AGEING, HEALTH AND POLICY RESPONSE IN VIETNAM

Introduction

Successful implementation of the family planning program over the last 20 years in Vietnam has lead to sharp reductions in fertility and mortality as well as increased life expectancy at birth. As consequence, the elderly population in Vietnam is increasing rapidly in both absolute and relative numbers which reach 7.7 million in 2009 or 9 percent of the total population and is projected to reach 10 percent in 2017 - entering the so-called ”aging phase”.

Rapid population aging creates various socio-economic and health issues which are addressed the Socio-Economic Development Plan, the Population and Reproductive Health Strategy and other sectoral policies and strategies.

This paper aims to provide an overall picture of elderly population through various demographic, socio-economic and health characteristics in Vietnam and an analysis of existing policies both their advantages and drawbacks. Then, policy recommendations are made for full preparation and response to obtain a “successful aging population” in Vietnam.

Data and Methodology

Data from national surveys such as Vietnam Population and Housing Censuses and Household Living Standard Surveys are used to provide an overview of characteristics of elderly in Vietnam.

Existing policies, especially health-related policies are analyzed in terms of their advantages and drawbacks to see how well Vietnam is preparing for her aging situation of becoming old before being rich.

Findings

Characteristics of the elderly in Vietnam

Over the past three decades, the Vietnamese population has changed significantly in terms of size and age structure. The elderly population has increased both in terms of size and proportion due to three factors: declining fertility rates, decreasing mortality rates, and increasing life expectancy. If the year 1979 is considered as the base year, during the period 1979-2009 the total population increased by 1.6 times; the child population decreased by half; the working-age population increased by 2.08 times, while the elderly population increased by 2.12 times. In other words, the fastest growth was experienced in the elderly population in comparison with other population groups over the past three decades.

As a result, the proportion of the elderly population increased from 7 percent in 1979 to 8.7 percent in 2009 and is projected to 10 percent in 2017 - the “aging phase” and 12 percent in 2020.

The current life expectancies at age 60 for Vietnamese females and males are 20 and 18 years, respectively. These life expectancies are the same as or higher than those of the elderly in the countries with higher per capita income levels, such as Thailand, Malaysia, or Indonesia.
As the consequence of the feminization of aging, ratio between elderly females and males increases as age is higher i.e. 131, 149 and 200 among age-groups of 60-69, 70-79 and 80+ respectively.

The other characteristic is that the aging rates are noticeably different in different regions and provinces with different socioeconomic development levels. For the provinces where the elderly account for more than 10 percent of the total population, one important factor is out-migration of the working-age population. In contrast, for provinces where the elderly account for less than 8 percent of the total population, one important factor is the simultaneous occurrence of a high fertility rate in those areas. With the notion that aging paces differ between regions and provinces it becomes clear that thorough examinations of the socio-economic causes of demographic status for each specific region or province are needed, in order to build area sensitive development policies. In addition, majority of elderly population still live in rural areas (73 percent in 2008) and half of them are living in the two main deltas i.e. the Red River Delta and the Mekong River Delta.

Regarding marital status, about 60 percent of the elderly are married and nearly 40 percent are windowed. There is a significant difference between males and females. While percentage of windowed male elderly is only 14 percent, the figure is 54 percent among female elderly.

Living arrangement of the elderly has changed dramatically. In 2008, there was only 63 percent of the elderly living with children while nearly 30 percent lived alone or the elderly couples themselves. The percentage of elderly households i.e. only elderly couples increased from 9.48 percent in 1993 to 21.47 percent in 2008.

**Health status and health care services for the elderly**

Health status is an extremely important indicator for well-being of the elderly. Even though health status has improved over time, there are still serious health challenges for the elderly in Vietnam. Overall, about half of the elderly reported to be in normal health compared to 42 percent reporting ill health and only 5.3 percent with good health.

The types and causes of diseases of the elderly have changed substantially from communicable ones to non-communicable and chronic ones. A most urgent challenge for elderly care in Vietnam is dealing with the various types and causes of diseases of the elderly, the pattern of which is commonly referred to as the “twin morbidity burden”. On the one hand, the elderly have to live with the burden of disease due to the natural occurrence of such at an advanced age; on the other hand, they also are exposed to new diseases resulting from socio-economic changes due to the overall economic transformation.

A study reveals that 95 percent of the elderly has at least one disease, and most of them have to cope with non-contagious and chronic diseases such as joint degradation (40.62 percent); cardiac problems and blood pressure (45.6 percent); prostate (63.8 percent); and urination disorders (35.7 percent). At the same time, diseases resulting from lifestyle changes have become more common, e.g. stress and mental depression.

