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COVID-19 in Vietnam: Containment Measures and Socio-political Impacts

In response to the COVID-19 pandemic, the Government of Vietnam (GoV) imposed various effective and timely policy measures. As a result, the country has been remarkably successful in controlling the spread of the virus. However, the global situation and the imposed containment measures have had grave impacts on society, the economy, and the political arena. This report aims to provide an overview of the GoV's policies and containment measures while also presenting the impacts, respectively.

COVID-19 in Vietnam: Containment Measures and Socio-political Impacts¹

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Introduction²

Vietnam detected its first COVID-19 case on January 23, 2020. By May 2020, it had managed to bring its first COVID-19 wave under control, keeping the number of confirmed cases to around 300 people, with zero deaths. The country experienced its second wave towards the end of July 2020, with a cluster of confirmed cases in Da Nang City, which broke out in the most vulnerable place – hospitals. The highest number of confirmed cases on one day was 50 at that time. On July 31, 2020, COVID-19 claimed the first life in Vietnam. By August 25, 2020 – a month after the detection of the COVID-19 cluster in Da Nang, Vietnam exceeded 1,000 total confirmed cases. How-

ever, from mid-September 2020 to mid-January 2021, the country reported only a few new community cases, in December 2020. The COVID-19 containment measures had been effective, leading to a three-month period of zero community transmissions. From January 27, 2021, Vietnam experienced its third and to date (March 31, 2021), worst wave of infections across 13 provinces and cities nationwide, with Hai Duong Province, approximately 50 km east of Hanoi, being the national infection hotspot – followed by Quang Ninh Province, Ha Noi and Ho Chi Minh City. The maximum number of cases recorded in a day reached 77. In this third wave from January 25, 2021, onwards, Vietnam has so far recorded around 800 cases (Figure 1).

Figure 1: Timeline of confirmed COVID-19 cases in Vietnam / Source: Our World in Data (2021d)

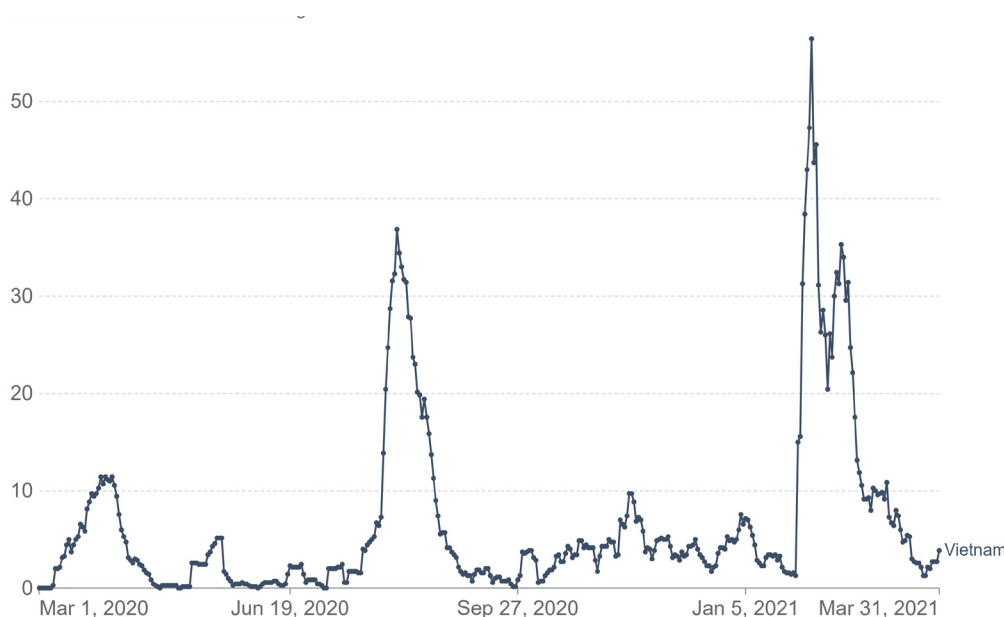
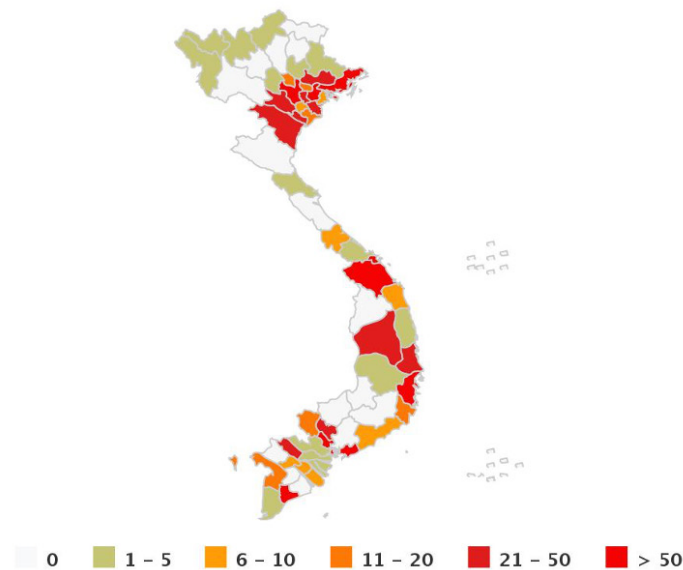


