Analysis of Initial COVID-19 Countermeasures of the Government of Vietnam: Response to the First Three Waves by June 2020*

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Abstract

According to international comparisons, Vietnam is a country that has chosen to take strict measures against COVID-19 and has achieved favorable initial results while gaining public support. In daily interactions with Vietnamese government officials, the author is often keenly aware of the magnitude of the barriers to find solution, even it is rational one, especially when they require cross-ministerial coordination. This report traces the progress of the initial policy responses to COVID-19 up to June 2020, and summarizes the decision-making mechanism, communication methods and narratives used to gain public cooperation for the measures. In addition, the author made initial analysis with regard to the background to the Vietnamese government's ability to take swift and appropriate measures, including its rich experience in containing infectious diseases such as SARS, and thus readiness to consider infectious disease control as a part of its national security. The report also points out that the Vietnamese people have a high level of sensitivity toward health and life, and that effective risk communication has fostered the perception of national emergency to which the people should unite and respond, and that the incentives for policy implementation have increased ahead of the once-every-five-year party congress and personnel appointments at strategic level.

Keywords: Crisis response to pandemic, initial response, governmental decision-making structure, multi-agency collaboration, risk communication, information disclosure

* The views expressed in this paper are those of the author(s) and do not necessarily represent the official positions of either the Japan International Cooperation Agency (JICA) or the JICA Ogata Research Institute for Peace and Development.

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1. Background

1.1 Objective of the paper

In May 2020, Vietnam's Prime Minister Nguyen Xuan Phuc was given an opportunity to make a speech at the 73rd World Health Assembly representing one of the countries with most successful initial response to COVID-19. According to the survey by Yougov of UK, Vietnam ranked first in the world in terms of media credibility on COVID-19 (89% responded "credible"[1]). In addition, Vietnam ranked second among 23 countries in terms of satisfaction with the political leaders' approach.[2] Oxford University has made an index of cross-country comparisons of the rigidity of policy responses, which categorized Vietnam as one of the most rigid responses.[3] US Politico ranked Vietnam as the best performer in terms of both public health and economic outcome[4]. In other words, Vietnam is a country that achieved satisfactory results implementing a relatively rigid COVID-19 response with broad public support.

The author, a development practitioner, has frequently worked with Vietnamese authorities to solve issues quickly, particularly in cases that require inter-ministry coordination. In many of these cases, what seems the most reasonable solution is not often the solution chosen, as Vietnamese officials tend to hesitate to coordinate across organizations. Therefore, this report will try to analyse why this time it was possible for the government to quickly implement a whole-government response.

Being a single party regime and socialist country does not fully explain this quick and strong response to COVID-19. Conveying the will of the governing to the governed is not so easy

[1] May 22, 2021, Vietnam News https://vietnamnews.vn/society/717090/vn-has-highest-trust-in-covid-19-media-coverage-yougov-poll.html

[2] Research planned by Blackbox research of Singapore and conducted by French Toluna, https://en.vietnamplus.vn/vietnam-ranks-second-for-covid19-response-in-global-survey/173263.vnp

[3] https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracke

[4] May 25th, Vietnam best Covid-19 fighter in the world https://e.vnexpress.net/news/news/vietnam-best-covid-19-fighter-in-the-world- politico-4104752.html

and a central decision or commitment may not always be implemented on the ground due to budget or other administrative constraints, or it may be flexibly altered by different interpretation is “business as usual” of the Vietnamese administration.

It should be noted that this paper is based on the author's experience while working in the JICA Vietnam office and covers only the initial response until June 2020.

1.2 Spread of COVID-19 in Vietnam and outline of policy response

Vietnam was hit two waves of COVID-19 through May 2020. The first wave started on January 23 with the detection of the first patient, a traveller from China, and increased to 16 patients by February 25. Cases were mainly related to China, either visitors or returners, including the first cluster in the country: 11 positive cases in Vinh Phuc province. After more than 20 days with no new positive cases, Vietnam experienced its second wave. From March 6 to 19, infection spread among the passengers and crew of international flights from Europe, and from those positive cases, several clusters emerged in the community, particularly in cities like Hanoi and Ho Chi Minh City. In response, the Vietnamese government tightened its borders in a gradual manner, first prohibiting the entry of foreign nationals from infected countries and finally suspending all international flights. Vietnam in principle banned the entry of all foreign nationals beginning March 21, and 14 days of strict quarantine became mandatory to all entrants from overseas including Vietnamese citizen. Thereafter, the Vietnamese government took the bold step of introducing a “social distancing” period from April 1 to 15, in which all nationals/residents, except those who serve essential administration/business to sustain citizens’ living, were required stay home. In addition, suspension of all public transportation (bus, taxi, train, domestic flights), and a significant number of preventive quarantines and inspections were carried out, mainly to prevent mass infections in Hanoi and Ho Chi Minh City.

To end this social distancing, Vietnam established three categories of risk—high, medium, and low. On April 15, only "low risk" localities were allowed to terminate social distancing requirements, while other areas extended the practice for one more week. A week later, all but some districts of Hanoi and Ha Giang province terminated "social distancing" measures and a new Prime Minister Decision (No 19) was issued declaring a "New Normal."[5]

There were no new infections of domestic origin between April 24 and the outbreak of the third wave at the end of July, which was focused mainly in Da Nang and neighbouring central regions. In the midst of the suspension of all international flights, the risk of infection was minimized to those associated with the limited entry of overseas Vietnamese on relief flights back to Vietnam and foreign experts as an exception to the general ban on foreigners' entry. These entrants were quarantined in designated facilities or in special hotels and outbreaks were limited almost exclusively to those in quarantine facilities.

