

TOWARDS A COMPREHENSIVE NATIONAL POLICY FOR AN AGEING VIET NAM



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FOREWORD

Population ageing in Viet Nam has reached a level where it is having a great impact on all sectors of the economy. This calls for the Government to direct and facilitate ensuring that people in Viet Nam can live healthy, active and fulfilling lives throughout their lives. While the major concern is the older persons defined as those aged 60 years and more, population ageing has started to affect everyone. In order to cope with the ageing of the population, it is therefore no longer sufficient to meet the expectations and needs of the older population only but it requires a more comprehensive approach to address its effects on all population groups. However, while Viet Nam's current policies are mainly to support and address the problems of older persons, there is need for a more comprehensive policy on population ageing. It is therefore necessary to address current ageing-related issues which affect both older and young people and develop national programmes and policies that are consistent with the government's action plans on socio-economic development to achieve positive and successful results.

In pursuance of the Government's Resolution No. 137/NQ-CP of December 31, 2017 promulgating the Government's Program of Action for the implementation of Resolution No. 21-NQ/TW of October 25, 2017, 6th Central Committee of Party XII on population work in the new situation, there is need to undertake specific tasks such as drafting the Law on Population; promulgating the amendments and supplements to the Law on the Elderly; and developing the national program on older people to 2030 and the project on health care for older people to 2030 to submit to the National Assembly and the Government in 2019-2020.

With the support of the United Nations Population Fund (UNFPA) under the VNM9P03 project, "Supporting Viet Nameese agencies in the provision and use of data on population and development and evidence to develop and monitor plans, strategies and policies for economic and social development, and sustainable development goals 2017-2021", the Viet Nam National Committee on Ageing (VNCA) has developed this policy report to provide an overall situation analysis on ageing in Viet Nam and recommendations to the Government of Viet Nam on the need for developing a comprehensive national policy to respond to population ageing issues and prepare for a well adaptation of the country in the aged population context.

This policy report has been prepared with great effort from our consultants, Mr. Ghazy Mujahid, Mr. Nguyen Van Tien and Mr. Dang Huy Hoang. The Viet Nam National Committee on Ageing would like to thank UNFPA and VNCA colleagues who have provided valuable technical inputs and effortless assistance in the development of this report, especially, Ms. Nguyen Ngoc Quynh (UNFPA Program Officer) and members of UNFPA's Research Board, Ms. Tran Thi Thanh Nga (UNFPA Program Associate), Ms. Le Minh Giang (Chief of VNCA Office) and Mr. Duong Viet Anh (VNCA Office). We would also like to express our gratitude to related ministries, especially MOLISA, MOH, Ministry of Civil Engineering, VAE and participants at our consultative workshops who provided significant inputs and comments for us to complete this report.

ACRONYMS

ADL	Activity of Daily Living
ASEAN	Association of South East Asian Nations
CEDAW	Convention on Elimination of All Forms of Discrimination Against Women
CHS	Community Health System
COPD	Chronic Obstructive Pulmonary Diseases
CPVCC	Communist Party of Viet Nam Central Committee
DALY	Disability-Adjusted Life Years
FD	Department of Family Affairs of the Ministry of Culture, Sports and Tourism
GNAFCC	Global Network of Age-friendly Cities and Communities
GSO	General Statistical Office
HAI	HelpAge International
HALE	Healthy Age Life Expectancy
IADL	Instrumental Activity of Daily Living
ISHC	Inter-generational Self-Help Club
MIPAA	Madrid International Plan of Action on Ageing (2002)
MOLISA	Ministry of Labour, Invalids and Social Affairs
NCD	Non-Communicable Disease
OPA	Old People's Association
TFR	Total Fertility Rate
TTF	Technical Task Force
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VAE	Viet Nam Association of Elderly
VASS	Viet Nam Academy of Social Sciences
VHLSS	Viet Nam Household Living Standards Survey
VNAS	Viet Nam Ageing Survey (2011)
VNCA	Viet Nam National Committee on Ageing
VND	Viet Nam Dong
WHO	World Health Organization
WPP	World Population Prospects

EXECUTIVE SUMMARY

Since the turn of the century, the proportion of older persons (aged 60 years and over) in Viet Nam's population has been increasing at an accelerated pace. According to the 1999 Census, older persons constituted 8.1% of the population. The 2009 Census showed that the proportion had increased to 8.6%. The 2014 Inter-Census Population Survey estimated that older persons constituted 10.2 per cent of the country's population, a much greater than during the preceding years. In addition to this acceleration in the pace of ageing, the trend is projected to continue and the older persons are projected to constitute almost 20% of the population by 2035.

This paper analyzes population ageing in Viet Nam and its impacts and provides policy suggestions necessary for responding to this demographic trend.

Section 1 discusses trends in fertility and mortality. The total fertility which remained between 6 and 7 until the early 1960s declined to 4.8 in 1979. As a result of increasing education among women and the successful implementation of an elaborate population and family planning programme and campaigns for community health, especially reproductive health, the TFR had come down to 2.3 by the turn of the century. It has continued to decline and is projected to stabilize at the near replacement level over the next few decades.

As a result of significant improvements in increasing access to quality health services, mortality has been declining and life expectancy at birth, that is, the average number of years a new born is expected to live has continued to increase and is projected to rise further.

Continuous declines in fertility and improvements in life expectancy explain the shift in Viet Nam's age structure towards older cohorts. As such the progress of population ageing in Viet Nam can be seen as a testimony to the successful implementation of Government policies in the areas of health and education.

Section 2 describes how population ageing has assumed increased significance in Viet Nam and with the current trends continuing, policy makers will need to pay increasing attention to it. The proportion of children (0-14 years) has been declining since 1989 while the proportion of working age population started to decline from 2009. Older persons are hence the only cohort whose proportion will continue to increase. Older persons will account for an increasing proportion of the increase in total population and it is projected that during 2029-2034, the older population will increase by 2.8 million while the population aged less than 60 years will decline by about 380 thousand.

As a result, the potential support ratio, defined as the number of persons of working ages (15-64 years) per person aged 65 years and over will decline continuously from the current 9.5 to 5.2 by 2035. This ratio provides a measure of the number of persons who can be expected to be economically productive and able to provide support and care for older persons. It is also a proxy indicator of the tax base for revenues needed by government to support programmes for the older population.

These demographic changes underlie the increasing significance of population ageing in socio-economic development planning. Advancing age is accompanied by a declining ability to work and as such population ageing tends to lower both the overall labour force participation and savings rates resulting in slowing down economic growth. Policies would be needed to counter this decline. As population ageing results in shrinking the tax base, it has significant implications for fiscal management, in particular, balancing tax revenues and financing support for older persons. Infrastructure development too needs to be geared towards ensuring that older persons are provided an enabling environment which allows them to lead fulfilling lives.



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In addition to the increasing proportion of older persons in population, the structure and distribution of the older population also has a significant impact on the intensity of ageing-related issues. The Report describes the following policy-relevant characteristics: (1) the proportion of oldest old (80+) within the older population is expected to increase; (2) older females exceed older males; (3) the proportion of older persons is higher in rural areas compared to urban areas; and (4) the extent of ageing varies across the regions of the country. All these need to be taken in the formulation of ageing-related policies.

Section 3 identifies the increasing risk of social exclusion faced by older persons as they age. Social exclusion means being denied full access to various opportunities and resources that are normally available to the population: access to adequate employment, income, health care and housing and opportunities to participate equally with in social, political and community activities. For ensuring social exclusion, the Report highlights 10 key issues which policy makers will need to address:

1. Financial security
2. Health and Disability
3. Social care
4. Appropriate living arrangements
5. Enabling environment
6. Loneliness and isolation in old age
7. Elder Abuse and Violence
8. Attention to OP in emergency situations
9. Intergenerational relations
10. Preparing the younger population for old age

Section 4 describes how the Government of Viet Nam has been cognizant of the trends in population ageing and put in place measures to address issues facing older persons. As such, it has shown full awareness of its Constitutional responsibility deriving from Article 59 (2) of the Constitution of the Socialist Republic of Viet Nam:

“The State shall create equal opportunities for citizens to enjoy social welfare, develop a system of social security, and provide a policy assisting the elderly, the disabled, the poor and people with other difficult circumstances.”

In the year 2000, it promulgated an Ordinance on Elderly People that incorporated provisions for support and care for older people, promotion of older people's role in the cause of national construction and defence, state management of the elder-related work and other related matters. The Ordinance was replaced by a more comprehensive Law on the Elderly 2009 enacted guaranteeing the rights of older persons. In 2012, the Government approved the National Action Program on the Viet Nam Elderly 2012-2020 with specific targets in various areas such as health care, social protection, housing and promotion of active ageing.

The Resolution adopted in 2017 by the 12th Communist Party of Viet Nam Central Committee (CPVCC) at its 6th Plenary Meeting incorporated the need to address population ageing. Following this, the Prime Minister signed Resolution No. 137 promulgating the Government's Program of Action on population. This Resolution highlights the same issues as discussed in this Report and calls for planning of actions for implementation to be completed during 2018-2020. Thus, there is already a growing realization in Viet Nam of the need for adopting a comprehensive approach to addressing population ageing as has happened in a number of countries such as Australia and some ASEAN countries.

Section 5 recommends that the Government of Viet Nam should consider formulating a medium term comprehensive ageing policy of, for example, fifteen years duration to come into effect when the current Action Program on the Elderly comes to an end in 2020. This would also be in line with Resolution 137 signed by the Prime Minister at the end of 2017.

The formulation of the Policy should take into account the culture and traditions of Viet Nam as well as relevant existing measures on ageing. The Ageing Policy should complement strategies and policies already in place. In addition, the Policy will have to be designed keeping in view various international and regional initiatives that Viet Nam has endorsed.

The Report suggests a long-term Vision for the Policy: ***To ensure continuous improvements in the quality of life of the people, especially older persons of the present as well as of the future, toward successful ageing.*** It identifies two goals to achieve this vision:

- (a) To ensure the social inclusion of older persons by providing them opportunities to lead a dignified, healthy, active and independent life with guarantees of freedom from poverty and abuse.
- (b) To prepare younger persons to enter old age with confidence and a positive attitude in good health and a sound financial position.

Section 6 provides detailed examples of objectives to be articulated in the Policy to address each issue and a series of strategies for achieving each objective.

Section 7 concludes by bringing out how the discussion on trends and the resulting issues highlights the need for a coordinated approach to addressing the various issues resulting from population ageing. The increasing pace of ageing in Viet Nam and examples from other countries call for shifting focus from older persons to the wider impact of population ageing. It is recommended that the Government to coordinate the formulation of a medium-term National Policy on Ageing (2021-2035) and subsequently shorter 4 to 5-year Action Plans for its implementation. The Action Plan will identify activities to be implemented and the responsible parties. It will set time-bound targets to be achieved as well as the costs and sources of funds to meet those costs. The Action Plan will also identify the needs of data, evidence-based research and capacity building.

INTRODUCTION

An increase in access to quality health and reproductive health services in less developed countries since the 1970s resulted in significant declines in fertility and improvements in life expectancy. As a result of falling birth rates and increasing longevity, the structure of population in almost all countries began to shift gradually towards the older cohorts resulting in what has been described in the literature as “ageing of the population”.

Population ageing, defined as an increasing proportion of older persons (aged 60 years and over), has been emerging as the predominant demographic trend in almost all countries across the World. In Viet Nam, too, ageing has been assuming increasing significance since the turn of the century. Of the total population of 76.3 million, the 1999 Population and Housing Census had enumerated 6.1 million as aged 60 years and over, which constituted 8.1 per cent of Viet Nam’s population. The 2009 Census showed that the proportion of older persons had increased to 8.6 per cent (GSO, 2011), an increase of 0.5 percentage points over 10 years. The 2014 Inter-Census Population Survey estimated that older persons constituted 10.2 per cent of the country’s population, a much greater increase of 1.6 percentage points over 5 years (GSO, 2015). By all counts, it is becoming clear that population ageing is gaining pace. Projections indicate that this trend will continue and by 2035, almost one in five Viet Nameese would be aged 60 years and over. (GSO, 2016)

The purpose of this paper is to analyze population ageing in Viet Nam, its impacts and to suggest policy to respond to that demographic trend. The paper is divided into 7 sections. Section 1 describes the trends in fertility and mortality both past and projected. Section 2 brings out the resulting impact on population ageing and the increasing significance of older persons as the fastest growing cohort. Section 3 analyses the issues emerging as a result of population ageing. Reviewing what actions the Government has been taking and drawing on relevant lessons from other countries, Section 4 discusses how these issues can be best addressed through a comprehensive approach. Sections 5 and 6 suggest an outline of a comprehensive policy that should be considered to address ageing-related issues. Section 7 outlines the way forward.

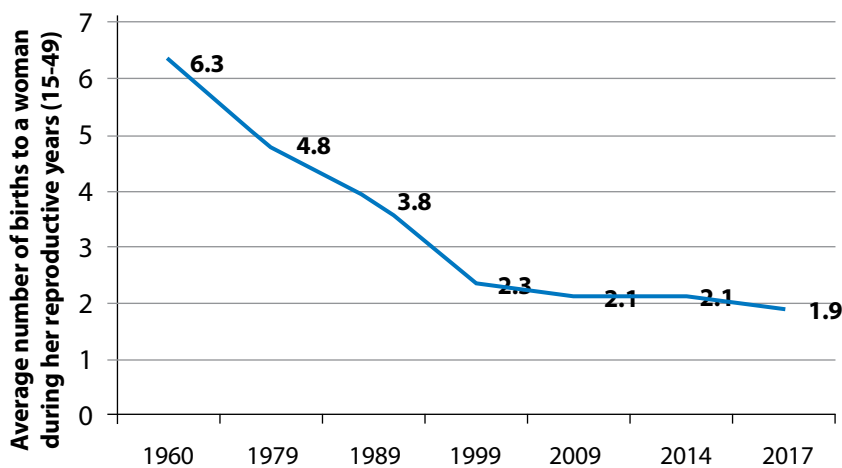


1.

