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KEY POINTS

- Viet Nam's population of more than 96 million people is aging fast: adults aged 60 and above are projected to account for more than a quarter of the population by 2049.
- Informal carers account for almost all of the care for adults over the age of 70, but the strong cultural expectations that reinforce this are being challenged.
- The Government of Viet Nam has recognized the need for a policy response to population aging. It is exploring models of long-term care (LTC) service provision that support family care with home- and community-based services supplemented by residential care.
- Viet Nam can combine its strengths of family and community solidarity with global best practices on LTC to support successful aging. A key challenge will be enhancing coordination of the efforts of key stakeholders.

Long-Term Care for Older People in Viet Nam: The Current Scenario, and Next Steps Toward a Healthy, Aging Population

INTRODUCTION

Increased longevity and declining fertility are hallmarks of Asia and the Pacific's successful development, but they also bring in their wake a demographic trend that countries ignore at their peril: a rapidly aging population. As with almost every country in the region, Viet Nam is feeling the impact of that shift, and the government is grappling with the consequences, not least the growing need for long-term care (LTC) for older people.

The Asian Development Bank (ADB) has also recognized the increasing urgency to support its developing member countries, such as Viet Nam, to enable their older people to age well, and to ensure that families and communities can care for their older citizens (Box 1). In May 2016, ADB approved the regional capacity development technical assistance (TA) project for Strengthening Developing Member Countries' Capacity in Elderly Care.[1] Viet Nam was one of the six project countries (together with Indonesia, Mongolia, Sri Lanka, Thailand, and Tonga) where ADB sought to bolster design and planning of LTC services.[2]

The project helped (i) build the knowledge base for the development of LTC systems and services in Viet Nam, (ii) improve the capacity of officials and other stakeholders to design and implement strategic LTC plans, and (iii) create an invaluable network

[1] ADB. 2016. *Technical Assistance for Strengthening Developing Member Countries' Capacity in Elderly Care.* Manila (TA 9111-REG).

[2] This report was put together by Jane Parry, consultant, with overall guidance from Wendy Walker, chief of Social Development Thematic Group, and Meredith Wyse, senior social development specialist (aging and care), Sustainable Development and Climate Change Department, ADB. Invaluable inputs have also been provided by Clare Danby and Caitlin Littleton of HelpAge International; Giang Thanh Long, Phi Manh Phong, and Thu Bui Dai of the Institute of Social and Medical Studies, Viet Nam; and Tran Thi Mai Oanh and Khoung Anh Tuan of the Health Strategy and Policy Institute. This report summarizes the findings from the regional TA for Strengthening Developing Member Countries' Capacity in Elderly Care, which was funded by the Japan Fund for Prosperous and Resilient Asia and the Pacific and the Republic of Korea e-Asia and Knowledge Partnership Fund and completed in December 2021. The findings and lessons from the TA informed the design and implementation of the succeeding ADB. 2019. *Technical Assistance for Developing Innovative Community-Based Long-Term Care Systems and Services.* Manila (TA 9928-REG), also financed by the Japan Fund for Prosperous and Resilient Asia and the Pacific.

Note: ADB recognizes "Vietnam" as Viet Nam.

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ADB

Box 1: Defining Older People, Aging, and the Meaning of Long-Term Care

Many different terms are used to describe adults aged 60 and above, but some terms, such as "the aged," "the elderly," and "old" have acquired negative connotations of frailty and otherness. The preferred term is "older people," which recognizes the dignity of individuals regardless of age or functional ability.

Long-term care (LTC) has wide and varied definitions, and in Viet Nam there is no nationally accepted definition. Various stakeholders ascribe their own meaning to terms like "long-term health care," "social care," and "elder care." However, the World Health Organization (WHO) definition is a useful guide when thinking about LTC. WHO defines LTC as "the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity." Implicit in WHO's definition of LTC is the promotion of a holistic, person-centered approach and early intervention for older people at risk of unmet needs for complex care.