Figure 2: Map of confirmed cases in Vietnam / Source: Ministry of Health (2021a)

This third wave included highly contagious variants such as the so-called “UK-variant” but the virus was nevertheless contained again in March 2021. Up to the date of writing this report (March 25, 2021), 14 months after Vietnam’s first COVID-19 case, there have been 2,576 infected cases and 35 fatalities (Figure 2). In relation to the country’s population of approximately 95 million and the 1,200 km shared border with China, being the initial epicentre of the pandemic, this figure of COVID-19 cases is a remarkable testament to the country’s achievement. Behind this successful response to the pandemic is a combination of stringent policy measures put in place to contain the virus decisively and provide timely treatment to those infected.

This report aims to provide insights into the strategies employed by the Government of Vietnam (GoV) to contain the pandemic domestically. In addition, it addresses socio-political impacts of the pandemic and provides a brief outlook for further social protection and economic growth in the context of an uncertain future caused by COVID-19. The report draws on secondary data and key evidence from various academic and official sources published by UN agencies, research institutes, and the GoV.

Fighting COVID-19 in Vietnam: prevention before protection

The strategies used to fight COVID-19 worldwide have varied among countries since the beginning of the pandemic. To assess the policies of each country when dealing with COVID-19, researchers worldwide have developed several measures. One of the most popular measures has been developed and led by the Blavatnik School of Government at the University of Oxford: Government Stringency Index, GSI (Cross et al., 2020; Le et al., 2021). The index is based on specific indicators that can be used to compare countries’ policy measures regarding containment, closure, income support, and healthcare. Data from 180 countries have been collected and updated on a daily basis. According to the GSI, Vietnam is one of the countries in the world with the strictest response to the pandemic, applying rigorous preventive and protective policies (the country achieved 97/100 points in March 2020 on this index). Figure 3 shows Vietnam’s overall policy response to COVID-19 across the various employed indicators. Those GSI-indicators serve as the basis for the discussion of Vietnam’s containment policies in the following paragraphs of this paper.

From its experience with SARS prevention back in 2003 and the A-influenza (H1N1) in 2009, Vietnam implemented early and decisive responses to COVID-19. In December 2019, the Ministry of Health (MoH) had already consulted with international organizations to develop a prevention plan in response to the pandemic. On January 15, 2020, the National Steering Committee (NSC) chaired by Deputy Prime Minister Vu Duc Dam was established. The National COVID-19 Response Plan was issued on January 20, 2020, and further updated on January 31. The aim of the plan was to detect and contain COVID-19 infections to minimize the incidence of illness and death from the pandemic. Steering committees for pandemic prevention were set up in every locality. On a general scale, pandemic prevention has been structurally organized via thorough preparation, presenting the state's approach to prevention to its citizens.