DECLINE IN FERTILITY AND MORTALITY

Fertility levels in Viet Nam began declining from the mid-1960s. The total fertility rate (TFR), defined as the average number of children that would be born to a woman over her reproductive years (15-49 years), remained between 6 and 7 until the early 1960s and began to decline gradually after which. From 6.3 in 1960, it came down to 4.8 in 1979 and after that, as shown in Figure 1, it continued to decline reaching near replacement fertility levels at the turn of the century. The decline in TFR was achieved as a result of increasing education among women and the successful implementation of an elaborate population and family planning programme and campaigns for community health, especially reproductive health. The TFR is projected to stabilize at the near replacement level over the next few decades.

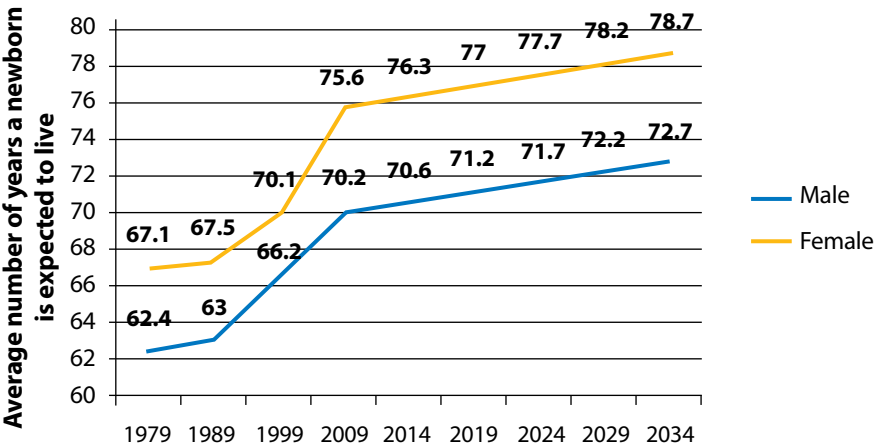
Figure 1: Declining fertility in Viet Nam



Source: Data from Population Change Surveys and Censuses, GSO

As a result of significant improvements in increasing access to quality health services, mortality has been declining and life expectancy has increased over the past three to four decades. Life expectancy at birth, that is, the average number of years a new born is expected to live increased from 62.4 to 70.2 years for males and from 67.1 to 75.6 for females during 1989-2009. As in almost all countries, life expectancy at birth in Viet Nam has been consistently higher for females. Figure 2 shows the sex-differentials in life expectancy and how it has increased for both males and females. Life expectancy is projected to continue increasing and by 2034, it will have reached 72.7 years for males and 78.7 years for females.

Figure 2: Life expectancy at birth by sex



Source: Data from Censuses and Population Projection 2014-2049, GSO



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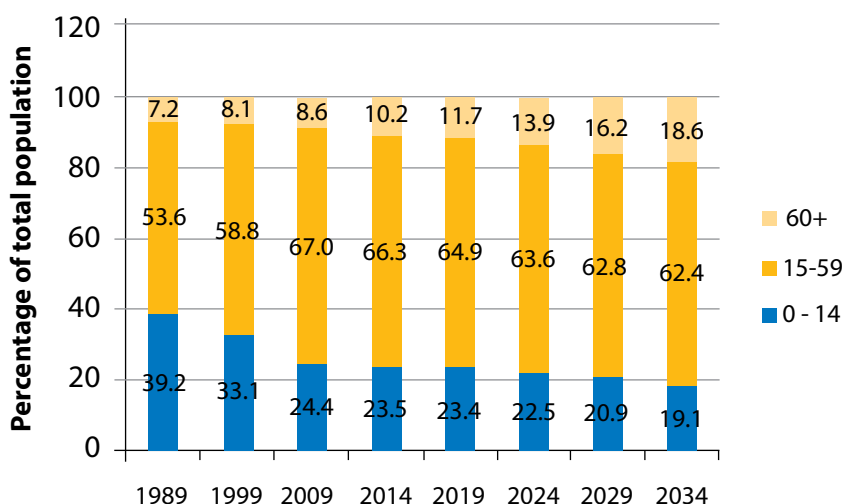
POPULATION AGEING IN VIET NAM

As a result of continuously declining fertility and improving life expectancy, Viet Nam’s age structure has been shifting towards older cohorts. As such, the progress of population ageing in Viet Nam can be seen as a testimony to the successful implementation of Government policies in the areas of health and education.

2.1. THE ADVANCE IN POPULATION AGEING

Figure 3 depicts the changes in the age structure of the Viet Nam population showing how the proportion of older persons will increase continuously while that of the child population (0-14) will continue to decline. The proportion of working ages population (15-59) has also started to decline from 2009.

Figure 3: Distribution of population by major age groups



Source: Data from Censuses and Population Projection 2014-2049, GSO

The shift towards older persons is manifested in the increasing ageing index which is the number of older persons per 100 children. This key indicator of population ageing was more than doubled between 1979 and 2009, rising from 16.5 to 35.2. The ageing index is projected to continue increasing and by 2039, it will have risen to 113, that is, the number of older persons in Viet Nam, for the first time in the country’s history, will have come to exceed the child population.

A comparison of the ageing of the population in Viet Nam and in other 9 ASEAN countries is brought out in Table 1. In 1980 Viet Nam had the highest proportion of older persons. By the turn of the century, it had slowed down to third place with Singapore and Thailand taking the lead as result of the impact of their more vigorous reproductive health policies and programmes. Since then, Viet Nam has remained the third most “aged” country in the ASEAN region and is projected to continue to do so. By 2035, one-fifth of its population will be above 60 years of age and it will be one of the only three ASEAN countries with the proportion of older persons in population exceeding 20 per cent.

Table 1: Percentage of older persons in population in ASEAN countries

	1980	1990	2000	2010	2015	2020	2025	2030	2035
Brunei D' Salam	4.3	4.0	3.9	5.4	7.1	9.6	12.5	15.8	19.3
Cambodia	4.7	4.8	4.9	5.9	6.8	7.6	9.0	10.2	11.3
Indonesia	5.6	6.1	7.4	7.4	8.1	9.5	11.1	12.9	14.7
Laos	5.7	5.6	5.4	5.6	6.1	6.7	7.6	8.6	10.0
Malaysia	5.6	5.7	6.3	7.9	9.1	10.7	12.3	13.8	15.4
Myanmar	6.4	6.8	7.0	7.5	8.9	10.3	11.6	13.1	14.6
Philippines	4.9	4.7	5.1	6.5	7.3	8.2	9.2	10.3	11.2
Singapore	7.2	8.4	10.8	14.1	17.9	22.3	26.8	30.6	34.1
Thailand	5.6	7.2	9.9	12.9	15.6	19.1	22.9	26.8	30.2
Viet Nam	7.8	8.2	8.6	8.9	10.3	12.5	15.0	17.5	20.2

Source: World Population Prospects: 2017 Revision, (UNDESA, NY, 2017)

2.2. INCREASING SIGNIFICANCE OF OLDER POPULATION IN VIET NAM

A discussion of the increasing significance of the older population in Viet Nam can be divided into two parts: (a) its impact on the demographic scenario; and (b) its increasing relevance in socio-economic development planning.

2.2.1. DEMOGRAPHIC IMPACT OF POPULATION AGEING

The impact of the increasing proportion of older persons in total population is brought out by two indicators: (a) the additions to the older population and (b) the share of older population in the increase in total population. Table 2 summarizes data – both for the past and the projected - for both these indicators.

Table 2: Impact of population ageing in Viet Nam

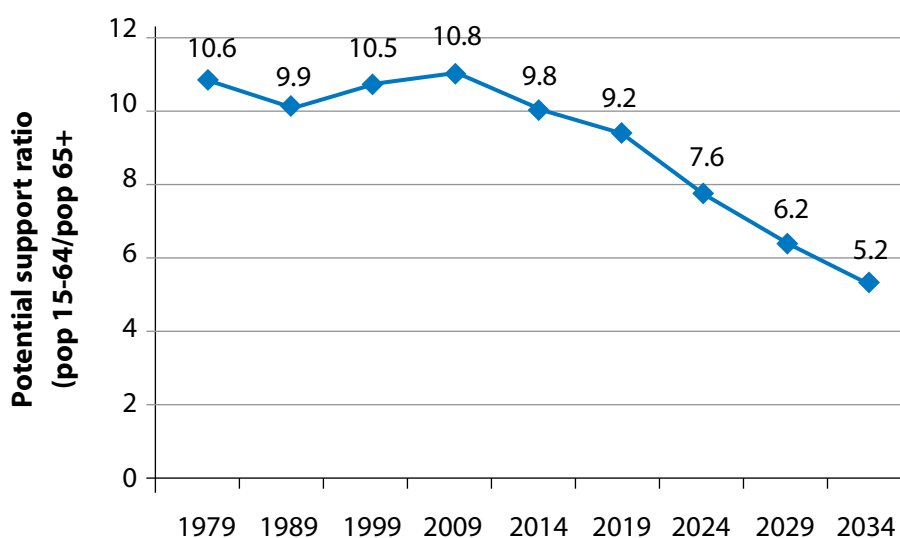
Period	Average annual increase in number of older persons	Proportion of OP in population increase (%)
1979-89	93,000	8.7
1989-99	155,000	12.9
1999-09	126,000	13.3
2009-14	348,000	37.4
2014-19	387,000	39.6
2019-24	536,000	68.3
2024-29	564,000	93.6
2029-34	565,000	115.4

Sources: GSO, Population Censuses and Projection 2014-2049

The average annual additions to the numbers of older persons went up from 93,000 to 348,000 over the period 1979-2014. There was a decline in the numbers added to the older population during 1999-2009. This could be explained by the high number of casualties among the adult population in the War during the late 1960s to the mid-1970s which left less population to move into old age during the first decade of this century. The average annual additions to the older population increased thereafter and are projected to continue increasing. The increasing significance of older population is brought out by the consistent increase in the proportion of older persons in Viet Nam's total population. While older persons accounted for less than 15 per cent of the increase in total population at the turn of the century, their share went up to almost 40 per cent within the next fifteen years. It is projected to continue rising and during 2029-2034, there will be a continuous increase in the older population while the younger population will decline. It is estimated that the older population will increase by 2.8 million while population aged less than 60 years will decline by 377,000 in this period (GSO, 2016).

A major result of population ageing is a decline in the potential support ratio. This ratio is defined as the number of persons of working ages (15-64 years) per person aged 65 years and over¹. It provides a measure of the number of persons who are expected to be economically productive and able to provide support and care for older persons who are more likely to be dependents needing support and care. It also serves as a proxy indicator of the tax base for revenues needed by government to support programmes for the older population. Figure 4 shows how the potential support ratio having remained relatively stable until 2009, started to decline and will continue to do so, dropping to 5.2 during the next fifteen years. As a result of the more rapid increase in older population relative to that in the working age population, the support base for older persons which working adults provide will shrink to almost half during the next two decades. Moreover, the decline will continue and the potential support ratio is projected to go down to 3.5 by 2049.

Figure 4: Shrinking support base for older population



Source: Data from Censuses and Population Projection 2014-2049, GSO

Table 3 shows the trend in the potential support ratio for Viet Nam in comparison with that in other ASEAN countries. The trend is in line with that in population ageing. Until 2000, potential support ratio was the lowest in Viet Nam and then the ratio in Singapore and Thailand fell below that of Viet Nam. It will continue to remain the third lowest.

1. While older persons are defined as those aged 60 years and over, population aged 65 years and over is conventionally used in estimating the potential support ratio as it is assumed that some aged 60-64 years continue to work. The 65+ in Viet Nam's context can hence be termed as "non-working older persons".

Table 3: Potential support ratio in ASEAN countries, 1980-2035

Country	1980	1990	2000	2010	2015	2020	2025	2030	2035
	<i>Persons aged 15-64 yrs per person aged 65 years and over</i>								
Brunei D'salaam	20.4	23.7	27.9	20.8	17.6	12.9	9.1	6.8	5.2
Cambodia	20.7	18.2	18.0	16.9	15.6	13.2	11.8	9.8	8.6
Indonesia	15.4	15.8	13.7	13.6	13.2	11.8	9.8	8.3	7.0
Lao PDR	14.9	14.8	14.8	16.3	16.1	15.0	13.7	12.1	10.6
Malaysia	15.9	16.1	16.0	13.6	11.8	9.9	8.3	7.1	6.2
Myanmar	13.8	13.3	13.1	13.3	12.6	10.6	9.1	8.0	7.0
Philippines	16.7	17.8	17.9	15.0	13.8	12.3	10.8	9.6	8.6
Singapore	14.4	13.0	9.7	8.2	6.2	4.7	3.5	2.8	2.3
Thailand	15.2	14.4	10.6	8.1	6.8	5.5	4.3	3.4	2.8
Viet Nam	10.1	9.9	9.6	10.7	10.4	8.6	6.7	5.4	4.5

Source: World Population Prospects: 2017 Revision, (UNDESA, NY, 2017)

2.2.2. POPULATION AGEING AND SOCIO-ECONOMIC DEVELOPMENT

Such major shifts in the structure of the population underlie the increasing significance of population ageing in the context of socio-economic development planning. Advancing age is accompanied by a declining ability to work and lowering of incomes. As such, population ageing tends to lower both the overall labour force participation and savings rates, thereby increasing the risks of a slowing down of economic growth. The demographic trends in Viet Nam could therefore result in a slowing of the pace of economic growth. The slowdown can, however, be countered by encouraging behavioral changes, like increased female labour force participation and through policy reforms such as raising the legal age of retirement. Declining fertility rates do contribute to raising female labour force participation rates which could more than offset the impact of the increasing share of older persons whose participation rates are lower. Hence, appropriate policies can help counter the adverse impact population ageing could otherwise have on the pace of economic growth. Until now ageing has not had any significant adverse effects of economic growth but the projected increasing pace of ageing will need to be closely monitored.