Source: World Health Organization. 2015. *World Report on Ageing and Health*. https://apps.who.int/iris/handle/10665/186463.

for knowledge sharing. The findings and lessons from the TA implementation have informed the development of a community-based LTC pilot under a succeeding TA for Developing Innovative Community-Based Long-Term Care Systems and Services. This report, based on the work done under the TA projects, provides an overview of the current state of play in LTC, and examines what needs to be in place in the years to come for Viet Nam to ensure that it is positioned to meet the needs of its older people, and further ensure a healthy, aging population.

OLDER PEOPLE IN THE VIET NAM CONTEXT

Viet Nam is home to more than 96.2 million people (Table 1). A middle-income country, Viet Nam has seen considerable economic growth and improvements in education, health, and income security since the mid-1980s.[3] Because of falling fertility rates and increases in life expectancy, its population is aging fast. Viet Nam is now one of the most rapidly aging countries in the world: adults aged 60 and above are projected to account for more than a quarter of the population by 2045, versus just 12% in 2020.[4] At the same time, Viet Nam is in the midst of an epidemiological transition, with increasing rates of chronic disease and health challenges associated with an aging population, including more geriatric conditions, life course-related functional decline and disability, and dementia.

While the past 3–4 decades have brought tremendous improvements to life for the population, the current generation of older people, born between 1918 and 1958, bear the legacy of being born and raised in an era of inadequate access to health care, nutrition, and education, as well as economic and political instability because of colonialism and long periods of conflicts.

The challenge of population aging and the need for a policy response have been recognized by the Government of Viet Nam, and health care and support for aging well for older people is a high-priority issue in government policy reform. The need for affordable, accessible, and appropriate LTC calls for government leadership to ensure coordinated planning, development, and regulation. However, an LTC system does not have to be created from the ground up. It can also build on existing systems for health, social services, social protection, and financing.

PROFILE OF OLDER PEOPLE IN NEED OF LONG-TERM CARE

The need for care and support increases with age, with rates of disability increasing around age 60 and rising rapidly around age 75 or 80. Some care needs can be mitigated through assistive devices and environmental modifications, with other needs provided by informal care support by family or friends. On the other hand, access to formal care services is influenced by ability to pay and accessibility, which is where economic status and the rural–urban divide come into play. If quality health and social services are widely available, this can significantly reduce the need for more intensive, costly, and complex interventions.

In Viet Nam, despite an overall trend toward urbanization, in 2019, 66% of older people lived in rural areas; older people are significantly less likely to migrate, whether within or between districts or provinces.[5] While national literacy is 95%, only half of older people are literate, according to the 2011 Viet Nam National Aging Survey, falling to 27% in the over-80s, and heavily skewed toward men who have a 69% literacy rate versus 39% for women.[6]

[3] United Nations Development Programme. About Viet Nam. http://www.vn.undp.org/content/vietnam/en/home/countryinfo.html (accessed 18 January 2018).
[4] United Nations, Department of Economic and Social Affairs, Population Division. 2019. *World Population Prospects 2019*. Online Edition. Revision 1.
[5] Calculated from Government of Viet Nam, Central Population and Housing Census Steering Committee. 2019. *Kết quả Tổng điều tra dân số và nhà ở tại thời điểm 0 giờ ngày 01 tháng 4 năm 2019* (Results of Viet Nam Population and Housing Census 2019). https://www.gso.gov.vn/wp-content/uploads/2019/12/TDT-Dan-so-2019-1.pdf (accessed 28 November 2020). Government of Viet Nam, Ministry of Planning and Investment, General Statistics Office. 2011. *Vietnam Population and Housing Census 2009: Migration and Urbanization in Vietnam: Patterns, Trends and Differentials.* Ha Noi. http://vietnam.unfpa.org/sites/default/files/pub-pdf/7_Monograph-Migration-Urbanization.pdf.
[6] G. T. Long. 2012. *Viet Nam Aging Survey (VNAS), 2011: Key Findings*. 10.13140/RG.2.1.4839.4081. https://www.researchgate.net/publication/280728578_VIET_NAM_AGING_SURVEY_VNAS_2011_KEY_FINDINGS.