1.3 Swift policy responses

Vietnam's initial response was characterized by its rapidity: the framework was almost completed between the end of January and early February 2020, and the decision was made to implement a nationwide "social distancing" (semi-lockdown) at the end of March with only 171 cumulative positive cases as listed below. The very first few initial measures—infection prevention measures and medical and isolation systems—were put in place with less than 20 confirmed cases.

Infection control: On January 15, the Ministry of Health (MOH) started a discussion with WHO and USCDC and issued "Guidelines for Diagnosis and Treatment for Novel Corona Virus." After the Lunar New Year's holiday of 2020, on January 31, the country's testing protocol was finalized and MOH instructed medical equipment industries to secure a domestic supply of

[5] Unlike the normal state of society before the pandemic, this meant that strict infection control measures and socioeconomic activities can be carried out in parallel and at the same time.

necessary items. At the same time, the Ministry of Public Security, the military, and provincial peoples' committees (local governments in Vietnam) began to secure quarantine facilities and quarantine hospital beds. Subsequently on February 1, schools and educational institutions were asked to consider closure and were subsequently suspended in all provinces over the next few days.

Medical care system: On January 28, the Ministry of Health designated core hospitals (Hanoi National Hospital for Tropical Diseases, Hue Central Hospital, and Ho Chi Minh City Hospital for Tropical Diseases) in the northern, central, and southern regions to treat COVID-19. In addition, MOH designated Bac Mai Hospital and National Children's Hospital in the north and Cho Lai Hospital in the south as institutions to respond when these core hospitals reached their capacity. In addition, 270 hospitals nationwide were requested to provide at least 10 isolation beds in each hospital. In addition, the government announced that all expenses related to testing, isolation, and treatment will be borne by the national treasury (after the second wave, this policy was changed to exclude treatment costs of foreigners).

Quarantine and isolation system: On February 7, the Ministry of Health announced the first set of guidelines for quarantine. Those infected and their close contacts were placed in designated isolation hospitals, and less close contacts were sequentially placed in isolation facilities in military, educational institutions, and local government buildings under the responsibility of each local government.

Inspection system: By the end of January, the PCR testing protocol and three top referral laboratories[6] (National Institute of Hygiene and Epidemiology, Ho Chi Minh Pasteur Institute, etc.) in the northern, central, and southern regions were assigned. The expanded the country's

[6] If a positive test result is confirmed by a provincial laboratory, the specimen is transferred to the most competent laboratories in the country for further testing, and the final test result is confirmed.

capacity[7] by utilizing laboratories under the Ministry of Health and those under the Ministry of Defense through technical transfer training and the reinforcement of equipment and materials. As of the end of April, more than 100 laboratories were able to conduct tests, and more than 210,000 tests had been conducted. In addition, Vietnam has succeeded in producing test kits of its own in cooperation with the military medical research institute and a private company.

Border control: On January 11, right after the official announcement of a confirmed case by China, Vietnam introduced health monitoring, body temperature measurement, and quarantine of those with respiratory symptoms in airports[8] and beginning February 1, all flights and the issuance of VISAs for Chinese nationals from the infected area of China was suspended. Border trade with China was also temporary suspended

Use of IT: MOH set up a designated webpage for COVID-19, updated at least twice a day with the number of positive cases, how they became infected, relevant speeches and announcements from government officials, and press releases on new countermeasures. In addition, MOH applied one of the most used SMS apps, Zalo, for messaging accurate and up-to-date information and alerts to its people. All the mobile carriers also let MOH to send text messages frequently to all users beginning on February 3.

Secure necessary goods and supplies/trade control: On February 7, the Prime Minister instructed MOH and Ministry of Industry and Trade to secure materials for masks, and to increase imports, production, and stockpiling. As global shortages became apparent, on March 1, Vietnam introduced a licence system for mask exports.

[7] JICA, as part of the "Project for Capacity Development for Laboratory Network in Vietnam of Bio-safety and Examination of Highly Hazardous Infectious Pathogen" with the National Institute of Hygiene and Epidemiology and the Ho Chi Minh Pasteur Institute as counterparts, first provided support to core laboratories (https://www.jica.go.jp/press/ 2019/20200210_41.html), followed by emergency assistance to local laboratories.

[8] In Vietnam, the airport quarantine system does not have the capability to perform PCR testing, so specimens are taken and sent to a laboratory for testing after the patient is placed in an isolation facility.

In addition, measures for each level of infection spread, from tens to hundreds to over a thousand people, were envisioned as of early February. In the occurrence of community transmission during the second wave and observing the massive transmission in Europe and in US and increasing cases in South Korea, Vietnam introduced a 14-day quarantine for all overseas entrants, followed by the implementation of "social distancing" which is almost equal to a semi-lock down. It took only three weeks for Vietnam to plan and implement all these measures as shown below.