The average treatment cost for an elderly person is about 7-8 times the cost of that for a child. At the same time, there is a vast difference between elderly groups in terms of accessing healthcare services; the elderly living in rural, mountainous areas and who are ethnic minority people only have access to poor quality services. While the number of elderly people has increased
significantly, insufficient investments have been made in an appropriate elderly care system. Also, the elderly themselves are not aware of health risks which concern them.

**Health-related policies and programs for the elderly in Vietnam**

One of the main objectives of social protection policies and programs for the elderly is to mitigate health risks where social health insurance plays an important role. There are, however, many unresolved issues resulting from the current regulations, one of which is the weak synchronization between legal documents causing a very limited access to healthcare services via SHI for some groups of elderly.

1) Policies regarding hospital fees are determining different payments for certain healthcare services such as operations or capital consumption allowances, which in turn has an impact on the rights of patients to use health insurance.

2) Policies for SHI are slowly adjusted, so that the rights of SHI users become limited and high social costs are being incurred. For instance, certain types of diagnosis and early treatments, which can reduce social costs, are not included in the SHI service package.

3) The implementation of healthcare services via SHI at the grass-root healthcare stations is extremely difficult due to their minimal investment in infrastructure, facilities and human resources.

In addition to the health insurance policy, there are two types of elderly care services: services in social protection centers, and healthcare services based on free SHI cards. In order to encourage the private sector to provide such services, the government has issued various important policies. However, the current policies and programs obviously have limitations which need to be amended:

1) As already mentioned above, policies are slowly adjusted and not adaptive to the demands for elderly care, especially to those of the most vulnerable groups of elderly, such as the poor and disabled.

2) The demand for elderly care is great, but elderly care services has not been developed to meet this demand. One of the key issues here is that the total public expenditure on health is still low (the total health expenditure in Vietnam was about 6 percent of GDP in 2008, or US$ 46 per capita), so that e.g. investments in and necessary facilities and maintenance are below standard. Overall, the infrastructure is not elderly-friendly.

3) Due to limited investment, human resources are also limited, which in turn has a negative impact on quality of care.

4) The development of private elderly care centers is difficult, partly due to minimal consensus from society. Differences in elderly care between different socio-economic regions and between urban and rural areas, combined with limited resources are making this more difficult as well.

5) Self-care of the elderly should be considered a most important concept to understand, especially in within the context of the health risks associated with it as well as of illness and disease prevention. As such, consultation services are very much needed yet at present do not meet the demand and up to now there have been no policy directions to develop such services.

**Policy recommendations**
The fast growing aging population in Vietnam will create a variety of challenges with regard to ensure a good quality of life for the elderly, both in terms of physical and spiritual health. Without a solid preparation for an expected aging population right now, Viet Nam will incur very high costs for care of the elderly population in the coming decades. Some following health policy responses are recommended in order to reach “successful aging”:

1) To strengthen healthcare services and to build and expand elderly care services with active participation from all sectors in order to improve national capacity with regard to elderly care. Among a variety of measures, it is important to emphasize health education and improvement of awareness and knowledge of healthy aging, to avoid illnesses and disabilities in later life; To increase management and control of chronic diseases, especially cardiac problems, high blood pressure, joint deterioration, diabetes and cancer, along with the application of new consultation techniques and early treatments as well as long-term treatments of chronic diseases. An elderly-friendly living environment is very much needed. In particular, a comprehensive national strategy for elderly care should be developed with quantitative and gender-based targets, in order to reduce and prevent chronic diseases, disabilities and deaths.

2) Building and enhancing of networks for health care and elderly care are important, especially of those related to chronic diseases. Such networks need to ensure and improve accessibility for the most vulnerable elderly groups, such as for those living in rural areas, for elderly females or for elderly belonging to an ethnic minority.

3) The government should strongly support elderly care activities at public social assistance centers and private elderly shelters. Elderly care at the social assistance centers needs to be combined with community-based elderly care, whereas home care for the elderly should also be encouraged. Priority should be given to investment in and development of the gerontology system nationwide. A unified network of elderly nursing centers needs to be developed and managed, based on the actual needs and conditions of each locality. Training courses for gerontology nurses need to be formulated and conducted in line with the new demand for human resources for the elderly care network and with the actual local conditions in each time period. Basic principles and approaches of healthcare for the elderly need to be incorporated into training programs for medical students, nurses, and other medical staff. In the longer term, Vietnam will thus be able to provide high quality human resources for elderly care in other countries as well. Training programs also need to be formulated and implemented for non-official caregivers; Information and training need to be provided to family members and nonofficial caregivers with regard to appropriate care for the elderly. These policy actions should be community-based.