With the increasing pace of population ageing, its significance in the formulation of policies to ensure fiscal and macroeconomic stability also increases. There is need to increase government spending on pensions, healthcare, and social benefits programmes for older persons. Economic growth and overall quality of life can be adversely affected by the need to restructure public spending in all areas to accommodate the needs and ensure financial securities for older persons. The shrinking tax base relative to the increasing share of older persons requiring support, as evident from the declining potential support ratio, could result in fiscal issues resulting from increased ageing-related spending in the long run. As such, in the wake of population ageing, pertinent and prompt policy solutions would be needed to ensure fiscal and macroeconomic sustainability as well as the health and well-being of citizens of all ages.

Housing, transport and social needs also change with ageing. Infrastructure development needs to be geared to these changing needs to ensure that older persons are provided an enabling environment which allows them to lead fulfilling lives. It is important for policymakers to be conscious of the ageing trend and make sure older persons continue to play an active role in the community to avoid becoming isolated. Isolation has a negative impact on health and tackling it is really important. Older persons are less likely to drive and prefer public transport and walking. Reducing the distance between transport

stops, shops, benches, trees for shade, public toilets and improving pavements and allowing more time at pedestrian crossings are all needed to encourage older people to go out. For encouraging more active lifestyles, designs would include wider pavements, few trip hazards and moving LCD signs, making the streets easier to navigate for people with dementia and other age-related conditions. Given that older persons are more likely to face difficulties in climbing stairs, due consideration needs to be given to installing more escalators.

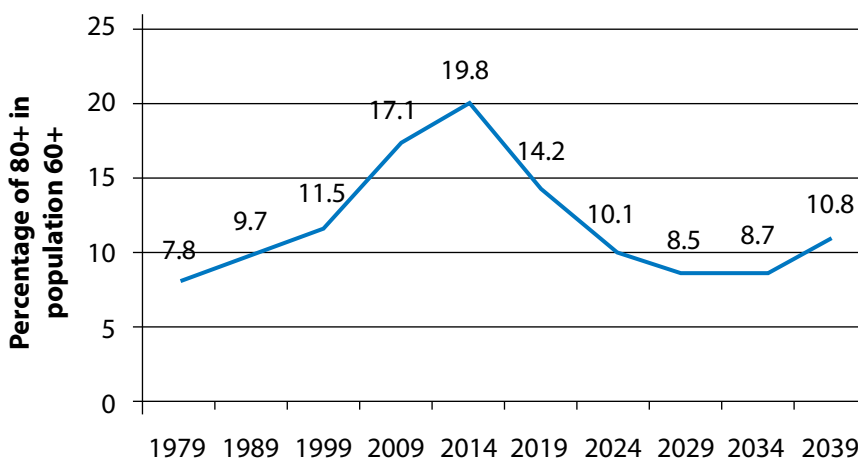
2.3. CHARACTERISTICS OF THE OLDER POPULATION

While the increasing numbers and proportion of older persons give rise to a range of issues, the structure and distribution of the older population also has a significant impact on the intensity of these issues. As such, it is important to look at: (1) the age structure of the older population; (2) its sex distribution; (3) its distribution between rural and urban areas; and (4) how the extent of ageing varies across the regions of the country. These are relevant as the type and intensity of issues older persons are faced with vary according to their age, sex and geographical residence.

2.3.1. AGEING OF THE OLDER POPULATION

Ageing of the older population is defined as the increasing proportion of the “oldest old”, that is those aged 80 years and over. With overall improvements in health care, older persons begin to enjoy healthier lives and live longer. As such, the life expectancy after reaching age 60 years also increases. As a result, older persons live longer on average but face more acute problems that call for greater and special attention.

Figure 5: Ageing of the older population in Viet Nam



Source: Data from Censuses and Population Projection 2014-2049, GSO

As shown in Figure 5, the older population “aged” over the period 1979 to 2014 and the percentage of the “oldest old” in total older population increased from 7.8 to 19.8 per cent. Over the next 15 years, the proportion of the “oldest old” is projected to decline gradually and then start to rise again. This decline can be explained by the high number of casualties among young adults during the War as in the case of the decline in the additions to the older population twenty years earlier as shown in Table 3 above. The older population will again start ageing from 2029 and it is projected that by 2049, almost 16 per cent of the older population would be aged 80 years and over.

As older persons advance in age, the issues they face tend to become more intense. The incidence of morbidity and disability increases with age, thus increasing the need for health care and long-term care as well as for assistance in activities of daily living. Costs of providing health care increase as the average

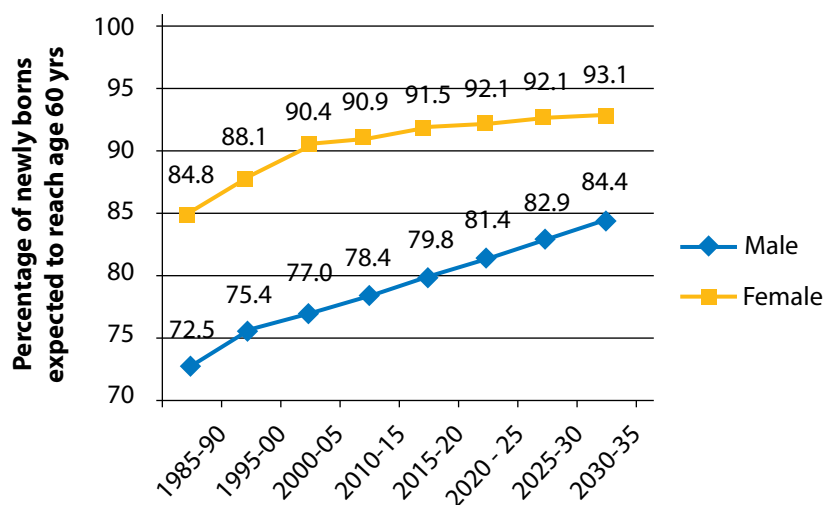
cost per patient increases with age. Loneliness also increases with age, as the older one gets the more likely it is to have lost one's spouse.

As older people advance in age they become more vulnerable to falling into poverty. Increasing weakness and morbidity accompanying advancing age result in a decline in the capability of an individual to engage in income earning activities. Labour force participation rates decline with age and hence the likelihood of becoming a non-earning dependent increases with age. Those having contributory pensions on the basis of their employment during their working age too are likely to become increasingly financial dependent. Adjustments to pensions do not usually keep pace with the rising cost of living. As such the real value of the contributory pension would have eroded with time and thus, increasing the pensioner's vulnerability to poverty. Increasing morbidity, disability and a weaker financial position also result in aggravating isolation with advancing age.

2.3.2. FEMINIZATION OF AGEING

In Viet Nam, as in almost all other countries of the World, females constitute more than 50 per cent of the older population. This is because of the higher female life expectancy as a result of which a higher proportion of females than males survive until old age. Gender differences in the survival ratio are brought out in Figure 6, which shows the percentage of newly borns expected to reach old age in Viet Nam (UNDESA, 2017). The survival ratio will continue to increase over time and remain higher for females.

Figure 6: Viet Nam survival ratio to age 60 years



Source: World Population Prospects: The 2017 Revision

In addition to the higher female survival ratios, the higher life expectancy of older females further contributes to the higher proportion of females in the older population. Table 4 shows that life expectancy of females at age 60 years exceeds that of males. Life expectancy at age 60 is the average number of years a person is expected to live after reaching that age.

Table 4: Viet Nam life expectancy at age 60 years

Year	Number of years a 60 year old is expected to live	
	Male	Female
1999	18.2	23.5
2009	18.8	24.4
2015	19.3	24.8
2030	20.8	25.7

Source: GSO

As a result of more females surviving until old age and living longer after reaching the age of 60, the number of older females exceeds the number of older males. Moreover, as a result of living on average for more years after entering old age, the proportion of females in the older population increases with age. Hence, as shown in Table 5, the proportion of females in total population increases consistently in the higher age groups.

Table 5: Feminization of ageing in Viet Nam

Age Group	2009	2014	2019	2024	2029	2034
	<i>(percentage of females in population)</i>					
60+	58.8	59.0	58.3	56.4	55.2	54.5
60-64	54.8	55.7	53.6	52.5	51.9	51.7
65-69	57.1	55.8	55.8	54.5	53.4	52.8
70-74	59.0	59.0	59.8	56.9	55.7	54.6
75-79	61.3	61.4	62.4	61.5	58.6	57.4
80+	68.3	65.7	69.2	68.5	67.3	64.4

Source: GSO, Census 2009 and Population Projection 2014-2049

The extent of feminization of ageing in Viet Nam has been the highest in the ASEAN region (Table 6). Among the 10 ASEAN countries, the proportion of females in population aged 60 and over in Viet Nam was the highest in the years 2000 and 2010. This reflected the larger number of male war casualties among the young adults during 1965-1975. Though the percentage of females in the older population is projected to decline until 2035, it will remain the second highest, being lower than only in Cambodia which faced a similar mortality experience as a result of the Pol Pot massacres (1975-79). The proportion of females in the oldest old population has been and will remain the highest in the ASEAN countries. The proportion of females in the oldest old population will peak in 2020 and despite declining after that, will remain the highest in the ASEAN Region.

Table 6: Feminisation of ageing in the ASEAN countries

Country	Percentage of females in population of:									
	Older Persons (aged 60+)					Oldest Old (aged 80+)				
	2000	2010	2020	2030	2035	2000	2010	2020	2030	2035
Brunei D'salam	50.5	51.4	50.7	50.6	50.8	53.0	51.1	58.6	58.1	57.0
Cambodia	55.9	58.8	60.9	58.7	58.0	63.2	61.8	62.0	64.7	66.2
Indonesia	54.8	54.1	53.0	53.9	54.3	61.5	59.7	62.3	62.7	61.1
Lao PDR	54.9	55.5	54.6	54.5	54.8	61.3	60.5	59.7	61.1	60.4
Malaysia	50.9	50.7	51.0	51.6	51.8	53.8	55.0	54.3	55.0	55.3
Myanmar	56.0	56.0	56.2	56.3	56.2	62.1	61.9	62.3	61.9	62.8
Philippines	56.0	55.6	55.4	56.0	56.4	62.9	64.7	63.0	63.5	63.8
Singapore	53.6	53.9	52.4	52.3	52.7	62.7	63.3	60.1	57.6	56.8
Thailand	54.3	54.8	55.3	55.6	55.9	60.1	58.2	60.5	61.5	61.5
Viet Nam	59.6	61.1	58.7	56.9	56.5	69.3	69.5	70.1	69.3	66.8

Source: World Population Prospects: The 2017 Revision

Feminization of ageing calls for giving special attention to older women due to their greater vulnerability. Older women are more vulnerable because they (a) face greater gender discrimination, (b) are more financially dependent, (c) have lower literacy and education levels and (d) suffer greater incidence of morbidity and disability. Moreover, a higher percentage of older women than older men are widowed and being alone in old age increases vulnerability.

2.3.3. RURAL-URBAN DIFFERENCES IN AGEING

There are variations in ageing and in the structure of the older population between rural and urban areas that need to be taken into account in addressing ageing-related issues. As shown in Table 7, the proportion of older persons in the rural areas is higher than in urban areas. This is despite fertility being higher and life expectancy lower in the rural areas². The higher proportion of older population in rural areas can be explained by more young adults than older persons moving out from rural to urban areas for education or better employment opportunities.

Table 7: Rural-urban differences in ageing, 2014

Area	% of population aged		% of females in population		Ageing index	Potential support ratio
	60+	80+	60+	80+		
Rural	10.3	2.2	59.4	66.4	43	9.3
Urban	9.8	1.6	58.2	63.9	45	10.7

Source: GSO, Population Projection 2014-2049

2. Average TFR in rural areas 2.21 compared to 1.88 in urban areas (GSO, 2016).

The proportion of older persons and that of the oldest old are both higher in the rural population. The degree of feminization is higher among the rural old as well as the oldest old. The variations indicate that the rural older population, particularly women, would need more attention. With younger adults moving out of rural areas, the older persons in rural areas are more likely to be living on their own and having less family support. The potential support ratio, i.e. number of persons of working ages (15-64) per one person aged 65 and above, is 9.4 in the rural areas compared to 10.7 in the urban areas. The ageing index, that is the number of older persons per 100 children (0-14 years) is, however, lower in the rural areas. This indicates that rural areas have a higher proportion of children and older persons. This can be explained by the out-migration from rural to urban areas of the adult population of working ages, some leaving young children behind.

2.3.4. REGIONAL DIFFERENCES IN AGEING

The older population is not equally distributed over the whole country and the extent of ageing varies from region to region. It is important to take into account these variations to determine which region may need more attention. Viet Nam is divided into six socio-economic regions: North Midlands and Mountains; Red River Delta; North and South Central Coast; Central Highlands; Southeast; and Mekong River Delta.

Regional differences in ageing are brought out in Table 8. The proportion of older persons in regional population varies from a high of 12.5 per cent in the Red River Delta to a low of 6.6 in Central Highlands. The proportion of the oldest old is also the highest in the Red River Delta and lowest in Central Highlands. Regional variations in the ageing index and the potential support ratio follow the same pattern. Every region is faced with feminization of ageing with females accounting for more than 50 per cent of the older population. Feminization is much higher among the oldest old across all Regions.