- On March 7, flights from South Korea were suspended and entry into the country of nationals/passengers who travelled through countries or areas with more than 500 accumulated positive cases was gradually tightened. Finally, on March 21, all entry of foreign nationals was, in principle, suspended.
- On March 28, the government prohibited meetings/events, suspended the operation of some non-essential business, and controlled domestic transportation. These measures of "social distancing" were expanded to include guidelines for all nationals to stay home, the suspension of all businesses except essential ones, and the suspension of all public transport.
- On March 4, Prime Minister asked all ministries to formulate an economic support package. Subsequently the policy rate was lowered by the State Bank of Vietnam (central bank). With the introduction of "social distancing" a support package for those businesses/individuals[9]

[9] Government Decision (https://thuvienphapluat.vn/van-ban/lao-dong-tien-luong/Resolution-42-NQ-CP-2020-assistance-for-people-affected-by-Covid-19-pandemic-439660.aspx) assistance package: cash transfers for affected individuals and households, interest-free and unsecured loans (up to 12 months) through the Vietnam Bank for Social Policy (VBSP) for payment of employee salaries for financially distressed enterprises, totalling US$2.6 trillion. Major cash transfers are as follows. For reference, benefits for the elderly who do not qualify for pensions under the social protection system in peacetime are at the level of USD 20-45 per month.

Full-time workers who have been unemployed for more than 14 days: VND1.8mn (USD77) per month for at least 3 months

Part-time workers who are not eligible for unemployment insurance: 1mnVND (43USD) per month for at least 3 months

Self-employed (annual income below 100 million VND): 1mnVND (43 USD) per month for at least 3 months

who were negatively affected by the business suspension or layoffs due to the "social distancing" measures on April 9.

1.4 Early control of community clusters and contact tracing

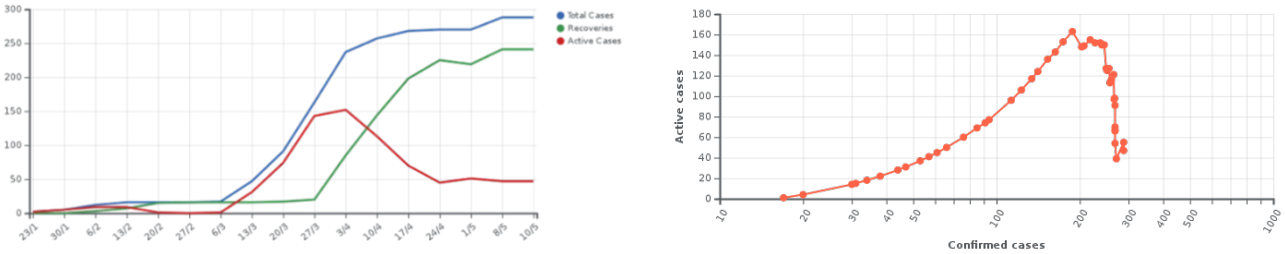
The speed and thoroughness of the Vietnamese response can also be observed in its reaction to the emergence of community cluster and contact tracing of positive cases. It is not comparable to the magnitude of Wuhan, China, however; Vietnamese authorities dared to blockade Son Loi village of Vinh Phuc province with a population of 10,000 for 21 days following the discovery of a community cluster with fewer than 10 cases at the time of the decision. During the second wave, Bach Mai hospital and Ha Loi village at the outskirt of Hanoi were similarly placed under blockade and infections were under control after a few weeks' time. These decisions were made almost immediately and required anywhere from a few thousand to more than 10,000 people to be self-quarantined at home.[10]

To facilitate contact tracing and quarantine, Vietnam created 5 categories of contact, with F0 being the patient who tested positive, F1 being a person in direct contact with F0, F2 being in direct contact with F1, and so forth. This contract tracing mobilized not only health professionals but also the military, public security staff, and local authorities. There was thorough tracing, with a more restrictive medical quarantine for F0 and F1 individuals and self-quarantine for F2 and F3.

Recipients of welfare benefits such as veterans, elderly, disabled, etc.: additional 500,000 VND/month
Poor and low-income households: 1mnVND (43USD) per month / household

[10] In the second half of March, Bach Mai Hospital experienced one of the largest clusters of infection in Vietnam by that time, with 44 people infected. The following is a summary of the blockade that followed the emergence of the cluster.
On 20 March, after two nurses from the Department of Tropical Diseases tested positive, the infection spread to patients and their families, as well as to the staff of Truong Sinh, the company that operates the canteen of the hospital. This included 2 nurses, 15 patients and their families, and 27 canteen workers. In addition to the isolation of 160 health care workers who had direct contact with the infected person (in Vietnam categorized as F1), all those who had contact with the F1 person (F2/contact of F1: 6,000; F3/contact of F2: 14,000) were placed on home quarantine. Of these, 6,650, including healthcare workers and family members, tested negative. The hospital was closed from 28 March (no outpatients or family members of inpatients allowed in the hospital) and the lockdown lifted on 12 April.

The definition of "close contact' is also very broad in Vietnam; for instance, a person who shared an elevator once with an F0 individual would be categorized as F1 and placed in medical quarantine. At the time of the second outbreak, in late March, efforts were made to make a list of people who had entered the country from overseas since early March, and to conduct PCR tests on all of them. In addition, MOH and Ministry of Information and Communication developed an NCOVI app to monitor and update the health condition of users and indicate hotspots of infection, which was also used for penetration of contract tracing and quarantine.