School and workplace closures

School closures started at the end of January 2020. At that time, there were only three countries in the world that required school closures. While e-learning took place nationwide, businesses remained open with no restrictions. However, the situation changed swiftly during the last week of March, from

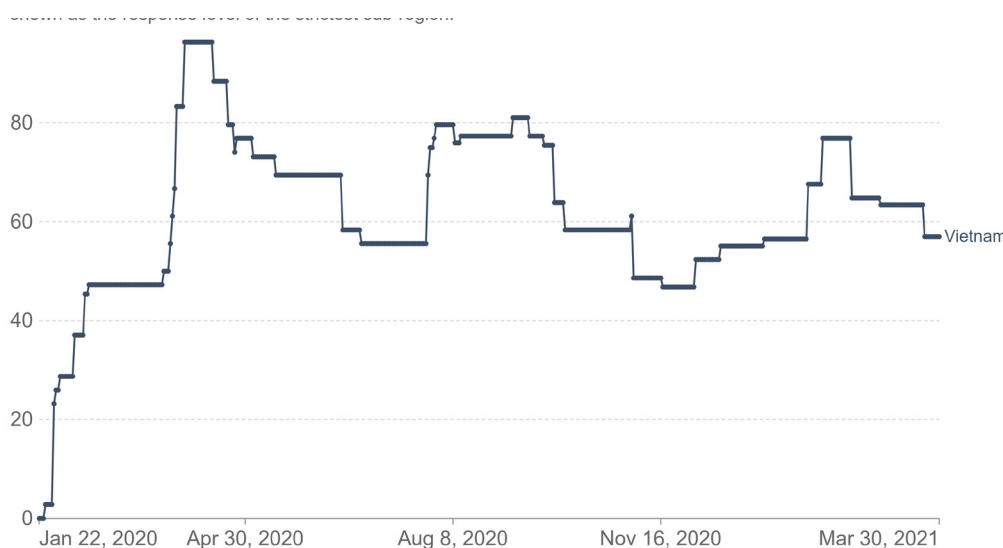
required closures in some workplaces to a complete economic shutdown within a short period of time (with the exception of key workers, including health staff, border defence, etc.). The closures of workplaces and schools were kept in place until the end of April and the beginning of May, respectively. Eventually, Vietnam was the second country in Asia, after Taiwan, to reopen schools after the first COVID-19 wave.

Nationwide school shutdowns and workplace closures were ordered again in August 2020 and January 2021 amid the second and third waves of COVID-19 outbreaks. At the beginning of February 2021, 52 out of 63 provinces and cities closed schools, just before the longest holidays of the country, the Lunar New Year celebration (Lao Dong, 2021). Whereas business was disrupted mainly in the areas where there had been an outbreak, the parts of the country without confirmed cases kept the public and business life open.

Cancellation of public events and stay-at-home restrictions

All public events were cancelled less than three weeks after the first confirmed case in Vietnam on January 23, 2020. Vietnam was

Figure 3: Vietnam stringency index – COVID-19 / Source: Our World in Data (2021c)



Source: Hale, Angrist, Goldszmidt, Kira, Petherick, Phillips, Webster, Cameron-Blake, Hallas, Majumdar, and Tatlow (2021). "A global panel

the third country in Asia, after China and Mongolia, to move quickly to restrict the transmission of the virus via public events (Our World in Data, 2021c). Public gatherings were restricted to groups of less than 1,000 people in March 2020, but further restrictions led to the ban of gatherings of more than 10 people in April, according to Directive No.16/2020/CT-TTg and 447/QĐ-TTg issued by the prime minister (Vietnam Laws Repository [Thu Vien Phap Luat], 2020b). During this time, strict social distancing methods were applied nationwide for 15 days, in which all non-essential businesses were ordered to close. During the second and third waves of COVID-19 infections, lockdowns and strict social distancing measures were limited to hotspot infection areas while other provinces kept in place various levels of preventive measures.

