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Fund

REPORT

MARKET OUTLOOK FOR ELDERLY CARE SERVICE IN VIETNAM

– HCMC, October, 2021 –

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1. BACKGROUND INFORMATION AND REPORT OBJECTIVE

Rapid population ageing have become an increasing concern and challenge for Vietnam. In 2009, Population Census reported 6.1 million of people above 60 years old, accounting for 8.1% (i.e. 1 out of every 12 citizens was at old age). By 2019, the figure reached 11.41 million, i.e. 11.86% of the population, a rise by 5 million old people. The trend is forecasted to accelerate and by 2035-2038, about 1/5 of Vietnam population will be elderly (TCTK, 2016). The absolute figure is projected to be about 21 million people, with 1 out of every 5 habitants will be old. By 2039, the quantile of elder will be larger than children portion. The decline of population quantile in working age will challenge economic development.

In some specific segments, the statistics flags different trends and considerations: 7.7 million old people are living in rural area (67.16%)[1] though seemed to steadily decline; the portion of elderly living in general poor households was about 25% (2016) and in multi-dimension poor household was 23.2% (2017). With the share of the elderly living in poor households doubling the national average in 2020, this raises the question whether the elderly care has increased burden for household living expernses, deepening their difficulties. In a broader context, this falls in line with recent policy recommendations that comprehensive care for the elderly is one key contributor for sustainable development[2].

On 20 Jan 2021, Ministry of Health issued the Decision 403/QD-BYT for the Action Plan for Elderly Health Care by 2030 of MOH. The Decision and the Plan state that “The 21st century is the century of population aging[3]. Around the world between 2000 and 2050, the proportion of the population over 60 years old will double from 11% to 22%. The number of people aged 60 and over (age 60+) is forecast to increase to 1,400 million by 2030 and 2,100 million by 2050[4]. In ASEAN countries, there will be nearly 60 million elderly people, accounting for 9.3% of the total population and by 2050, the projection is 24%[5] of the total population and ASEAN will become an aging society.

[1] The Population And Housing Census 2019: Population Ageing and Older Persons in Viet Nam, https://vietnam.unfpa.org/vi/publications?fbclid=IwAR1ATCd8JRZQK7CSlr3NY04uJYKOXkysw3h_FpU0tdDohK5ywPOWo4bwKjc

[2] https://www.helpage.org/what-we-do/post2015-process/

[3] UN, a country is defined as "aging" when the share of people aged 65+ is above 7%, "aged" when it is 14% or more, and “super-aged” when it exceeds 21%, for 60* will be 10%, 20%, 30%

[4] WHO, Global Strategy and Action Plan on Ageing and Health, 2016

[5] UN, World population Ageing 2015: UNFPA, Stale of World Population, 2015

Viet Nam has officially entered the "ageing phase" since 2011[6]; by 2019, the elderly population accounted for 11.86% of the population[7]. It is forecast that the proportion of elderly people will increase to 16.53% in 2029 and to 24.88% in 2049[8]. Viet Nam is one of the most rapidly ageing countries in the world. While it took several decades for developed countries to transition from aging to aged population, for instance France (115 years), Australia (73 years), it is estimated to take only 26 years for Viet Nam[9].

The plan under Decision 403/ QD-BYT clearly defines: “Increasing life expectancy is one of the crucial achievements in socio-economic development in general and health care in particular. However, rapid population aging will also bring in mounting challenges for social asistance system, workforce and employment, transportation, entertainment and recreation, ... especially the elderly health care system in our country”.

From a market development perspective, with rising income and a growing economy, these challenges and problems for the system are potential business opportunities for the development of services for the elderly in Vietnam. However, a preliminary screening found that the supply for elderly care service in Vietnam is still quite fragmented and scattered, remarkable under-developed compared to the diverse and fast emerging demands, especially with higher pressure in the context of the COVID-19 pandemic. Recognizing this potential, Vietnam Chamber of Commerce and Industry, branch in Ho Chi Minh City (VCCI-HCM) with the support of the United Nations Population Fund (UNFPA) and financial support from the Government of Japan, decided to conduct an assessment on potential needs and market outlook for elderly care service to determine the market development potential of elderly care services. The key research questions focus on current and future needs of the elderly and availability of these services in their neighborhoods to identify any demand-supply gaps for each service, with additional analysis based on gender, location, age, current generation of elderly people and the next generation (who will become the elderly in the future).

The results of this study are expected to provide a useful reference for state management agencies, service centers, service providers and the elderly, with the aim of facilitating the participation of the business community in developing and improving the quality of services for the elderly in the coming time. With this in mind, the study findings and this report focus on proposing business and service models that help build directions for businesses to leverage this potential and fast-growing market.

[6] GSO, Results of the 2011 Population and Family Planning Survey, the rate of elderly people 65+ is 7%
[7] GSO, Concensus 2019
[8] GSO (2020), Population Forecast, 2019-2069
[9] World Bank, live longer and prosper, 2016

2. RESEARCH METHODOLOGY

The initial design for the research included:

- Desk-study: literature review, (documents, reports, statistics); study and analyze documents, reports of a number of developed countries to identify some current needs and to predict future needs along with the trend of increasing incomes and living conditions;
- Primary data collection and by:
    - Qualitative data through in-depth interviews with experts, key informants from Ministry of Health, Ministry of Labour, Invalids and Social Affairs, elderly care service providers;
    - Surveying and interviewing the elderly in some areas and some facilities for the care and treatment of the elderly throughout the country.
- Gap analysis for shortages between demand forecast and supply capacity, thereby identifying opportunities for intervention, investment, and provision of products and services for different market segments and regions.

However, due to the impact of the 4th wave of the covid pandemic, primary data collection by direct visits to some elderly care facilities could not be realized. The modified alternative method is mapping with a quantitative survey using a simple and online questionnaire to capture an initial understanding of local needs and services.

The review team developed a questionnaire ANNEX 1.) on a google form and shared it through social media channels and other networks, using a team of local collaborators to assist with the interviews. In order to support the elderly to participate in the responses, the interview guide clearly states that questions 1-2 need to record and reflect truly opinions from the elderly, then self-assess their own needs and review the supply of health care services in these areas.

Although this online survey could help to enable fast outreach with more than 300 respondents, this method has some limitations as follows:

- Surveys using online questionnaires with assistance of another person will limit the elderly people's direct answers, particularly when there is some sensitive and delicate information;
- There can be certain levels of influence in answering the questions for the elderly as well as for the young people when they estimate for themselves in the future;
- The sample may not be random and representative enough and might be bias on groups with more accessibility to social media, IT skills, etc. Access to rural

respondents, low-income groups, or remote groups with less internet may need further exploration.

The total number of complete questionnaires was 321, however, a review indicated that there were 24 questionnaires filled by those in the same area at more or less same time, in which case, the review team decided to use only ½ of these questionnaires using a random sampling interval of 2 (one questionnaire dropped after each selected). The total number of questionnaires for analysis was 309, including 220 from urban informants and 89 from informants in the provinces in Vietnam. Sample features for the review are presented in Figure 7. Survey sample by age group, Figure 8. Survey sample by gender and age groups, Figure 9. Survey sample by family model and Table 2. Needs, differences and gaps in Section 3.3.1. introducing the survey form and data analysis results.

As mentioned in the previous two sections, given contextual limitations and specifics of assessment objectives and audience, this review is not an academic, in-depth, descriptive statistical analysis using specialized quantification methods. The basic value from data obtained from the online survey questionnaire is indicative of the highest demand groups while identifying the local demand-supply gaps for some basic elderly care services. This is an opportunity for service provision where the private sector can be engaged to address the needs, which is precisely the objective of this report.

3. KEY FINDINGS

3.1. Market Opportunities

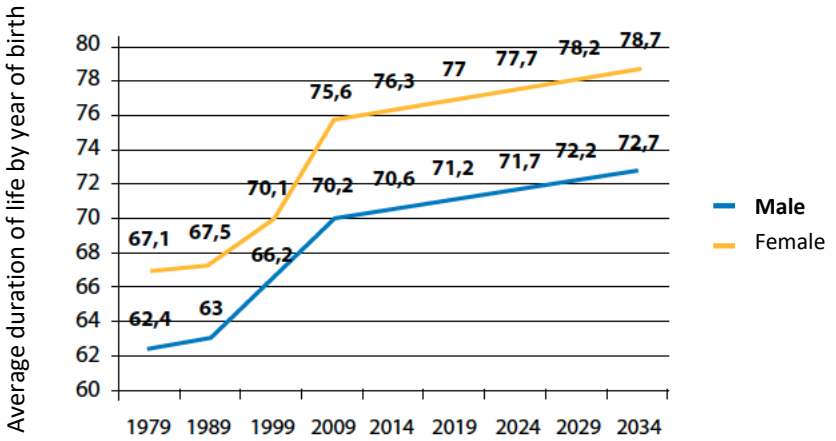
3.1.1. Overview of population aging trend, scale forecast

3.1.1.1. The Population of older persons by age and genders

Vietnam's population changes in structure significantly. The majority of working people aged 15-59 was 64.85% in 2019, down from 66.86% in 2009. Although still in the golden population period, Vietnam has entered population aging and has the fastest aging rate in the world. The life expectancy of Vietnamese older persons has increased because they have access to health services and the quality of health care services is improving. Over the past 30 years, survey data have shown that mortality rates have decreased and life expectancy has increased. Life expectancy increased from 62 years to 71 years for men and from 67 to 76.3 years for women between 1989 and 2019.

Figure 1 shows the increase rate and difference in life expectancy for both male and female. It is predicted that Vietnamese people will live longer and by 2034, life expectancy for men will be 72.7 years and that for women will be 78.7 years.

Figure 1. Increasing level and difference in life expectancy of Vietnamese male and female, 1979-2034



Source: Data from the 2014-2019 Population Census and Forecast, GSO

According to Census population and housing in Vietnam, the number of older persons aged 60 and over in Vietnam increased from 4 million people, accounting for 6.9% in 1979 to 7.45 million people (accounting for 8.68% of the total population) in 2009 and 11.41 million (accounting for 11.86% of the total population) in 2019. Therefore, as of 2019, 1 out of 9 people is aged 60 or over. On average, from 2009 to 2019, population increases by 1.14%/annum, the older population increases by 4.35%/annum.

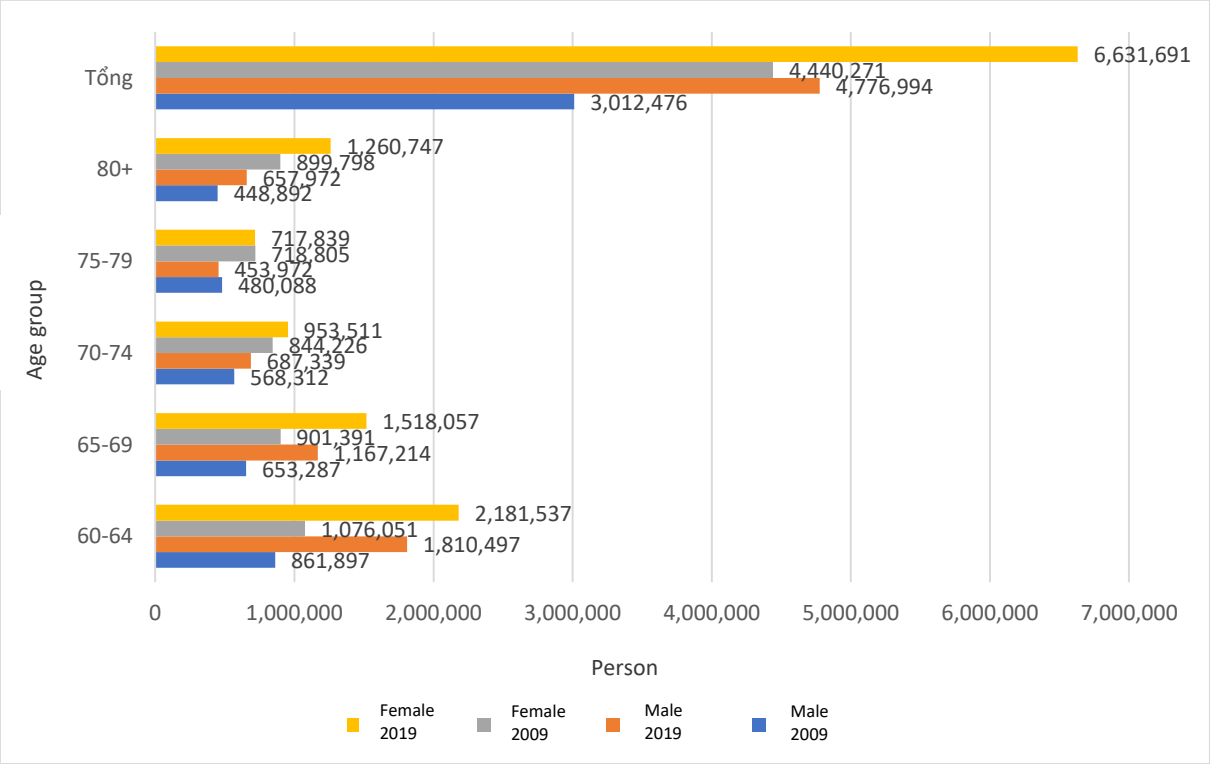
Population projections of the General Statistics Office show that this trend will increase rapidly and by 2038, the population aged 60 years and over will reach more than 21 million people, accounting for 20% of the total population, that is 1 out 5 people will be the older persons. By 2039, it is forecasted that the number of the older persons in Vietnam will exceed the number of children. In addition, the working-age population is starting to decline, and this fluctuation is likely to have an impact on economic development.

