

The Policies on Elderly Care in Vietnam

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Abstract: The article analyzes the policy system on elderly care in Vietnam today (looking at aspects such as the systematic and adequacy of the policies, fulfillment of the rights prescribed in the Law on the Elderly, the basic material and emotional needs of the elderly, the social relations and social networks of the elderly, the existing limitations of the policy system on elderly care) and provides recommendations on the improvement and perfecting of the country's elderly care policy in the years to come.

Keywords: Elderly; policy; care; Vietnam.

1. Introduction

The ratio of the world's elderly population is currently increasing rapidly and expected to grow even further in the years to come. According to forecasts by the United Nations, the number of senior citizens (over 60 years of age) will increase from 760 million people in 2010 to around 2 billion people in 2050, equivalent to a growth from 11% to 22% of the world's population. In Vietnam, the General Statistical Office (GSO) estimates that the ratio of senior citizens will account for 10% of the population in 2017 - also the year when Vietnam will have to embrace an "ageing" population [1]. Vietnam will then face with the risk of "getting old before getting rich", as the population will continue to become older rapidly while the per capita gross domestic product (GDP) will remain at the lower middle level (around USD 2,000). This presents a huge challenge for Vietnam, requiring the country to timely equip itself with adequate policies and strategies.

2. Current policies on elderly care

2.1. The systematic and adequacy of the policies

In October 2009, the Law on the Elderly was ratified by the National Assembly and took effect from July 2010. Following the promulgation of the law, a series of sub-law policies were enforced, covering various aspects, and being governed by different authorities and levels.

The Government enacted Decree 06/2010 guiding the implementation of the Law on the Elderly together with a few other decrees. Many activities under the National Action Program on the elderly for the period 2011 - 2020 were deployed.

In November 2011, a series of ministerial circulars were promulgated, covering the issues of direct relevance to

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elderly care. Different ministries (including the Ministry of Labor, Invalids and Social Affairs; Ministry of Finance; Ministry of Transport; Ministry of Culture, Sports and Tourism; Ministry of Home Affairs, etc.) enacted different regulations on elderly care policies. Furthermore, alongside the Law on the Elderly, some other specialized laws recently enforced, such as the Law on Marriage and Family, the Labor Code, the Civil Code, etc. all had specific provisions dedicated for the elderly. These provisions together with the Law on the Elderly have enhanced the legal framework for elderly care in a positive way.

Starting at the local level, from provinces, many projects and models on elderly care have been developed and implemented. Provincial and municipal-level working groups on the elderly have also been established in pursuant to Circular 08/2009 of the Ministry of Home Affairs.

Generally speaking, Vietnam's policies on elderly care in the past five years have more or less been streamlined, both in the depth and breadth of the management system.

According to the Law on the Elderly, the policies on elderly care shall include two main aspects: elderly care and support, and enhancement of the role of the elderly in daily life. In theory, the "care" aspect is perceived quite broadly to include: social patronage (ensure the minimum material needs of the most disadvantaged elderly group, ensuring the minimum living standards and shelter for the lonely elderly, nursing homes); healthcare (prioritize health examination, issuance of health insurance cards, and activities in elderly health clubs); care for the elderly's cultural, mental and emotional life (longevity celebration and gifts, burial cost support,

activity clubs, community-based care); life service (preferential policies towards the elderly in public services such as transportation, sightseeing, holidays).

The policies on elderly care have closely followed by the provisions in the Law on the Elderly, gradually addressing many issues faced by the elderly in the current economic development context of Vietnam, while also tackling at the same time other social issues and issues faced by other social groups.

However, the policies on elderly care in Vietnam still present many limitations and shortcomings. The support can only focus on certain regular social assistance packages for the elderly under special, difficult situations; other privileges granted for the elderly have remained limited, including privileges in health examination and treatment, public transportation, discount tourist fees, birthday gifts or burial costs. Some legal documents have proven to be too general and unrealistic (Circular 35/2011 of the Ministry of Health; Circular 71/2011 of the Ministry of Transport; Circular 17/2011 of the Ministry of Labor, Invalids and Social Affairs, etc.). The Circular 127/2011 of Ministry of Finance consisted of only one provision: "The visitation fees for cultural, historical monuments, museums, tourist attractions applied on the elderly shall be 50% of existing fees".