(Left Legend) Blue: Cumulative number of infected patients, Green: Number of cured infected patients, Red: Number of infected patients under treatment
(Right legend) Number of infected patients under treatment / Number of infected patients
(*Source*: Ministry of Health, Vietnam)

2. How did Vietnamese government make decisions on COVID-19 response?

It is not clear when the Vietnamese government acquired information about the emergence of the new infectious disease in China. Based on the fact that Vietnamese authorities tightened their airport quarantine right after China announced its first cases January 11, 2020, it is fair to say that the Vietnamese government had one of the fastest reactions in the world. The first two cases in Vietnam were confirmed on January 23 and 24, Deputy Prime Minister Vu Duc Dam (hereinafter referred to as DPM Dam) ordered an activation of the emergency infection control centre. Although Vietnam was observing the Lunar New Year holidays from January 23 to 29, 2020,

MOH was operating with full capacity, high level and government-wide meetings headed by DPM Dam which later became Steering Committee were held, and the Vietnamese government started formulating its policy response framework with support of WHO Vietnam.

Subsequently, the Vietnamese government established the National Steering Committee for Prevention and Control of COVID-19 as early as January 30 and assigned tasks for respective ministries and local governments, while PM Phuc declared the status of "epidemic" on February 1 in three provinces[11] with only 6 positive cases.

2.1 What is the National Steering Committee for Prevention and Control of COVID-19 and how did it function?[12]

The National Steering Committee for Prevention and Control of COVID-19 (hereinafter referred to as NSC), headed by DPM Dam, functions as the ultimate coordination/consideration body regarding the COVID-19 response. The NSC includes representatives of the Ministries, the Communist party of Vietnam, and media and telecommunication companies, with MOH serving as the secretariat. Members of the committee are the central actors within the Vietnamese political system: [13] Minister of Information and Communication, Deputy Chairman of Central Party Committee of Vietnamese Communist Party, Vice Minister of Foreign Affairs, Vice Minister of the Office of the Government, Deputy Secretary General of the Office of the National Assembly, Vice Minister of Public Security, and representatives from other relevant ministries. Further, on February 8, four Sub-Committees were established respectively for supervision/monitoring, treatment, logistics, communication. Vice ministers of MOH were assigned as the heads of the

[11] Khanh Hoa, Vinh Phuc, Thanh Hoa Province
[12] The positions and titles of Vietnamese government officials in this section are as of 2020.
[13] Decision No. 170/QD-TTg on establishing the National Steering Committee for prevention and control of acute respiratory infections caused by a new strain of Corona virus. http://vanban.chinhphu.vn/portal/page/portal/chinhphu/hethongvanban?class_id=2&_page=1&mode=detail&document_id=198963.

first three sub- committees and a vice minister of information and communication headed the communication sub-committee. On the same day, steering committees at the respective central ministries/local government level were also established and thus a consistent system for decision-making, implementation, and reporting was established.

The NSC supported major decision making related to COVID-19, including reviewing and deliberating on important reporting issues, and sharing proposals and the results of these deliberations with the Prime Minister for decision making. The Prime Minister's decisions were immediately announced by Prime Minister himself or by DPM Dam via media. The same decision was also delivered via official bulletin and distributed in terms of documents addressed to respective ministries/local governments (and upon necessity, local government made its own decisions respectively) delivered to Vietnamese nationals. The frequency of the NSC meetings increased according to the necessity/spread of COVID-19, with an average of three meetings per week from March to April 2020.

In addition, on January 31, the Prime Minister established the Control Group of COVID-19 in the Office of the Government headed by Office of the Government (hereinafter referred to as OOG) Minister Mai Tien Dung. Other members of the group were OOG Vice Minister Hiep, Vice Minister Long for Health, Vice Minister Dung for Foreign Affairs, Vice Minister Son for Public Security, and Vice Minister Dong for National Defence. However, most of the following decisions were announced as the results of NSC discussion or cabinet meetings and there seems to be the redundancy in the advisory function to the Prime Minister; however, it is not quite apparent how this Control Group actually played its role. Because of the shared membership, actual conflict might have been avoided. It is likely that OOG coordinated proposals made by MOH to be implemented by Ministry of Public Security and National Defence, which are relatively more powerful than other ministries including MOH in the Vietnamese government.

2.2 Implementation Structure of the Ministry of Health

The Ministry of Health, which was appointed as the leading organization on infection control, established 45 Rapid Response Mobile Teams (with similar functions to Japan's cluster countermeasure group) on January 29, and subsequently gradually increased the number of teams to more than 100. As mentioned earlier, MOH served as the secretariat of NSC with three vice ministers as heads of the three sub committees of the NSC.

2.3 Financing Response

The central government assisted with funding for the steering committees, as shown in the table below. Support level from the central budget(transfer) was determined according to the level of fiscal strength of the respective provincial local governments, and the utilization of the local government reserve expenses.

In addition to the aforementioned support package, the government and the Ministry of Health's budget covered the cost of isolation facilities and hospital beds, medical personnel, etc., as well as testing and treatment for COVID-19 at full government expense, although the burden sharing has not been confirmed.