Table 8: Variations in ageing across the regions, 2014

Socio-Economic Region	% of population aged		% of females in population		Ageing index	Potential support ratio
	60+	80+	60+	80+		
Viet Nam	10.2	2.0	59.0	65.7	43	9.8
North Midlands & Mountains	8.6	1.7	59.5	68.0	33	10.9
Red River Delta	12.5	2.6	58.2	68.4	55	7.7
North Central Area & Central Coast	11.3	2.6	59.6	65.7	48	8.3
Central Highlands	6.6	1.2	57.3	64.9	23	14.7
Southeast	7.8	1.3	59.6	63.1	37	10.3
Mekong River Delta	10.3	1.8	59.0	61.6	45	9.8

Source: GSO, Population Projection 2014-2049

These differences should be noted in addressing ageing-related issues. Regions with a more aged population would need to give more attention to ageing.

3.

AGEING-RELATED ISSUES

As the population ages, a number of issues arise as a consequence of the changes that occur over the life-cycle. Needs and aspirations undergo change over the life-cycle and do not remain the same from childhood through adulthood to old age. It is important to take note of these life-cycle changes in identifying and addressing issues facing older persons. This is important for countering the increasing risk of social exclusion which older persons face. Overall, social exclusion describes a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state (UNDESA, 2016). Social exclusion is a complex and multidimensional process. There are a number of drivers of social exclusion including poverty, lower levels of education attainment, unemployment, poor health, less accessibility, limited social support. Where social protection systems are not in place and robust, greater numbers of older persons are being put at risk of social and economic exclusion. For ensuring social inclusion of older persons it is important that they have access to adequate employment, income, health care and housing and opportunities to participate equally with others in social, political and community activities. Addressing the ageing-related issues discussed in this Section would be necessary to ensuring social inclusion of older persons at par with the younger cohorts as called for by Viet Nam’s emphasis on the rights-based approach to socio-economic development. While the issues discussed below may be seen to directly affect older persons, these issues also impact on the younger population who have to provide support and care for the older population.

3.1. FINANCIAL SECURITY

One of the main issues facing older persons is lack of financial security. In 2016, the proportion of those living in severe poverty (below half the poverty line income), and below the poverty line increases with age but the incidence of poverty is lower for the 80+ than those aged 70-79 (Table 9). This may be the result of the higher proportion receiving of 80+ receiving social welfare.

Table 9: Incidence of poverty and pension coverage by age

Age Group	Percentage living below:		Percentage covered by:	
	50% of poverty line*	Poverty line*	Contributory pension*	Monthly social allowance**
60+	1.42	8.86	19.4	16.99
60-69	1.36	8.45	20.5	0.95
70-79	2.19	10.10	20.9	
80+	0.75	8.50	14.4	16.2

Sources:

*Author’s calculation from Viet Nam Household Living Standards Survey 2016

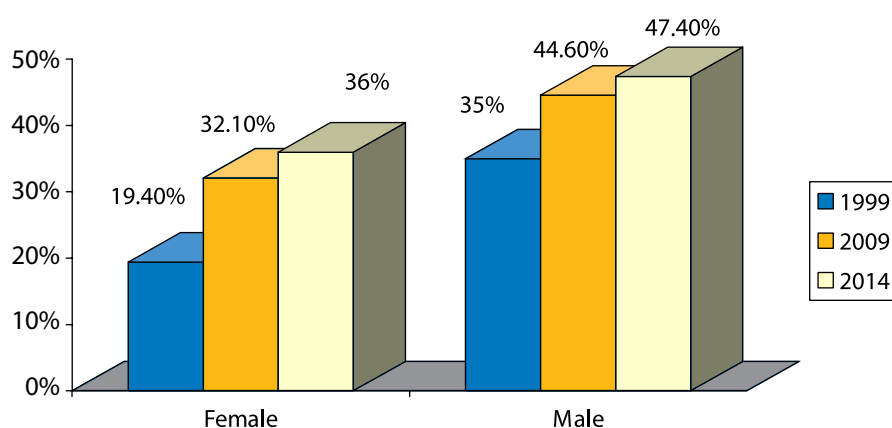
**VNCA annual report 2016 on number of older persons receiving monthly social allowance³

3. This includes older persons who are eligible to receive monthly social allowance as per Clause 5, Article 5, Decree 136/2013/ND-CP

According to VNAS 2011 (ISMS, 2011), the most important source of income for older persons remains assistance provided by their offspring (32 per cent). This is followed by employment income (29 per cent); pensions (16 per cent) and monthly stipends from government (9 per cent). Savings and support from partners and friends account for the remaining 14 per cent of the income of older persons. The survey also showed that only 10.4 per cent of older persons have any savings and the rate does not vary much by age and sex. Most of the older persons reported using savings for medical treatment, and only 10 per cent reported using saving for their children and 8.5 per cent for their daily living. So, the prime concern of older persons is to have and use savings for their healthy life.

With respect to labour force participation, the source of employment income, in 2014 there were 47.4 per cent male older persons and 36% female older persons still working for earning, and among them 54.5 per cent doing simple jobs (UNFPA, 2016). 90% of older persons were doing self-employed and unpaid family worker. The labour force participation rate declines with age: 59 per cent for 60-69 and 41 per cent for group 70+.

Figure 7: Labour force participation of older persons by sex



In 2017, there were 1.7 million new entrants to the labour force while 1.3 million retired. In 2015 there were 9 workers per pensioner and it is estimated that in 2049 this ratio will be only 3.5 workers per pensioner (GSO, 2016). The declining number of workers contributing to pay for social insurance fund will be a big challenge in the coming decades as indicated by the declining potential support ratio.

Currently, there are two financial support mechanisms for the older population: social insurance (contributory pension) and social assistance (non-contributory pension). In 2016, less than 20 per cent of older persons receive a monthly contributory pension (Table 9) and lowest among the oldest old (14.4%), with average amount 3.4 million Viet Nameese Dong (for private sector pensioners) and 4.26 million Viet Nameese Dong (for government sector pensioners). MOLISA annual report in 2016 showed that only 21.3 per cent of workers paying for social security premium. With such low rate paying for social security, older persons in the future will face more difficulties in their life and may also cause heavily burden for state budget. Further, the government regulates the compulsory retirement age of 60 years for males and 55 years for females. However, average retirement age is 56.6 years for males and 52.6 for females as only about 40 per cent workers retire at the fixed retirement age (Institute for Social Insurance Science, 2017). On average, a pensioner lives to receive a pension for 24.1 years following retirement. Early retirement with increasing longevity presents big challenges for social insurance fund as well as for working and social participation among older persons.

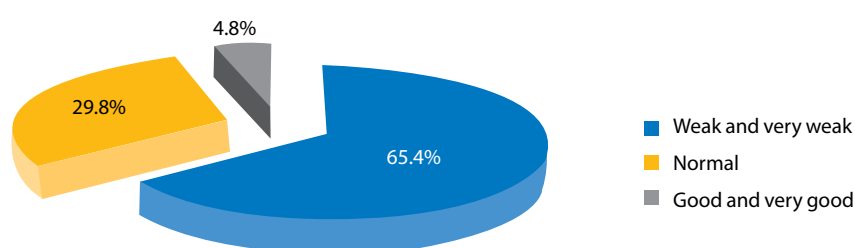
Social allowance is paid by the state to lonely older persons, those living in poor households and those aged 80 years and over, who do not receive pension or other kind of support. In 2016, only 0.95 per cent of older persons aged 60-79 and 16 per cent of those aged 80 and above received monthly social allowance. Though the stipend amounts to an equivalent of 38 per cent of the rural poverty line and 30 per cent of the urban poverty line, the recipients still see it as good income. By the end of 2017, a total of 1.57 million older persons were receiving monthly social allowance and around 1.4 million older persons

receiving monthly war merit support. Thus, around 5 million people in age group 60-79 (not belonging to poor households or having a disability) remained ineligible to receive pension or any monthly stipend from state and faced financial difficulties.

3.2. HEALTH AND DISABILITY

The health status of the Viet Nameese population has improved significantly during the past two to three decades. This is reflected in increasing average life expectancy at birth which, as shown above in Figure 2, has gradually increased and is 70.7 years for males and 76.1 years for females in 2017. Health Adjusted Life Expectancy (HALE) in Viet Nam in men is 63.2 years (with men have 8 years living with disease) and in women is 70 years (women have 11 years living with disease) in 2016 (Ministry of Health, 2017). Figure 8 depicts how older persons assessed their own health in the Viet Nam Ageing Survey 2011.

Figure 8: Self-assessed health status of older persons, 2011



Morbidity among the older population can mainly be ascribed to non-communicable diseases (NCDs) which account for an estimated 87-89 per cent of the disability-adjusted life years (DALY) and 86-88 per cent of deaths by age group (Institute for Health Metrics and Evaluation, 2015). Hypertension, diabetes, cancer and chronic obstructive pulmonary diseases (COPD) are the main NCDs. Data from the VNAS 2011 showed that incidence of hypertension among older people has increased from 16-20 per cent in 2003 to 45.6 per cent in 2011. Also, 5.0 per cent of older females and 6.8 per cent of older males have diabetes.

The incidence of cancers among older peoples has been on the increase. It contributes to 20 per cent of DALY among those aged 60-64 years (Ministry of Health, 2017). This rate decreases with age due to many other diseases affecting people as they advance in age. Chronic obstructive pulmonary diseases (COPD) have a high prevalence rate of 10 to 20 per cent.

The incidence of disability is significant among the older persons and increases with age. The proportion reporting at least one difficulty in activities of daily living (ADL) increased from 28 per cent among those aged 60-69 years to over 50 per cent among those 80 years and over (Ministry of Health, 2017). The incidence of disability is higher among older women. Among those who need help in their daily lives, more than 25 per cent do not receive the help they need, and the proportions are higher among women and those living in urban areas. The need of long-term care is seen to be increasing in the age group of 70 and over especially those aged 80 years and more. Common chronic diseases and non-communicable diseases are the main cause of disability and reduce the quality of life of the older persons.

The health system has changed rather slowly in adapting to the rapidly ageing population. Until the end of 2016, there were only 50 geriatric departments in provincial hospitals and central hospitals and 302 geriatric clinics in the total of more than 800 hospitals in the country. These are only for treatment and waiting times are very long. Periodical health examinations, guidance on healthy ageing and regular health checks at the grassroots level are inadequate, and not covered by health insurance. The grassroots health system (health district and commune/village) is available and has adequate health workers in all communes, but the main function is preventive medicine and referring older patients to medical services. Limitation in medical expertise, no clear payment mechanism, and constrained financial resources make

guidance on prevention and management of health care and treatment of chronic diseases for older persons not effective; even though 81 per cent of older population participate in health insurance (Ministry of Health, 2017).

3.3. SOCIAL CARE

Social care for older persons includes not only the provision of medical services in place, but also social services such as support in activities of daily living, instrumental activities of daily living and other social support to help older persons to increase participation in social activities. These care services may be provided at the home, in the community of residence or at an intensive and long term-care facility. However, most of the older persons prefer home-based or community care.

Table 10: Elements of social care

Components of social care	Concept	Examples
Activities of Daily Living (ADLs)	Basic self-care activities.	Self-care (eating, grooming, Bathing, Dressing, Toileting), Continence, Mobility, Cognition.
Instrumental Activities of Daily Living (IADLs)	Self-care activities needed to live independently	Cleaning house, cooking, laundry, shopping, traveling, going to see the doctor, using the phone, managing money, taking medicine.
Social support	A supportive activity for better social and psychological interaction, provided with basic care.	Helping to feel secure, personal counselling, companionship (such as chatting or reading/ reading, social/ religious activities)

In 2011, about 1.5 million of older persons needed support in ADLs. It is forecasted that by 2019, the number of needing support in ADLs will reach nearly 4 million and by 2049 this figure will be nearly 10 million (of about 33.5 million people aged 60+) (Ministry of Health, 2017). The need for social care will increase as the role of the family in care giving declines, the size of the family becomes smaller and offspring are busy and spread out.

Those who needs social care services mostly are older persons in more advanced ages. A research by the National Geriatric Hospital in 2015 (National Geriatic Hospital, 2016) showed that on average, one older person aged 80 and above had 6.9 diseases. Among the 610 interviewed older people aged 80 years and above, 33.6 per cent were widowed, 8.2 per cent lived alone, and 17.7 per cent lived with their spouses. There were 63 per cent of those interviewed having health insurance card, 28 per cent needed Activities of Daily Living (ADLs) support (such are cleaning, brushing ...), and 90 per cent needed help in necessary activities (shopping, cooking, cleaning the house, washing clothes ...). With the average income of 537,900 VND/month, mainly from social allowance or pension, it was very difficult for these people to get support services from outside.

The current social services system in Viet Nam includes mainly government’s managed social protection centres, social houses, the centres/Units for social work, and some voluntary care in the community. These centres provide care and nursing services only for social assistance beneficiaries, which include only lonely poor older persons. Currently, these centres are home for about 10,000 older people (VNCA, 2016). Thus, most older persons, who are in need, are living in the communities where social care services rarely exist.

In 2015, the Government issued a Joint Circular⁴ to regulating the standards of social worker profession, planning to develop a social worker network to provide care to vulnerable groups (including older

4. Joint Circular No. 30/2015/TTLT-BLĐTBXH-BNV dated August 19, 2015

persons). According to MOLISA in 2017, there were 20 vocational training schools having social work training programs which trained 13,400 social workers. Yet, a network of quality caregivers who provide direct care services for older persons at home or in hospitals has not been developed (public hospital in Viet Nam provide treatment but not care services to patients). Care for older persons are mainly provided by family members, mostly women in the families. With the tendency of people having less children, in many cases, families hire home-based and hospital care services for older person from individual caregivers or domestic workers who have no training. In most cases, such care services have low quality and cause high out-of-pocket money for the families.