2.2. The rationality of division by elderly groups

The Law on the Elderly is the highest level document that covers all the elderly issues. During implementation, two policy groups have been established, corresponding with two elderly groups.

a) The unconditional care policy group, entitled for all the elderly, such as the provisions in circulars enacted by the Ministry of Transport and Ministry of Finance on privileges for the elderly when using public transport or visiting monuments, tourist attractions; longevity celebration gifts, burial costs funding, etc.

b) The conditional care policy group, particularly designated for a specific elderly group meeting specific criteria (also referred to as the target group). For instance: The Decrees 67, 13 and 136 provide that only three elderly groups (detailed at Clause 5, Article 5 of Decree 136) can be eligible for regular social subsidy policy and can receive free healthcare insurance cards. This was explained in Article 3 of Decree 136: “Social subsidy policy is carried out fairly, publicly and timely, depending on the difficulty and priority of the family, neighborhood” and “shall be adjusted in line with the country’s economic condition and minimum living standards in each period”.

2.3. The feasibility of the policies

Elderly care policies were first implemented at ministry-level, provincial level and then at grassroots level. Actual implementation has revealed certain policy gaps and shortcomings as well as the varying feasibility level of the policies.

The policies that have clear, specific provisions or regulations that provide direct assistance to the elderly have proven to be more feasible during implementation. These include assistance policies for the elderly as detailed in Decree 67, Decree 13, Decree 136; provisions on longevity celebration and gifts, funded burial costs as detailed in Circular 21 of the Ministry of Finance, Circular 17 of the Ministry of Labor, Invalids and Social Affairs.

An important factor influencing the feasibility of ministerial-level policies is the weak coordination between ministries during policy-making. Although the Ministry of Labor, Invalids and Social Affairs has been tasked by the Government to take lead and coordinate with other ministries in this area, there has been, so far, nearly no inter-ministerial circular among the set of policies on elderly care. In practice, ministries usually enact circulars independently while many issues require for inter-sectoral coordination. This has resulted in various difficulties for grassroots-level localities when implementing these policies.

The feasibility of the policies is also compromised when the scope and implementation time of the policies depend on the conditions and even the “goodwill” of service-providing agencies (especially those in the private sector). For instance, ensuring the universal implementation of Circular 71/2011 of the Ministry of Transport (on discounted fares, service fees for the elderly in public transport) or of Circular 127/2011 of the Ministry of Finance (mandating a 50% discount in visitation fees for the elderly at cultural, historical monuments) is not an easy task. It was also in the above-mentioned Circular 71 that: “Actual fares discount shall be established and publicized for implementation by the Head of transportation businesses depending on the actual context and at a specific time”. As a result, the policy has been enforced in some places and less so in others.

Many provisions in the Law on the Elderly and sub-law documents prescribe for the family, the children and grandchildren to assume the main

responsibility in caring for the parents and grandparents. So far, these responsibilities are mostly implied moral values, driven more by public opinion and the “court of conscience” than specific legal articles or policies. As an example, Article 147 of the Criminal Code provides that: “Those who ill-treat or persecute their parents shall be subject to warning, non-custodial re-education for up to one year or shall be imprisoned from three months to three years”. The feasibility of this provision is very limited.

On the other hand, some regulations are very specific, but unfeasible since the very start. For example, the financial support allocated for commune-level healthcare professionals to deliver at-home health checks for lonely elderly or those in serious illness is “maximum VND3,000/km for mountainous, remote areas and island; maximum VND2,000/km for remaining areas”, however, in order to be paid this amount, the healthcare professionals are subjected to multiple documentation and procedure (Article 3d of Circular 21/2011 of the Ministry of Finance).