Compared to other ASEAN countries, since 2000 the proportion of older persons in Vietnam has been in the third place, after Singapore and Thailand. By 2035, with the proportion of the older population accounting for nearly 20% of the population, Vietnam ranks third in population aging countries in ASEAN.

Figure 2 details the distribution of the population of older persons by gender and age. In the period 2009-2019, the growth rates of the female older population and the male older population were both above 4% (specifically, 4.09% and 4.72%). In terms of age groups, in the period 2009-2019, the growth rate of the Sexagenarians (60-69 years old) was the highest, about 6.5%/year, followed by the Septuagenarians (70-79 years old) under the age of 10. 1% and the Octogenarians (over 80 years old) is 3.6%. In 2019, the total female older population was more than 6.63 million and the total male older population was 4.77 million. Women

have a longer life expectancy than men, and the proportion of female older population increases with age. According to the UNFPA 2019 report, the proportion of female older population of Vietnam is the highest among ASEAN countries.

Figure 2. Distribution of older population by genders and age in Vietnam, 2009 and 2019

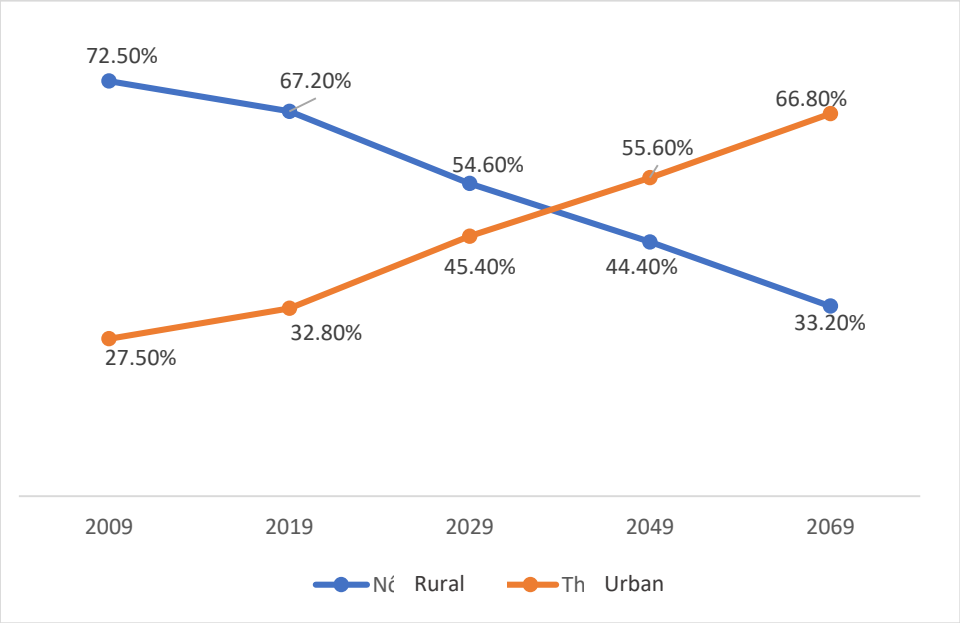


Source: Population aging and older persons in Vietnam, GSO 2021

3.1.1.2. Older persons by area and region

Most of the older persons live in rural areas. However, Figure 3 also shows that the proportion of the older persons living in rural areas is declining, which means that the proportion of older persons living in urban areas has increased, although there is a trend that the older people have higher chance of living in rural areas, especially the Octogenarians (over 80 years old) in the past 10 years. Given the pace of urbanization in Vietnam, the trend is expected to prolong. Figure 3 forecasts the distribution of older persons by rural and urban areas in the period 2029 - 2069. By 2069, the proportion of older persons living in urban areas will be twice the proportion of older persons living in rural areas.

Figure 3. Proportion of the older persons living in rural and urban areas 2009-2019 and forecast for 2029-2069



Source: GSO (2020) and UNFPA 2021 data

In addition, the North Central Coast and the Northern Delta are the two most densely populated regions in the country. Correspondingly, the proportion of the older persons in these two regions is the highest among the six socio-economic hubs of Vietnam, the third is the Mekong River Delta region and the lowest is the Central Highlands.

3.1.1.3. Family status, education level, income

According to the General Statistics Office report[10], the majority of the older persons are married or widowed. Statistics show that older persons widowed women account for more than 80% of all age groups. The rate of the older persons separated or unmarried is low. According to the above survey, the proportion of the older persons with disabilities living alone (13.7% in 2019) increased over time in urban and rural areas. The proportion of the older persons living with only their spouse also increased (14.1% in 2019) and increased in both regions, especially in rural areas. This shows that the older persons live more independently, and part of the reason can be from the trend of urbanization and migration of young couples from rural to urban areas. This is an issue that will need to be further analyzed to create a platform for the implementation of services in rural areas and the ability to provide financial assistance and transfer money from children. More than 60% of the older

[10] GSO (2021), Aging population and older persons in Vietnam

persons live with at least one child, of which 73% of the Octogenarians live with children (VNAS, 2019).

The older persons are getting more and more educated. However, the older male persons living in urban areas have higher education than the older female persons living in rural areas.

In 2019, 35% of the older persons are still working[11]. However, most of them are unskilled labor or household business. Female older persons have lower employment rates than male older persons; and urban older persons have a lower employment rate than in rural older persons. According to VNAS 2019, 52.4% of the older persons interviewed said that their income is enough for daily expenses, of which the rate in rural areas is 46.5% lower than that in urban areas, 3%. Therefore, the main problem faced by the rural older persons is securing income (finance) for daily expenditure needs. In 2016, the proportion of the older persons living in severe poverty (less than half of the income of the poverty line) and poverty levels ranged from 9.25% to 12.29% depending on age groups (UNFPA 2019). In 2020, the proportion of older persons living in poor households will decrease to 7.4% and the proportion of above the poverty line households to 5.3% (VNAS 2020).

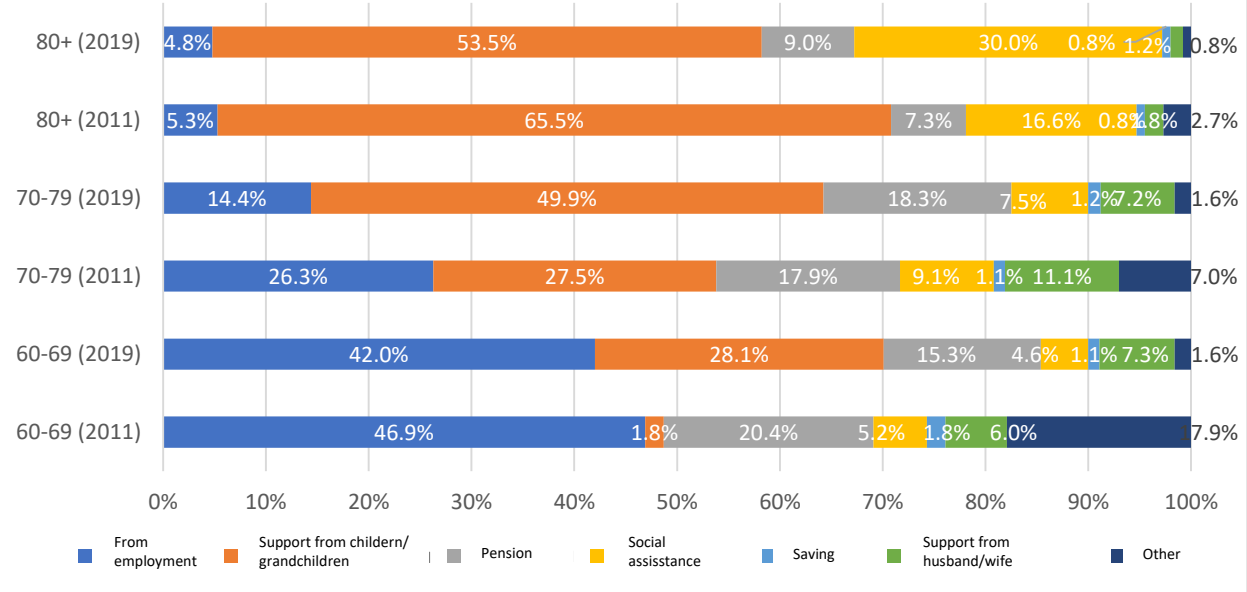
In 2011, 90% of the older persons had no savings and only 10% of the older population had savings (VNAS 2011). By 2019, the proportion of the older persons without savings (in gold and money) was 71.8% among the sexagenarians (60-69 years old), 76.7% among septuagenarians (70-79 years old), and 85.2% in the octogenarians (80 years and older) (VNAS 2019). Of which, male older persons have a higher saving rate than female older persons, 27.1% compared to 23.3%. Most of the older persons used their savings to pay for medical expenses, and only 10% spent on their children and grandchildren and 8.5% spent on their own lives. Therefore, the older persons' first concern is to have and use their finances for their health.

According to the Vietnam Aging Survey (VNAS), the number of elderly people reporting that their main source of income is support from their children/grandchildren increased 2.5 times, from 32% in 2011 to 81% in 2019. Other sources of income for the older persons include income through work, pensions, savings and spousal support and monthly payments from the state. The percentage of the older persons who reported that the main source of income was from social allowances and support from their spouses in 2019 increased significantly compared to 2011. Notably, the percentage of the older persons who have the main source of income from annual savings for 2011 and 2019 are roughly equivalent (14% and 14.8%). Although the number of people with savings tends to increase slightly, income from savings accounts for only 1% of income, and less than a quarter of the older persons have savings.

[11] Per report of GSO 2021, "this report regards older persons having jobs who are working for at least 1 hours for the past 1 week to generate income for themselves or families."

Figure 4 demonstrates the income sources of the older persons in the past 12 months before the survey in 2011 and 2019. Income from employment tended to decrease for all 3 of age groups. For the older persons, the social allowance spent almost doubled, showing that there is a good impact of the policy to support the oldest group of people.

Figure 4. Change in the share of income sources of older persons among the 3 age groups, 2011 and 2019



Statistics indicate that if the source of support from children/grandchildren decreases as well as if the working capacity of the older persons reduces due to many reasons, the income of the elderly will decrease significantly. That will be a huge obstacle in ensuring the income and living standards of older persons while pensions and social allowances are still low.

The financial dependence rising on children and grandchildren is likely to continue in the coming time because it is clear that pensions and social benefits can hardly keep up with increasing spending needs for the health of older persons while self-care capacity declines over time. This factor has important implications for marketing activities and market access for businesses providing products and services for older persons in different segments and age groups.

3.1.1.4. Health conditions

Data from surveys of the elderly show that the main disease patterns among the elderly are non-communicable diseases. The prevalence of hypertension in the elderly increased from 20% in 2003 to 45.6% in 2011 and 52.6% in 2019. The next most common

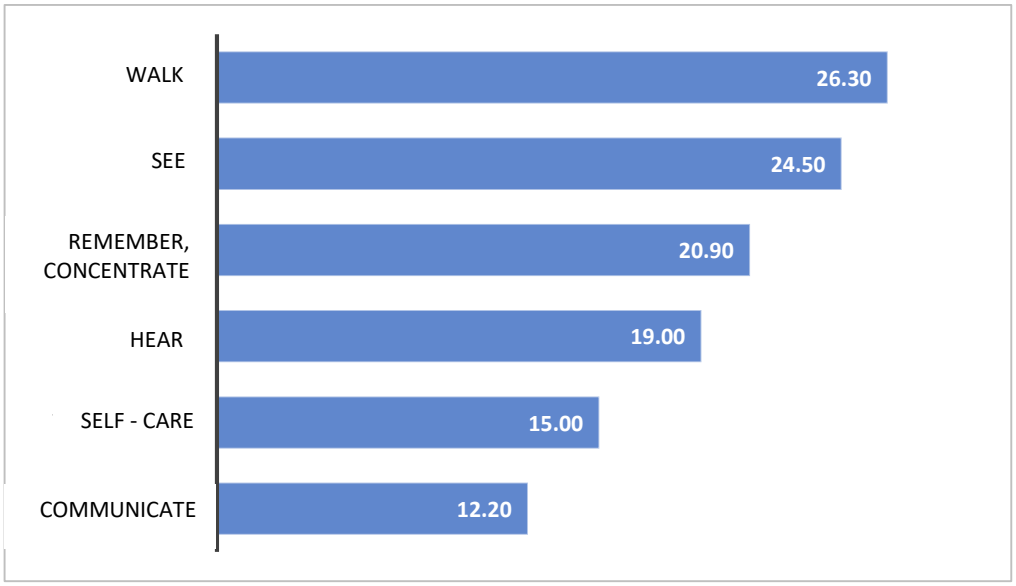
diseases in the elderly were arthritis (37.6%) and cardiovascular disease (20.3%). Some other diseases such as cancer and chronic obstructive pulmonary disease (COPD) were also common and strongly increasing. The prevalence of diabetes also increased by nearly three times among elderly women (5% in 2011 and 14.3% in 2019) and by 1.25 times among elderly men (6.8% in 2011 and 8.5% in 2019). Diseases with the highest proportion of patients include diabetes (96.7%), high blood pressure (93.4%), vestibular disorders (90.7%), osteoarthritis (85.5%) and arthritis (83.1%) (VNAS 2019).

