FOSTERING HEALTHY AGEING: EVIDENCE FROM VIETNAM

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Vietnam (officially the Socialist Republic of Vietnam) is the easternmost country on the Indochina Peninsula in Southeast Asia. It is bordered by People's Republic of China (PRC) to the north, Laos to the northwest, Cambodia to the southwest, and the South China Sea, referred to as East Sea, to the east.

**Motto:** "Independence - Freedom - Happiness"
Vietnam Introduction

- Vietnam area: is approximately 331,690 km²
- Vietnam population: 91.7 million, (in 2015). Vietnam is the 13th most populous country in the world.
- The average life expectancy at birth: 73.3 years (in 2015); in which life expectancy for male is 70.7 years and for female is 76.1 years.
- Vietnam’s GDP: 2,052 USD (in 2014).
CONTENTS

- Population ageing in Vietnam
- Challenges in population ageing in Vietnam
- Policies and Programs on older people
- Recommendations

http://www.gopfp.gov.vn
The proportion of older people (60+ years) in the total population has increased from 6.9% (1979) to 7.2% (1989), 8.12% (1999) and 8.9% (2009). In 2011, Vietnam has officially shifted into the “ageing” population structure when the proportion of older people (60+ years) makes up 9.9% (8,655,324 people), especially with the proportion of older people (65+ years) is 7%.
Transition from “population aging” to “aged population” of Viet Nam and some countries

- Time for transition from “Population Aging” to “Aged population” in Vietnam is 18-20 years, shorter than other countries, even those with better development level (in 2009, there was only one older person in 10 people, this proportion would be 6:1 in 2029 and 4:1 in 2049).
1. **The older people group has the highest increase:** From 1989-2013, Total population increased 1.53 times, the population of children (under 15 years) decreased, the population of people in working age (15-59 years) increased 1.7 times, while the population of older people 60 years and above increased 2.1 times.

2. **The oldest age group increases the most in older population:** It’s forecasted that in 2049, the proportion of older people 80 years and above would increase 5.4 times from 0.7% to 3.8% compared to 1989, while younger age groups would lower increase.

### Characteristics of older people in Vietnam

<table>
<thead>
<tr>
<th>Age group</th>
<th>1989</th>
<th>2009</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>2.4</td>
<td>2.3</td>
<td>2.9</td>
<td>3.7</td>
</tr>
<tr>
<td>65-69</td>
<td>1.9</td>
<td>1.8</td>
<td>1.8</td>
<td>2.4</td>
</tr>
<tr>
<td>70-74</td>
<td>1.4</td>
<td>1.7</td>
<td>1.6</td>
<td>1.7</td>
</tr>
<tr>
<td>75-79</td>
<td>0.8</td>
<td>1.4</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>80+</td>
<td>0.7</td>
<td>1.5</td>
<td>1.8</td>
<td>2.1</td>
</tr>
</tbody>
</table>

3. **There are big gaps among older age groups in different territories:** More than two-thirds (66.8%) of older people live in the countryside (Vietnam GSO, 2014).

4. **Women make up a large part in the older age group:** There is a big gap in gender structure of the older age group in Vietnam. The higher the age, the bigger gap in gender structure. In 2015, in the group age 60-79, there is one male for every 1.3 female; in group age 80 and above, there is one male for every 1.8 female and in group 85 and above, there is one male for every 2.1 female. *The main reason for this gap is that women’s life expectancy is higher than men’s.*

<table>
<thead>
<tr>
<th>Age group</th>
<th>Number of females in 100 males</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>122</td>
</tr>
<tr>
<td>70-79</td>
<td>152</td>
</tr>
<tr>
<td>80+</td>
<td>187</td>
</tr>
</tbody>
</table>

*Source: Vietnam GSO, Population Change and Family Planning Survey 2013, 2015*
1. Organizing older people’s lives: Older people generally live with their children and most of older people wish to be taken care of at home. The family structure has changed. The Vietnamese family structure has shifted from a traditional, multi-generation family into a 2-generation nuclear family.

- The number of older people living with their children has declined from 79.7% (1992) down to 62.6% (2008).
- The number of older people living in families consist of only the elderly increases from 9.5% to 21.5%.
- The number of older people living alone raises from 3.5% to 6.1%.

2. The social security system is still inadequate, hasn’t adapted to the “population ageing” period: Older people’s material lives still have many difficulties, The social security and social protection system is inadequate: Only about over 39% older people have pensions; others depend on their children and grandchildren, as well as their own working capacity. Pension funds and death allowances also pose a big problem to the Vietnam Social Insurance Fund.

- 68.2% Vietnamese older people live at rural areas, are farmers and do agricultural work.
- 70% older people don’t have material savings,
- 30% older people don’t have health insurance,
- 18% live in poor households and 10% live in temporary houses.
Challenges in population ageing in Vietnam

3. The health care system hasn’t met the growing demand of older people: the public health care system for civilians, especially for older people has not been able to keep up with this tremendous change; The difficulty in equal access to official health care system through social and medical services (older people living in the countryside, rural areas have limited access to necessary health care services).