Wearing of face masks

Wearing of face masks was encouraged by the GoV after China locked down its epicentre in Wuhan. From March 16, 2020, wearing masks in public was strictly required and implemented. Throughout the pandemic, face covering measures have been required in most public spaces. While initial fines for non-compliance with mask-wearing requirements were modest, at an equivalent of about €4, this increased significantly in September 2020 with fines ranging between €35 and approximately €100 depending on severity and location (Vietnam Laws Repository [Thu Vien Phap Luat], 2020a). Although fines for not wearing masks were issued to individuals from time to time, face covering is encouraged and generally accepted by the society in Vietnam. The widespread acceptance of compulsory face coverings can partly be explained by the cultural and personal experiences of Vietnamese people. People have been wearing masks daily prior to the pandemic to protect themselves from severe environmental conditions such as air pollution, sun damage, and heat.

Public information campaigns

Communication and information campaigns on COVID-19 prevention and control have been conducted widely and continuously since the emergence of the pandemic. The GoV issued Directive No. 5/CT-BTTTT on February 2, 2020, to utilize all means of communications, including TV channels, broadcasting stations, news and magazines, SMS, social networks, and internet-based platforms, as well as through interactions among the communities and the country's mass organizations. The GoV has been providing daily press conferences and updates on the pandemic development via social media platforms to raise awareness of the pandemic within the community. From February 1 to May 31, 2020, there have been 560,048 pieces of news on COVID-19, utilizing all kinds of media outreach. Within the first 5 months of 2020, nearly 17 million status updates and comments on COVID-19 had been posted in Vietnam's cyber space (Ministry of Health, 2020a). According to Mekong Development Research Institute (n.d.), almost 90% of the population has been listening to or watching COVID-19 news updates daily. Furthermore, leaflets and posters containing COVID-19 information such as explanations of symptoms and appropriate preventive measures were also created and distributed in public. Communication technologies were applied to develop applications that are user-friendly, such as the "Bluezone" app or the "Vietnam Health Declaration" (website) which has been made compulsory for any form of domestic travel.

Through communication activities, the GoV has demonstrated a sense of transparency in giving timely updates on confirmed cases. The widespread communication campaign as briefly outlined above has helped citizens to stay informed about the potential risks and mitigation strategies. This transparency has contributed to the increase in the general trust and popular approval that the public have been showing towards the GoV. The cooperation of local communities and grassroots organizations in tracing

infections has been a clear sign of approval in this context.

International travel

Vietnam was one of the first countries to close its border first to China and subsequently to the rest of the world. The prime minister issued Directive No.358/CT-CHK on January 23 to suspend all flights to Wuhan and other outbreak areas in China on January 29 (Civil Aviation Authority of Vietnam [CVA], 2020). As COVID-19 spread in the region and globally, Vietnam banned entries from any third countries while only allowing people to enter its territory on special flights and with a mandatory 14-day quarantine. From the end of March 2020 until now, Vietnam has only allowed its own citizens stranded in third countries to re-enter the country, while all non-Vietnamese nationals must apply for special approval with the authorities. Such special permissions are reserved for international experts and essential workers only. Health declarations, epidemiological examinations, various tests at departure and after arrival and strict individual quarantine measures in designated quarantine hotels or military facilities apply to both Vietnamese citizens and international arrivals with special permission to enter Vietnam. Such strictly enforced measures have arguably been the most effective tool in preventing a large-scale outbreak in the country.

Zoning, contact tracing, and testing

Quick zoning, thorough tracing of people in contact with infected cases, and timely testing have been deployed in a rigorous manner by the GoV. The Ministry of Health has developed and introduced concise instructions for the measures from an early stage (T. P. T. Tran et al., 2020). On February 13, 2020, upon the detection of the first case, a pandemic area in Son Loi Commune in a province just north of Hanoi was urgently sealed off and isolated for 3 weeks. Quick zoning, irrespective of the time of day or other factors, has been considered extremely effective to prevent the spread of the virus.