In addition to the mentioned-above diseases, a number of mental health-related illnesses such as dementia ('dementia') are also noteworthy, although data are lacking. Referring to Australian data, it shows that the rate of the older persons over 70 years old with dementia has increased and especially over 85 years old is 29% (Australian Aged Care Quality and Safety 2019). Dementia is the leading cause of death among elderly Australian women.

According to a study by the Central Geriatric Hospital from 2015 data (the Central Geriatric Hospital, 2016) on average, an older person suffers from 7 diseases. Common chronic diseases and noncommunicable diseases are the main causes of disability. The older persons have a high chance of being disabled and this rate increases with age. The older the person is, the higher the rate of difficulty in functioning (walking, hearing, seeing, remembering, etc.) Female older persons and ethnic minority older persons have a higher rate of difficulties than male older persons and the Kinh older persons (GSO 2021). The older persons with walking difficulties account for the highest percentage, followed by vision and hearing difficulties.

The proportion of the older persons with at least one challenge in activities of daily living (ADL) increased from 28% among those aged 60-69 years to more than 50% among those aged 80 years and over (Ministry of Health, 2017 and UNFPA 2019). About 15% of the older persons have obstacles related to self-care and daily living, and they have a need for long-term care services. However, among those who need support in daily life, more than 25% do not receive the necessary support, and this proportion is higher among female older persons. It can be seen that the demand for long-term care services increases in the older persons (UNFPA 2019). Figure 5 show the difficulty rate of the older persons by functioning and activity.

Figure 5. Percentage of difficulties encountered by the older persons by functioning, 2019



Source: Self developed using GSO (2020) and UNFPA 2021 data

3.1.2. Demand forecasting

The market for care services and products (pharmaceuticals, assistive devices) for the older persons is a potential market. According to Data Bridge, this potential market will have an annual growth rate of up to 7% between 2020 and 2027, forecasting this market will be US $1,944 billion in 2027. The major triggers of growth are population aging, increased rates of chronic diseases among the older persons, and better awareness of home care services of older persons. The report also forecasts the annual growth rate (2020-2027) of the Asia Pacific region at 7.7%. Another report by Asia Advisers Network predicts the growth of nursing care in the Asia Pacific region by 14.6% annually between 2018-2022. However, the report also shows challenges for this potential market due to high costs, especially for the older persons with many functioning obstacles (older persons with disabilities) and workers in the service sector. This service lacks specialized knowledge and skills.

Similar to other countries in the region, the service market for the older persons in Vietnam has high potential, especially when Vietnam's population aging ranks third in ASEAN. Presently and in next decade, Vietnam will face the challenge of providing and paying for long-term care services for the older persons.

Firstly, the increasing life expectancy leads to a rising need for health care and social care among the sexagenarian and octogenarian groups. Besides, the low birth rate and small family size lead to a decrease in the care of relatives (children, grandchildren) for the older persons over time. Many older persons are starting to choose to live alone. Several studies have shown that older persons with higher education and experience are more likely to live

independently, including moving to nursing homes (Huyen, 2017). There is an increasing need to provide care for the older persons (hired).

The silver age service market has great potential especially for potential customers whose concerns are physical and mental health. According to the Prudential 2020 survey on independent living in old age with 30-45 years old, for them, physical health is the top concern (59%), followed by mental health (30%).%) and finally, finance. An estimated 85% of respondents wish to lead an independent life in their old age. In particular, this rate is even higher in the group of people who are most concerned about financial issues in older persons (95%). This will be challenging given that only 40% of respondents plan for old age before age 45. In the next 15-20 years, these people will be potential customers for older persons care services. Yet only 4 out of 10 Vietnamese have a plan for old age according to the Prudential 2020 survey on independent living in old age. However, the 2019 Elderly Survey (VNAS 2019) shows that less than 25% of the older persons have savings. That said, planning for getting old should include setting up a personal savings fund for life after age 60.

Statistics show that the educational achievement of older persons has improved. Older persons are educated, experienced and having savings (about 10% of income) helping them to become more independent from their children in terms of economy and personal life to gradually improve. Most of the older persons' income is spent on health care. Older persons' priority for physical health is the same as that of middle-aged people (Prudential 2020). Therefore, the demand for qualitative and quantitative health care services of older persons will increase.

In addition, people who need specialized services such as medical care and support for daily activities, live mostly in rural areas, with lower incomes and access to services than the older persons in the city. Currently, when the proportion of older persons living in rural areas, the demand for elderly care services in rural areas is high. Especially the nonagenarians with economic and health indicators shows the need for care but the ability to pay is low. In addition, feminization of aging means that the gender ratio should be factored in the design and delivery of care services, including long-term care.

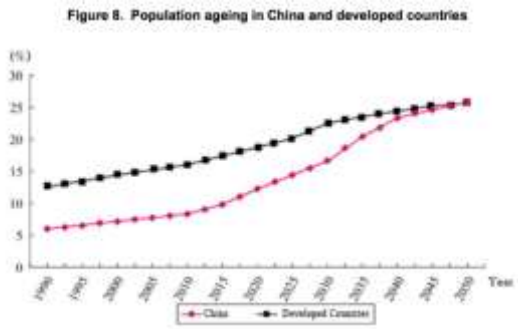
Some studies also show that older persons are more likely to be lonely and isolated, have difficulty in making friends or have difficulty in participating in community activities. As a result, older persons are at high risk for physical and mental health, which in turn affects their quality of life.

According to many analyses from other statistics and researches, with the increasing number of the older persons, the need for health care services will be the first priority, followed by independent living (community care), followed by services to improve spiritual life. This report is expected to specify needs, update according to social and cultural trends and changes, and suggest opportunities for this potential market.

3.3.1. Reference from international

Due to many similarities in anthropological, environmental, cultural and economic development processes, Vietnam's aging population growth trend is considered to have many similarities with Thailand, China and Japan, Korea. The following section summarizes a few reports and studies to refer to the confirmed elderly care needs from China.

A report of analysis for China's population aging trend from 2013 (OECD-Leed (2013)[12]) has stated quite several notable needs and trends such as:



- The elderly will make up about 20% of China's population by 2030 and 25% of the population by 2050.
- The identified main needs will change and be increasingly diversified according to the development of economy, culture and society, including:
    - Health care products: drugs, nurses, nursing staff, medical equipment; periodic health examination services, functional foods, nutritional supplements, personal care products,
    - Connection services, legal advice, marriage and related services in entertainment, insurance consulting, financial management consulting, travel services and education/training services for the elderly are also very potential;
    - Consumer products, daily support and specific for the elderly will also become very potential such as wide pocket wallets, easy to use, large screen phones, large clear letters for hand and eye functions which are at risk of deterioration of the elderly.
- According to the report, some of the services that were rolled out in China and Beijing at that time include:
    - Network of facilities to support the elderly: started to form in about ½ of wards in urban areas, 80% of towns and villages/communes;
    - Policies to encourage socialization of social officer networks, service provision for the elderly, criteria for evaluating state aged care facilities and Commitment to Ethics and Responsibility for the elderly (Code of Conduct). Professional standards and the development of elderly care standards developed and implemented for a network of full-time social officers and volunteers;

[12] https://www.oecd.org/employment/leed/oecd-china-report-final.pdf

- In Beijing, the government implemented a policy of regular allowance of 100 yuan (about VND 280,000 at the time of 2012-2013) for the elderly over 80 years old. This cost is estimated to cover 6 necessary daily services such as house cleaning, rehabilitation, mental health, information, education. 4,400 people were recruited to work full-time in home support for the elderly, expanding the human resources for this service area. Psychological support is also available with 35 companies contracted with the Beijing government to support psychological counseling services.

- **The scale is estimated at 10 billion yuan in 2010, the actual provision of services for the elderly in China is actually less than 10%.** Significant challenges and difficulties include:
  - The system of organizations and policies has not developed to keep up with the increasing demand (including social insurance, health care, retirement, personal income tax, public investment policies);
  - The public service system for the elderly is still very limited, both in urban and rural areas. The problems and challenges mentioned are quite similar to the situation in Vietnam: while more and more elderly people in rural areas take care of themselves because their children have migrated to urban areas, and if migrating to urban areas they will face significantly higher costs;
  - Financing for investment is a challenge: public investment has not been balanced and remains very limited in terms of investment content for pensions and the elderly support system; while the pension fund system is at risk of obvious difficulty to ensure payment.
  - There is still a lack of policies to attract private investment in terms of revenue opportunities, tax policies, and access to capital because this type of investment is too specific in terms of capital cycle and investment requires a very long time
  - In terms of products for the elderly, there are not many diversified and quality products;
  - The system of criteria and service standards has begun to be introduced, but in order to be consistent, to ensure the interests of the elderly while being attractive enough to attract private investors, it will still require a lot of efforts and the role of the state and government.
  - There are a number of elderly care facilities, but most of them are only in the segment of the elderly with economic conditions, there are no facilities for the middle and low income segments.
  - The service force for the elderly has clearly begun to form, but the working conditions, working environment and remuneration are still quite limited.

- Maintaining and developing this team is also a challenge that cannot be ignored.

- The direction suggested by this report includes the need to look at the pillar sectors to have a strategy to build and develop services and move up with certainty. The role of the government should be viewed from the following aspects: (i) developing policies and mechanisms to support the elderly who are no longer able to care for themselves, (ii) expanding the network of care facilities for the elderly through investment and service development programs; (iii) strengthen support from families, communities, aged care facilities and promote service industries for the elderly.

From the perspective of services and markets, depending on the elderly (potential customers) will need to delve into each segment to have appropriate priorities and investments. For example, an analysis report from the group of lecturers at Xiamen University of Public Health in 2020 (Y Zeng 2020) shows that for the oldest group (>80 years old), due to obvious physical changes living conditions, the highest needs are home visits, health education, and spiritual comfort.

Developed countries

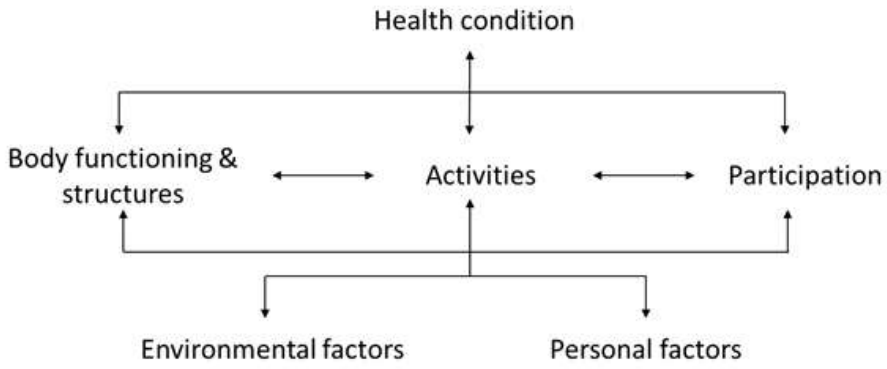
To look further and broader, prepare for the future as well as be able to anticipate the experiences of developed countries in caring for the elderly, this study also consults some information from projects in the European area. The information focuses on understanding other needs that may arise with the advancement of science and technology as well as personal development.

According to the WIPP analytical framework for Germany and Denmark from 2017[13] on Proactively welcoming healthy old age, based on the ICF[14] model of the World Health Organization, three important pillars are identified to achieve that goal:

- Healthy body
- Daily life cultural, social and physical activities
- Participation in society: maintain a social network, maintain autonomy and independence and maintain position, participate in social activities.

[13] A joint German-Danish project since 2017, testing new models and initiatives on social welfare with the aim of supporting and promoting the proactive approach to welcoming a healthy old age. (Active and Healthy Ageing) - https://www.wipp-online.eu/en/active-healthy-aging-in-the-context-of-the-icf-model/

[14] The ICF (Impairment, Disability and Handicap) model introduces the concept that a person's "functioning" level is an interactive relationship, the impact between that person's health status and other factors. environmental and personal factors. This is a physiological-psychological-social model, based on a combination of social and intervention models.