Table 1: Viet Nam at a Glance

Area	330,970 km^2
Population	96.2 million (2019)
Percentage of population over 60	11.86%
Population density	291 people/km^2
Urban/rural	34.4%/65.6%
Male/female	49.8%/50.2%
Ethnic groups	85.3.% Kinh/14.7% (53 other ethnicities)
Geography	Red River Delta, Mekong River Delta, mountainous, coastal lowlands
Government	Single-Party Socialist Republic
Literacy rate	95.8% (2019)
Economy	Per capita GDP $2,715 (2019) Monthly average income per capita: $226
Poverty	5.7% below poverty line (2019)
Women's participation in paid workforce	47.3% (2019)
Health system	Doctors/10,000 people: 8.8 (2019)
	Hospital beds/10,000 people: 28.5 (2019)
	Health insurance coverage: 86.8% (2018)
	Budget spending for health: 4.02% GDP (2018)
	Government budget 35.49% of total health expenditure (2018)

GDP = gross domestic product, km^2 = square kilometer.

Sources: Government of Viet Nam, General Statistics Office. *Statistical Yearbook of Viet Nam*. Ha Noi. (3 years: 2009, 2017, and 2019); Government of Viet Nam, Ministry of Health. 2019. *Health Statistics Yearbook*; and Government of Viet Nam, Central Population and Housing Census Steering Committee. 2019. *Kết quả Tổng điều tra dân số và nhà ở tại thời điểm O giờ ngày 01 tháng 4 năm 2019* (Results of Viet Nam Population and Housing Census 2019).

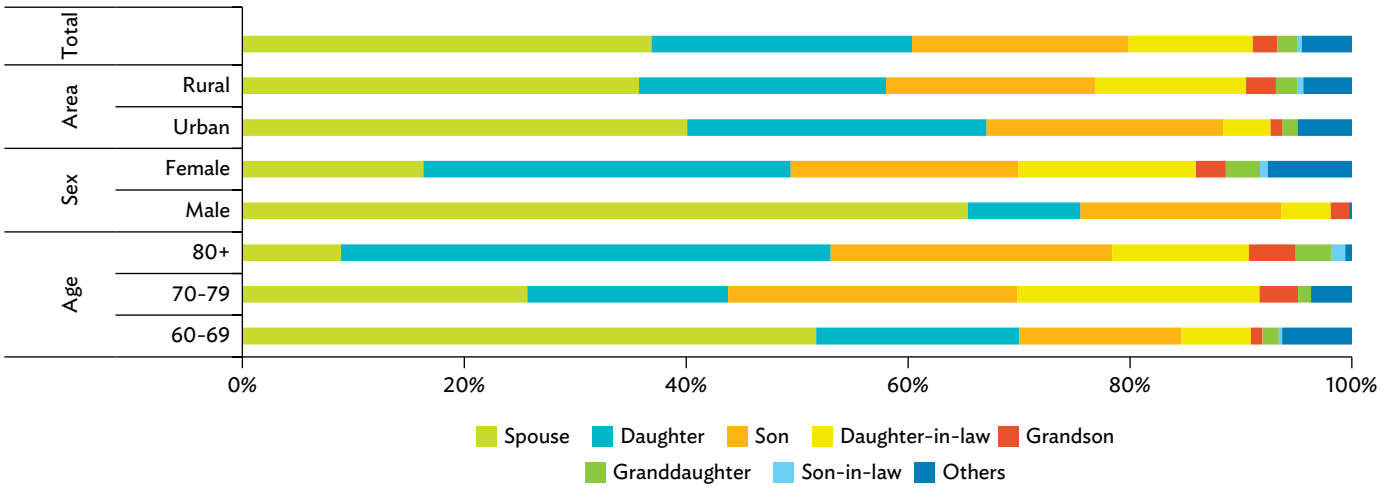
According to the Survey on Health Insurance and Older Persons 7.4% of older people lived in poor households—with the percentage higher for women and among those living in rural areas.[7] Financial support from children is a key source of income for older people in Viet Nam, accounting for 38%, with 29% coming from their own work and 25% from retirement sources and social assistance. In terms of funding for health care, almost 94% of older people have health insurance, predominantly social health insurance.[8]

Adult children and spouses play the greatest role in the provision of informal care for older people (Figure 1), and this care is heavily gendered, with females taking on a higher proportion of caregiving as both wives and daughters. More than 60% of older people still lived with at least one child, according to the survey, with those living in urban areas much more likely to live with children: 78.4% compared to 59.8% for their rural counterparts.