Tracing has been thorough so that no case is missed. Once a patient with a confirmed COVID-19 infection is identified, he or she is labelled as an FO case. Subsequently, local public health officials, with support from health professionals, security officers, the military, and other civil servants, work with the patient to identify everyone who has been in contact with the FO case in the previous 14 days. Everyone who had been in contact with an FO case is considered an F1 case and once located must prepare for self-isolation in a dedicated facility or hospital. F2 cases are those who have been in contact with F1 cases and are required to self-isolate at home or a centralized facility. This contact-tracing method is an ideal example of a pandemic protocol and has been strictly implemented by the authorities. For example, in the case of Patient No. 1,440, 15 F1 and 129 F2 have been identified, and actions were taken accordingly (Ministry of Health, 2020b). Mandatory health declarations for domestic travel and smartphone applications have contributed greatly to the tracing of suspected cases.

Suspected cases are tested immediately and at various intervals to decide upon the appropriate treatment or quarantine approach. Widespread testing has been possible in Vietnam as domestic testing capacity was increased by cost-saving test kit production, and continuous improvement of testing methodologies such as rapid test expansion, or sample pooling. As of October 2020, 137 laboratories were capable of testing by RT-PCR, with a maximum daily capacity of 51,000 tests (Our World in Data, 2021a). A remarkable example in this context is Patient No. 1,979, a worker at Tan Son Nhat Airport in Ho Chi Minh City. Once he tested positive for COVID-19, the medical authorities immediately sprang into action and tested all 1,000 workers present at the airport on the same night (Ministry of Health, 2021c).

While many countries have adopted a high-cost strategy of mass testing, Vietnam has

only screened out suspected cases, and those prone to infection, for testing. This is a relatively small part of the whole population. However, with the average of about 1,000 contacts in each of the confirmed cases, the ratio proves to be one of the highest in the world. According to (S. Nguyen, 2020), Vietnam has had the highest test ratio per confirmed case in the world. The IMF (2020, June 29) stated that “early containment and use of existing public and military facilities proved to be cost effective” while also outlining that “the government estimated the budgetary cost of fighting the pandemic at about 0.2 percent of GDP, with about 60 percent spent on equipment, and the rest on containment activities”.

Quick zoning, thorough tracing and timely testing have altogether proven to be essential factors in keeping Vietnam’s number of cases at a low level. At the time of writing (March 2021), the total number of infected cases remains at 26 in one million (Ourworldindata, 2021e), while deaths remain at 35 in total (Ourworldindata, 2021f).

Vaccination policy

The GoV has planned a free vaccination campaign, in which frontline workers, security forces, diplomats, teachers, vulnerable people in the outbreak areas, and elderly people of 65 and older are the first groups to be inoculated (Nikkei Asia, 2021). Hai Duong Province, as the biggest outbreak zone since the beginning of the pandemic, has been prioritized in the vaccine programme. Hung Yen, Bac Ninh, and Bac Giang provinces have also been prioritized. This decision might be explained by the fact that important industrialized zones exist in these provinces, with extensive manufacturing operations.

The GoV has so far approved the vaccines produced by AstraZeneca and Russia’s Sputnik V while Moderna’s mRNA vaccine awaits emergency approval. In late February 2021, Vietnam received 117,600 doses of AstraZeneca while the government estimates that

150 million jabs would be needed for the national COVID-19 vaccination programme (V. Tran, 2021). For the year 2021, the vaccines in Vietnam will come from various sources, including government purchases and support from the COVAX vaccine-sharing scheme. However, Vietnam is also researching and producing its own COVID-19 vaccines, of which two out of four domestic vaccine developments have so far been tested on humans (see Table 1). While each of the pharmaceutical companies and agencies have different approaches to developing vaccines, the Nanocovax vaccine seems to be the most promising one for domestic mass production (Ministry of Science and Technology [MOST], 2021). Nanogen, the private company that is developing Nanocovax, aims to distribute the vaccine to the population in September 2021 (Ministry of Health, 2021b).

Vietnam launched its vaccination campaign on March 8, 2021. By the end of March, over 45,000 people had been vaccinated (Our World in Data, 2021b). In comparison with other countries in the region like China and Indonesia, the number of vaccinated people is relatively small. One factor behind Vietnam’s careful and unhasty vaccine rollout might be its relatively mild pandemic situation. Table 1 outlines the tentative timeline and sources of Vietnam’s COVID-19 vaccine campaign.