Provinces in mountainous areas and central highlands	70% of the necessary expenses supported by the central budget
Provinces that pay more than 50% of their revenue to the central treasury	Self-financed
Provinces that pay less than 50% of their revenue to the central treasury	30% of the necessary expenses supported by the central budget
Provinces with revenue<expenditure	50% of the necessary expenses supported by the central budget

Although it is outside the national budget, as of March 17, 2020, the Central Committee of the Fatherland Front asked for all Vietnamese citizens (in writing addressed to brethren and

warriors [14]), all institutions, organizations, and the private sector to contribute to the costs of isolation and treatment and necessary supports to sustain the lives of the people during the fight against COVID-19, which was expected be complicated and prolonged. The costs included for, thereby overcoming the health and socio-economic crises in a united manner according to Vietnam's tradition. Based on this, public institutions nationwide spread the movement to return (donate) salaries for one day, major banks and companies made large donations, and the media reported on donations made every day. This created peer pressure and promoted the contribution of donations. The state of cash supports to poor families by the collected donations by this movement was also reported by media, and it played a part in alternative functions such as the support package by the government.

2.4 Was the necessary regulatory framework already there before COVID-19?

Since SARS, Vietnam has been steadily strengthening its capacity and developing its institutions and has been working to strengthen its capacity in line with the International Health Regulations (2005) (hereinafter referred to as "IHR")[15], including by establishing a national public health emergency operations centre and a national public health surveillance system. The IHR Core Capacity Joint External Assessment conducted in 2016 rated the IHR Core Capacity as highly capable in the areas of IHR coordination, communication and advocacy, zoonosis, and real-time surveillance. However, it did not score a 4 (demonstrated responsiveness) or 5 (sustainable responsiveness) for any of these areas, and instead achieved a rating of 3 (has response capacity) or 2 (has limited response capacity).

[14] The word "brethren" is used to unite all people including minorities in communist party documents, and the word "soldiers" is used to refer to the fight against COVID-19.

[15] With the aim of preventing the international spread of infectious diseases, the new system notifies WHO not only of disease outbreaks at national borders, but also of all domestic public health emergencies of international concern (PHEIC) in member countries. This system provides a basis in international law for the WHO's international detection and response activities. Each Member State is expected to improve its PHEIC detection and response capabilities.

In terms of the regulations, prior to COVID-19, the followings were in place; the Law on the Prevention and Control of Infectious Diseases of 2007 (No3/2007/QH12), the Conditions for the Declaration and Termination of Epidemics (Prime Minister Decision No. 64/2010/D-TTg), the Guidelines for Border Quarantine for the Implementation of the Law on the Prevention and Control of Infectious Diseases (Decree No. 89/2018/ND-CP), etc. In addition, the country was in the process of implementing the Master Plan (2018-2025) to improve the system in line with the IHR.

2.4.1 Outline of 2007 Law on Prevention and Control of Infectious Diseases[16]

Law on Prevention and Control of Infectious Diseases (the Law) is composed of Chapter 1 General Provisions, Chapter 2 Prevention of Infectious Diseases (Communication and awareness raising of citizens, sanitation, surveillance, test/biosafety, vaccine, infectious control in medical institutions, etc.), Chapter 3 Border Quarantine, Chapter 4 Epidemic Combat (conditions to declare epidemic, condition of the state of emergency, response measures). The law consists of six chapters, two chapters that are less relevant to pandemic. It defines the classification of infectious diseases (Health Minister categorises a class A, B or C infectious diseases [17]) and assigns respective roles of central governments headed by MOH and local authorities. In addition, roles of social organizations and the national defense force are assigned according with their mandate, and in particular, the Fatherland Front[18] is designated to provide necessary information

[16] There is also a section on routine immunisation and hygiene education in normal times, but these are omitted in this paper.

[17] Class A: Infectious diseases that can spread quickly and widely and have a high mortality rate (e.g., A-H5N1 influenza, smallpox, Ebola, Lassa virus, Marburg virus, SARS, etc.); Class B: Dangerous and potentially fatal infectious diseases that can spread quickly (e.g., adenoviruses, HIV/AIDS, rabies, diphtheria, measles, dengue fever, malaria, rotas, etc.) ; Class C infections: infections with relatively low infectivity and risk (e.g., chlamydia, trachoma, candida, hantavirus, etc.).

[18] The political system in Vietnam consists of the Party, state organs, and mass organizations. There are six mass organizations: the Fatherland Front, the General Confederation of Trade Unions, the Peasant Union, the Ho Chi Minh Communist Youth Union, the Women's Union, and the Veterans' Association. Each of these mass organizations has its own special authority and role, has its own allocation of the state budget,

to Vietnamese people and to monitor implementation of the Law. This reflects and is characteristic of the Vietnamese political system. The first half of the Chapter 2 ensures all citizens' right to access information and defines the awareness raising and prevention activities of infectious diseases and respective role of MOH, Ministry of Information and Communication, Ministry of Education, local governments, and media in information disclosure. The Law defines "epidemic" as an occurrence of an infectious disease in a number of persons exceeding the normal projected number of persons during a particular period and in a given area.

2.4.2 Preparedness for a pandemic

Chapter 4 "Epidemic Combat" of the Law seems to have served as the basis of the Vietnamese government's response to COVID-19. The 2007 Law only defines an "epidemic" but not a "pandemic", despite Vietnam experienced SARS and avian flu, therefore, preparedness for a pandemic or infection across the entire country was not yet perfected.

