

# Vietnam insights

The right to health and access  
to universal health coverage  
for older people

---

Executive summary



Published by HelpAge International

PO Box 70156  
London WC1A 9GB, UK

info@helpage.org

www.helpage.org

Charity registered in England and Wales, no. 288180

Edited and designed by Green Ink (greenink.co.uk)

Front cover photos by:

- ❶❷ 1: Asociación Israelita Argentina AMIA; 2: Jonas Wresch/HelpAge International;  
❸❹ 3: CORDES; 4: Lydia Humphrey/Age International;  
❺❻ 5: Claire Catherinet/HelpAge International; 6: HelpAge International;  
❼❽ 7: Hereward Holland/HelpAge International; 8: Oscar Franklin/HelpAge International;  
❾❿ 9: Red Cross Serbia/HelpAge International; 10: Ben Small/HelpAge International;  
⓫⓬ 11: Brayden Howie/HelpAge International; 12: HelpAge International.

Copyright © HelpAge International, 2019. This report was produced by HelpAge International, in collaboration with and underwritten by AARP (aarp.org)

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) licence,  
<https://creativecommons.org/licenses/by-nc/4.0>

ISBN 978-1-910743-63-8

## Acknowledgements

This report was supported by a grant from AARP (aarp.org).

It is based on a technical report prepared by Associate Professor Hoang Van Minh, Hanoi University of Public Health, and Associate Professor Kim Bao Giang, Hanoi Medical University.

HelpAge International contributors: Patricia Conboy, Mark Gorman, Caitlin Littleton, Alex Mihnovits, Laura Parés, Ellie Parravani, Tran Bich Thuy, Kate Wedgwood, Patrick Wilson.

AARP contributors: Nick Barracca and Erica Dhar.

Vietnam's population is ageing rapidly and, alongside this demographic transition, the country is undergoing an epidemiological transition with a major shift in patterns of disease and health. The prevalence of non-communicable diseases (NCDs) has risen, and conditions such as cardiovascular disease, cancer, diabetes and chronic respiratory disease have a disproportionate impact on older people.

The health system in Vietnam needs to adapt to these demographic and epidemiological changes to ensure older people's right to health is realised. Access to universal health coverage (UHC), a global priority under the United Nations 2030 Agenda, is a key part of the realignment of health systems required to ensure older people's right to health is met.

This report is a companion to the Global AgeWatch Insights report, *The right to health for older people, the right to be counted* ([globalagewatch.org](http://globalagewatch.org)). It assesses the extent to which older people can realise their right to health and are included in UHC efforts in Vietnam. The findings are a result of literature and data reviews, as well as in-depth interviews and focus group discussions with older people and stakeholders in Vietnam.

## Health insurance coverage

Overall insurance coverage among the older population has expanded rapidly in Vietnam, from 54 per cent in 2006 to 96 per cent in 2018 for people aged 60 and over. In-depth analysis of the data, however, reveals differences in coverage based on age, education and income.

Over 60 per cent of older people in Vietnam have low levels of educational attainment, either never having gone to school, completed primary school only, or being without any formal qualifications or certificates. Despite the aims of social health insurance, its coverage was higher among older people with university degrees (94 per cent) and those living in high-

income households (80 per cent) than among those with only primary education (66 per cent) or in the second-lowest income quintile (65 per cent).

Some people who are not eligible for social insurance might be covered by private health protection, but the older people interviewed in our survey said they could not afford it, while others decided not to buy coverage due to a lack of awareness of its benefits. Some local governments have schemes that address the gaps in social insurance coverage, but these are constrained by local priorities and finances.

The law in Vietnam obligates families to provide support to older members of the household, and family support is often needed to cover shortfalls in the health system.

The data shows that households providing care to an older member of the family are more likely to suffer from catastrophic health expenditure than households with no older person, and the poorest households with people aged 50 and over are the most at risk. Family caregivers may also lack sufficient knowledge and training to provide appropriate support.