Income support and tax relief

In response to COVID-19, containment of the virus would not be the only concern of the GoV. Securing people’s livelihoods, safeguarding the national economy and support for domestic industries is also at the top of the agenda. A range of policy documents were issued during the first and second quarters of 2020, outlining financial support and fiscal packages of VND280 trillion (€10.2 billion) to boost the economy and provide greater social protection. Workers who lost their jobs due to COVID-19 could apply for financial support up to VND1.8 million (approx. €66) per month for up to 3 months. Employers facing possible insolvency during the pandemic could apply

Table 1: Vaccine supplies and timeline in Vietnam (as per end of March 2021)

Distributor	COVID 19 vaccine	Country of origin	Tentative doses	Timeline
COVAX Facility/UNICEF	AstraZeneca	UK/Sweden	4,177,000	April 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	1,480,000	April 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	2,760,000	May 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	5,040,000	June 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	7,320,000	July 2021
AstraZeneca/VNVC	AstraZeneca	UK/Sweden	13,270,000	August 2021
POLYVAC/MoH	Sputnik V	Russia	40,000,000	Under negotiation
VINAPHARM/MoH	BioNTech/Pfizer	Germany/USA	31,000,000	Under negotiation
Vietnam MoH	Johnson & Johnson	USA	–	Under negotiation
Vietnam MoH	Moderna	USA	–	Under negotiation
Nanogen	Nanocovax	Vietnam	–	Phase 2 human trials – Mid 2022 (Community distribution)
IVAC	COVIVAC	Vietnam	–	Phase 1 human trials
VABIOTECH	Not Available	Vietnam	–	Animal trials
POLYVAC	Not Available	Vietnam	–	Animal trials

Table created by the author, based on sources from Expanded Program on Immunization (n.d.) and Chi Le (2021, March 15)

for tax breaks, postponed tax payments, or reductions in land lease fees (KPMG, 2020, 18 November).

Socio-political impacts of COVID-19 in Vietnam

What has been described in this report refers to Vietnam's policy measures to contain COVID-19. Despite Vietnam's successful pandemic management so far, the pandemic has nevertheless had severe socio-political impacts. In a globalized and integrated world, short-term and long-term impacts in various sectors are inevitable. The main ones will be discussed below.

The health sector

The past months have shown a complex picture of various impacts on the health sector. The health system and medical care facilities have been under pressure from the very outset of the pandemic. The Ministry of Health states that the health system has been hit hard by a dual burden of infectious diseases and non-communicable diseases (Agency of Health Examination and Treatment, 2020). There has been a notable decline in the volume of services provided in hospital facilities from the early months of the pandemic, and full utilization of hospital operation is weak. Meanwhile, some medical care facilities are overloaded due to the efforts to control COVID-19.

Another reason for the decline in the volume of services provided in hospitals lies in the fact that operational costs for hospitals have increased significantly as a result of testing and protection of health workers, as well as due to deploying sanitary and epidemiology measures, and screening and building of quarantine facilities. There has emerged a trend of reduced demand for and willingness to seek healthcare services, and to access essential healthcare services (United Nations Viet Nam, 2020). There are many reasons for this, among which is the fear of becoming infected while visiting medical facilities. Other reasons include overloaded healthcare facilities as resources have been mobilized for COVID-19 prevention at the expense of other routine healthcare services, and reduced household income leading to the inability to pay for certain treatments or services. During lockdowns, transport restrictions and the fear of using public transport might also have played a role in the reduced demand for routine health check-ups. For example, from April 1 to 22, 2020, around 100,000 pregnant/nursing women and new-borns were not examined in accordance with their monthly pre- and post-birth health-check schedule (UNICEF, 2020). The number of children aged under 5 visiting communal healthcare facilities has decreased by 47.8%, while even more alarmingly the number of vaccinated children in healthcare facilities has dropped 74.7% (United Nations Viet Nam, 2020). This trend of reduced utilization of existing healthcare services may lead to fatal consequences and may have multiple effects, especially on women, children, the elderly, and those suffering from chronic diseases (UNICEF, 2020).

