

Vietnam Association of the Elderly (VAE)

Guiding Questions for the focus areas of the IX Session of the Open-ended

Working Group on Ageing: Long-term care and palliative care

1) **In your country/region, how is long-term care for older persons defined and provided in legal and policy frameworks? What types of support and services are recovered?**

- Up to now, Vietnam has no legal policy on Long-term care. In the Elderly Law 2009 (Article 19) only regards to Social Protection Centers under Government and paying social pension to family do home care; Circular 35 of Ministry of Health only regards to the networking of volunteers for caring OP in community; some other regards to developing nursing homes and rehabilitation. So Vietnam still doesn't prepare finance, force for LTC; have no standards for home care, lack of training for caregivers... But, nowadays **Long-term care** is interested, it become the one of hot problems in Health care sector.

- **Vietnam has some types of support and services, such as:**

- + Almost LTC for OP are undertaken by family and relative members.

- + *Non government models:*

- Free home care by volunteers of Intergeneration self-help clubs (ISHC) since 2005. At the end of 2017, Vietnam has nearly 1300 ISHCs, they have 8 activities, in which is Homecare by volunteers. Each ISHC establish volunteers team with 5-7 peoples. The volunteers care and support the OP facing difficulties with ADLs and alone living in communities. This model is evaluated as the best model of caring OP in Vietnam. There is National Proposal to expand to 3200 ISHCs in 45 provinces with at least 105 000 OP participating by 2020.

- Free home care by volunteers of mass organizations (OPA, women association, Red cross association...) sponsored by Help Age Korean (2003- 2012). The volunteers are given training and had good result. But, the activity couldn't sustain when the project finished.

- Paid home care by volunteers and assistants of mass organizations (OPA, women association, red-cross associations...) sponsored by ROK- ASEAN. The volunteers and care assistant are given training and received small monthly allowance (about USD 22/ month). This model is easy to implement and inexpensive, appropriate with conditions in Vietnam, but face sustainability challenges in organization and finance.

- + *Government models:*

- Model for Counseling and Care of OP based in community of General Office of Population and Family Planning (GOPFP), it has volunteers consisting of healthy OP who are trained in basic knowledge to support OP, with priority given to OP in financial difficulty and without family support.

- Social protection centers (under government). Vietnam have 411 social protection centers for mean tested disadvantage people including OP (about 10.000 OP, consist 0,1% OP). In

these centers, OP taken LTC and end-of-life care, but with limited finance and low quality. By September 2016, 37 provinces are implementing Project to establish a social work center, MOLISA (Ministry of labor- invalid- society) manage the Project.

+ *Private models:*

-Paid care in private nursing homes. The service in private nursing homes rather good, but the fee is very high (compare with average income) because almost they haven't get support policy from government (tax reduction, provide land, training...). Now, the demand of nursing home is increasing in Vietnam.

- Paid home-care and palliative care for older persons is being organized as a private profit making or social enterprise form. The main beneficiaries are families of OP who have the need and financial ability to pay. The model's challenge that there is no monitoring and support from authority.

- Paid home care by home helper (fulltime, part time). In the model, almost care givers haven't given training and monitoring.

2) What are the specific challenges faced by older persons in accessing long-term care?

- In Vietnam, older persons faced many challenges, specific challenges are:
 - + Many (94%) OP have diseases, especially non-communicated (70% people die, about 10% OP face great difficulty in performing functions, many OP are disable due to non-communicated diseases.
 - + Lack of awareness and understanding of LTC, preventive care and health care.
 - + Traditional family care is declining due to demographic change.
 - + Lack of finance (income of OP and family is low) to access LTC
 - + Lack of quality LTC services. The private service have no support (tax reduction, land support, training, management...) from Government.

3) What measures have been taken/are necessary to ensure high-quality and sustainable long-term care systems for older persons, including for example:

According to us, the necessary to ensure high-quality and sustainable long-term care systems for OP are:

- x Sufficient availability, accessibility and affordability of services on a non-discriminatory basis?
- High quality of services provided?
- x Autonomy and free, prior and informed consent of older persons in relation to their long-term care and support?
- x Progressive elimination of all restrictive practices (such as detention, seclusion, chemical and physical restraint) in long-term care?
- x Sustainable financing of long-term care and support services?
- x Redress and remedy in case of abuse and violations?

4) What other rights are essential for the enjoyment of the right to long-term care by older persons, or affected by the non-enjoyment of this right?

In legal documents of Vietnam have no rights for the enjoyment of the right to long-term care by OP, they only regards to the right for the enjoyment of health care, home care and others, such as:

- In the Elderly Law (2009):
 - + Chapter I, Article 3 “Rights and entitlements of OP” in which “OP have right accessing to health care”
 - + Chapter II “Serving and caring for OP”, concretely, the Article 10 “Obligation and Right to serve and care OP”, 11 article “Confide to care OP” assign caring and serving OP is the duty of OP’s family (children, wife/ husband, relative); assign responsibility of caregivers (individuals / organization) for OP. Besides, the 12,13,14,17 in the Elderly Law confide the responsibilities of government health systems and social protection sectors to take health care for OP.
- 35 Circular of MOH (35/2011/ TT-BYT) of guiding health care for OP.
- National Proposal “Health Care for OP” of Ministry of Health” ensuring the Right of enjoyment to the LTC.
- And some others

4) In your country/region, how is palliative care defined in legal and policy frameworks?

In Vietnam, palliative care is not defined concretely in legal and policy frameworks, but it inclusive in the duty of care until dearth and do funeral ceremony for OP.

6) What are the specific needs and challenges facing older persons regarding end-of-life care? Are there studies, data and evidence available?

Due to Vietnam culture, almost OP are given end-of-life care very carefully, but almost the care givers are lack of skill and knowledge, so the care almost feeding, taking medicine,...; Besides, there are few OP are not taken palliative care because of live alone, poor, abuse...Especially, in Vietnam, leave will and testament are not taken by majority OP.

The specific needs of OP are: Palliative care at home and with family; Correctly care (more attention to hygiene, cleaning, keeping spirit, wishes for OP). For the OP live without family and poor, they need the palliative care in the social homes and protection centers.

- Until no, we have no studies, data about the palliative care.

7) To what extent is palliative care available to all older persons on a non-discriminatory basis?

To extent palliative care available to all OP on a non-discriminatory basics, Vietnam have to raise awareness; advocacy; improve and extend the system of protection centers... Especially,

develop social care at community, volunteers teams, OP and women clubs (provide trainings, support...).

8) How is palliative care provided, in relation to long-term care as described above and other support services for older persons?

Palliative care is a part of LTC, so we can provide it by the care models regarding above, but it need the training for caregivers, need medical workers and more assistant equipments, tools, materials (napkin,...). More over, in some cases, need the Buddhist ceremony/ visiting of close persons/ inviting lawyers...

9) Are there good practices available in terms of long-term care and palliative care? What are lessons learned from human rights perspectives?

- In Vietnam, the good practices of long-term care and palliative care available in:
 - + Private nursing homes
 - + Home care by family, with paid caregivers
 - But the services are high cost.
 - Because Vietnam have no much understanding about LTC and palliative care (PC), so we have very few lessons learned. In order to follow human rights perspectives and base on Vietnam situation, we have some remarks:
 - + Need to raise awareness and advocacy of LTC and PC.
 - + Need to develop LTC and PC at home, community base (support, finance...)
 - + Need to support private, community services of LTC and PC (by government policy)
 - + Need to improve the government social protection centers (government)
 - + Need to manage, develop standards, training documents, training...

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