3.4. APPROPRIATE LIVING ARRANGEMENTS

In Viet Nam, older persons mostly continue to live with the family and all members look after each other. Older persons still play an important role, looking after children, doing housework and providing guidance for younger members of the family. Cultural and economic conditions help decide options for older persons, whether to live with their child or separately. And with changing conditions, options are also changing. Data from the Population Change Survey 2017 showed that the percentage of older persons who were currently married was 86.4 per cent in older men and 48.5 per cent in older women. The incidence of widowhood is also higher among older women, as 44.2 per cent of older women were reported widowed as against only 11.6 per cent of older men in 2017. There are increasing number of older persons living on their own. In 2014 the proportion of older people living alone was 3.2 per cent among people aged 60 years and older, but was 16.4 per cent among seniors aged 80 years and older. Among older persons living alone, 80 per cent were women and 80 per cent lived in rural areas. Currently, those aged 65 years and above taking care of their parents 90-95 years old is not rare in both urban and rural areas.

Smaller size families from 1 to 4 persons is gradually replacing multi-generation families. The proportion of smaller size families was increasing and accounted for 74 per cent in 2017 (GSO, 2017). Even though older persons were found to be happy due to their children regularly taking care of them, there are more older persons living separately from their children. It is seen that the more educated, more knowledgeable and more experienced older persons want to live more independently, including in institution care (Huyen, 2017).

In 2017, there were 427 institutions for care of older persons, people with disability and orphans. Of these, there were around 20 private homes (mostly in big cities), which provided care for older persons with very high out-of-pocket payment of around USD 400-1000 per month. Only lonely older persons having no family can be admitted to public social institution funded by government. In 2017, of 11 million older persons national wide, around more than 10,000 were staying in public and private care centers. Some pagodas and churches also provide support for a limited number of lonely older persons. Private nursing homes for older persons are expanding very slowly, as there are no incentives given for setting these up in the form of tax concessions or loans for construction.

According to the Ministry of Construction, urban planning policies have indicated social institution to include schools, kindergartens, health facilities and did not specify nursing homes and care centers for older persons. Therefore, proposals from private sector for building a nursing home often received feedback from local authorities that there was no planning for such facilities, and thus cannot be implemented. Further, it's not clear which government agency is responsible for developing nursing home planning.

Experience from other counties showed various models for care centers for older persons, including: day care centers and nursing homes without health care services; nursing homes with health care services, and long-term care centers for older persons who having long-term difficulties such as those having dementia. However, the is lack of guidelines and regulations from the related ministries (MOH and MOLISA) on establishment and functions of nursing homes and care centers, making it difficult for the development of this kind of service.

3.5. ENABLING ENVIRONMENT

Enabling environment is one of the three priority pillars of the MIPAA launched in 2002. A friendly enabling environment for older persons includes proper housing and infrastructure design as well as affordable housing and travel costs consistent with the needs of older persons. The government and social organizations have supported the goal of not having older persons living in dilapidated houses. According to recent provincial reports, only 0.45% of the total older persons living in a dilapidated house. However, increasing attention should be paid to housing safety for older persons (electric safety, boiling water, preventing falling, etc.).

The age-friendly environment is intended to create an environment for physical and social activities for older persons. Access to physical environment such as visiting neighbours, access to outside public space and public transport system all constitute an environment in which older persons are facilitated to move on their own when they like without risks of getting hurt. For this purpose, it is important that infrastructure be designed keeping in view the needs of older persons – such as well paved walkways; sufficient lighting on streets and elevators instead of stairs. Also public facilities like toilets should be designed in accordance with the needs of older persons.

According to the Law on the Elderly, older persons receive discounted tickets for public transport, participation in cultural activities, sporting events and for access to public places. Regulations in public places are aimed at creating favourable conditions for older persons to participate in activities. According to the annual report of Ministry of Transport, only a few state-owned companies and provinces/cities can reduce the price of air tickets, train tickets, ship tickets and tickets to scenic spots, while private sector enterprises have not introduced such discounts.

In 2018, the Government issued Decision No. 691/QD-TTg on promulgating the criteria of the new rural programme for the period 2018-2020 to improve infrastructure, address pressing problems, solve social issues. Some criteria in the programme has considered older person issues, such as the criteria on production-income-poor households which included for households with older persons in the target group, and the criteria on education-health-culture which included criteria on health examination, treatment and management for older persons at Community Health Station. However, ageing population issues were not integrated systematically in the programme and in rural development despite the fact that 65 per cent of older persons are living in rural areas (PCS 2017).

Creating a friendly environment for older persons also includes developing public open spaces for outdoor activities and cultural venues (such as parks, gardens, playgrounds in condominiums, village culture house, etc.) where older people can meet and participate in fun activities. However, urban and rural development plans have not paid much attention for building these facilities.

3.6. LONELINESS AND ISOLATION IN OLD AGE

The incidence of loneliness and isolation tends to increase with age. As people grow older, their health, mobility and activity status generally decline. They become less mobile, their peers (friends and relatives) die, while hearing loss and other physical limitations make it harder to communicate with others. Moreover, older persons are often reluctant to even try to make new friends. As a result, with advancing age, an increasing number of older persons are seen to feel increasingly isolated and lonely. While being left alone has its risks in case an emergency arises, the fact of being alone itself is detrimental to mental health and general well-being. Losing one's spouse in old age is a very crucial factor in giving rise to feelings of loneliness and hence older females, due to the higher incidence of widowhood, are more vulnerable to isolation and loneliness. While living in an extended family during old age can help avoid loneliness and isolation, it may not always be the case if younger family members neglect or shun the older ones. Moreover, with the institution of nuclear family gaining popularity, incidence of loneliness and isolation among older persons has been on the increase.

The Government realizes the issue of isolation and loneliness among older persons. An important measure towards remedying isolation and loneliness has been promoting the formation of Older People's Associations (OPA). An OPA is a community-based organisation aimed at improving the well-being of older people through collective activities organized by the older people themselves. OPAs provide older persons a forum for meeting and discussion of relevant issues and make older people more active and happy. They also provide older persons with opportunities of organizing various activities and therefore interact amongst themselves and with younger people. OPAs also serve as a channel of communication between older persons and the Government which can use OPAs to seek opinions of older persons on various issues.

The Viet Nam Association of the Elderly (VAE), founded in 1995, has been responsible for OPAs. The VAE has 11,000 OPAs at district level and about 100,000 branches at village level⁵. With more than eight million members across the country, VAE conducts many activities for care and promotion of older people in Viet Nam (longevity ceremony, rights protection, establishing clubs, advocacy, etc.) and contributes much to community and society. At present, Viet Nam has nearly 60,000 sport, exercise, art, professional and entertainment clubs with the participation of more than 2.5 million older people.

A special model of OPAs is the multifunctional Inter-Generational Self-Help Clubs (ISHC). This model, developed by HelpAge International, includes elements of microcredit, livelihoods, health promotion, rights and entitlements and more. However, the coverage of ISHCs remains limited with about 1,000 ISHCs in 17 provinces. The ISHC model has been recognized by the government and donor agencies as a vibrant mechanism for community-led development and needs to be replicated across the country. In August 2016, the Prime Minister of Viet Nam officially approved the plan on the replication of the ISHC model throughout the country as a result of which 3,200 ISHCs will be added and coverage extended to at least 63 provinces and cities.

3.7. ELDER ABUSE AND VIOLENCE

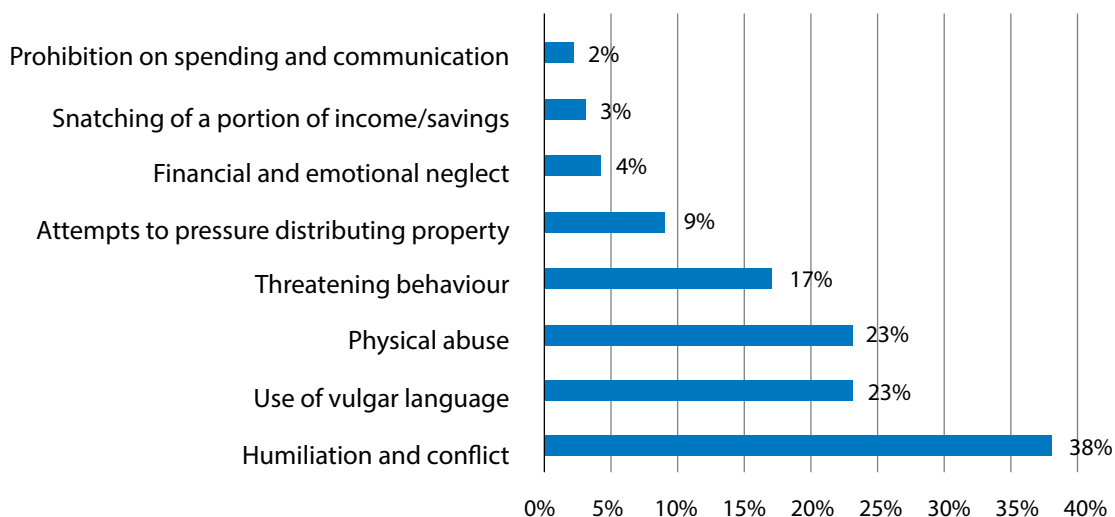
Elder abuse is the ill-treatment of older persons by those who are supposed to provide care for them, whether they are family members or other caregivers. Violence against older persons covers crimes targeting one or more older persons. Elder abuse can take many forms: verbal abuse (shouting, insults and use of bad language) or physical abuse (beating, pushing, slapping); or emotional abuse such as bullying, infringement of independence or privacy; financial neglect; inadequate attention to health care and diet; and extortion. Ageism and negative imaging of older persons also falls under elder abuse.

Respect for elders is deeply entrenched in Viet Namese culture and there is no place in it for elder abuse. As such, elder abuse could have been virtually ruled out two decades ago. However, the rapid increase in the older population resulting in an increasing care burden on younger family members can cause them stress which at times erupts in elder abuse. Reporting or even admitting incidents of elder abuse is a taboo as it is considered a private matter to be kept within the family.

There were only few studies and evidence on elder abuse in Viet Nam. In 2007, 7.3 per cent of older persons reported having been subjected to abusive behaviour or neglect at any time (Research Institute on Older Persons, 2007). And in 2012, 11.6 per cent of older persons reported having ever experienced abuse from their offspring and 7.9 per cent reported having experienced abuse from their children over the past 12 months (Ministry of Culture, Sports and Tourism, 2013).

5. This paragraph draws heavily on: [http://ageingasia.org/ageing-population-Viet Nam/](http://ageingasia.org/ageing-population-Viet-Nam/); and [http://ageingasia.org/Viet Nam-plan-to-expand-intergenerational-self-help-club-model-nationwide/](http://ageingasia.org/Viet-Nam-plan-to-expand-intergenerational-self-help-club-model-nationwide/).

Figure 9: Most recent acts of abuse experienced by older persons



Source: Viet Nam Domestic Violence Survey 2012

As shown in Figure 9, represented the most recent acts of abuse experienced by older persons was humiliation and conflict (38 per cent), followed by use of vulgar language (23 per cent) and physical abuse (23 per cent), and threatening behaviour (17 per cent). Financial abuse was also common, including act of attempt to pressure distributing of property, snatching of income, or neglecting to provide financial support, and was happening mainly in families with difficult economic conditions. Many cases of elderly abuse have been reported in social media, yet there is lack of official data from the law enforcement authorities. Abuse and violence against older persons is critical and need to have more data and evidence, and various type of protection and support, including financial security, to prevent and eliminate.

3.8. ATTENTION TO OLDER PERSONS IN EMERGENCY SITUATIONS

In all forms of emergency both man-made and natural disasters, older persons are more vulnerable due to their health status and lack of common concern for them in the whole society. Globally, in 2005, there were 2.7 million people live as refugees or evacuees. The consequences of many natural disasters also show that older persons' mortality is higher than that of other groups, thus reflecting their vulnerability. For example, during the Hurricane Katrina in the United States in 2005, 75% of deaths were from older persons, while older persons account for only 16% of the population. During Hai Yen storms in 2013 in the Philippines, 40% of the deaths were among older persons, while the older persons accounted for only 8% of the population in the Philippines. In Japan, 70% of deaths from floods in July 2018 is 60+. As a result, disaster preparedness plans must always pay particular attention to the relief efforts of older persons, children, women and other vulnerable people.

In Viet Nam, the Law on Disaster Prevention and other related policies stipulated on providing priority relief to vulnerable groups, including older persons, children and women. However, there is lack of data and information on the consequences of disasters á well á the results of relief on older persons in Viet Nam. Report on damage caused by natural disasters in the first 6 months of 2018 in Viet Nam provided many detailed information on damages of land and houses, number of injured, death and missing, yet the data was not disaggregated by age. Also, issues such as priority legal provisions for the relief of older persons and children, the mobilization of the participation of older persons in disaster relief, the collection of disaggregated data for various each affected group are not available.

3.9. INTERGENERATIONAL RELATIONS

In Viet Nam, about 30 per cent of households are multi-generational with older relatives, mostly parents, and younger relatives living together. Around 10 per cent of three-generation households acknowledged inconsistencies in living standards, money management and spending, doing business and family economic development, as well as child education (Ninh, 2015).

Currently, it is becoming increasingly common for adult offspring to live separately to their parents, and to pay frequent visits to their parents and grandparents. Data from Viet Nam Families Survey 2006 (Institute for Family and Gender Studies, 2006) showed that 95.9 per cent of adult offspring visited their parents or grandparents who were living separately over the past 12 months. Children of older persons in urban areas pay more frequent visits to their parents than in rural areas. More than 90 per cent of the older persons said they support their children in at least one of the following forms: economic support (contributing to income generation and financing for their children and grandchildren), experience sharing (sharing business experience sharing, guiding on social behaviour and parenting), and family care (housework and childcare).

