Vietnamese elderly remains limited

- Although Vietnam has high life expectancy (73.6 yrs), the number of healthy years is only 64 years (meaning that men have 8 years and women have 11 years living with diseases).
- Double disease burden, on average, an elderly in Viet Nam has 3 diseases.
- The current healthcare system is not yet able to meet the growing needs of the elderly.





# OVERVIEW POPULATION AGEING AND HEALTH CARE FOR ELDERLY IN VIETNAM

## Health status of Vietnamese elderly remains limited



The health care system in general and primary health care in particular have not been able to adapt to rapidly aging population.



The geriatric network has not yet follow the principle of combining prevention, health improvement, treatment, functional rehabilitation and palliative care.



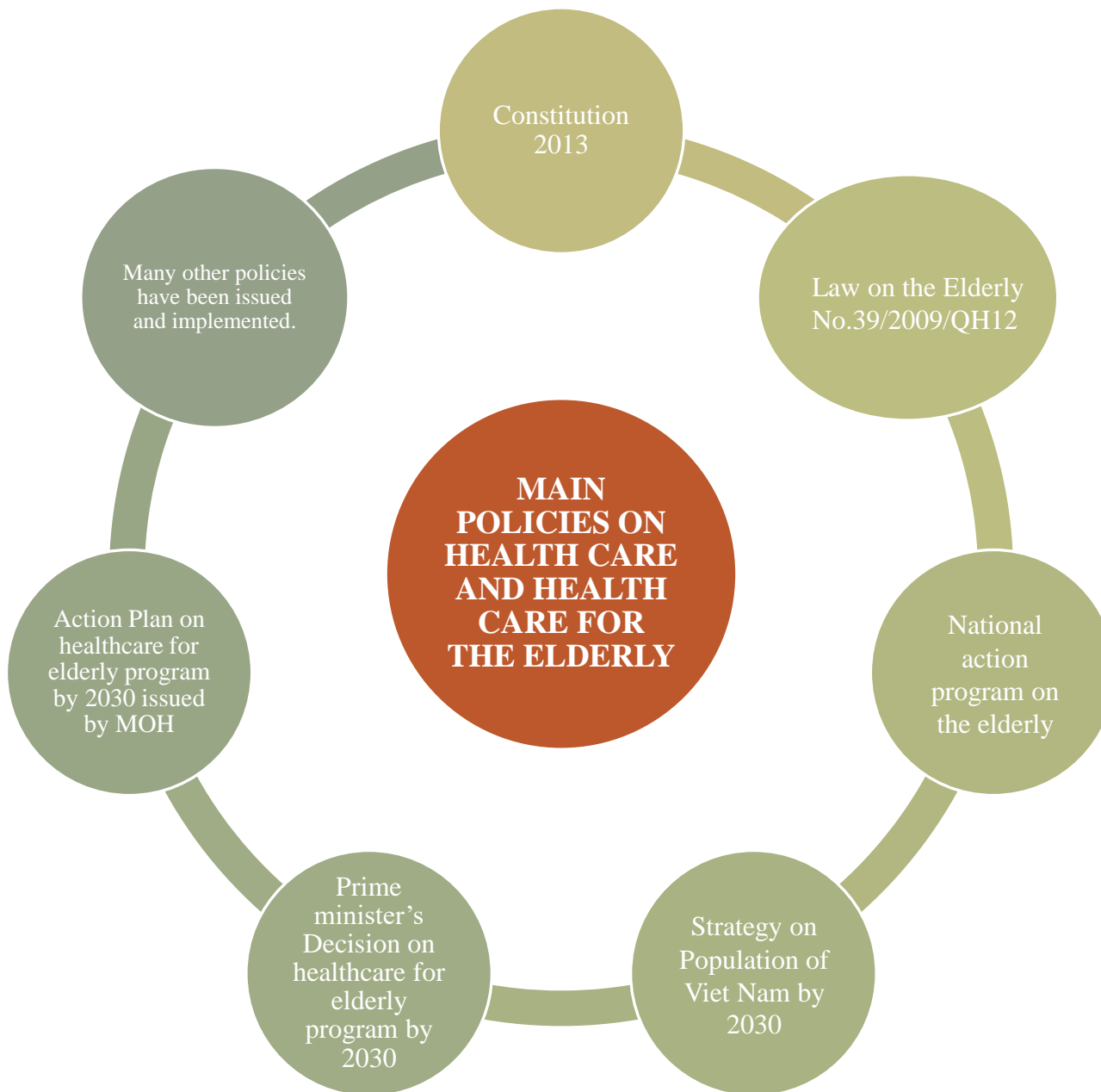
There has not been any elderly-friendly social environment with healthy ageing orientation.