The labour market

In 2020, approximately 31.8 million people aged 15 or older were negatively affected by COVID-19 due to job losses, furlough, or reduced working hours, leading to a reduction in income. Disadvantaged groups of workers have been hit even more severely (H. Nguyen, 2020). Job losses have been particularly observed among workers in the service indus-

try, unskilled workers, the self-employed in non-agriculture sectors, and workers from poor and near-poor households. Migrant workers, both domestically and abroad, have been encountering difficulties amid increasing lay-offs from workplaces, border closures, and international trade restrictions. According to a study commissioned by the Hanns Seidel Foundation (HSF) together with the Institute of Labour Science and Social Affairs (Bui et al., 2020),³ COVID-19 caused 2.6 million workers to lose their jobs in the formal sector while having negatively affected 30 million workers nationwide by mid-2020. The pandemic impact has also increased the share of the informal sector⁴ in the labour market, from 55.3% in Quarter I in 2020 up to 57% in Quarter III (United Nations Viet Nam, 2020).

For the first time, after decades of continuous growth, monthly household income in 2020 has decreased: in comparison to December 2019, such income in April 2020 and May 2020 had decreased by over 70% and 49% respectively (United Nations Viet Nam, 2020). This, coupled with social distancing measures and travel restrictions, has created a serious employment crisis. Despite this, there are positive perspectives with regards to the mid- and long-term future. The World Bank and the Asian Development Bank forecast a partial recovery of Vietnam's economy in 2021 (Delteil et al., 2020; Jennings, 2020; The World Bank, 2020). However, given high levels of uncertainty under the current circumstances, the continuous spread of the pandemic across the globe, and the slow global and national rollout of the vaccine campaigns, such growth forecast should be treated with caution (UN Vietnam 2020).

Solidarity and opportunistic behaviour in times of global crisis

Societal solidarity, which is deeply rooted in Vietnam's traditions and ethical code, can be seen in the country's response to the pandemic (Ivic, 2020). In an attempt to mitigate the difficulties faced by disadvantaged or

particularly affected societal groups, local authorities, businesses, communities, volunteers, and philanthropists have organized events to distribute food for people in need, as well as “rescue” campaigns to boost consumption of agricultural products and crops in stock due to constraints in trade activities (Hien, 2021, 21 February). On the other hand, the authorities have also discovered attempts to maximize profits via the manufacture of flawed medical protective goods, masks, gloves, and antiseptic solutions of low quality in various localities (Pham, 2020). The pandemic has caused an unprecedented increase in the demand for medical equipment procurement, leading to bribery and opportunities for misappropriation.

Abuses of government support packages have also been uncovered. Acts of taking unjustified advantage of financial support or bail-out packages or other misconduct were discovered by way of monitoring missions carried out by officials from the responsible Ministry of Labour, Invalids and Social Affairs (MoLISA). In addition, the private sector and business owners harbour suspicion that local governments have delayed support policies for personal benefit (Vietnam Laws Repository [Thu Vien Phap Luat], 2020c).

Another societal challenge in the context of the pandemic is related to the concern within communities about COVID-19 cases and accompanying stigmatization or hate speech. Suspected or confirmed COVID-19 cases are subject to discrimination and prejudice. Aggressive contact tracing has contributed to this by posting people’s personal data, travel histories, and other private information on social media networks simply because someone has been in contact with a COVID-19 positive case. Even if the “traced” person ultimately tests negative, such practices profoundly affect the mental wellbeing and social life of individuals and their affected families.

Regional differences and disparities

The pandemic has disproportionately increased the divide between the urban middle class and rural disadvantaged groups. Disruptions in transport services and value chains made it impossible for farmers in mountainous and rural areas to sell their agricultural produce. For instance, orange-growing households in the northern province of Ha Giang suffered the loss of almost an entire annual income due to shutdowns and fear of virus transmission during harvesting season. During the pandemic, people living in rural and mountainous areas have found it even more challenging than in normal times to access education or healthcare and other social services. While online learning and remote teaching worked in the cities, the lack of the necessary infrastructure and devices in the countryside will leave a significant group of young students gravely disadvantaged in the mid and long term (United Nations Viet Nam, 2020).