The Law on the Elderly stipulates duties and responsibilities of the family, mainly the son/daughter and children to support and care for elderly father/mother or grandparents. So far, these responsibilities are primarily ethical values, regulated by public opinion, by the “court of conscience”. The older persons want to live mainly in the extended family because parents and children can help each other, can maintain family morality and fun with grandchildren. Moreover, for health reasons, living on their own is very detrimental to older persons, because the family is always the basic support for all members of the family. However, while 72 per cent of parents prefer to live with sons (72.3 per cent) when being old, the trend is shifting more from the traditional extended family to nuclear family (Institute for Family and Gender Studies, 2011).

Sharing joy in life is especially important for older persons. Data from Viet Nam Families Survey 2006 also showed that 37.5 per cent of older persons reported that they usually talk, confide with their spouse, 24.8 per cent confided, talked with children and 12.5 per cent confided to friends, good neighbours. There is almost no difference between urban and rural areas. Older women often talked to their children (37 per cent), while older men mostly talked to their wives (56 per cent).

There is a psychological difference between old and young people. Older persons live more in the past, while young people look to the future. However, while the past and the present are not easy to connect, the present is consistent with all age groups. And older persons and the young have different views in the daily relationship, and that is the reason that even family members, parents and children sometimes have controversial misunderstandings. Generation gap is a reflection of the psychology of life. Intergenerational conflicts result from these differences but older people often fail to understand, while the young people see the difference is very clear.

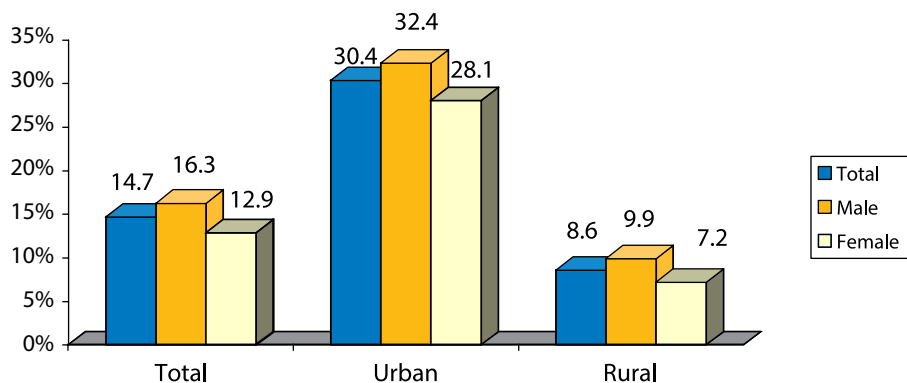
Policies on encouraging participation in volunteer activities for all age groups (both young and old), organizing forums and maintaining community bazars need to be considered and sustainable to promote exchanges between OP and other groups to contribute towards stabilizing the community and making life happier for all.

3.10. PREPARING THE YOUNGER POPULATION FOR OLD AGE

Taking a life cycle approach, preparing for old age from young time is very useful for a better life in old age and reducing the burden that may cause if unprepared otherwise. Looking at older people and the difficulties they face, young people can imagine life when they get past 60 and continue to grow older for years. The major issues faced by older persons have been identified in this report. These are financial insecurity, poor health and disability, lack inadequate accommodation; limited mobility and increasing dependence on others, etc. People can be helped to plan their working lives to minimize these

risks as they age. Financial hardship can be reduced by properly investing in savings and participating in insurance, retirement plans and guaranteed income old age. A healthy lifestyle that includes proper diet, proper diet, regular exercise and periodic health check-ups can contribute to a healthier lifestyle in old age. Therefore, younger people can be helped to prepare for a better life in old age.

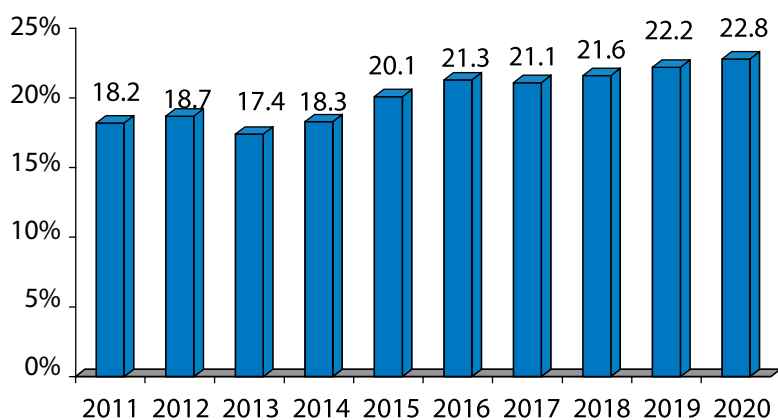
Figure 10: Percentage of trained labour force with technical qualifications by area and sex, 2016



Source: Gender Statistics in Viet Nam 2016 (GSO, 2016)

Viet Nam, as well as other countries, where ageing is a relatively new phenomenon, have not paid much attention to this aspect. Viet Nam is still having a demographic dividend with large young labour force, and this could be a good opportunity for the country to take advantage of this demographic situation to prepare for the aged population in the future. Younger persons should be prepared physically, mentally and financially for life in the old age to facilitate the task of addressing issues related to ageing. With the older population, the greater the proportion that are prepared for older age, the lower the need for intervention and support from the government. Well trained labours can get good jobs and salary forecast for bright future. However, as shown in Figure 10 there were only 14.7 per cent of the labour force were trained workers with technical qualifications in 2016. The National Strategy on Gender Equality for the period 2011-2020 states that: “The rate of rural female labourers aged below 45, who have undergone vocational and technical training, is expected to reach 25% by 2015 and 50% by 2020” (objective 2, indicator 3). But the actual achievement has been lower. The percentage of trained labours were also lower in rural areas and among females.

Figure 11: Percentage of workers paying social insurance premiums , 2016

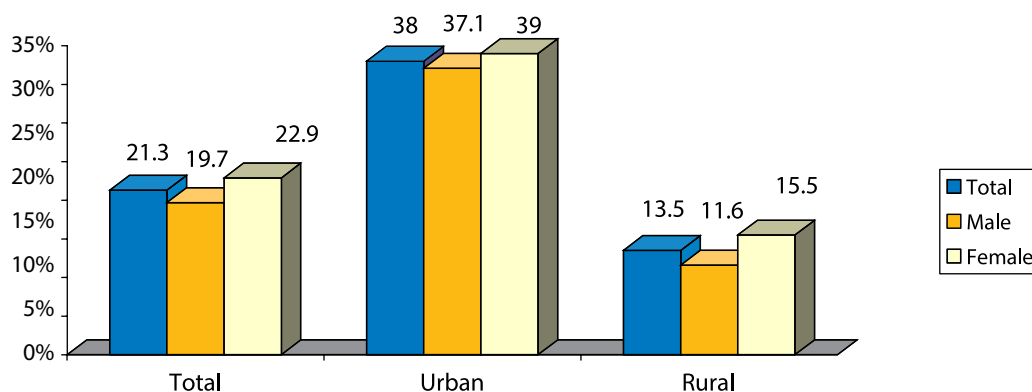


Source: Gender Statistics in Viet Nam 2016 (GSO, 2016)⁶

6. Data for 2017-2020 were projected.

The percentage of workers paying social insurance premiums was low, standing at 21.3% in 2016. There was a large gap between urban and rural areas. The proportion of labourers paying social insurance premiums in urban areas was 24.6%, higher than that in rural areas. This rate was always higher among women than men. According to the Oriental tradition, women's roles are associated with motherhood, with care responsibility for their families. Social insurance provides many entitlements for labourers, especially maternity benefits for women. This can partly explain the higher coverage of social insurance among women than among men.

Figure 12: Percentage of employees contributing to social insurance by area and sex, 2016



Source: Labour Force Survey 2016 (GSO, 2016).

Regarding participation in social insurance in 2016, although the labour force (15-59) was about 54.5 million, only 21.3 per cent paying for social insurance; among that only 0.3 million are participating in social insurance voluntarily). Out of nearly 600,000 enterprises registered at tax authorities, only 230,000 enterprises participate in social insurance (Government of Vietnam, 2016). Therefore, the aim of 2020 to achieve 50% of the rate of social insurance workers⁷ in Viet Nam will face many difficulties. At the same time, the number of workers who asked to receive one-time lump-sum social insurance is 5 time higher to those who would like to receive monthly pension. If this situation continues, the older people in the next decades will face many difficulties, and may cost a lot of state resources.

Harmful habits and lifestyle in young age will result in unhealthy older population in the future. Data from the National Survey on the Risk Factor of the Non-Communicable Diseases (STEPS) Viet Nam 2015 (Ministry of Health, 2016) reported that 70 per cent of men and 11 per cent of women drank alcohol or beer in the past month (45 per cent in both sexes, increased from 37 per cent in 2010). Half of men drink alcohol at harmful levels to their health. The data also showed that 60 per cent of Vietnamese people do not eat enough vegetables and fruit, and nearly 30 per cent of the population was lazy to walk and exercise, resulting in an alarming increase of obesity, diabetes and hypertension. It is unsettling that after 5 years, the rate of physical activity of Vietnamese (average intensity of at least 150 minutes/week) decreased from 30 per cent to 26 per cent, in which the rate in men decreased sharply from 28 per cent to 19 per cent, while there was no change for women (28 per cent). Due to many factors, obesity in Vietnam increased rapidly from 12 per cent in 2010 to 17.5 per cent in 2015. Every year, Vietnam has more than 350,000 people die from non-communicable diseases (NCD), of which 70,000 died of cardiovascular disease and 66,000 cases of diabetes were reported. Total NCDs account for nearly 70 per cent of the total burden of disease. Therefore, prevention of non-communicable diseases is becoming one of the top priorities in Vietnam, and the focus is on prevention from a young age, that is effective solution for preparing for healthy ageing from young time.

7. Resolution 15-NQ/TW on Social Policies for the period 2012-2020

4.

ADDRESSING THE AGEING-RELATED ISSUES

The pace of ageing and the significance of the older population are projected to increase as described in section 2. As a result, a wide range of ageing-related issues as discussed in Section 3 are going to emerge not only increasingly affecting older persons but also impacting on other groups of the population. These will need to be effectively addressed to guarantee the rights of older persons and ensuring their social inclusion. This would be essential to maintaining political stability and social harmony which in turn are a *sine qua non*⁸ of sustainable development.

4.1. GOVERNMENT RESPONSES SO FAR

The Government has been cognizant of these trends in population ageing and of the increasing number of older persons. As such, it has shown full awareness of its Constitutional responsibility deriving from Article 59 (2) of the Constitution of the Socialist Republic of Viet Nam:

“The State shall create equal opportunities for citizens to enjoy social welfare, develop a system of social security, and provide a policy assisting the elderly, the disabled, the poor –and people with other difficult circumstances.”

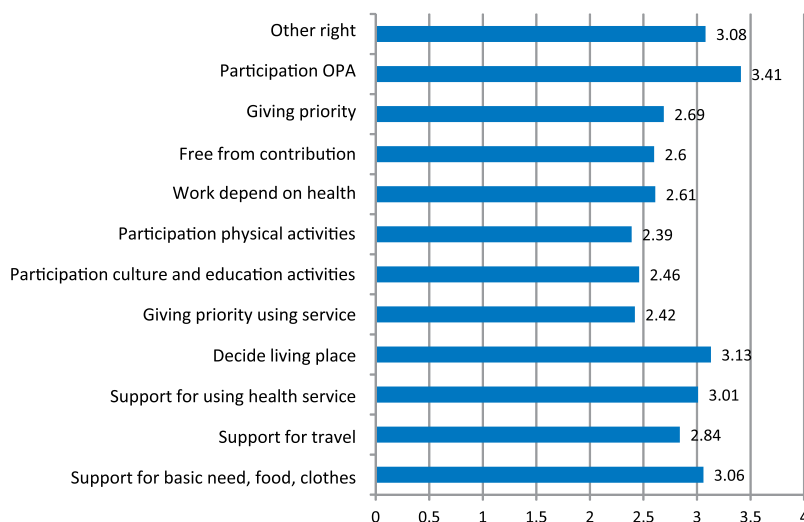
In the year 2000, it promulgated an Ordinance on Elderly People.⁹ The Ordinance incorporated provisions for support and care for older people, promotion of older people’s role in the cause of national construction and defence, state management of the elder-related work and other related matters. The Ordinance was repealed and a more comprehensive Law on the Elderly 2009 enacted, coming into effect on 1st July 2010. The Law guaranteed the rights of the elderly and laid down the responsibilities of the State as well as other agencies, organizations, families and individuals towards them. In 2012, the Government approved the National Action Program on Older Persons 2012-2020. The objective of the programme is to promote the role of older persons and improve quality of care. The programme sets specific targets in various areas such as health care, social protection, housing and promotion of active ageing.

However, measures taken to date by the Government have focused exclusively on the older persons and their concerns. The Ordinance, the Law and the Action Program targeted exclusively the older persons. Moreover, while all these policy instruments have been comprehensive in coverage, there have been shortfalls in implementation as is evident from the results of an evaluation by older persons themselves of the implementation of the Law (MOLISA, 2015) as shown in Figure 13. Lack of coordination and well-defined demarcation of responsibilities between different departments coupled with inadequate funding and human resources have resulted in significant shortfalls in coverage of information, services and benefits. Information dissemination of policies and legislation on older people has not been timely. In many areas discounted fares and fees have not been applied. Only one third of older persons have priority in arranging seats when using public transport. Primary health care is provided by health communes but only a small low proportion of the elderly have health insurance cards registered for medical examination and treatment is a barrier to health care. Poor transportation, shortage of equipment at medical facilities and the negative attitudes and behaviours of medical staff discourage older persons from accessing health services. Nevertheless, there have been successes and many good models and experiences in localities which have however not been replicated and deployed due to lack of funds to implement.