2.4. Social assistance policies and the rights of the elderly

Article 3 of the Law on the Elderly confirms 9 rights of the elderly. Two of these rights have been ensured and enforced on suitable target groups. These include the right “to be guaranteed with the basic needs in food, clothing, shelter, movement and healthcare” and the right “to join in the Vietnam Elderly Association under the Association's Charter”. These two rights have been widely enforced. The remaining seven rights have been addressed in some policies with varying scope and feasibility of implementation.

The right “to decide to live with their children, grandchildren or to live separately at their own will” (which is concretized in the Law on the Elderly but also supported in the Law on Marriage and Family, the Civil Code and the Criminal Code) has an unclear implementation status and feasibility.

Other rights related to the use of services and costs for cultural and spiritual needs have been addressed in part in ministerial circular, or in projects and models on elderly care, or elderly health clubs. However, the adequacy, feasibility and implementation status have revealed many shortcomings, usually meeting only a very modest part of the expectation.

Overall, in the system of policies for elderly care, the enforcement of the rights of the elderly as prescribed in the Law on the Elderly has only succeeded in ensuring the basic needs for the group of elderly in difficult situation, or in prioritizing the elderly in certain public services. Looking ahead, depending on the socio-economic development level of the country, the enforcement of the rights of the elderly as stipulated by law need to be expanded both in scope and coverage of relevant policies.

3. Some recommendations

3.1. Enhancing the systematic, comprehensiveness and completeness of the policy system

The system of policies on elderly care needs to be adjusted by different care groups. Beside the State, there is the need to exploit other potential resources in the market, in the family and in community. This way, the responsibility for elderly care can be shared with the State, enhancing the comprehensiveness and diversity of the forms of care, ensuring higher efficiency,

quality and sustainability of the entire policy system.

There is also a need for many more “enabling” policies that can indirectly support the elderly groups. For instance, Vietnam should promote the development of diverse healthcare services that meet the demand of the elderly, continue to support the establishment and development of social patronage facilities for the elderly under the social enterprise model, in line with the spirit of the Resolution 15: “Foster socialization and encourage the participation of the private sector in the development of elderly care models”.

3.2. Mainstreaming policies

Overall, Vietnam’s policies on elderly care have remained largely simplistic, small-scale and scattered across different ministries. This has caused significant difficulty for their implementation, especially at the grassroots level where the assistance schemes are handled and implemented, on many benefit groups, across many areas and with very limited human resources. Therefore, the policy system needs to be integrated and mainstreamed into the following three categories:

- Focus on one or a policy package that incorporates many (even all) social assistance schemes in cash and in kind for the elderly.
- Non-cash social assistance policy package that aims to encourage and enable the participation of conventional subjects in elderly care, such as: the family, relatives, community and social networks.
- Policy package that aims to encourage and enable businesses, the private sector, public-private partnerships, social

enterprises to join hands and contribute to the elderly care sector.

3.3. Enhancing the role of the social relations and social networks of the elderly

In order to ensure the sustainability and humanity of the policies on elderly care, in consideration to the psychological and emotional needs of the elderly, there is a need to foster programs designed for the elderly on mass media, as well as club activities of the Vietnam Elderly Association at all levels.

Apart from prescribing for the responsibility of the family in the elderly care, there is also the need for policies that can enable to maintenance and strengthening of positive social relations and support for the elderly on a daily basis at their community. Specific, institutionalized regulations and activities are further needed as well as diverse policy initiatives that can strengthen the role and contribution of the family and community to elderly care at the local level.

3.4. Need for a long-term vision in policies on elderly care

In order to adjust with the ageing population, the care-giving orientation, improvement of the social welfare system, socialization trend, and policies on elderly care require for better proactiveness, vision, and a longer-term roadmap. The balancing and sharing of responsibilities and participation between care-giving bodies, especially the private sector, can help reduce the overload on the public sector, enhance the self-control and self-care of the elderly, which will enable for the combination between the traditional values of filial love and devotion (existing or in variation), the State’s assistance (inherently

scarce in resources), and the services offered by the market (very diverse and accommodating to the needs of the elderly).

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