The Chapter states that when a Class A infectious disease quickly spreads across a provincial border, the Prime Minister can declare an "epidemic", and if it spread to wider area, thereby causing an expected negative impact on Vietnamese citizens' health and security and socio-economic development, the Standing Committee of the National Assembly can declare a "state of emergency." If there is no time to hold a Standing Committee session, the President can declare a state of emergency at the request of the Prime Minister.

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and its cadres are Party members, but its members are not necessarily Party members. The Fatherland Front was formed in 1977 by the merger of the Vietnam Fatherland Front in North Vietnam, which was formed in 1955 as the successor to the Vietnam National United Front (Vietrien), and the National Front for the Liberation of South Vietnam and the Vietnam National League of Democratic Peaceful Forces in South Vietnam. Its activities include political education and propaganda, conducting various campaigns and movements, cooperating with government programs, providing economic support to improve people's lives, advising on institution building and policy making, and monitoring, evaluating, and criticizing the implementation of these institutions and policies. At the village or hamlet level, the recreational function of the mass organization is emphasized, and sports activities, singing and poetry contests are planned and carried out, as well as the distribution of emergency disaster supplies.

During the surge of COVID-19, the Prime Minister declared an “epidemic” as a Class A infectious disease (declared twice for three provinces on February 1 and for the whole country on April 1), but it was not declared a state of emergency. In addition, as measures against the epidemic, the chapter stipulates (1) establishment of a steering committee (anti-epidemic steering committee) at the central and each local level and a mobile anti-epidemic team, (2) arrangement of information collection and reporting frameworks from each administrative hierarchy, (3) formulation of guidelines for diagnosis and treatment, (4) resource mobilization of hospital beds, testing institutions, etc., (5) preparation of isolation facilities, (6) closures for restaurants, (7) prohibition of meetings and conferences, etc.

Under the state of emergency, provisions that prohibit access to certain areas, and limit freedom of movement, including the suspension of public transportation, and depending on the situation, the mobilization of human resources and requisition of pharmaceuticals, physical facilities, transportation, etc. are included. In Article 48, the 2007 Law stipulates that a mobile anti-epidemic team (đội chống dịch cơ động) be established by the steering committee and provided for primary emergency care and treatment.

Chapter 5 highlights how Vietnam values infectious disease control, by stipulating training and re-training of human resources involved in prevention and control, various allowances for personnel who take measures against infectious diseases, compensation in the event of infection, and treatment equivalent to martyrs in revolutions and wars at the event of death or injury of those who contributed.

2.4.3 No better preparation than other countries, just applied what was existent

The National International Health Regulation (IHR2005) Master Plan 2018-2025, which was put together in 2018, included a plan to amend the 2007 Law on Prevention and Control of Infectious

Diseases. Revision was planned by 2020, though the progress of the preparation was slow[19]. As was the case in many other countries working to improve their systems to meet IHR, Vietnam's plan was not completed in time for this pandemic. For this reason, there were many countermeasures in which existent regulation were operationally interpreted to implement actual responses.

For example, in COVID-19, the decision document (170/2020/QD-TTg) on the establishment of the National Steering Committee for Prevention and Control of COVID-19 does not mention the 2007 Law as the basis for establishing the committee, but rather the document stipulating the Prime Minister's authority to form a cross-ministerial organization and the Prime Minister's directive to ministries on the COVID-19 response on January 28.

Another case is the Rapid Response Mobile Team (đội cơ động phản ứng nhanh) by MOH decision（225/QD-BYT 2020 "Consolidation rapid response mobile teams to combat COVID-19 outbreak"). This was established based on the 2007 law, but with a different name from the one stipulated in the law. It was designated to provide guidance and support for treatment, care, nosocomial infections, etc. at medical institutions, health facilities, etc., according to the level of epidemic, based on the request from the Ministry of Health and the National Guidance and Countermeasures Committee, i.e., with a slightly more concrete form than stipulated in the Law.[20]

Although the state of emergency itself has not been declared, prohibition of access to certain area, prohibition of movement, suspension of transportation, closure of restaurants, prohibition of gatherings and meetings, etc., which are possible under the declaration of a state of

[19] In the National International Health Regulations (2005) Master Plan (2018-2025), the following issues were identified: review and revision of the Law on Prevention and Control of Infectious Diseases and related bylaws and drafting of the Law on Disease Prevention and Control; the law has been developed to a certain extent, but further legal documents are needed to clarify the division of roles, budgeting, interagency coordination, and investment in human resources and health security.

[20] Team composition: Director, physician (emergency, infectious disease, nosocomial infection), nurse (emergency or infectious disease specialist nurse). At least two teams for each national level hospital and provincial hospital.

emergency under the law, were included in the prime minister's decisions and became the basis for the of what is called “social distancing (Vietnamese version of semi-lock down)” measures.

Although detailed quarantine guidelines were completed in 2018, there is not enough information to analyse how this was carried out in the event of an actual epidemic. In addition, guidelines around isolation were newly developed and disseminated by the Ministry of Health in light of the characteristics of the COVID-19.