8. *Essential*

9. *Ordinance on Elderly People (No.23/2000/PL-UBTVQH10 of April 28, 2000)*

Figure 13: Evaluation by older persons of implementation of the Law (maximum 4 points)



In other plans and policies, the issues relevant to older persons are addressed within a broader context rather than with specific attention being paid to them. Ageing issues have been considered a priority in Viet Nam’s Socio Economic Development Strategy (2011-2020), as well as the Socio-Economic Development Plan, 2016-2020. The Strategy referred to the need to “provide healthcare for the elderly”. Within its primary objectives and solutions, the Plan mentions paying “more attention to family issues, health care for the elderly and promote their roles”. Furthermore, issues facing older persons have been addressed in several of the sectoral strategies. The National Strategy of Social Security (2011-2020) underlines the needs of building up comprehensive social security mechanisms, health care and social assistance for elderly to better address their economic, social risks and health. The Strategy of Population and Reproductive Health (2011-2020) focuses on some priorities, including strengthening elderly primary health care system. The Strategy for Family Development (2020 – vision 2030) focuses on strengthening interfamily relationships, household economy development, family data base, family research and assessment which includes attention to elderly matters in the family.

4.2. FUTURE COURSE OF ACTION

In 2017, the 12th Communist Party of Viet Nam Central Committee (CPVCC) at its 6th Plenary Meeting adopted a Resolution which, among others, highlighted that:

“Population work must pay attention to all aspects of population size, structure, distribution, particularly population quality and consider them in the organic relationship with elements of economics, society, national defence, security and sustainable, rapid development assurance”.

Without specifically mentioning the increasing pace of ageing in the country, the Resolution drew attention to the need for considering all aspects of population change in the organic relationship with elements of economics, society and rapid development.

By pointing to the need for looking at the size, structure and distribution of the population and its relationships with socio-economic development, the Resolution pointed to the need from shifting the exclusive focus on older persons to addressing all ramifications of ageing for the Viet Nameese population. The number of older persons is projected to grow at an increasing rate for the next few decades. Ageing-related issues which were non-existent or hardly significant only a few years ago have started emerging, as highlighted in Section 3 above, and will continue to assume increasing seriousness. These will need to be addressed on a priority basis to alleviate the effects of population ageing on all sections of the population and all sectors of the economy.

At the end of 2017, the Prime Minister signed Resolution No 137 promulgating the Government’s Program of Action on Population. This Resolution provides guidelines on putting in place a network for improving

the quality of population services. It identifies the responsibility of each Ministry and highlights the ageing-related issues that each Ministry would need to address. These issues include health care; encouraging participation in economic and social activities; ensuring an age-friendly environment; providing discounts to older persons; and putting in place appropriate housing, infrastructure and transport facilities. The Resolution thus highlights the same issues as discussed in section 3 above. Also significant is that it calls for planning of actions for implementation to be completed during 2018-2020. This paper falls in line with this timeline as it suggests that new Policy for Ageing should be initiated on the completion of the current Action Program which comes to an end in 2020.

The Resolution also calls for multiplying the model of intergenerational club throughout the country. This recognizes that the younger population will be increasingly affected by the need to provide and care for on average a larger number of elders. Families having to take care of parents and older relatives will have to be provided various forms of assistance. Focussing only on older persons will have to be extended adopting a life-course approach. The younger population will have to be better prepared to enter old age in a healthier and financially more stable condition so as to facilitate the task of addressing issues facing the older population of the future. For this the Government should consider formulating a comprehensive ageing policy, a move now discernible in the ASEAN region.

4.3. GOVERNMENT INITIATIVES ON AGEING IN OTHER COUNTRIES

At the turn of the century, the Second World Assembly on Ageing (Madrid, April 2002) drew the attention of less developed countries across the World to the imminent advent of population ageing sooner or later and provided recommendations for action in the Madrid International Plan of Action on Ageing (MIPAA). The Plan was endorsed by 159 countries including Viet Nam. Following this endorsement, many countries initiated legislation and plans and programmes of action for addressing issues facing older persons.

A number of countries, including those in the ASEAN countries, introduced legislation and action programmes focusing on older persons. Table 11 summarizes information on selected initiatives taken by ASEAN countries.

Table 11: Ageing policy initiatives in ASEAN countries

Country	Initiative on Older Persons or Ageing
Cambodia	National Policy for the Elderly (2003) National Ageing Policy 2017-2035 (2017)
Indonesia	National Plan of Action for Older Person Welfare Guidelines 2003 National Plan of Action for Older Person 2009-2014 National Action Plan for Elderly 2016-2019
Lao PDR	National Policy for the Elderly (2004)
Malaysia	National Policy for the Elderly (1995-2005) (2010-2015)
Myanmar	National Plan of Action on Ageing 2014
Philippines	Philippines Plan of Action for Older Persons (1999-2004) National Action Plan on Senior Citizens (2006-2010) Philippines Plan of Action for Senior Citizens (2011-2016)
Thailand	First National Plan for Older Persons (1982-2001) Second National Long-term Plan for Older Persons (2002-2021)
Viet Nam	National Action Plan on Elderly People (2012-2020)

From Table 11, it is clear that Malaysia, Philippines and Thailand had initiated action relating to older persons earlier but most ASEAN countries introduced measures soon after the Madrid Assembly on Ageing (2002). Policies and plans of action remained focussed mostly on the older persons often referred to as “elderly”. Myanmar, the last to initiate action (in 2014) launched a Plan of Action on Ageing. When revising its National Policy for the Elderly (2003) in the light of the accelerating pace of ageing, Cambodia decided to broaden the focus and renamed the revised version as the National Ageing Policy on the grounds that it was becoming important to address the wider impact of population ageing.

Many of the policies and plans have taken into consideration the implications of differences in age and gender as well as residence (rural-urban) in addressing the issues facing older persons. For example, Cambodia’s National Ageing Policy recognizes that with age, several issues facing older persons assume greater significance. The incidence of morbidity as well as of disability among older persons increase with age requiring greater attention to those affected including the provision of long-term care. Financial insecurity among older persons increases with age as labour force participation rate declines with advancing age. The Policy also emphasized the need for special measures to address issues facing older women due to their greater vulnerability. Myanmar’s National Plan of Action on Ageing too takes cognizance of population ageing being more in the rural areas where the rural old face higher risks of social isolation which need to be addressed. Australia’s National Ageing Strategy refers to the special health care needs of the oldest Australians as well as to the need for paying greater attention to older persons in rural and remote areas.

In addition, to the experience of ASEAN countries, there is also the experience of other countries such as China, Japan, South Korea, Australia and Canada which can be valuable for Viet Nam. The proportion of older persons in China was around 6 per cent in 1970. As a result of a rapid decline in fertility as a consequence of China’s one-child policy, fertility levels fell drastically and older population now constitutes 16 per cent of the population. China has addressed ageing-related issues through various sectoral policies coordinated by the China National Working Commission on Ageing. Viet Nam can draw on China’s experience particularly in the area of “ageing in place” as China seeks to encourage families and communities to accommodate and look after older persons and minimize institutional care.

Japan’s population began to age later. However, due to its rapid ageing, the proportion of population aged 60 years and over is the highest in the world and exceeds 33 per cent. Japan, too, has addressed ageing-related issues through a set of coordinated sectoral policies. The issue of older persons living alone has assumed serious dimensions and other countries can learn from Japan’s response of introducing monitoring of lonely older persons through electronic devices. This monitoring enables an older person living alone to be attended to in case of any emergency. Policies in South Korea are now focused on increasing fertility to arrest the pace of population ageing in the long-run.

Australia has a very long experience in dealing with population ageing: the percentage of population aged 60 years and over was already more than 10 per cent in 1950 and now exceeds 20 per cent. Australian experience bears testimony to the justification for a comprehensive policy to address ageing-related issues. In his opening statement to the country’s National Ageing Strategy 2001 (Australian Ministry of Ageing, 2001), the Australian Prime Minister explained that:

“The ageing of the Australian population is something that will touch all facets of our personal and community lives. The challenges flowing from this inevitable demographic change will have significant implications for all sectors of our nation. The National Strategy for an Ageing Australia has been developed to provide a coordinated national response to issues surrounding population ageing. It will serve as a strategic framework to underpin the Government’s leadership role in encouraging the development of appropriate economic and social policies.”

In Canada, following calls for a comprehensive ageing strategy,¹⁰ the Government recently (August 2018) added a Minister of Seniors in the Federal Cabinet. The Minister will be able to oversee the formulation and implementation of a cohesive National Ageing Strategy.

10. Blaney, R., “Canada should have national seniors strategy”; *The Hill Times*, (Ottawa, May 3, 2017)

5.

FORMULATING A NATIONAL POLICY ON AGEING

To effectively address the wide ranging ageing-related issues expected to increasingly emerge the country, the Government of Viet Nam should also consider formulating a medium term comprehensive ageing policy of, for example, fifteen years' duration to come into effect when the current Action Program on the Elderly comes to an end in 2020. A National Policy on Ageing 2021-2035 would be a step in the right direction. The Government should consider formulating a comprehensive policy on ageing under the overall direction of the Viet Nam National Committee on Ageing (VNCA).

5.1. NATIONAL AND WIDER CONTEXT

In addressing ageing-related issues it would be important to keep in view the overall national as well as international context. The formulation of the policy would have to take into account relevant existing instruments such as the Law on the Elderly 2009 and the National Action Plan on Older People (2012-2020). The policy would also have to be framed within the broader context of other national and sectoral policies and plans. Hence, ageing-related provisions in Viet Nam's Socio Economic Development Strategy (2011-2020), as well as the Socio-Economic Development Plan for the period of 2016-2020 would have to be considered. Responding to ageing-related issues should also be taken into account in developing for the next Viet Nam's Socio Economic Development Strategy 2021-2030. Furthermore, issues facing older persons have been addressed in several of the national strategies such as the Population and Reproductive Health Strategy, Health Policy, and other sectoral policies and strategies. The Ageing Policy should complement these strategies and policies.

In addition, the Policy would have to be designed keeping in view Viet Nam's commitment to various international and regional initiatives which it has endorsed. These include, for example, the Programme of Action of the International Conference on Population and Development (Cairo, 1994); the Political Declaration of the Second World Assembly on Ageing (Madrid, 2002) and its International Plan of Action on Ageing (MIPAA). The Policy will need to keep in view the implications of Viet Nam's endorsement of, among others, the Sustainable Development Goals; the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1992; and the Convention on the Rights of Persons with Disabilities (CRPD), 2006.

At the regional level, Viet Nam is committed to the Macao Plan of Action on Ageing for Asia and the Pacific (1999), the Shanghai Regional Implementation Strategy on Ageing (2002), and the WHO Regional Strategy for Healthy Ageing 2013-2018. It also endorsed the Asian and Pacific Ministerial Declaration on Population and Development 2013. In addition, as a member of ASEAN, Viet Nam is committed to the Kuala Lumpur Declaration on Ageing adopted at the 27th ASEAN Summit in 2015. The Declaration calls on member states to, among others, mainstream ageing issues into policies and development plans and strengthen families and communities to deliver care for older persons.

5.2. GUIDING PRINCIPLES OF THE AGEING POLICY

Implementation of any programme directly affecting people involves sensitivities which need to be kept in view. This becomes even more important in the case of measures affecting older persons who are prone to become more sensitive with age. It is therefore crucial that the policy follows a life-cycle and rights-based approach ensuring that older persons have the same rights as other population groups. Hence, formulation and, even more so, implementation of the ageing strategy should take the following into consideration:

- **Culture:** Viet Nam’s deep-rooted culture and traditional practices inculcate respect for older persons and ensure they are valued. All generations should be encouraged to view ageing and older persons positively.
- **Family:** While primary responsibility for care and support for the elderly rests with the family and “ageing in place” is the ideal and needs to be encouraged, support from community and government would also be required in certain cases.
- **Equality:** Older people are equal with other citizens and have rights, as conferred by law and international commitments.
- **Diversity:** Older persons are diverse, and policies and plans should take that diversity (for example, of age, gender, economic status and region) into account, based on evidence.
- **Gender:** Women constitute a majority of the older population and are generally more vulnerable. Hence they deserved special attention and the Policy should consider Viet Nam’s commitment to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).
- **Positivity:** With increased healthy life expectancy in an ageing population, older persons should be increasingly seen as a resource to the family, community and nation and facilitated to contribute.
- **Mainstreaming:** Viet Nam’s population is ageing and this affects all aspects of government policy and society, not only older persons. The Policy should advocate for all government policies, plans and programmes to take into account the impact of population ageing.
- **Commitments:** The Policy should help Viet Nam in upholding its commitment to national, regional and international commitments in relation to ageing.



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5.3. SUGGESTED VISION AND GOALS

5.3.1. VISION

A long-term Vision for the Policy could be: ***To ensure continuous improvements in the quality of life of the people, especially older persons of the present as well as of the future, toward successful ageing.***

5.3.2. GOALS

- To ensure the social inclusion of older persons by providing them opportunities to lead a dignified, healthy, active and independent life with guarantees of freedom from poverty and abuse.
- To prepare younger persons to enter old age with confidence and a positive attitude in good health and a sound financial position.

6.