Some of the elderly still face difficulties accessing health care services.

# II. Health care for the elderly in Vietnam

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# **HEALTH CARE FOR ELDERLY PROGRAM UP TO 2030 (QĐ 1579 / QĐ-TTg)**

**On October 13, 2020, the Prime Minister signed Decision No.1579/QĐ-TTg approving the Health Care Program for the elderly up to 2030.**

## **COMMON GOAL**

**Care for and improve the health of the elderly (people aged 60 and above), ensuring adaptation to population aging, contributing to the successful implementation of the Vietnam Population Strategy up to 2030.**



# HEALTH CARE FOR ELDERLY PROGRAM UP TO 2030 (QĐ 1579 / QĐ-TTG)

## Specific goals

1. To raise the responsibilities of the Party committees, administrations, departments, branches, unions, agencies and units; of each citizen, family and the whole society in giving healthcare to the elderly.
2. To strengthen primary health care, prevent non-communicable diseases, and deploy long-term health care services for the elderly.
3. To meet the elderly's need for medical examination and treatment with increasingly high quality, appropriate cost and forms of treatment.
4. To build a friendly environment and community in order to improve the quality of health care; promote the role and experience of the elderly.





# HEALTH CARE FOR ELDERLY PROGRAM UP TO 2030 (QĐ 1579 / QĐ-TTG)

1

- Further enhance leadership and direction;
- Promote advocacy for behavior change to create a society that supports
- Willing to participate in health care for the elderly

2

- Consolidate and develop the system for providing primary health care services,
- Preventing non-communicable diseases and providing medical examination and treatment for the elderly;
- Develop a model for long-term HCE.

3

- Provide professional trainings for HCE workers.

4

- Complete legal policies related to HCE

5

- Research, international cooperation

6

- Secure resources.



# DIFFICULTIES & CHALLENGES

- The fastest ageing rate in Viet Nam causes great challenges to economic development, social security, including health care for elderly.
- The trend of feminization in the elderly increases; the widows and the elderly living alone are also high.
- The health of the elderly in Vietnam is still limited. The average life expectancy in Vietnam is high (73.6 years) but the number healthy years is relatively low. (One Vietnamese elderly has 3 diseases). The health care system has not been able to keep up with the ageing rate.
- The level of knowledge about health care and self-care of the elderly is low despite facing many health risks.
- Ability and rate of access to health care services among different age groups.
- Social mobilization for healthcare for the elderly remains challenges, there is no incentive, policy encouraging private engagement/investment.



# THE WAY FORWARDS

1

To effectively implement policies and laws on the protection, care and promotion of the role of the elderly

2

To build actively and proactively a friendly environment for the elderly. Focus on developing and providing services to meet the needs of living, culture and entertainment of the elderly in the community

3

To strongly develop the geriatric system in health care facilities.

4

To encourage developing many models of long-term health care for the elderly.

5

To strengthen cooperation, sharing experiences, technical & funding supports from international partnerships and organizations, including WHO, UNFPA, HAI, ERIA, Japan, Korea, ASEAN MS...



# III. Social policies and models for the elderly in Vietnam

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# **SOCIAL POLICES FOR THE ELDERLY**

- Health insurance, monthly social assistance and subsidies for funeral**
- Monthly social assistance for the older people living alone.**
- Residential care and counselling services for the elderly.**



# **SOCIAL MODELS FOR THE ELDERLY**

- **State-own residential care units or privated facilities**
- **Community-based models**
  - + Home-base models
  - + Foster care models
  - + Senior care contracts
  - + Self-help intergenerational clubs
  - + Integrated care models