In other words, Vietnamese responses were not swiftly implemented because Vietnam was particularly well-prepared in terms of regulations/institutions in normal times. At the first part of the above Master Plan, it is pointed out that although certain legal regulations were developed in line with the IHR, it is necessary to review and refine the responsibilities and authorities of the relevant ministries and agencies considering actual operation. In other words, there was no cross ministerial planning and information sharing mechanism in the event of a public health crisis, nor the sustainability of resources. In addition, although various policies were implemented by the Prime Minister's decision based on the proposals made by the NSC, there were cases where some proposals were changed at the final decision stage by the Prime Minister, for example the decision on target areas where “social distancing” measures could be lifted. In a country where the National Assembly convenes only twice per year for two months at a time, making revision of a law difficult, it is observed that intensive and thorough discussion are done in the NSC, and final decisions are left in the hands of the Prime Minister.

3. Risk communication and how Vietnamese government crafted its narratives

One of the factors contributing to the success of Vietnam's COVID-19 response is effective public communication.[21] The Prime Minister's daily activities were regularly reported by the media even during normal times. Facing COVID-19, the Prime Minister, the Deputy Prime Minister, and the Minister of Health sent out frequent messages in response to the infection situation, strongly conveying to the public the recognition of the emergency. In addition, as shown below, it is interesting to note that while they appear to be issuing timely and balanced messages on infection control and the economic recovery, they are actually clearly communicating to the public the priority of their policies: infection control matters more than economic benefits.

3.1 Rise of the first wave

In his speech on January 27, PM Phuc said, "The fight against infectious diseases is like a fight against the enemy. Ministries, departments, and localities should not be passive but should ensure the health and lives of the people, stop the spread of infection and minimize the death toll. The entire political system needs to work for this purpose." On another occasion, he conveyed the message that "each and every one is a soldier in the fight against infectious diseases" and conveyed that people should recognize that now is the time of "emergency." Throughout early February, the Prime Minister and Deputy Prime Minister often stated that infection control is the foremost priority, but on February 4, the Prime Minister said for the first time since the emergence of COVID-19 that "We should make our best efforts to mitigate the negative economic impact of infectious disease control at the earliest time and maintain the pace of economic growth in 2020."

[21] GAVI (Global Alliance for Vaccines and Immunisation), 20 May 2020, "Here are four ways Vietnam has managed to control COVID-19".

On February 6, the Prime Minister said at the cabinet meeting that the government would accept the loss of some economic benefits in order to maintain the lives and health of the people.

3.2 Termination of the First Wave

At this point (during the first half of February), there had been no talk at all about decreasing their annual target of economic growth or public investment spending. On February 15, Prime Minister said, "We will do our best to mitigate the impact on the original economic growth target and public investment spending while taking measures to combat infectious diseases," and on February 17, "While taking measures against infectious diseases, tapping on the success in controlling the first wave of infections through drastic measures, ministries should do their best to mitigate the negative impact of COVID-19 on the economy." Estimates of the impact on trade and the economy as a whole have been published in late February, and in the Prime Minister's comments on March 2, message was very clear as he stated that "combat against infectious diseases and economic growth remain the government's two major missions, but we are in a phase where the former is a top priority by accepting the loss of short-term economic benefits, and testing and isolation are the most effective measures to do so." At a cabinet meeting on March 3, the Prime Minister also stressed that the tourism and aviation industries were the most affected and that they were starting to consider economic stimulus measures.

3.3 Response to the second wave and implementation of "social distancing"

The second wave of infection, beginning on March 6, spread quickly among the passengers on the flights from European countries and the USA and their contacts. Because some high-ranking government officials were among those passengers, suggesting that considerable tensions had been put on the government, and the frequency of the NSC and subsequent reports of the Prime Minister and Deputy Prime Minister's remarks increased once in every two days. Measures

related to improving border control and contact tracing were subsequently increased. On March 18, the Communist Party of Vietnam, which had not yet appeared at all,[22] also issued a message that infection control was the most important task. The authorities made few remarks about economic recovery until late March, while the Prime Minister's letters were issued thanking medical workers who had surpassed one month's struggle with COVID-19 (March 26) and acknowledging the military forces for its work in border quarantine and isolation (March 22).

3.4 From "social distancing" to economic reconstruction

While prohibiting the suspension of operation of some businesses and meetings as of around March 28, Vietnam started "social distancing" throughout the country on April 1. The Prime Minister's speech notifying the start of three weeks' social distancing was characterized by differentiating between "social distancing" and the "lockdown" carried out in other countries,[23] while it followed the procedure of categorizing COVID-19 as a Class A infectious disease under the 2007 Law on Prevention and Control of Infectious Diseases and declaring an epidemic throughout the country. This is because Vietnamese authorities were well aware that, due to the experience of food shortages during the war, people tend to link lock down to some sort of suspension of logistics and it may cause anxiety in society intensified with food security.

To alleviate such anxiety, the Prime Minister also repeatedly explained that there was no problem in securing food in Vietnam, that the distribution of foodstuffs is excluded from the transport ban, and that price hikes of essential goods would be strictly cracked down on. This way

[22] Under Vietnam's political system, state agencies headed by the prime minister are responsible for carrying out actions under the direction of the party, so the Prime Minister, reporting to the party, took overall responsibility for explaining the situation to the public and directing the various state agencies.
[23] All kinds of business activities can continue, and employees who are deemed essential by individual companies can come to work with infection control measures in place. On the other hand, in areas where positive cases occurred, people who came in contact with infected individuals were sealed off more strictly.

the Prime Minister called on the public to understand the necessity of and support "social distancing."