## Older people's access to NCD services

Overall, older people's access to services for NCDs remains low: 68 per cent of survey respondents aged 50 to 69 who have NCDs reported not receiving treatment at a health facility. Access to prevention and treatment varies widely for individual NCDs. For example, among older people with diabetes, only 42 per cent had been screened, compared with an 80 per cent rate for those with high blood pressure. In our qualitative research findings, health providers confirmed that the problems reported by older people about difficulty accessing NCD screening, diagnosis and treatment are partly due to the patchy provision of services, medication and expertise at different health facility levels. Providers said this also depends on what services are reimbursed by Vietnam Social Security.

## Health services

The findings also highlight inequalities within the older population in relation to access to services. Older people are generally more likely to be excluded if they have low levels of education or income, live in rural areas or belong to ethnic minority groups.

Reported levels of satisfaction with health services accessed by older people visiting a health facility vary. Satisfaction with services is higher at community health facilities (86 per cent) compared with district hospitals (74 per cent). In contrast, many older people complained about the quality of services at the primary healthcare level in relation to NCDs, which can be attributed to a lack of specialist facilities and training for the care of older people.

Various arrangements in Vietnam, such as mobile healthcare teams, older people's associations and intergenerational self-help clubs, aim to address some of the gaps in service identified in this report. Some of these measures, such as donor-supported projects, are potentially not sustainable in the long term, however, or are constrained by resources.

## Action is needed

We recommend the following actions to ensure the right to health and UHC includes older people from all backgrounds in Vietnam.

- The Ministry of Health in Vietnam should explicitly include older people in health policies and in the monitoring, evaluation and reporting of progress on these policies.
- Social health insurance coverage must be extended to all, especially those who are at risk of exclusion: the 'near poor', those who do not have access to social protection and those aged between 60 and 80 years. These are the groups typically without the capacity to pay for health insurance.
- Basic diagnostic and prescription services for the prevention and treatment of the NCDs that are common in older age, such as hypertension and diabetes, need to be available and accessible, in all districts and communities.
- The Ministry of Health and primary healthcare facilities must focus on finding and managing cases of diabetes among older people, especially those with lower educational attainment or wealth, in ethnic minority groups, and those living in rural areas.
- The Ministry of Health must address gaps in mental health service provision; wide availability of mental health services is needed.
- Local health providers – with support from civil society and local government – should improve their outreach services to groups at risk of exclusion, including providing regular NCD screening, prevention and management.
- The Ministry of Health and primary healthcare providers must ensure better access to NCD medications, particularly for disadvantaged groups.
- Health information systems must be improved, with age caps removed to ensure data is collected on older people. The General Statistical Office of Vietnam should give open access to micro-data.
- Every level of government in Vietnam must protect all older people from catastrophic health expenditure and from impoverishment caused by payments for health services.
- The Ministry of Health should develop education programmes on geriatric care for health practitioners and, with support from academia and civil society, strengthen training both on-the-job and in curricula for all healthcare workers.

- Public education and sensitisation efforts are needed to reduce the risks of NCDs and improve their management, again with a special focus on the identified groups of older people who face further barriers to the realisation of their right to health.



Members of an intergenerational self-help club receive training in Tien Lang district, Vietnam





Older person from Kim Son district, Vietnam





Visit the Global AgeWatch website:

 [www.globalagewatch.org](http://www.globalagewatch.org)

 [helpage.org](http://helpage.org)

 [@HelpAge](https://twitter.com/HelpAge)

 [HelpAgeInternational](https://www.facebook.com/HelpAgeInternational)

 [aarp.org](http://aarp.org)

 [@AARP](https://twitter.com/AARP)

 [AARP](https://www.facebook.com/AARP)

**Global AgeWatch**  
*Data and analysis on population ageing*

**AARP**<sup>®</sup>  
Real Possibilities

**HelpAge**  
**International**