4. Challenges in planning and making policies: In order to adapt to “population ageing,” preparing all necessary and sufficient conditions for meeting the needs of the “aging population” in the next 1-2 decades will be a big challenge to policy makers.

5. Civil society and social organizations haven’t made the most of their roles: Existing care models for older people are still superficial, mainly voluntary, and nursing homes or elderly care institutions are very few...
Healthy Ageing in Population Ageing: Challenges

1. Healthy life expectancy of elderly is quite low
2. Elderly carrying the burden of “double disease”
3. Disease model’s change into non-communicable diseases
4. The knowledge level on taking care of and self-care for older people is still low
5. Capability of accessing health care services limited
6. The health care network for the elderly is still very weak
Vietnam’s policy system on elderly people is improving through time. Since 2000, many policies on caring and promoting the roles of older people have been issued, adapting to the increasing trend in number of older people in the total population.

- 2000, Ordinance on the Elderly
- 2009, Law on the Elderly
- Additional regulations and policies on caring and promoting the role of older people issued
  - 1995, The Vietnam Association for the Elderly established
- Constitution (1946).
- No specific policy for the elderly
Policies and Programs on older people

Care on material lives

1. In material lives:
   - Retired older people (pensions);
   - Older people (80+) with neither pensions: 180,000 VND/person/month
   - Lonely older people: older people (60-80): 180,000 VND/person/month; older people (80+): 270,000 VND/person/month
   - Older people live in social protection centers: 360,000 VND/person/month
2. **In health care:**

- **Primary care at place of residence:** Commune health stations (at commune level) are responsible for primary care and health for older people at their communities.
- **Medical treatment:** Treating older people, 80 years and above, is prioritized.
- **Older people (80+)** are provided health Insurance card for free.
- **Establish the National Institute of Gerontology, geriatric centers.** for older people.
3. Care for mental lives and encourage older people actively participate in activities to promote their roles:

- Have the right to join the Vietnam’s Association of the Elderly.
- Older people are encouraged in the following aspects: cultural, educational, sports, tourism economic and recreational activities; they are encouraged to promote their talents, knowledge and good qualities in participating socio-cultural activities.
Community-based elderly care models

- **Long-term care models with Government budget**
  - Nursing homes for contributors in the revolution: Older people living in these homes are to receive high-quality care. The nursing homes are established in cities, with basic facilities (housing, recreational area, medical equipments...).
  - Social protection centers: The Government also provide formal care models for lonely, homeless and poor older people through social protection centers. Because of financial limitations, the centers’ infrastructure has neither been adequate nor received timely upgrade; too many older people are given access to the centers, leading to overload;

*The National Action Program on Vietnamese Older People period 2012-2020 also promotes building and expanding community-based elderly care models:*
Community-based elderly care models

- Elderly care models with collaboration between the Government/organizations/agencies and communities/benefactors
  - Community-based care models for lonely and poor older people at home with community volunteers: community volunteers are local residents who volunteer to take care of lonely older people at home with enthusiasm and love.

- The elderly care and counselling model: This model only provide a part of healthcare and primary care for older people in communities.

*The National Action Program on Vietnamese Older People period 2012-2020 also promotes building and expanding community-based elderly care models:*
Community-based elderly care models

- **Self-paid elderly care models**
  - *Home doctors*: This model only provide health care and primary care for older people at their homes. It appears due to popular demand, older people/older people’s families have to pay for the service.
  - *Private-owned elderly care centers*: In this model, private companies or individuals invest to build and manage the elderly care centers, older people living in these centers have to pay for the service, and the fees are very high. The private-owned elderly care center model has just appeared recently in big cities such as Hanoi and Ho Chi Minh City.

*The National Action Program on Vietnamese Older People period 2012-2020 also promotes building and expanding community-based elderly care models:*
Challenges in implementing policies

- The issuing of guiding documents by relating Ministries has not been timely and specific, thus the grassroots level still face many difficulties in implementing policies.
- Several organizations and agencies’ awareness on the orientation and policies on elderly people and law on elderly people is inadequate.
- The budget for older people’s health care activities is limited, especially at grassroots level. Expenditure norms for social activities are low and slow to change.
- Intersectoral collaboration in guiding and coordinating activities that take care and promote the roles of older people is still limited and infrequent at both the central and local levels.
Recommendations

- **Improve awareness and knowledge** of managers, policy-planners as well as the community on challenges of population ageing and older persons’ life. Create favourable conditions and community movements to involve in health care for the elderly.

- **Improve social security to ensure income for the elderly.** Reform and extend different insurance schemes appropriate to older persons’ contribution and affordability. Create opportunities for older persons to participate economic activities, especially those with high qualifications, older persons with priority, rural elderly and older women.

- **Improving elderly’s knowledge and skills** to take care of themselves; strengthening the PHC and health care system for the elderly through capacity building of commune health stations, gerontogology departments of provincial hospitals, and other hospitals providing health care for the elderly; pay attention to detection and treatment of chronical diseases and ensure access to health care for disadvantaged elderly.

- **Develop and maintain long-term health care models** for older persons.

- **Enhance roles of civil societies** in developing, advocating and implementing policies on ageing and for older persons.
Thank you for your attention!