# Activities of *Self-help intergenerational clubs*



**1) Income generation**



**2) Spiritual life**



**3) Health care**



**4) Home-based care**



**5) Self-help and community-based support**



**6) Rights and benefits**



**7) Capacity building**



**8) Fundraising**

# Self-help intergenerational clubs

1) Happier **99.5%**



2) Solidarity **99.5%**



3) Self-confident **93.2%**



6) Rights **93.2%**



5) Healthier **99.5%**



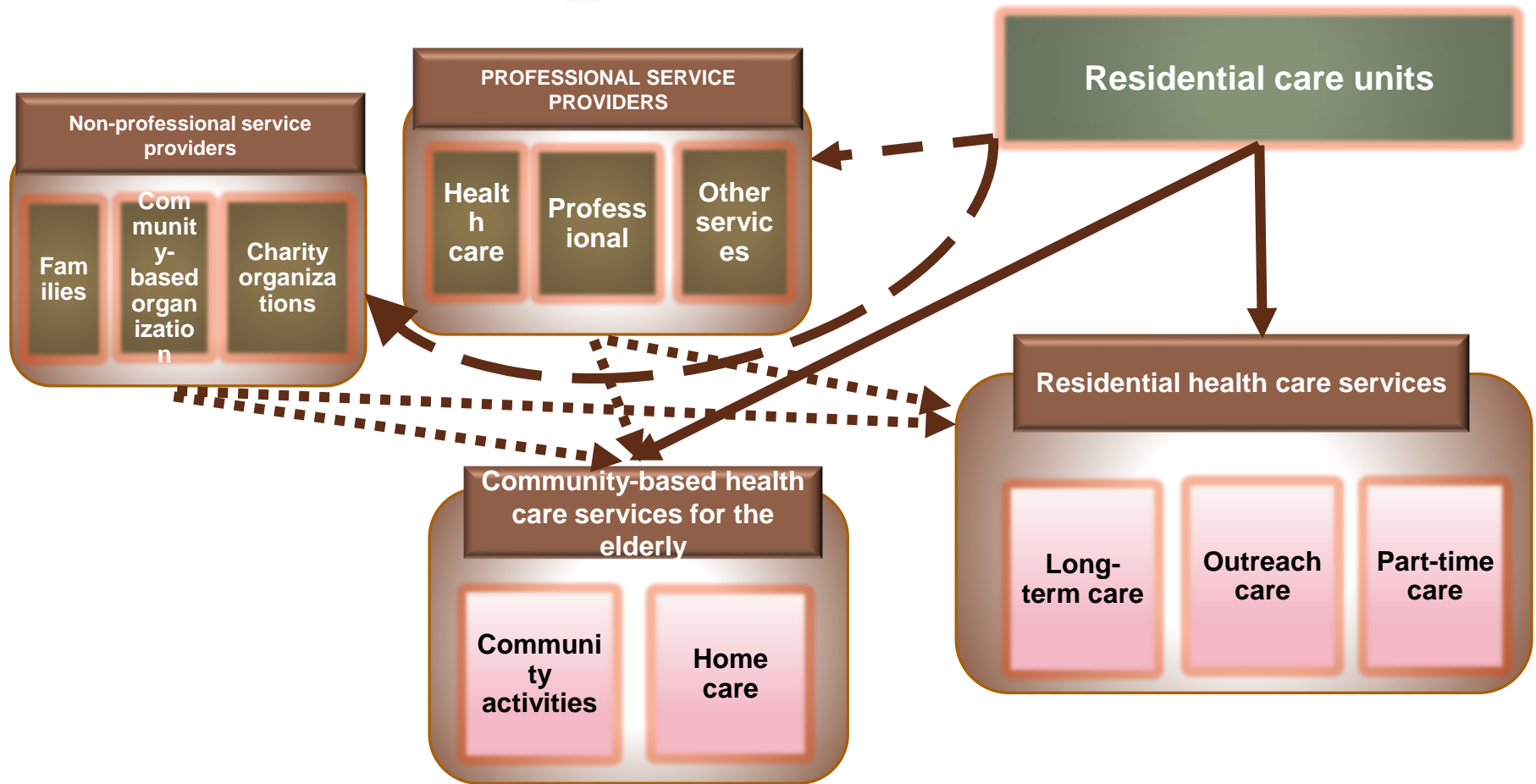
6) Higher income **94%**







# Integrated care models





**THANK YOU FOR YOUR ATTENTION!**

# The 21<sup>st</sup> ASEAN & Japan High-Level Officials Meeting on Caring Societies

Towards building a society where everyone can live lively as being oneself in communities

– focusing on maintaining and strengthening physical and mental capacities to optimize one's full potential –

28 - 30 November, 2023

Oita, Japan

Ministry of Health, Labour and Welfare  
(MHLW)