Data from the 2009 Population and Housing Census show that more than 43% of older people had at least some difficulty with one or more domains out of vision, hearing, mobility, and memory or concentration, while 2.34% were completely impaired in at least one domain. A third of older people had trouble with changing positions from lying to sitting or sitting to standing. Accidental injury (e.g., falls and accidents) is one key factor in older people's state of health, along with communicable diseases and nutrition, but the largest cause of health issues for older people in Viet Nam are noncommunicable diseases.[9]

[7] ADB. 2021. *Survey on the Adaptive Social Health Insurance Strategy and Policy to Aging Population in Viet Nam*. Consultant's report. Manila (TA 9221-VIE).
[8] G. T. Long, P. M. Phong, and T. T. H. Tham. 2018. Chapter 5: Vietnam. In G. T. Long and T. W. Devasahayam, eds. *Health Rights of Older People: Comparative Perspectives in Southeast Asia*. New York: Routledge.
[9] Institute for Health Metrics and Evaluation. Vietnam Country Profile, Global Burden of Disease. http://www.healthdata.org/vietnam (accessed 12 January 2018).

Figure 1: Providers of Informal Care for Older People



Source: Asian Development Bank. 2021. *Survey on the Adaptive Social Health Insurance Strategy and Policy to Aging Population in Viet Nam*. Consultant's report. Manila (TA 9221-VIE).

THE PROVIDERS OF LONG-TERM CARE

Informal carers account for almost all the care for older adults with difficulties in managing activities of daily life (ADLs) and there are strong cultural expectations that reinforce this. However, social norms are also changing. A study conducted in 2017 by the Institute of Social and Medical Studies found that the value of external LTC support and even a willingness to pay for such services had increased among people who had been exposed to home- and community-based care services in practice through living in communities with Intergenerational Self-Help Clubs (ISHC) home-care programs.[10] In the absence of external care support, the burden of care typically falls on adult children and daughters-in-law, who may have to forgo educational opportunities or leave the paid labor force. Because of shrinking family size and domestic and international migration, the potential supply of family caregivers is in decline. By 2050, when one in four people will be over the age of 60, reliance on adult children as primary caregivers may not be feasible. Formal LTC support is also limited (Table 2).

VIET NAM'S LONG-TERM CARE DECISION MAKERS

The Ministry of Health (MOH) is responsible for (i) developing regulations and guidelines that are related to health care for older people, (ii) providing health care services in health facilities and in the community, and (iii) guiding the management of chronic diseases. The Ministry of Labor, Invalids and Social Affairs (MOLISA) is responsible for delivering some LTC-related services and is the managing body for (i) caring for older people; (ii) developing and implementing policies on older people's care, including LTC policy; and (iii) collaborating with other related ministries to implement social protection policies for older people.

Other ministries with responsibilities related to LTC include the ministries of the home affairs, finance, planning and investment, culture, sports and tourism, and information and communication. Other key government stakeholders include the Viet Nam National Committee on Aging, chaired by the deputy prime minister and vice-chaired by the minister of the MOLISA, and has a cross-sector remit over all 23 ministries.

Sociopolitical organizations, established in the 1930s and 1940s in close coordination with the Communist Party, are an important part of Viet Nam's LTC landscape as they have a strong role in policy advocacy as the political base of people's power. The Viet Nam Women's Union with more than 19 million members, the Viet Nam Association of the Elderly with nearly 9 million members (90% of all older people in Viet Nam), and the Viet Nam Red Cross are three such organizations that are involved with the delivery of services and programs that benefit older people with care and support needs. All three have been engaged with HelpAge International in the development of home and community-care models, predominantly the volunteer-based, home-care model that forms one of eight key pillars of activity of the ISHC model found in more than 3,400 villages (Box 2).[11]

[10] G. T. Long and T. D. Bui. 2017. *Report: Exploratory Survey on Community-Based Long-Term Care (LTC) Model for Older People in Vietnam.* Ha Noi: Institute of Social and Medical Studies commissioned by Asian Forum of Parliamentarians on Population and Development.

[11] HelpAge International is an international nongovernment organization that works to improve the well-being of older people.