As handwashing and hygiene was promoted as a major instrument to counter COVID-19, accessibility to clean water remains a hurdle across many provinces in Vietnam. The Mekong Delta in the south of the country has been suffering from dual impacts: the impact from COVID-19 and the worsening impacts of seasonal draughts and saltwater intrusion (United Nations Viet Nam, 2020). In over 35% of public healthcare facilities in four surveyed provinces, safe and clean drinking water was scarce, forcing people to resort to unsafe drinking water. Despite nationwide campaigns to boost handwashing and the use of antiseptic hand sanitizers, clean water and the availability of disinfectants have been beyond the reach of many rural communities.

Political considerations

The COVID-19 pandemic has placed a burden on the government to take decisive and prompt action. In the crisis, public attention in Vietnam has focused on health outcomes rather than economic ones. The government

hence had to choose between “health” and “economic growth”. From the very beginning of the pandemic, the GoV consequently set the protection of its people’s health as its top priority while accepting the subsequent economic consequences. While initially, this trade-off seemed to reflect the main motivation of other countries around the world in their decision to keep their economies open, more recent research has concluded that soft pandemic protocols and policies are politically and economically costly in the longer run, while governments that prioritize health over short-term economic outcomes gained political support (Herrera et al., 2020, 6 November). This also seems to be the case in Vietnam, as a YouGov study in May 2020 showed that up to 97% of the Vietnamese population believed at the time that the government was tackling COVID-19 effectively. Another 90% fully trusted the information disseminated on the pandemic situation by the government, which seems remarkable during a global trend of populist conspiracy theories (Fukuyama, 2020).

This overall satisfaction with the GoV’s pandemic management has also translated into the acceptance by and support of strict measures from the populace, which from the outside sometimes seems disproportionate. In stark contrast to societies in the Western world, 88% of Vietnamese respondents agreed that self-isolation and lockdowns were the right measure at the right time, “neither too soon nor too late” (MDRI, n.d.).

In the international arena, the GoV has also increased its profile as a political player to be reckoned with – not only by its successful domestic pandemic management but also by supporting other countries with medical supplies and equipment. Vietnam has circulated protective clothes, face masks, testing toolkits, and systems to Lao PDR and Cambodia while also exporting personal protective equipment (PPE) to Japan, Russia, France, Germany, Italy, Spain, the UK, the US, Swe-

den, and others (Center for Strategic & International Studies [CSIS], n.d.).

Conclusion

Early in the pandemic, the GoV vowed to “wage war” against COVID-19 in Directive 05/CT-TTg issued on January 28, 2020 (Socialist Republic of Vietnam – Governmental Portal, 2020). As outlined in this report, Vietnamese authorities not only responded in a timely manner and mobilized significant public resources to fight this war but they were also able to build a high level of acceptance and consensus among the population to support the pandemic policies. While the fight against the pandemic is far from over and future outbreaks will almost inevitably occur, all eyes are already on the next big challenges: the vaccination campaign and economic recovery. In this sense, the GoV has won various battles by defeating at least three infection waves to date, but to win the overall war it must also prevail in the upcoming challenges.

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FOOTNOTES

- Note by the editor: this report includes data and information that were available at the time of writing in February and March 2021. Due to the dynamic developments in the context of the Covid-19 Pandemic in Vietnam since April 2021, some information and analyses in this report might be outdated by the time of publication.
- Le Anh Vu of the Hanns Seidel Foundation's Vietnam Office contributed significantly to the final version of this report and duly deserves to be acknowledged here.
- HSF has worked with ILSSA to conduct the following research study: "Assessing the impact of COVID-19 pandemic and policy recommendations on labour and employment policies for post-pandemic recovery". This research contributed to the amendment of Decision No.1326/QĐ-LTĐBXH TTHC, in which the narrowly defined criteria for financial support for COVID-19-affected workers were redefined. The study is available in Vietnamese only.
- The formal sector generally refers to the share of the workforce that has a written employment contract that provides a certain level of protection and access to government social security schemes, whereas the informal sector describes those workers that are not registered or regulated by any formal agreement and therefore are not protected by labour market institutions.

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