The WIPP project identified the basic elements and also the needs to ensure that these three pillars are achieved, viewed from an internal and external perspective, in which the factors from the external environment play an important role but need to be balanced, prepared, closely linked with the internal factors:

- **Environment**
  - Safe living conditions,
  - Continue to work and contribute
  - Available health care and assurance services
  - Having health insurance and regular health care programs
  - Having quality treatment facilities and services
  - Safe accommodation
  - Safe traffic
  - Social supports
  - Financial security: savings, retirement, social insurance
- **Individual**
  - Personal characteristics and abilities: integration, mental stability, confidence, adaptability, initiative to change when necessary
  - Lifestyle: physical activities, nutrition (living habits - eating, drinking, ...)

WIPP project analysis and research shows that individual platforms are the most important tools for Active Healthy Aging. Therefore, WIPP's activities have approached in the direction of preparing, empowering the elderly and consider it the most basic way to help people proactively welcome a healthy aging.

Going further into personalized services, also using the ICF analytical framework, the *BMC Geriatrics*[15] *study for UK elderly in 2019 reviewed around 40 studies globally that more specifically identified, supplemented some of the more detailed needs and services of elderly people living at home as follows:*

[15] https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-019-1189-9

Health/physical needs, physical activity

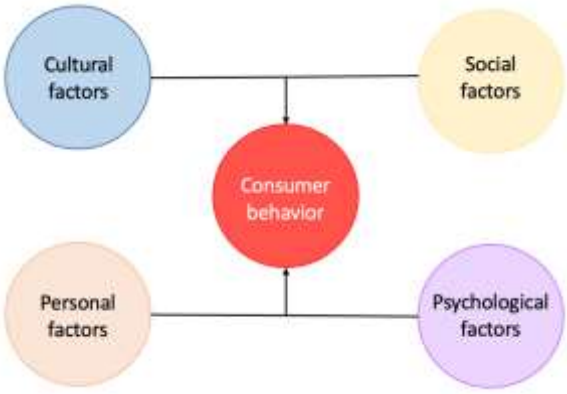
- The need to exercise
- The need for mobility support
- The need for support to take care of themself, reduce feelings of annoyance, dependence

Mental health needs

- The need to work, be dedicated, help others, live meaningfully
- The need to have friends, confiding to reduce the feeling of loneliness
- The need to regularly communicate with family, friends, neighbors, community, and society
- The need to participate in an activity, a close-knit network such as a poetry, music, sports, ... or even people with the same problems, physical and mental difficulties (peer groups)
- The need for advice from reputable and reliable medical "experts" (nurses, doctors)
    - to find ways to take care of themself, reduce feelings of distraction, dependence
    - about movement, strategy, how to adapt when having difficulties in movement, communication (listening, speaking)
    - about mobility aids, communication, ... (types - normal to high-end - adapted to each house type, cost, price, etc.)
    - about medical examination and treatment procedures, pre-consultation and even after-treatment consultation, returning home

- The need for a focal point of information about types of services, care channels, consulting channels
- Demand for financial advice: financial preparation for old age, legal advice, financial management, asset management, inheritance, ...

3.1.4. Specific factors - the needs of the elderly - one of the complex and complicated needs



The above has listed and analyzed the basic and traditional needs according to anthropological characteristics, from a psycho-physiological perspective. The prominent factors in the aging trend of Vietnam are the feminization of the elderly, the average income and accumulation at a modest level. But the increasing trend of elderly people in urban areas such as in the Red River Delta and Mekong River Delta with better economic conditions are potential signs for service market development. However, with these potential customer groups, to really develop the market will need to analyze and calculate more carefully the factors affecting demand such as cultural, social and psychological factors.

Through discussions with experts, the elderly group in Vietnam has very specific and different factors:

- Psychological: The change and loss of many functions, low self-esteem, feeling helpless are the basic reasons for many other psychological reactions such as temper, irritability, negative thinking, nostalgia. antiquated, pessimistic;
- Cultural and regional factors: In Vietnamese families, the culture of "respecting the top and giving below", "The children can't care for their father like his wife can" is still a long-standing tradition. Even patriarchy in some northern or central regions, with men playing the main role and having a decisive voice in the family, is also a factor that needs to be carefully considered in the care, counseling and providing services for the elderly.
- Traditional factors - gender roles: For women, the tradition of holding back, enduring, especially rural women can be psychological obstacles to openly sharing both psychological and physiological difficulties. In contrast, due to the traditional factor of division of household chores, men's ability to take care of themselves may become more limited than that of women.

These factors should not be ignored before calculating and investing in facilities as well as human resources for this service sector. This is also the experience from developed countries like Germany, which are facing a huge shortage in human resources for elderly care. Although they has had to attract and use imported labor force from Eastern Europe, Southern Europe and Vietnam for many years, this is still a very challenging problem. Differences in

culture and language are all significant barriers for the development of human resources and, more importantly, affect the effectiveness of patient care[16].

A rather typical and important need, often overlooked in the elderly, is sexual and reproductive health.. *WHO & UNFPA reports from 2013 on Sexual and Reproductive Health[17] and Shirin Heidari (2016)[18] for the world have shown that in studies and respectively, services to support older people often miss this "typical"need .The word "typical" is emphasized with the following meanings:*

- This need and topic have not been paid much attention in research so far. The concept of life expectancy is well analyzed, but sexual life expectancy has not been thoroughly analyzed. Effects on the overall health (wellbeing) of the elderly are beginning to be routinely studied. However, there is a statistical trend recorded in many developed, high-income countries that many older people continue to have healthy sexual relationships to create closeness, intimacy, help prevent depression.
  This trend is certainly becoming more prevalent in lower-income countries as well. And even, from a medical perspective, it's not normal at any age to lose the need for intimacy and sex. A decrease in need or function can be a sign of health that needs to be diagnosed and treated. Supporting the elderly to meet this need is also a necessary factor to be able to proactively welcome a healthy aging.

- In a number of recent studies, the group that is about to enter the elderly group (50+) is recognized as a group with qualifications, knowledge and health and physical conditions;
- Obstacles and challenges need to note: psychological and cultural factors, needing to have a doctor of the same sex, near age to be open, encouraging the elderly to share, ask for advice, help avoid risks unsafe sex.

3.2. Policies and investment models for older persons care services

3.2.1. Policies and models implemented in Vietnam

3.2.1.1. Policies

Analyses and researches in Vietnam indicate that Vietnam basically has pre-requisite policies, but there are still many reforms that need to be continued, especially specific strategies and plans to adapt to population aging to meet the long-term care requirements

[16] https://www.dw.com/en/conflicts-grow-in-german-care-sector-as-more-foreign-workers-come/a-47739907 and intervied 1-2 service users in Germany

[17] WHO & UNFPA (2013), Entre Nuos- The European Magazine for Sexual and Reproductive Health https://www.euro.who.int/__data/assets/pdf_file/0010/183448/Entre-Nous-77-Eng.pdf

[18] Reproductive Health Matters Magazine, Shirin Heidari (Director and Editor) (2016) Sexuality and older people: a neglected issue, Reproductive Health Matters, https://www.tandfonline.com/doi/pdf/10.1016/j.rhm.2016.11.011?needAccess=true

for the older persons. Decision 403/2021/QD-BYT as mentioned in the Introduction is also a tool to specify and gradually introduce policies towards meeting increasing demands.

Nevertheless, in accordance with the purpose of the study, in order to clearly see the opportunities for service and market development, the report will review the policies and guidelines on the platforms, models, and initiatives that have been implemented to gradually form the factors that can be utilized and promoted, as well as to draw lessons from experience that should be noted.

As listed above, currently in Vietnam, a number of services that the older persons need from time to time include:

- income support – pay for daily living from monthly state allowance, pension, relatives/friends and savings;
- medical care—medical or nursing care for an older person's illness, accident, or chronic illness;
- rehabilitative care – rehabilitation and independent living of the elderly;
- health care—the older persons are declining on functioning and do not live independently, needing assistance with bathing, getting dressed, eating, shopping;
- mental health services – when the older persons are lonely, depressed, forgetful, distracted
- behavioral care services – support older persons with uncontrolled behavior patterns
- supporting the older persons to participate in community activities—the older persons are lonely and isolated, have difficulty communicating or making friends;
- housing services—maintenance, home repair or relocation for older persons with disabilities.

According to the General Department of Population (2018)[19], these needs and care for the older persons have been included in one of the important contents of the Government's social policies from very early on with guidelines and promulgation, implementing many specific policies in practice such as Directive No. 59-CT/TW issued on September 27, 1995 on care of the older persons; Directive No. 117/TTg issued on February 27, 1996 on caring for the older persons and supporting activities for the Vietnam Association of the Elderly; Ordinance on Elderly No. 23/2000/PL-UBTVQH10. The Law on the Elderly approved by the National Assembly on November 23, 2009 with higher authority of legal basis to recognize the role as well as to better ensure the care and protection of the legal rights of

[19] http://gopfp.gov.vn/chi-tiet-an-pham/-/chi-tiet/cac-chinh-sach-đoi-voi-nguoi-cao-tuoi-o-viet-nam-8214-3304.html

the older persons. From this highest authority on legal foundation, the policy towards the older persons has been mentioned and specified in many relevant legal documents, creating a relatively comprehensive policy framework for the older persons in Vietnam.

The essential articles of the Law on Elderly 2009 continue to institutionalize and enhance policies and implementation for the older persons, following previous policies on the following key aspects:

- **Social Protection:**
    - Continuing the social protection policies that have been issued since 2000 (Decree 07/2000/ND-CP issued on March 9, 2000 on social relief, amended in Decree 168/2004/ Decree-CP, replaced Decree 67/2007 (support for social protection beneficiaries, amended in Decree 13/2020), then replaced by Decree 136/2013 and most recently Decree 20/2021 (March 15, 2021), **providing regular allowances for the older persons.**
    - **Older persons' care services** at state-managed social protection establishments and receive allowances for personal belongings, daily living items, common medicines and burial fees: for lonely older persons with no support, no source of income and no living conditions in the community;
    - **Subjects and levels of support have been gradually increased over time**, in an effort to better meet the daily needs of the elderly. Decree 20/2021/ND-CP, not only increases the support level, the support area will be expanded to 5 groups and entitled to benefits (the older people are from poor households, have no caregiver or this caregiver is receiving monthly social allowance; the elderly from exact 75 years old to 80 years old belong to poor households, households above the poverty line living in ethnic minority areas and mountainous areas with difficulties; the older persons from exact 80 years old and over who do not have pensions, monthly social insurance allowances; The older persons belong to poor households, have no caregivers and are eligible for admission to social assistance establishments but have someone to take care of them, to be cared for in the community).
- **Integrating policies** for the older persons in **socio-economic development policies**: policies and sectors have gradually calculated and given incentives for the older persons such as the policy of exemption of health insurance for older persons, free public transport, entertainment, etc. with the age group eligible for incentives increasingly expanding from 90 years old and over from 2002, according to 36/2005/TT-BLDTBXH and the age groups to receive favorable conditions is now less than 90 years old. Currently, people from exact 80 years old or over are receiving monthly allowances, 80% of medical examination and treatment expenses deducted in accordance with the law on social welfare.
- **Developing the geriatric industry** to meet the needs of **medical examination** and **treatment** for the older persons; **training of caregivers for the older persons**.

- From the Ordinance on the Elderly in 2000, it was stated that “The elderly receives primary health care at the residence. Commune-level health stations are responsible for monitoring, managing and directly providing health care, organizing periodical health checks for the elderly in accordance with local conditions (Article 14 of the Ordinance), and State hospitals must have geriatric departments or reserve a number of beds for the treatment of older persons patients and organize research on expertise and treatment techniques for the elderly (Article 15 of the Ordinance).
- The Law on Elderly 2009 has expanded the requirements of Rehabilitation “at the hospital and guiding the continuation of treatment and care at home”; Combining traditional medical treatment methods with modern medicine, guiding on non-prescribed medicines methods of treatment at the grassroots health level for elderly patients.

- Encourage and create conditions for the elderly to exercise; participate in learning, cultural and spiritual activities; live in a safe and respectable environment; **promote the role of the elderly** in the **nation development** and **defense.**

The specific documents and policies that have been implemented include: The Labor Code 2012 has a separate section for the older persons employees; Decision No. 1781/QD-TTg issued on 22/11/2012 approving the National Action Program on the older persons in Vietnam for the period 2012 - 2020; Decree No. 141/ND-CP issued on October 24, 2013 reviewing the extension and policies for lecturers to extend working time; Circular 21/TT-BTC of the Ministry of Finance stipulating the management and use of funds for primary health care for the older persons at their residence, wishing them a long life, celebrating and praising and rewarding the elderly; Circular 35/TT-BYT of the Ministry of Health guiding the implementation of health care for the elderly.

- In particular, the Law on Aging 2009 foresees the need to mobilize investment from sources and encourage participation of individuals to meet the need of the elderly caregiving service.

The Law on the Elderly has been specified as follows:

- Article 14 (encourage investment from private sectors in cultural, educational, physical education, sports, entertainment and tourism facilities; d) Encourage enterprises and individuals to produce and trade products and goods tailored-made to the needs of the elderly.
- Article 15: The new construction or renovation of apartment buildings, public works and public transport systems must be suitable to the characteristics and usage of the elderly.
- Article 20. The government encourages the private sector to invest in elderly care facilities in three forms: a) Social protection establishments; b) Elderly counselling and service establishments; c) Other forms of elderly care facilities.
- (Article 20, clause 3). Organizations and individuals that contribute and invest in the construction of elderly care facilities with their own funds are entitled to preferential policies in accordance with the law on policies to encourage socialization for activities. activities in the fields of education, vocational training, health, culture, sports and environment.