Table 2: Main Sources of Nonfamily Long-Term Care

Name and Description	Services Offered	Coverage
Intergenerational Self-Help Clubs Multifunctional Community-based Under the Viet Nam Association of the Elderly	**Self-care, home care (mainly social care)** Promote health and active aging, support income security and social participation Volunteer-based home care for bed-bound or house-bound Some have trialed paid caregivers	3,442 Intergenerational Self-Help Clubs 61 out of 63 provinces 3.5% of villages countrywide. National replication is a government policy; currently serving about 17,000 older people in home care[a]
Family and individual care support Under the Ministry of Health, General Office for Population and Family Planning	**Self-care support** Health counseling and care model Uses healthy older people as volunteers to provide advice and care for older people and social visits	By 2016: 370 communes in 32 provinces with 4,492 volunteers[b]
Social welfare centers (residential), managed by the Ministry of Labor, Invalids and Social Affairs	**Mainly housing, some personal care** Intended to provide food and shelter for older people without family care	Limited coverage Only 134 centers in the country serving 2,458 residents[c]
Nursing homes for older people (public and private)	**Varied services** Ranging from housing to full nursing care	32 nursing homes Private residential homes are not affordable for most older people in Viet Nam. Homes run by the Ministry of Labor, Invalids and Social Affairs are available only for those without the means that emphasize the provision of food and shelter rather than meeting long-term care needs.[d]
Nursing and rehabilitation hospitals	Geriatric specialist care and rehabilitation services	36 provincial nursing and rehabilitation hospitals[c]

[a] Tran Bich Thuy, country director, HelpAge International Vietnam, interview by author, January 2022.

[b] Government of Viet Nam, Ministry of Health, General Office for Population and Family Planning. 2018. *Population and Family Planning Report*. Ha Noi.

[c] Government of Viet Nam, Ministry of Health. 2016. *Joint Annual Health Review*. Ha Noi.

[d] Social Protection Bureau. 2016. *Annual Report*. Ha Noi.

Source: ADB. 2020. *Country Diagnostic Study on Long-Term Care in Viet Nam*. Consultant's report. Manila (TA 9111).

Box 2: Intergenerational Self-Help Clubs in Viet Nam

The Intergenerational Self-Help Clubs model, initially introduced by HelpAge International in partnership with the Viet Nam Association of the Elderly about 15 years ago, has since been expanded nationwide by the government. Club activities include income generation, health care, cultural activities, fundraising, access to training on rights and entitlements, education, self-help, and community support activities. Intergenerational Self-Help Clubs have been found to be a sustainable model that can provide a variety of community level services for older people, helping to support healthy and active aging. However, care requirements often exceed the capacity of the clubs, meaning additional training for volunteers and the management board, and closer links with health and social service systems are essential.

Source: Asian Development Bank. Forthcoming. *Road to Better Long-Term Care in Asia and the Pacific: A Report on Asian Development Bank's Capacity Strengthening Across the Region*. Manila.

THE LONG-TERM CARE LANDSCAPE IN VIET NAM

Policy and Governance

Because older people are a priority target group by the Government of Viet Nam, there are many policies related to older people and LTC. The government's main policy instrument is the 10-year Socio-Economic Development Strategy with the 5-year Socio-Economic Development Plan. All government agencies follow the Socio-Economic Development Plan, and projects must align with its vision and objectives.

The Law on the Elderly (2009) explicitly states that the primary responsibility to care for older people rests with their family members. The law also addresses the responsibilities of the government in ensuring sufficient budget to subsidize people over 80 and vulnerable older people who are alone without caregivers, the disabled and the poor, in terms of subsistence allowance and health insurance.

Viet Nam's health care policy reflects shifts to strengthen the role of primary health care and community-based health care services for older people, including health promotion and disease prevention, such as by increasing the level, quality, and coverage of grass-roots-level health care. The Healthcare for the Elderly Project 2017–2025, led by the MOH's Government Office of Population and Family Planning, has set a target that, by 2025, all older people who are unable to take care of themselves will be provided with health care by the family and community.