OBJECTIVES AND STRATEGIES

To ensure attainment of the Goal, the Policy will have to address the ten major issues likely to arise and intensify with the progress of ageing as identified in section 3. Suggested objectives and examples of strategies to address each issue are given in this section. The issues, objectives and strategies are not arranged in order of priority and should be considered equally important.

6.1. ISSUE 1: FINANCIAL SECURITY

Objective 1.1: To facilitate older persons wanting and able to work in finding productive employment.

Strategies:

- (a) Establishing job centres for older workers to approach for assistance in finding employment.
- (b) Advocating against age-based discrimination in employment and establishing a legal framework for protection against age discrimination.
- (c) Providing retraining opportunities for older persons to upgrade their skill levels and acquire newer skills to enable them compete in the emerging jobs market.
- (d) Sensitizing the younger generation that the role of older persons is not to look after grand children and doing housework but to engage in productive employment if they can.
- (e) Raising the mandatory retirement age for both males and females.
- (f) Facilitating the access of older persons to credit for setting up their own businesses.

Objective 1.2: To ensure older persons in need receive social protection, social welfare and family support.

Strategies:

- (a) Lowering the age of eligibility of social pension from the current 80+ and increase the amount of monthly stipend paid to those eligible for social welfare.
- (b) Increasing the number of workers engaged in jobs having contributory pension schemes so that an increasing number of persons have pension coverage in old age.
- (c) Inculcating in adult offspring who have the resources a spirit of providing financial support to elderly parents/grandparents and close older relatives.

6.2. ISSUE 2: HEALTH AND DISABILITY

Objective 2.1: To expand preventive health care and promote healthy ageing.

Strategies:

- (a) Introducing counselling services at health facilities for older persons and encouraging older persons to undergo periodical medical examinations regularly.
- (b) Promoting a life course approach to healthy ageing and disease prevention by educating older people and also younger people to adopt healthy practices like exercise, good hygiene and a healthy diet.

Objective 2.2: To improve access to quality curative services and establish an accessible responsive health system that ensures quality curative health services and long-term care.

Strategies:

- (a) Equipping hospitals to provide detailed screening, expert diagnosis and treatment options for older people.
- (b) Revitalizing health care reform on health investment, organization and management of health care system to pay attention to grassroots health services, for older persons and their families.
- (c) Stationing health personnel trained in geriatrics in every health facility.
- (d) Expanding in-patient capacity in hospitals to meet the growing demand among older persons for hospitalization.
- (e) Extending coverage of free healthcare services for older persons who have difficulty in paying.
- (f) Strengthening home care for elderly requiring long-term care by providing necessary training and incentives to family members.

6.3. ISSUE 3: SOCIAL CARE

Objective 3.1: To develop a comprehensive social care system to meet the increasing needs of older persons

Strategies

- (a) Developing and improving policies for training and recognition of occupational codes for caregivers
- (b) Developing and strengthening the management of social care service systems, and public-private partnerships (PPP) on delivery of social care.
- (c) Enhancing community-based social care services with formal and informal social care services

Objective 3.2: To enhance the integration of social care and health care to improve the quality of elderly care

Strategies

- (a) Developing and occupational code for the position of caregiver of older persons in general and geriatric hospitals.
- (b) Listing standards for social care services provided to older persons
- (c) Developing on a pilot basis long-term care packages for older persons, including health care and social care services.

6.4. ISSUE 4: APPROPRIATE LIVING ARRANGEMENTS

Objective 4.1: To facilitate living in a multi-generational (extended) family.

Strategies:

- (a) Training family caregivers in elderly care and handling emergency situations.
- (b) Improving the system of home visits by health visitors to monitor older family members.
- (c) Assisting extended families to modify structures – toilets, staircases and floors – for easier and safe use of the elderly.
- (d) Facilitating contact of older members with family members and emergency services in case of need.
- (e) Sensitizing family members about elder abuse and the importance of respect for elders.

Objective 4.2: To ensure appropriate accommodation for older persons who prefer not to live with or have no family.

Strategies:

- (a) Ensuring accommodation where older persons live on their own is safe and secure.
- (b) Installing a system of monitoring older persons housing for emergency situations.
- (c) Ensuring that elderly housing meets regulations specifying the standards of safety of entrances, staircases, fire escapes, floors, electrical connections and toilets.
- (d) Arranging availability of first aid and quick emergency services response on the premises of older persons.

6.5. ISSUE 5: ENABLING ENVIRONMENT

Objective 5.1: To make the urban and rural living environment age-friendly.

Strategies:

- (a) Creating an environment for physical and social activities for active ageing by developing age-friendly communities and cities on guidelines provided by the WHO.
- (b) Integrating age-friendly environment criteria into smart cities programmes and new rural programmes.
- (c) Investing in the construction of parks, gardens, playgrounds for condominiums, cultural houses of villages for older persons to meet each other and interact with the younger generation.

Objective 5.2: To facilitate mobility of older persons.

Strategies:

- (a) Ensuring that road, walkways and public utilities can be used easily and safely by older persons.
- (b) Improving public transport facilities to suit older persons and provide them discounted fares.
- (c) Providing special lanes and barrier-free facilities for older persons in banks, markets, restaurants and other public places.
- (d) Facilitating older persons' access to all public buildings including government offices.
- (e) Increasing public awareness on showing respect to and assisting, if necessary, older persons in public places.

6.6. ISSUE 6: LONELINESS AND ISOLATION IN OLD AGE

Objective 6.1: To counter older persons' loneliness at home

Strategies:

- (a) Introducing informative and entertaining radio and television programmes suitable for older persons during working hours when younger family members likely to be away.
- (b) Establishing a system of volunteers to visit and provide company and necessary assistance to older persons living or left alone at home.
- (c) Training older persons in the use of computers to enable them search the web and keep in touch with their peers through email and social networks.
- (d) Promoting the use of cell phones among older people to enable them keep in touch with other family members and access social media.
- (e) Sensitizing younger relatives to the importance of keeping in touch with their elders by phone/social media whenever possible from outside the home during the day.

Objective 6.2: To facilitate the participation of older persons in activities of OPAs and ISHCs.

Strategies:

- (a) Funding and facilitating the establishment of an OPA/ISHC in all localities to provide older persons with services without charge.
- (b) Training OPA/ISHC management committees in organizing programmes and activities that would be useful for and attract older persons.
- (c) Promoting the culture of “seniors help seniors” whereby older persons in a position to assist other older persons can help increase participation in OPA/ISHC activities by, for example, providing transport.
- (d) Establishing a mechanism of communication between OPAs/ISHCs and relevant government bodies so that older persons realize the importance of taking part in the activities.

6.7. ISSUE 7: ELDER ABUSE AND VIOLENCE

Objective 7.1: To curtail and prevent incidents of elder abuse.

Strategies:

- (a) Raising the awareness of older persons to help them recognize their rights and identify what constitutes elder abuse.
- (b) Encouraging older persons to report elder abuse or discuss incidents of elder abuse with close relatives, friends or their doctor.
- (c) Enacting laws against elder abuse and establishing a channel for older persons to lodge complaints confidentially.
- (d) Mobilizing participation of society and social organizations in recognizing elder abuse and promoting the role of the community (neighbours, medical staff, relatives, friends and social welfare organizations) in reporting abuse.
- (e) Organizing supportive volunteer teams, mass organizations and authorities to mediate and intervene in cases of elder abuse.
- (f) Relocating older persons away from those responsible for elder abuse.
- (g) Promoting research on elder abuse and developing a database on incidents of domestic violence disaggregated by age and sex.

Objective 7.2: To provide protection for older persons against violence and crime.

Strategies:

- (a) Raising awareness of older persons to their greater vulnerability and discouraging them from taking unnecessary risks such as going out after dark and alone.
- (b) Training the police in dealing with elderly victims of criminal acts and violence.
- (c) Amending relevant laws to provide for more severe punishment for crime in which an older person has been targeted.
- (d) Ensuring that homes where older persons live have adequate security and are fitted with devices that enable drawing immediate attention and calling for help.

6.8. ISSUE 8: ATTENTION TO OLDER PERSONS IN EMERGENCY SITUATIONS

Objective 8.1: To pay special attention to older persons in the process of rescue and rehabilitation.

Strategies:

- (a) Improving coordination between agencies responsible for public security, emergency relief management and social services to ensure public safety and evacuation for the elderly.
- (b) Collecting and reporting age-disaggregated data on affected persons and deaths in disaster reports.
- (c) Training emergency crew in identifying older persons during emergencies and assessing their special needs.
- (d) Equipping evacuation centres with special facilities to suit older persons.
- (e) Adding medical professionals trained in geriatrics to medical teams assigned to rescue work.

Objective 8.2: To enhance older persons' capability to cope in emergency situations.

Strategies:

- (a) Involving older persons in the formulation of disaster-preparedness plans and evacuation procedures.
- (b) Providing advisory brochures to older persons detailing precautions and actions to take during emergencies.
- (c) Developing a database in more disaster-prone areas of older persons to facilitate locating in emergency situations

6.9. ISSUE 9: INTERGENERATIONAL RELATIONS

Objective 9.1: To inculcate in younger persons a positive attitude towards ageing and care for older persons.

Strategies:

- (a) Introducing courses in the school curricula on the importance of respect and care for older persons.
- (b) Enhancing awareness about the positive role of older persons by disseminating information through electronic and print media about the contributions of older persons.
- (c) Encouraging and supporting families in caring for older parents and relatives so the coming generations learn to the same and preserve the noble Viet Nameese traditions.
- (d) Regularly organizing interactive media forums to create a better understanding of the psychological differences between the old age and the younger generation and vice versa
- (e) Helping older persons to understand that times have changed and they should lower their expectations of how much time and help to expect from the younger ones.

Objective 9.2: To maintain and further strengthen intergenerational linkages

Strategies:

- (a) Encouraging younger persons to volunteer help for older persons.
- (b) Promoting activities in which persons of all ages have the opportunity to participate.
- (c) Organizing presentations followed by discussions on intergenerational complementarities for younger adults and older persons.

- (d) Supporting construction of reasonable housing, in order to enable offspring living with the parents or nearby and close enough to facilitate regular visits to parents.
- (e) Providing older persons discounts on means of communications (such as mobile phones) to keep in touch with their adult offspring and other younger relatives.
- (f) Setting up inter-generational self-help clubs to generate income and financial security for the elderly and promote inter-generational connectivity.
- (g) Establishing elderly care facilities or nursing homes to serve the needs of elderly when it is difficult to live with the offspring, in order to limit conflict and create.

6.10. ISSUE 10: PREPARING THE YOUNGER POPULATION FOR OLDER AGE

Objective 10.1: To provide an environment in which younger people can better prepare for ageing.

Strategies:

- (a) Encouraging employers to provide contributory pension schemes for workers to enable them have financial security in old age.
- (b) Introducing in health facilities counsellors/advisors to offer advice on maintaining a healthy life style to enjoy better health in old age.
- (c) Adding provisions for continuing coverage after retirement under health insurance schemes provided by employers for workers.
- (d) Conducting advocacy to increase awareness of changes to expect during old age and removing negative feelings and fear of old age.
- (e) Encouraging younger persons to engage in voluntary work involving helping older persons and thereby gain an idea of what to expect during old age.

Objective 10.2: To make younger persons aware of the inevitability becoming old age and the importance of remaining independent, healthy and active for as long as possible.

Strategies:

- (a) Enhancing awareness among the population of increasing longevity and their greater likelihood of reaching old age than previous generations.
- (b) Making the working age population realize the importance of registering in pension and saving schemes to have an income in old age.
- (c) Encouraging the population to seek and follow advice on maintaining a healthy life style and how to change their routine with age.
- (d) Helping people nearing retirement to understand changes to expect and thereby reduce any negative psychological impact of retirement.

7.

THE WAY FORWARD

The Government of Viet Nam has been undertaking initiatives in the area of population ageing and as such institutional arrangements needed to oversee the formulation and implementation of a comprehensive ageing policy are already in place. Such initiatives included the establishment of the Viet Nam National Committee on Ageing (VNCA), mandated to overseeing all ageing related work. The Committee is chaired by Deputy Prime Minister and with members are Vice Ministers of relevant line ministries. This arrangement is an advantage for Viet Nam to coordinate a comprehensive response to ageing population and to prepare for and aged society in the future.

7.1. FORMULATING A COMPREHENSIVE AGEING POLICY

The foregoing discussion on trends and the resulting issues highlights the need for a coordinated approach to addressing the various issues. The increasing pace of ageing in Viet Nam and examples from other countries call for shifting focus from older persons to the wider impact of population ageing. The Communist Party of Viet Nam Central Committee (CPVCC) at its 6th Plenary Session in 2017 adopted a Resolution highlighting that population work must pay attention to all aspects of population size, structure and distribution and their relationship with economics, society, security and development. The Resolution implied the need to take account of, among others, the changing age structure of the population and its impact of various sections of the population and sectors of the economy. And ageing dominates the changes in the population structure.

Given this background it should not be difficult to call for a comprehensive policy and the Government should establish a Technical Task Force (TTF) for its formulation. The TTF should be entrusted with reviewing the recommendations of this paper and drafting a medium-term National Ageing Policy covering the period 2021-2035, following the end of the current Action Programme in 2020.

7.2. ACTION PLAN FOR IMPLEMENTATION

Following approval of the National Ageing Policy, detailed Action Plan should be developed. Implementation of Viet Nam's Ageing Policy could be covered by three five-year Action Plans. An Action Plan would start with the Strategies outlined in the Policy. Each concerned line ministry or institution will prioritise relevant strategies and pick those to be covered under the first plan. For each strategy, the Action Plan will identify activities to be implemented and the responsible parties. It will set time-bound targets to be achieved as well as the costs and sources of funds to meet those costs. The Action Plan will also identify the needs of data, evidence-based research and capacity building.

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