3.2.1.2. Older persons' care service models

According to policies and guidelines, up to now, the models of older persons care services in Vietnam have been quite diverse, including types of medical and social care (care at home). home, hospital care, and package. The most commonly used type is health care services for the elderly. The choice of types of care depends on many factors such as the elderly's economic condition, the elderly's health, the elderly's ability to take care of themselves or their loved ones, and the location where they live. Medical care not only includes social care services but also consists of social welfare services for example, daily and essential activities and activities to encourage the older persons' participation in social events. However, there is almost not much information and assessment on the coverage of these services, or the level of access and utilization by older persons to these mentioned-above activities.

A number of institutions, service facilities and models have been carried out, including:

a. <u>Health care network for older persons</u>: since 2011, Circular 35/2011/TT-BYT has specified regulations. The results and models and networks formed include:

- Central Geriatric Hospital, established in 1983 in Hanoi, the focal point of specialty.

- General hospitals, specialized hospitals (except pediatric hospitals), traditional medicine hospitals with **a scale of 50 beds or more are planned to arrange inpatient beds and organize separate examination rooms for older persons** in the medical examination department. Circular 35/2011/TT-BYT also encourages hospitals to **establish geriatric departments** when they have sufficient facilities, medical equipment and human resources. This regulation continued to be specified on April 24, 2018 with Official Letter No. 2248/BYT-KCB: depending on the size of the hospital, the number of beds of the Geriatric Department accounts for 10% of the total planned beds of the hospital (minimum of 30 beds or more).

  As a result, by the end of 2016, there were 50 Geriatric Departments at provincial and central hospitals and 302 geriatric clinics out of a total of more than 800 hospitals in the country. By 2019, according to data from the National Committee on Aging[20], 49 out of 63 provinces have geriatric departments at provincial general hospitals or geriatric hospitals. A total of 106 geriatric departments have been established at provincial and municipal general hospitals and central hospitals; more than 900 medical checkup departments have separate rooms for the older persons; over 10,000 beds for inpatient priority care or the elderly and 1,791 medical staff trained in geriatrics[21]

- From Circular 35/2011/TT-BYT guiding the commune, ward and town health stations: Organize medical examination and treatment for older persons in accordance with the expertise and functions and tasks of the medical station. To organize medical examination and treatment for individual older person at their residence for each person who are seriously ill and cannot come to the hospital. This clause is specific and detailed in Decision 7618/QD-BYT issued on December 30, 2016 approving the scheme on health care for older persons in the period 2017-2025 with specific criteria on medical examination and treatment and care for older persons
- Results: the organization of annual medical examination for older persons has been implemented in some areas, and home medical examination and care services have been established, with special focus after the impact of the COVID pandemic:
  - Circular No. 96/2018/TT-BTC issued on October 18, 2018 detailing funding sources, methods of management and use of funds for primary health care for older persons at their residence, including expenses for organizing periodical health checks for older persons, making records for monitoring and managing the older persons' health, and expenses for medical staff who come for medical examination and treatment at their residence for each older person who is seriously ill.

[20] http://vnca.molisa.gov.vn/default.aspx?page=news&do=detail&category_id=76&id=648, truy cập ngày 3/6/2021

[21] https://suckhoedoisong.vn/cac-mo-hinh-cham-soc-nguoi-cao-tuoi-can-duoc-nhan-rong-n184357.html

- **Medical examination and treatment activities in the community and at home** of the health system are guided from Circular 35/2011 but officially implemented in 2013 with the model of house-call doctor under the House-call Doctor Project for the period 2013-2020, Circular No. 21/2019/TT-BYT, issued on August 21, 2019 of the Minister of Health guiding the pilot of family medicine. Services were officially expanded and promoted more clearly after the COVID pandemic, such as in Ho Chi Minh City[22], until August 2020 the City Health Department officially reactivated home medical examination and treatment for older persons. People with chronic diseases with 52 service providers including 30 health stations, 20 district hospitals and 2 district health centers implement home medical examination and treatment activities for older persons with chronic diseases. The market for home care services of private facilities has also developed quite dynamically as will be analyzed in the next section.

b. <u>Network of care and nursing facilities for older persons and nursing homes</u>

As mentioned above, articles 15 and 20 of the Law on Elderly 2009 clearly stated that the Government will have detailed regulations on investment in older persons' care facilities. In fact, some basic regulations on social assistance establishments have been guided from Decree 68/2008/ND-CP on Regulations on conditions for establishment, organization, operation, dissolution and management of *social protection establishments*, amended according to Decree 81/2012 issued on October 8, 2012 (mainly re-instructing on application and procedures). These clauses are replaced in Decree 103/2017/ND-CP[23] issued on September 12, 2017 of the Government regulating the establishment, organization, operation, dissolution and management of social assistance establishments. and Decree 140/2018/ND-CP amending a number of articles on the process and dossier of establishment, reorganization, dissolution, registration of establishment and change of operation contents of *social assistance establishments*. Although the word *condition* is removed, Decree 103/2017/ND-CP still maintains a number of fairly specific regulations and conditions on facilities and staff for these facilities as summarized in the box below. **These are the current basic conditions and criteria applied to elderly care facilities and nursing centers so far.**

[22] http://medinet.gov.vn/quan-ly-chat-luong-kham-chua-benh/da-co-52-co-so-kham-chua-benh-trien-khai-kham-chua-benh-tai-nha-cho-nguoi-cao-t-c8-32140.aspx

[23] https://thuvienphapluat.vn/van-ban/bo-may-hanh-chinh/nghi-dinh-103-2017-nd-cp-thanh-lap-to-chuc-hoat-dong-giai-the-quan-ly-co-so-tro-giup-xa-hoi-322986.aspx

REGULATIONS & CONDITIONS ON FACILITIES AND HUMAN RESOURCES

(Excerpt from Decree 103/2017/ND-CP issued on September 12, 2017 of the Government regulating the establishment, organization, operation, dissolution and management of social assistance establishments)

Article 23. Environment and location

The establishment must be located at an accessible location to traffic, schools, hospitals, fresh air that is beneficial to the health of the subjects; electricity and clean water for daily life.

Article 24. Facilities

The establishment must ensure the following minimum physical conditions:

1. Natural land area: On average 30 m^2/object in rural areas, 10 m^2/object in urban areas. For mental health care and rehabilitation facilities, the natural land area must be at least 80m^2/each in urban areas, 100 m^2/each in rural areas, and 120 m^2/each in mountainous areas (*supplemented in Decree 103/2017*)

2. The average living space for each person is at least 6 m^2/each. For the older persons who have to be cared for during 24/24 hours a day, the average living room area must be at least 8 m^2/each. The living room must be equipped with necessary tools for the beneficiary' daily activities.

3. The establishment must have a living area, a kitchen area, a working area for employees, an amusement park, a water supply and drainage system, electricity, and internal roads; production and occupational therapy areas (if possible) *(Decree 103/2017 removes the limit on the number of the older persons*)

4. Working tools must be convenient for the older persons, people with disability and children to access and utilize.

Article 25. Social support workers

1. Social support workers must meet the following criteria:

a) Having the health to provide social assistance to the beneficiaries;

b) Having full civil act capacity;

c) Have good moral qualities, do not suffer from social evils and are not subject to criminal prosecution or have been sentenced but have not yet had their criminal records cleared;

d) Having skills to help the target audience.

2. Having a team of social assistance staff who are sufficient in number and qualified to meet appropriate standards to perform the tasks of the facility.

With these basic foundations, a network of older persons' care facilities has gradually been set up throughout the country. According to the Department of Social Protection

Ministry of Labor, Invalids and Social Affairs), by 2018[24] there were 102 general facilities with older persons' care subdivisions, of which only 32 specialized facilities took care of older persons across the country water and these nursing homes are largely in the private sector.

- **Social care models and services**

  Social care services include providing assistance, assisting with daily activities, maintaining independence, socializing, ensuring the elderly to fully participate in society, supporting problem solving, social relations, home support and other support related to housing and living conditions (Table 1)

Table 1. Types of social care

Elements of social policy	Conception	Example
Basic daily living activitives	Basic self-care activities	Self-care (eating, brushing teeth, bathing, dressing, urinating), walking, moving, awareness
Daily activities	Self-care activities necessary for independent living	Cleaning the house, cooking, washing clothes, shopping, traveling, going to the doctor, using the phone, managing money, taking medicine
Social support	Support for better psychological and social interaction, provided with essential basic care	Reassurance, personal counseling, companionship (like talking or helping with reading books/newspapers, taking to social/religious activities)

In 2019, it is estimated that the number of older persons in need of daily support will reach nearly 4 million and in 2049 will reach nearly 10 million (out of about 33.5 million) (Ministry of Health, 2017& UNFPA 2019). The older persons in need of social care are mainly the oldest group of the older persons. Interview results in surveys show that 90% need help in necessary activities (buying, selling, cooking, cleaning the house, washing clothes, etc.) With the average income of the older persons being VND 537,900/month (UNFPA 2019), the older persons are unable to pay for support services. For the elderly without pension in poor households and households above the poverty line receive social allowances. The older

[24] https://laodong.vn/xa-hoi/nhieu-gia-dinh-doi-dai-co-de-dang-ki-vao-vien-duong-lao-627884.ldo , bản tin ngày 29/8/2018, truy cập ngày 3/6/2021

persons are entitled to a monthly social allowance of 360,000, 540,000, 720,000 and VND 1,080,000/month depending on circumstances and target groups[25].

Currently, only social care centers, social houses, social work centers/units, and voluntary care in the community provide social care. The main customers are older persons who are subject to social protection. Currently, these centers are nurturing about 10,000 poor, lonely and homeless older persons (National Committee for the Elderly, 2016). In big cities like Hanoi and Ho Chi Minh City, there have been elderly care centers/nursing houses open, but the number is still small. Therefore, social care services in the community have not developed.

Model of association and club for the elderly

The Vietnam Association of the elderly (VAE) was established in 1995 and has a network of associations at all levels in nearly 11,000 communes and wards and more than 100,000 branches at the village level (UNFPA 2019) and has more than eight million members nationally. VAE carries out many activities to take care of and encourage the promotion of the older persons (birthday celebrations, rights protection, club establishment, policy advocacy, funeral services, burial, etc.) community and society. Currently, Vietnam has nearly 60,000 sports, fitness, arts, and entertainment clubs.

A special model of the elderly club in the community is the Intergenerational Self-Help Club (ISHC). This model, developed by HelpAge International, includes activities on microcredit, livelihoods, health promotion, elderly rights, etc. There are about 1,000 Clubs which were established in 17 provinces. The ISHC model has been recognized by the Government and donor agencies as a positive mechanism for community development. In August 2016, the Prime Minister officially approved the plan to replicate the ISHC model across the country, adding 3,200 ISHCs in 63 provinces and cities (UNFPA 2019).

Some other issues about human resources to take care of older persons

Models of care for older person that work effectively, ensure good quality and are sustainable need appropriate support policies. At the same time, an important factor affecting the quality of the elderly care models is the staff with specialized skills in elderly care. Personnel in the field of elderly care include geriatricians (doctors, nurses, technicians), rehabilitation health workers, social support workers, and personal support people for the older persons with severe disabilities.

a. Social work training, nursing care for older persons

In 2015, Joint Circular No. 30/2015/TTLT-BLDTBXH-BNV stipulating standards for public employees specializing in social work. According to the Ministry of Labor, War Invalids

[25] Decree 20/2021/ND-CP regulating policies of social support for the beneficiaries with no pension starting 1/7/2021. Standard allowances will be VND 360,000/month applicable from 1/7/2021.

and Social Affairs in 2017, there were about 20 vocational training schools with training in social work, having trained about 13,400 people in social work. (UNFPA 2019).

A network of qualified caregivers providing direct care for older persons at the hospital and especially at home has also begun, albeit slowly to meet demand. At medical facilities in Vietnam, there is a nursing network, but the ratio of doctors / nurses and technicians is about 1/1.3, General requirements for nursing and medical technicians should account for 70-80% of the medical staff (i.e., the ratio of doctors / nurses, technicians are about ¼). Due to the imbalance in quantity and limited quality in training, leading to a situation in hospitals, patients' family members have to take care of older persons themselves.

In families, care for older persons is mainly carried out by family members, mainly women in the family. For small families, and in some cities and municipalities, families have begun to hire home and hospital call care service for older persons' relatives from untrained caregivers or domestic helpers training or experience (on-the-job training). In most cases, such care is of low quality and comes at a high cost.