In 2021, the government released a new National Program of Action on Ageing. The program specifies the responsibilities of line ministries, as well as the Viet Nam Association of the Elderly, for two time periods: 2022–2025, and 2026–2030. It spells out objectives across many domains, from work and culture to health, housing, and rights. LTC is covered in different programs and action points under the responsibility of the MOLISA or the MOH, with a strong emphasis on promotion of aging in place, building a well-functioning market for elderly care services, and improvements in training family care givers. However, the mechanisms for better coordination between key agencies, such as the MOH and the MOLISA, still need to be spelled out.

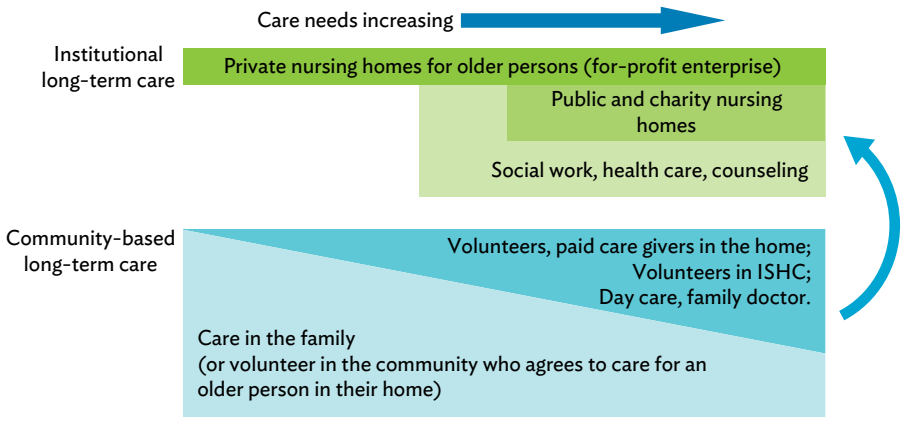
Service Provision

Viet Nam is currently exploring models for residential home care and for LTC service provision that support family care provision with home-based services (Figure 2). The two most promising home- and community-based care models are the Government Office of Population and Family Planning Counseling and Care Model for Older Persons and the ISHC model. Both currently have limited coverage and scope, but national replication of both is underway. The former model primarily supports self-care and disease prevention to help older people perform ADLs independently, while the ISHC model is emerging as a key model for supporting older people with care needs but who lack the means to pay for private care.[12] Residential care provision may be important for a small minority of people who cannot be safely or adequately provided care in their home.

Integration of services at the local level is limited and, as yet, there is no integrated LTC pilot scheme being tested in the country that could develop the practical experience and evidence to understand how to provide comprehensive LTC. This type of learning-by-doing would provide useful lessons on the coordination mechanisms, key service gaps, and other issues. Integration with other services would provide more comprehensive, connected provision of the needs of older people.

One of the most effective and efficient ways to limit the need for more costly and human resource-reliant LTC services is to ensure the availability and accessibility of aids that increase the capacity for self-care. These approaches do not have to be costly or include high-tech solutions and can be as simple as a pair of prescription spectacles, or incontinence aids. However, there is very little information on the availability of or need for assistive devices in Viet Nam. A 2014 survey of needs for assistive and medical devices in six WHO Western Pacific region countries found that availability and affordability were particularly low in Viet Nam, with only walking aids regarded as being at a reasonable cost for most people.[13]

Figure 2: Viet Nam Care Models



ISHC = Intergenerational Self-Help Clubs.

Source: Government of Viet Nam, Ministry of Health. 2017. *Joint Annual Health Review 2016*. Ha Noi (p. 158).

[12] Government of Viet Nam, MOH. 2016. *Joint Annual Health Review*. Ha Noi.

[13] WHO. 2014. *Survey of Needs for Assistive and Medical Devices for Older People in Six Countries of the WHO Western Pacific Region: People's Republic of China, Japan, Malaysia, the Philippines, the Republic of Korea, and Viet Nam*. Geneva. https://apps.who.int/iris/handle/10665/205289.

Quality Management

LTC service providers are not subject to any sector-specific standards or guidelines, but in the health sector, there are some quality management, registration, and accreditation requirements for both public and private providers. The MOLISA has regulations and guidelines for their network of social welfare centers and it conducts annual facility inspections. However, inspection reports are not made publicly available. Currently, the MOLISA and the MOH do not monitor privately run residential care centers.