On March 30, just before "social distancing," General Secretary Nguyen Phu Trong (the highest ranking figure of the party), who had barely spoken of the COVID-19 responses, called for unity among the people. In addition, on the day before the start of "social distancing," the Vietnamese authorities sent a message that measures to support social strata that would be further affected by "social distancing" was under deliberation, and on April 2, the media reported that the support package for those severely affected was at the draft stage of the Ministry of Planning and Investment. The goal was likely for Vietnamese authorities to see how the public would react. On April 9, the Prime Minister announced the support package including compensation for business suspension and layoffs.

Furthermore, to terminate "social distancing," measures were gradually lifted according to the risk level of the respective provinces/cities, and the Prime Minister sent out the message saying, "The battle is not over yet. Let us focus on balancing infection control and economic recovery." Further assessing the situation for the following two weeks after the lift of "social distancing," the Vietnamese authorities started to activate various economic reconstruction initiatives, such as domestic tourism campaigns.

3.5 Disclosure of information as a precondition of COVID-19 response

It is fair to say that it was a quick disclosure of information that supported the reliability of these government executives' remarks. Every day (even twice a day depending on the situation), the number of infected, the number of people infected but already healed, the number of people in quarantine, the number of PCR tests, etc. were disclosed to the public on the Ministry of Health

HP[24] and via various media special webpages, SMS, apps, etc. Because of relatively limited attention to or awareness of privacy among the population, detailed infection routes, places of contact, and medical conditions—including more detailed conditions for critically ill patients—were made public for each positive case. This helped mitigate concerns about the government's concealment of information that arose in the early days of the outbreak. The Vietnamese government also focused considerably on the crack down on fake news, with the Minister of Health publicly identifying and explaining incorrect information as factual errors.

4. Why was swift action possible this time?

The background to the Vietnamese government's ability to take swift and appropriate initial measures to combat COVID-19 will require further academic analysis. However, the following can be highlighted as potential contributing factors:

4.1 Although the regulatory system had not yet been fully developed, the Vietnamese Government had a wealth of experience in dealing with other epidemics such as SARS, and thus it had readiness to consider infectious disease control as part of its national security.

4.2 Against the background of very high sensitivities of the Vietnamese people to health and life, and through effective risk communication, the government was able to foster awareness of the emergency against which the people must unite in order to contain.

4.3 The virus originated from China. There is a deep-rooted sense of caution against China in Vietnam, regardless of whether one is a government official or a member of the Party, and taking a hard-line stance against China has traditionally been one of the easiest way to gain public support and bring people together. While trying not to overstimulate China, there have

[24] https://ncov.moh.gov.vn/

been attempts to unite the country through opportunities to communicate a strong position on China and responses to China. In the case of COVID-19, statements by experts expressing the sentiment around "taking this opportunity to keep sufficient distance with China" have often been seen in the media and newspaper columns.

4.4 There is a strong awareness among the public that the health system in Vietnam is relatively weak compared to those in developed countries. In recent years, Vietnamese government officials and wealthy people have tended to visit overseas medical institutions, and there was a strong common understanding that it was necessary to contain infection before it spread widely in the community. In addition, the news of emerging medical collapse even in many developed countries is seen as a reason why the Vietnamese accepted a thorough response to prevent infection.

4.5 In line with the above, thorough contact tracing and widespread isolation were tolerated in a way that could, to some extent, violate the protection of privacy and personal information.

4.6 The Communist Party of Vietnam was preparing for the Party Congress—which happens once every five years and includes personnel changes in government and the Party— expected to be held January 2021. In preparation, the local level congress meetings were planned to be held from the end of January 2020 after the Lunar New Year. In addition, the selection process for candidates for the Central Party Committee (comprised of around top 200 ranked members of the Party) was still underway. Therefore, there was a strong desire to avoid influencing the schedule for this regime change as much as possible.

4.7 For this purpose, the NSC, a cross-ministerial decision-making body, was established at an early stage, and the Deputy Prime Minister in charge of both health and information and communications took on a coordinating function, supporting the Ministry of Health, which is not usually so powerful, to manage inter-ministerial coordination.

4.8 The ministries, local politicians, and policy makers also had strong incentives to take thorough measures at all levels, as it was a sensitive time for them, as failure to control infections due to their own actions or inactions would mean that they would not be promoted at a critical time when their future promotion was at stake.

4.9 Strong ties of kinship and community, particularly in rural areas, acted as a buffer, allowing parents and relatives to share the burden of raising children when schools were closed for the day, and allowing those in suspension of their work or unemployed urban workers to return to the countryside. In these ways, rural areas served as safety net to those severely affected by COVID-19. In addition, because for Vietnamese people the experience of the war is only relatively short time ago, many adults and the elderly still have difficult memories. Compared the tragedy of war and food shortages of that time, a few months' suspension of normal activities could have been tolerable enough to most of the population. The Vietnamese level of tolerance might have been quite different from others'.

On the other hand, when the rice embargo was imposed, there was an outcry that too much burden was being placed on rural areas. In particular, elderly people in rural areas had to bear the brunt of the burden because their adult children were dependent on elderly households for both childcare and unemployment, and had no money to send home (UNFPA, Help Age). It will be interesting to see how Vietnam's ability to combat infectious diseases will change with future social changes.

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