Vietnam has a number of nursing training programs (beginning, intermediate, college) taking care of older persons, and has also exported nurses to Japan and Germany. Through formal vocational training courses, graduates will have knowledge of caring for older persons in a medical center or nursing home. Some of the basic knowledge and skills of the elderly care nurse include: *general medical knowledge, nutrition, food safety, support in eating, prevention and care of chronic diseases, Chronic care for the elderly, Daily personal hygiene for the elderly and the sick patients, Rehabilitation care for the elderly, etc.* There are facilities to have more knowledge on Psychology of the elderly.

b. Personal Assistance Network (PA) for people with severe disabilities (including older persons with disabilities)

In the world, personal assistant has become a profession that is no longer new to people with severe disabilities and older persons with disabilities. But in Vietnam PA profession is still very novel and PA team is very scarce. Hanoi Independent Living Center has been supported by the Nippon Foundation (Japan) since 2013, paying 100% of the cost of PA staff to support severely disabled people when they are in need. From 2016 when the budget decreased and ended in 2019, people with severe disabilities have to pay 100% themselves if they want PA support. This is a potential profession that provides support services for older persons, especially older persons with disabilities, performing daily activities such as paying monthly electricity and water bills, booking doctor's appointments, booking car, travel booking, and help with some household chores, but not related to medical care. PA will help older persons with many functional disabilities to lead independent lives without feeling 'dependent'.

Decision 1579/QD-TTg issued on October 2020 of the Prime Minister approving the Health Care Program for the older persons until 2030 has summarized the directions and models that will need to be promoted according to the following specific criteria:

- Informing and promulgating for the older persons or their private care relatives about population aging and the older persons' right to health care;
- Periodic health examination at least once a year, health management monitoring records are made;
- The elderly is identified, treated and monitored for non-communicable diseases (cancer, cardiovascular disease, hypertension, diabetes, chronic obstructive pulmonary disease, dementia, etc.);
- To be provided with knowledge and skills for self-care;
- Intergenerational self-help clubs and other types of seniors' clubs with health care knowledge;
- Develop the older persons' health care club, at least 01 volunteer team taking part in taking care of the elderly's health in wards and communes;
- Piloting and developing a model of day care centers for the older persons in wards and communes;
- Expanding the network of nursing centers in the form of socialization to take care of the elderly's health to reach 100% by 2030 in the provinces and cities directly under the central government;
- Expanding home medical examination and treatment for 100% of lonely and seriously ill the older persons;
- Expand the number of communes, wards and town meeting the criteria of environment-friendly for the older persons.
- Capacity building for hospitals (except pediatric hospitals) to provide medical examination and treatment, rehabilitation and technical support for elderly health care for at local levels;
- Building and developing a network of volunteers participating in activities: monitoring, supporting health care, managing chronic and non-communicable diseases at home for the elderly;
- Building, implementing and summarizing models: Day care center; communes, wards and towns that are friendly to older persons; Nursing centers in the appropriate form, towards socialization, perform the task of taking care of older persons; health; application of information technology to health care services for older persons (social networks, internet, etc.)
- Training and specialized training for people in charge of health care for older persons at all levels: all the way to health care facilities; population officers and volunteers at the grassroots level;

3.2.2. Consulting experiences from international systems and models and quickly assessing the situation and capacity of service provision and demand

As early as 2016 the report "Live Long and Prosper: Aging in East Asia and Pacific" has suggested a number of directions and models for Vietnam to adapt including:

- Gradually increase the retirement age (especially in urban areas) so that the elderly can continue to develop their capacity, reduce the burden on the insurance fund, and at the same time expand the coverage to the informal sector so that the employees in this area also contribute and have a pension when they get old;
- Redirecting the health system to suit the aging population, from only focusing on hospital care to primary care, at the grassroots level to prevent chronic diseases such as cardiovascular disease, diabetes, etc. .; train healthcare workforce who can provide high-quality primary care; build affordable models; incorporate home and community-based service delivery methods. The directions towards family doctors, home care, and promoting the role of Commune-level health stations are all following this approach;
- Diversify measures to increase the labor force, especially elderly employees in urban areas, to compensate for the decline in the population structure of working age; strengthen women's labor force participation and prolong the working age of urban dwellers through reforms on retirement age, labor types and other measures. As analyzed above, Vietnam does not have many policies to implement measures in this direction;
- There is a need for public policies and financing for aged care and long-term care because at present, the non-public elderly care network in Vietnam is widespread and increasingly difficult. To encourage family support and strengthen formal home and community-based care systems, the integrated and long-term solutions are needed. With the information and analysis above, it seems that this is an issue that Vietnam has not made much progress.

The World Bank (2018)[26], (Options for Aged Care in China: Building an Efficient and Sustainable Aged Care System) by Elena Glinskaya and Zhanliang Feng and colleagues have synthesized several models and summarized directions for **China** to develop a care system for the elderly to respond to the trend of rapid aging. Some experiences that can be referenced include:

- In the short term, the formal system cannot meet the requirements and have to rely on the family and the community. Therefore, to ensure long-term care for the elderly,
-

[26] https://elibrary.worldbank.org/doi/abs/10.1596/978-1-4648-1075-6

- it is necessary to have many synchronous and optimal measures to mobilize a group of newly retired elderly peple to care for the older group in the family and community;
- Attracting private investment but ensuring that the government plays an important role in directing, coordinating, and managing private service providers. An important task is to develop policies and guidelines for approving service standards, monitoring service quality, investing in essential infrastructure;
- Increase decision-making power and autonomy for the elderly and their families to make their own decisions about using services, instead of directly investing in, providing services and focusing care; except for cases where it is necessary to ensure the welfare of the most disadvantaged groups;
- Between different regions, it is necessary to regularly assess the trends and real needs of the elderly groups that are and will have service needs in order to balance investment and development between service centralization and other types of services in the community. The trend of long-term care is still home-care and community-based services;
- Invest in the development of human resources comprehensively (including human resources in medical and care facilities and human resources for the community, for home care) to ensure continuous improvement of quality- training and retraining, having a satisfactory regime, raising the position of the job. Both policies and mechanisms need to be developed to extend to both volunteer and informal care groups in the community.

3.3. Overview of supply of elderly care service in Vietnam over the last 5 years

3.3.1. Obtained sample for the research

The online survey has obtained 309 responses, of which 20% of the elderly directly fill in the information themselves (Fugire 6). The percentage of female respondents was 70% (Figure 7)**Error! Reference source not found.**. Figure 8 presents details of 127 elders who irectly responded or were interviewed with 6% living alone, 16% living with whole family, 24% living with children and grandchildren, and the largest 54% living with husband and wife. By region, 89 people live in districts of major cities or provinces, representing some information for rural areas.

Figure 6. Obtained Sample, by age

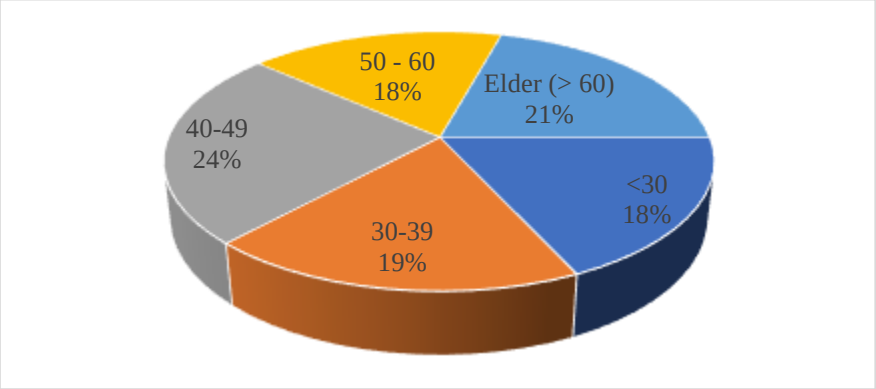


Figure 7. Obtained sample- by gender and age

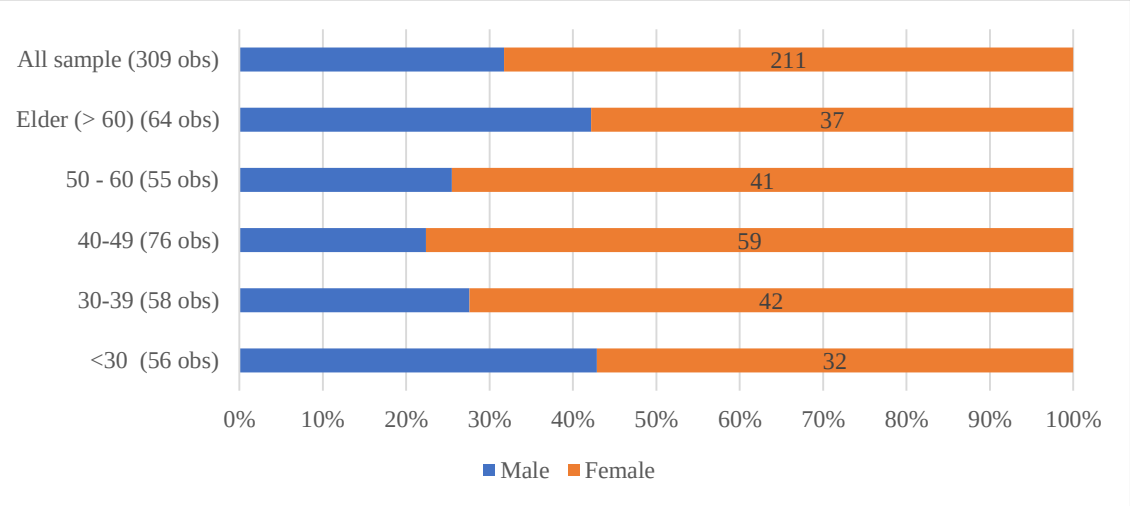
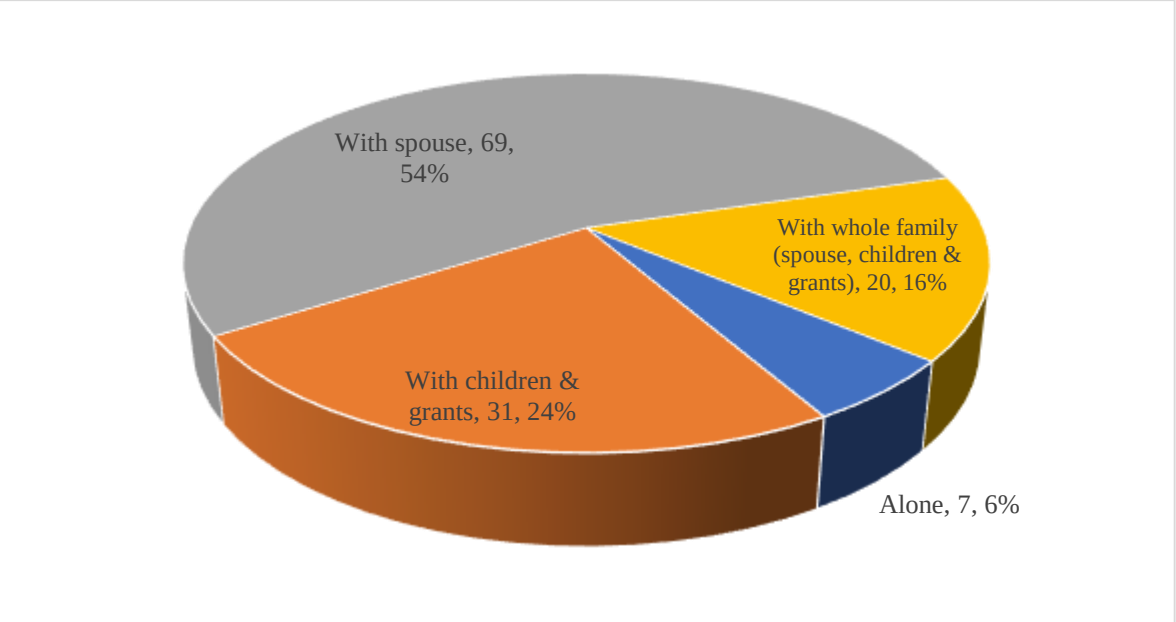


Figure 8. Obtained sample- family structure



3.3.2. Overview of analyzed needs and demands

Based on the highlights about the most common needs of the elderly (reviewed for Vietnam and learnt from internationally), the research team developed a questionnaire listing the main types of needs (Annex 1). The responses helped to rank the highest priority needs among informants, and also the areas with largest gaps between supply and demand. Table 2 below lists the needs in order of ranking for the whole sample as well as the rankings in each specific group are presented in. Table 2 also lists, compares, and reflects the observations of the availability of those services by survey participants. The later helps to sketch the landscape of "supply" of these services across localities. The differences and gaps shown in Table 2 as well as Figure 9 represent market opportunities for the service market to fulfill these needs.