Human Resources

Generally, the family members who form the backbone of informal care for older people in Viet Nam are untrained, and even formal care is mostly provided by professionals in the existing health and social sectors and is not focused on support for ADLs and instrumental activities of daily life functional limitations. Because care provision for older people is not yet a formal occupation in Viet Nam, it remains unregulated. Beyond the family, there are untrained domestic workers, untrained volunteers, trained volunteers, and trained paid care workers.

Trained volunteers are most commonly part of an organized program, notably the ISHC, which provides volunteers with 20 hours of training, and case management is provided through an organized program. Trained paid care work is mostly ad hoc in Viet Nam. The training is generally received through the company, organization, or social enterprise that employs them. Some programs last for 6 weeks and others 6–12 months; approaches vary from practical training only to theory and practice; the topics covered differ but can include care for sick older people, personal care skills, psychosocial training, and support, and first aid.[14] Table 3 gives a summary of human resources for LTC in Viet Nam.

Table 3: Viet Nam's Long-Term Care Workforce

Type of Workforces	Long-Term Care Task	Workplace	Qualification and Training
Family members, relatives, neighbors	Informal care Help with ADLs and IADLs	Family, community	Untrained No specific training programs
Volunteers	Companionship, help with ADLs and IADLs, housework	Self-help clubs and other community-based models for older people	ISHC volunteers receive 20 hours of training; other volunteer models may have some degree of training
House helpers	Informal care, help with ADLs and IADLs, housework	In the home, family	Untrained No specific training programs
Health professional at public and private health facilities	Health care	Public and private health facilities	Trained by medical schools, colleges Licensed
Other nurses	Nursing care Palliative care Health promotion	• Social welfare centers • Private center for older people care • Private practice as individual providers	Full-time degree-level course Can be licensed or not licensed
Social workers	Assessment, care planning, case management Help with ADLs and IADLs	• Social welfare centers • Social works centers • Private center for older people care	Full-time degree-level course
Physiotherapists Speech therapists Occupational therapists Rehabilitees	Rehabilitation, fall prevention		Full-time degree-level course
Pharmacists	Medication review Drug management		Full-time degree-level course
Manager	Planning, training, supervision, monitoring, reporting		No standardized qualifications Based on experience

ADLs = activities of daily life, IADLs = instrumental activities of daily life, ISHC = Intergenerational Self-Help Clubs.

Source: Asian Development Bank.

[14] Government of Viet Nam, MOH. 2017. *Joint Annual Health Review 2016*. Ha Noi.

The health workforce is an interrelated component of the LTC workforce, but there are limited geriatrics specialists, although the field has been growing in recent years. Most commune health stations staff do not have adequate training in geriatric care and noncommunicable diseases. Likewise, the volunteer health worker training program does not adequately cover health care for older people. The geographical variations in the distribution of the health care workforce amplify the effect of the health care worker shortage, as highly qualified health staff are mainly concentrated at central and provincial higher-level facilities. It has proved difficult to attract and retain human resources for health in rural, mountainous, and remote areas. This is becoming a key concern, particularly as the government focuses on strengthening community grassroots health.

Financing

There is no available data on the value of out-of-pocket expenditure, the contribution of unpaid labor, and family transfers for the care of older persons. Public expenditure on related services, such as expenditure on relevant health and social protection services, is not disaggregated adequately to reflect LTC expenditure, nor does the National Health Accounts collect such data.

Five Strategies to Address and Reduce the Cost of Long-Term Care

Public financing will be needed to ensure equitable access to needed LTC services. This is likely to build on the current mix of social insurance and direct tax-financed services. Social mobilization of funds from a wide range of stakeholders, including the private sector, mass organizations, and community groups, is likely to be important at a subnational level, although overreliance on this could lead to disparities in coverage and access to services. Co-payments, out-of-pocket contributions, and unpaid family care are likely to continue to play a large role in the financing of LTC.

Identifying a financing system for LTC will be essential to ensure that the development and delivery of LTC services meet the needs of Viet Nam's population. Designing this system in the most efficient way will be important as the population rapidly ages and care needs across the population increase. Without an LTC financing system and service provision, Viet Nam would be likely to experience an overutilization of more costly acute care and residential care services as has been seen in other countries.