Table 2. Needs and gaps

Top 5 needs identified by each group is marked in green

Needs	All sample	Self-filled by elderly	Female	Male	Low Income	Age 60-69	Age 70-79	Over 80	Urban	Rural/Province	Next generation	Generation difference	SUPPY	GAPS/ Shortage
# of Observations	**309**	**76**	**211**	**98**	**57**	**177**	**121**	**23**	**220**	**89**	**257**			
1. Physical exercises, SPORTS	71%	61%	72%	69%	53%	69%	70%	52%	75%	62%	80%	-9%	29%	-42%
2. Network of quality MEDICAL CENTERS	44%	55%	45%	42%	47%	38%	45%	57%	41%	51%	44%	0%	14%	-30%
3. SUITABLE NUTRIENTS Supply	59%	54%	60%	56%	60%	53%	63%	52%	55%	66%	61%	-3%	18%	-40%
4. Opportunity to CONTINUE to put talents and expertise to WORK, to nurture the sense of purpose and of belonging to a community	52%	45%	53%	50%	40%	53%	46%	52%	55%	45%	64%	-12%	11%	-41%
5. Sufficient PENSION for the living	45%	45%	44%	49%	44%	44%	45%	35%	45%	46%	37%	8%	10%	-35%
6. Counselling for SELF-CARE	37%	42%	36%	38%	35%	36%	35%	30%	35%	40%	35%	2%	7%	-29%
7. Friends & meaningful relationships, to REDUCE LONELINESS	68%	41%	75%	52%	54%	64%	68%	61%	73%	55%	61%	7%	18%	-50%

Needs	All sample	Self-filled by elderly	Female	Male	Low Income	Age 60-69	Age 70-79	Over 80	Urban	Rural/Province	Next generation	Generation difference	SUPPY	GAPS/ Shortage
8. Support for SELF-CARE, less feeling of being burden to others	51%	39%	51%	52%	58%	47%	51%	61%	52%	49%	48%	4%	8%	-44%
9. Sufficient HEALTH INSURANCE according to needs	46%	37%	45%	49%	51%	44%	43%	57%	44%	52%	47%	-2%	28%	-18%
10. A network of Elderly House with listed services/needs	31%	37%	31%	32%	30%	25%	35%	39%	33%	26%	25%	6%	7%	-24%
11. Contacts for reaching-out for HOME CARE service	33%	36%	36%	24%	32%	31%	32%	30%	33%	33%	26%	7%	6%	-27%
12. Counseling for STEPS prio, during and post TREATMENT	39%	34%	40%	39%	32%	37%	42%	22%	40%	39%	26%	13%	12%	-28%
13. Counselling for finance, ASSET, INHERITANCE	15%	24%	14%	17%	16%	12%	17%	22%	14%	18%	16%	0%	7%	-8%
14. Engagement in a tight social network to support the well-being such as music clubs,	34%	21%	36%	32%	25%	31%	40%	17%	36%	29%	34%	0%	24%	-10%
15. Counselling for FINANCIAL PLANNING FOR AGING	27%	20%	27%	28%	30%	27%	24%	26%	25%	31%	40%	-14%	7%	-20%
16. Counselling on SUPPORT EQUIPMENT (mobility, hearing, communication, self-care, etc.) (price, functions, …)	16%	20%	17%	15%	35%	13%	17%	26%	12%	26%	10%	6%	5%	-11%

Needs	All sample	Self-filled by elderly	Female	Male	Low Income	Age 60-69	Age 70-79	Over 80	Urban	Rural/Province	Next generation	Generation difference	SUPPY	GAPS/ Shortage
17. Advice for COPING STRATEGIES for functions impairment such as communication, physical impairment	17%	18%	16%	18%	19%	13%	16%	39%	18%	13%	14%	2%	2%	-14%
18. INFORMATION HUBS	15%	18%	16%	12%	12%	15%	13%	13%	17%	8%	16%	-1%	3%	-11%
19.MOBILITY SUPPORT (Activity center, helpers, etc.)	22%	17%	22%	23%	30%	19%	25%	26%	20%	29%	14%	9%	13%	-9%
20. Exchange and sharing with PEER GROUPs (people with common problems in life)	20%	16%	22%	16%	26%	15%	26%	26%	20%	21%	23%	-2%	7%	-14%
21. Counselling for SEXUAL HEALTH	7%	4%	7%	9%	7%	8%	7%	0%	8%	7%	13%	-5%	3%	-5%

Source: VCCI survey results, June/2021

Figure 9. Largest needs of the elderly, of the next generation and shortages of supply vs demand

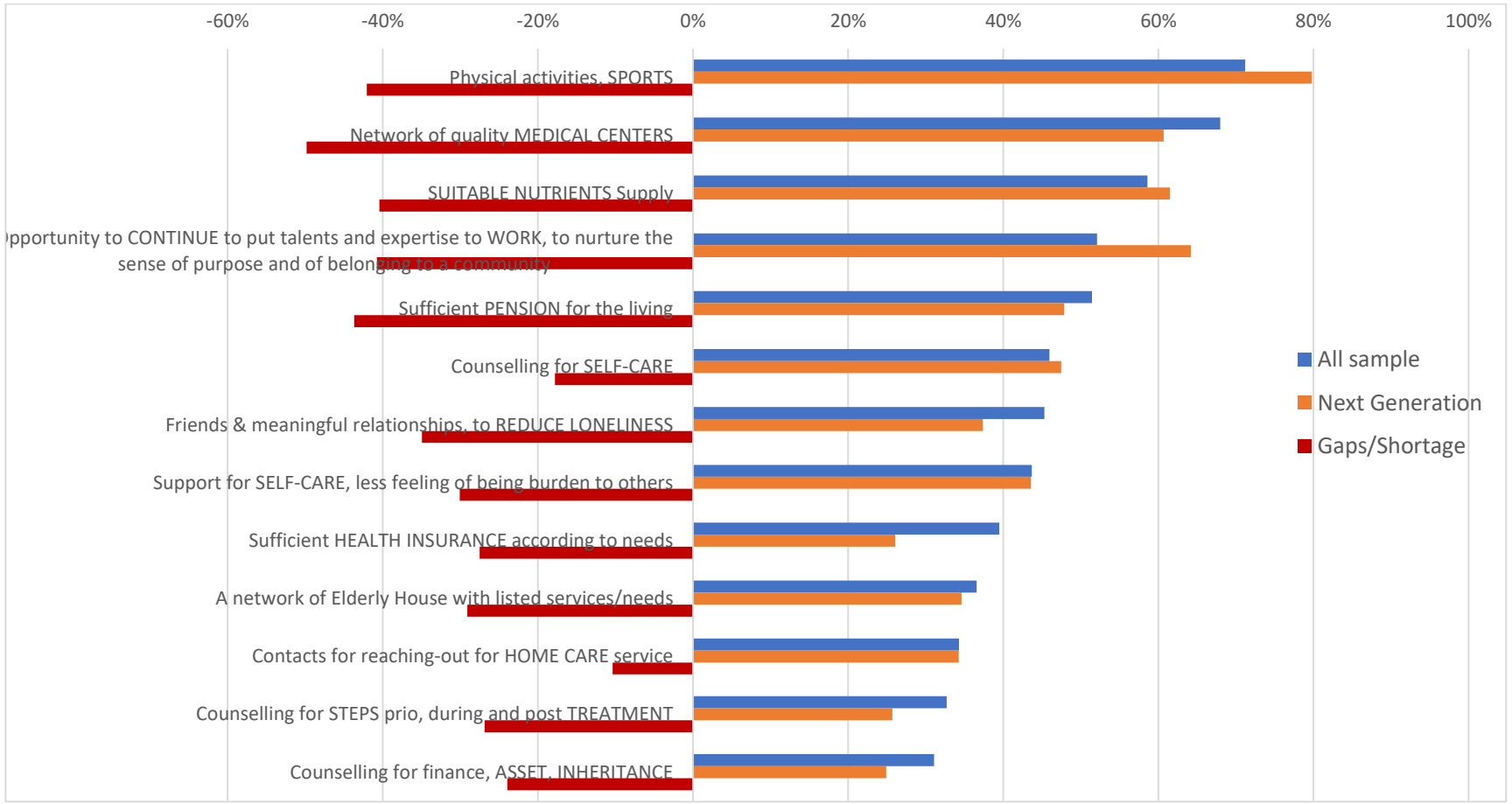
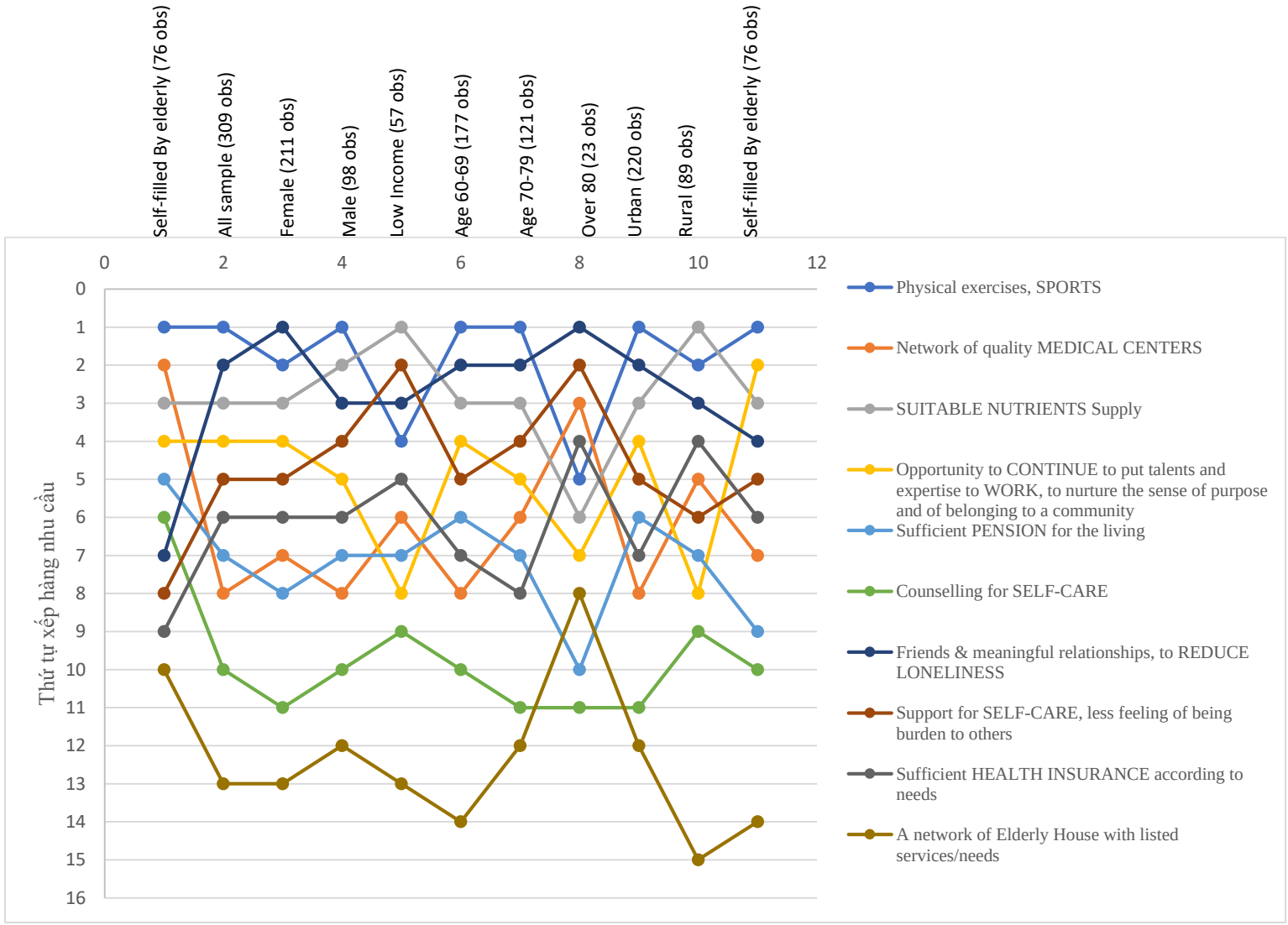