There are additional strategies to be strengthened to manage the required financing:

(1) **Reduce costs through disease and frailty prevention.** This includes health promotion efforts across the life course, noncommunicable disease risk reduction, accidental injury prevention, and improvement of health system detection, and management and treatment of chronic diseases.
(2) **Maximize access to affordable assistive devices and home modifications and development of age-friendly communities.** In countries with greater availability of these support, those with intrinsic capacity decline can have much greater functional ability and independence.
(3) **Support family carers.** They remain the primary human resources for LTC all around the world but the need to be supported. Training is an important aspect of this but will not suffice on its own. An additional social protection scheme may be required. The impact on both labor force participation and poverty reduction (to reduce current poverty as well as their own poverty in old age) also needs to be considered.
(4) **Utilize volunteers to support home- and community-based care.** This may occur through the planned expansion of ISHC or could be the result of added training and responsibilities for village health workers.
(5) **Nest long-term care services within existing structures.** This, combined with a high degree of collaboration and integration between sectors, would also reduce costs and improve the quality of care.

KEY ISSUES

(1) **Resource allocation.** Even good policies will miss the mark unless they are supported by where clearly identified funding should come from.
(2) **Lack of a coordination mechanism.** LTC requires multistakeholder collaboration to avoid siloed systems and services that do not meet the care and support needs of people.
(3) **Regional disparities.** Achieving standard results and availability of services across and between provinces and districts are ongoing challenges, and will likely be exacerbated further without close monitoring and support.
(4) **Lack of implementation of policies.** There is a need for stronger monitoring and evaluation of policy implementation and enforcement.

FUTURE PRIORITIES FOR LONG-TERM CARE IN VIET NAM

Viet Nam can capitalize on its existing strengths of family and community solidarity, combined with global best practices on LTC, to support aging in place with home- and community-based care services to support the prolonged independence of older people.

One of the key challenges for Viet Nam will be how to improve coordination between key stakeholders to provide integrated care services. There is still no agreement on what LTC means. While the MOH is working on long-term health care, the MOLISA is working on support for those in need of social protection or social care. The new National Program of Action on Ageing specifies roles and responsibilities of different stakeholders, but there is no clear mechanism for coordination between them or which agency should take the responsibility for planning and implementing LTC.

A key priority is to undertake a revision of various laws and related regulations by the Government of Viet Nam to promote coordination between stakeholders. These will allow both public and private care providers to supply affordable and quality LTC services to older persons in need, with a focus on home and community care.

The existing health and social protection policies and programs related to LTC do not as yet constitute an LTC system, and the existing policies, even if implemented fully, do not sufficiently address LTC needs. While the policy framework related to health care for older people in Viet Nam is comprehensive, the health and care needs of older people are not prioritized sufficiently or mainstreamed into training or service provision. Several relevant services, such as home visits, are not covered by social health insurance. The social protection care serves only a limited number of people without any family support. It is necessary to develop services to fill the gaps with corresponding quality management standards. These span home and community care and residential facilities, and cover the standardization and rollout of training curriculum and trainings for both informal and formal caregivers.

Underpinning the development of services is the third priority: to design and implement financing mechanisms to ensure that the revenue needed for LTC is sufficiently raised and strategically allocated.

A national LTC policy or action plan would be a key mechanism to (i) ensure a clear understanding of governance and responsibility, roles, and coordination between key stakeholders; (ii) identify and fill key gaps in LTC and coordinate existing services; and (iii) plan the development of a coordinated LTC system with national coverage. This will require the inclusion of LTC in medium- to long-term planning and reform agendas to build an LTC system in Viet Nam.

Viet Nam is at a critical juncture where there is an opportunity to make policy decisions that maximize the demographic dividend and wisely prepare for future population trends. The development of a comprehensive national LTC system has the potential to become a significant sector that would have positive economic and social benefits, and can protect the rights, dignity, and well-being of older Vietnamese people.

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Asian Development Bank
6 ADB Avenue, Mandaluyong City
1550 Metro Manila, Philippines
Tel +63 2 8632 4444
Fax +63 2 8636 2444