Figure 10. Top 10 needs, breakdown across groups of respondents

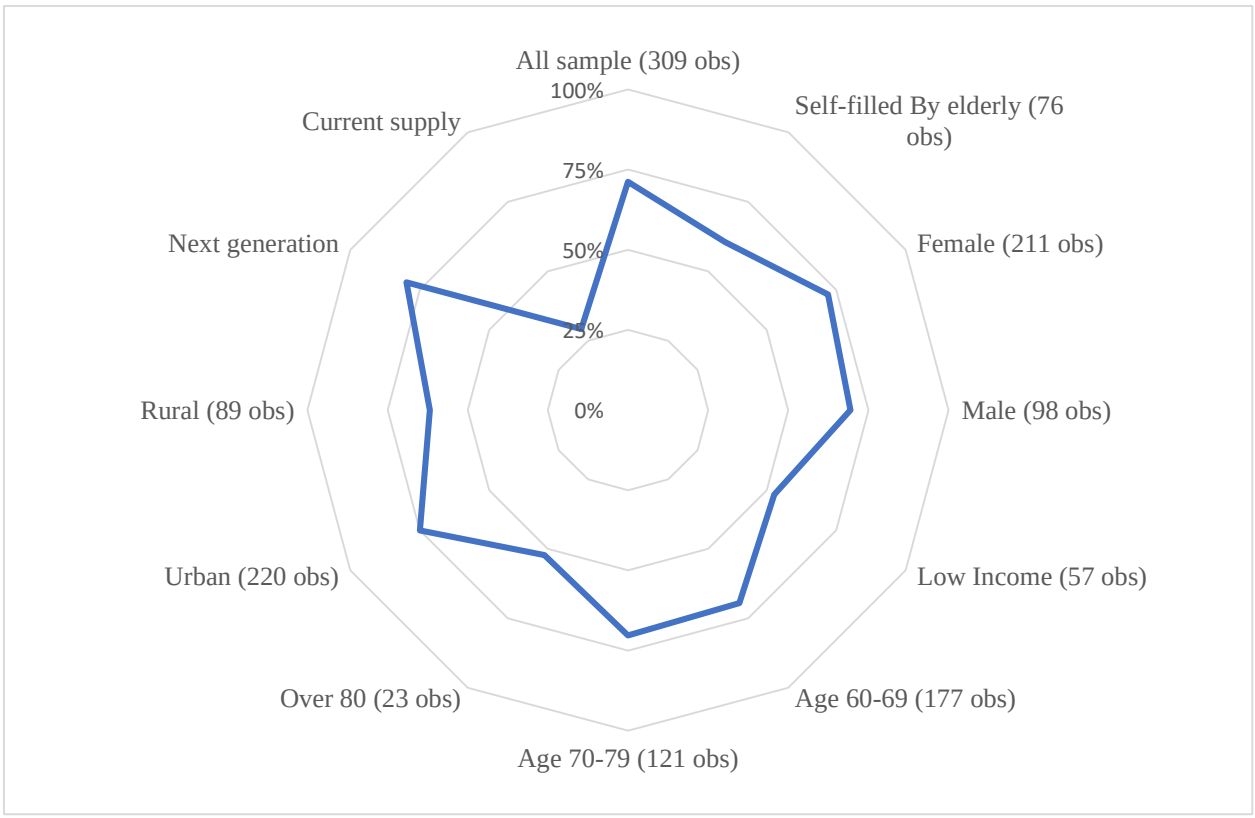


3.3.3. Product and Service: demand and supply

3.3.3.1. Physical activities and sport

Not only is it the first need of the elderly group with 60% responses (6/10 people selected), statistics interestingly showed that this is also the highest need named across the entire research sample. 71% of the respondents out of 309 chose this which means 7 out of 10 people confirmed that this is an important need of the elderly. Compared with the elderly group and the whole sample, the ratio of respondents in the next generation group made their choice for this need is even much higher, at 80%. In the group of respondents from urban, this need is the choice of 75% informants (Figure 11). The rates are slightly lower but still at high levels, about 70%, in the male groups and even the old people at 60-69 and 70-80 years old (Figure 10).

Figure 11. Need for Physical activities and sport



This sounds simple and easy to fulfill. Nevertheless, the observations for supply showed remarkable shortage. Out of every 10 people, up to 7-8 people showed their need, but on the contrary, only 3 people reported noticing if there is such facility in their place (29%). This percentage is even lower in the provinces (only 18/89 people show that this service is available for the elderly).

This is an interesting finding of this study compared with other typical examination focusing on health problems of the elderly. Further investigation in this direction uncovered this as a critical need emerge along with the industrialization and urbanization conditions. According to some experts, this is an area with considerable deficiencies in terms of both quantity and quality. Specific challenges are, but not limited to, the followings:

- **Difficulties in premises, facilities, locations, and equipment:** although this is a common difficulty for all sports and physical activities, the challenge is more critical for the elderly group with limited income. For their limited affordability, any calculation for return and terms for special investment for this market will be not easy. Although gym, aerobic and yoga centers are currently available almost everywhere in cities and towns, service fees clearly cannot be aligned yet with middle- and low-income elderly group.
- **Lack of professionals, lack of suitable instructors with elderly-care-specific technical expertise:** Given different characteristics of the body and changes in health, physicality, mobility**,** it is necessary to have **specialized training instructions for each group of people, male/female, age groups, living in different locations, climate and weather conditions.**

> *For example, each age group may need different training, when and how walking is suitable for whom, when and who can climb the stair, cycling can be applied when and how. Who can swim, with what fitness and weather conditions. Could we walk early in the morning during the winter in the north? or should we practice late, take shower late in the central and southern regions?*
>
> *(Interview with representatives of the Elderly Association)*

With special features, physical and sports activities for elderly people must be organized right in their residential areas, with reasonable prices. Over the years, many rural and urban areas have recorded the operation of many groups of activities such as sustenance, dance, and other forms. For example, Hanoi has established the Hanoi Association of Outdoor Health for the Middle-aged and Elderly[27], gathering outdoor clubs to participate, share experiences and guide. However, the role of technical coordinator and professional guidance from specialized agencies is still apparently limited. Most of the activities and exchanges are still spontaneous activities.

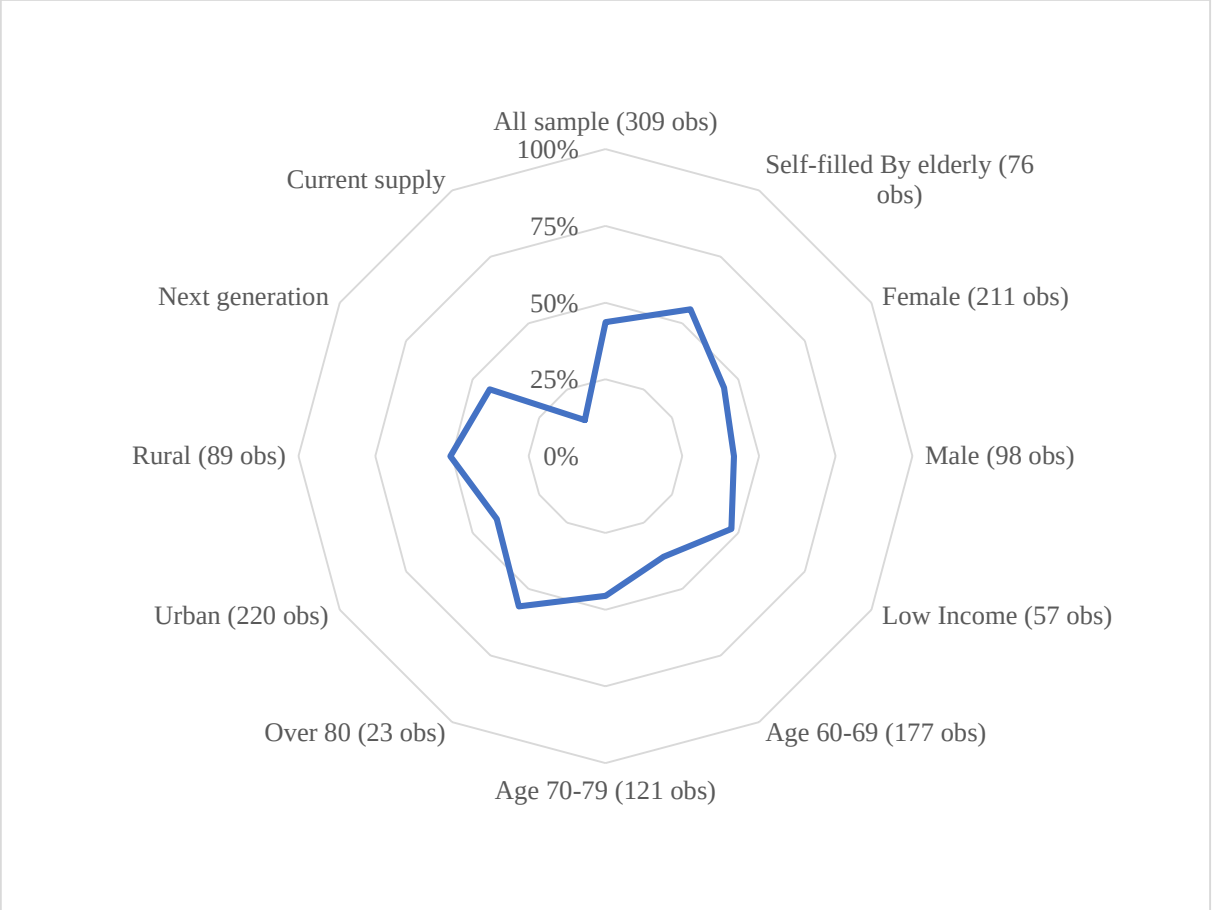
The potential market opportunities are centers and facilities that provide physical and sport services for the elderly. The centers can be multi-functions, multi-service, from hardware to "software" including counseling and guidance for the elderly. Centers can also combine with existing facilities, sports centers, and provide a single to multi services.

[27] http://hoisuckhoengoaitroihanoi.vn

3.3.3.2. Medical care network

Increase in life expectancy is one of the major achievements of socio-economic development. However, rapid ageing also raises mounting challenges for social assistance and healthcare systems, for workforce and employment, for transportation systems and on top of all is the new requirements for medical care system. This issue has been raised over the years by many experts and emphasized in the above sections.

Figure 12. Need for Medical care system



This survey identified the need for a "Network of quality medical treatment facilities" as the second highest priority of the elderly group with 42 opinions out of 76 elderly people rating themselves. It is among the top 5 priority needs of the eldest group (13/23) and especially the 5th priority of the group of informants from the provinces (45/89) (Figure 10 and Figure 12)**Error! Reference source not found.**. In terms of supply, only 14% of all espondents knew about this network of specialized services for the elderly in their locality. Among the informants from provinces, the rate in is much lower with only 4 informants in the localities (out of 89 people) reporting that they "notice" the medical care service network.

Section 3.1.1.4 on Health status provided an overview of health situation, most common diseases of the elderly in Vietnam. Since this has been a mainstream topic for many study, there is a large pool of assessment and research on needs and supply. A study from 2016 by the National Geriatrics Hospital and the Department of Family Medicine, Hanoi Medical University showed that, on average, an elderly person (from 80 years of age or older) suffers from 6-7 diseases (Assessment on the current state of health of Vietnam elderly). Due to multiple diseases at the same time, the symptoms are often mixing, the diagnosis is complicated, the use of many drugs increases the risk of complications. Therefore, the approach to diagnosis and treatment is often difficult and more complicated than other age groups. It explains why a single specialized department can not provide proper treatment for the elderly.

Other statistics and analysis also show that the elderly are the group of people who use health services the most. It is estimated that medical expenses for the elderly are often 7-10 times higher than that of young people. Although currently elderly quantile accounts for slightly more than 10% of the population, their consumption of drugs and medicine is estimated to be more than 50% of the total amount. Whereas the assessment of the World Health Organization indicated that there are still rooms for improvement in medical treatment for the elderly in Vietnam.

The UNFPA 2019 report confirmed that the healthcare system of Vietnam has not yet adapted to the rapid aging population. By the end of 2016, there were only 50 Geriatric Departments at Provincial and Central Hospitals and 302 geriatric clinics out of a total of more than 800 hospitals in the country. The system of geriatrics hospitals and department to be the hub for receiving the elderly and provide adequate treatment to examine and treat diseases, was assessed to be too limited compared to the large number of patients.

By 2019, according to data from the National Committee on the Elderly[28], the number of hospitals and departments specializing in geriatrics across the country is very inadequate compared to increasing population of older people. There is still only one hospital in the country exclusively serving the elderly, the National Geriatric Hospital. 49/62 provinces have geriatric departments at provincial general hospitals. A total of 106 geriatric departments have been established at provincial and municipal general hospitals and central hospitals; more than 900 Outpatient Departments have designated rooms for the elderly; over 10,000 inpatient beds with priority for the elderly and 1,791 medical staff trained in geriatrics[29]. Interviews with experts revealed that even in hospitals with Geriatrics Departments, the professionalisms of not only facilities (layout, equipment) but also medical staff is all limited. The current situation is perceived not really suitable for the needs and physiology of the elderly. Actually, this can be considered as a consequence many years focusing on serving the

[28] http://vnca.molisa.gov.vn/default.aspx?page=news&do=detail&category_id=76&id=648, visited on 3/6/2021

[29] https://suckhoedoisong.vn/cac-mo-hinh-cham-soc-nguoi-cao-tuoi-can-duoc-nhan-rong-n184357.html

young population (many obstetrics and gynecology hospitals, doctors, obstetricians and pediatricians). The potential and trends of this “emerging” market will need to be explored for future development.

Elderly people in most regions are reported to face many difficulties in having regular health check-ups. Counselling for healthy aging and regular health check-ups at primary health care facilities (e.g. local clinics) are fairly under-developed. Regular health check-ups are not yet covered by health insurance. Elderly patients are often referred and recommended to higher-level hospitals. The development of the initial care system in the community by optimizing the network of commune health stations, home-based medical examination and treatment or family doctor project are still at very early stages.

Experiences from other countries showed that there are various health care models for elderly (as listed in section 3.1) such as day care, medical and non-medical home care services or personal support services for specific cases of dementia or behavior outbursts. These are essential services and elderly with good incomes have high demand for these home-services, or services in their community for their daily activities. However, most of these services are still informal and under-developed in Vietnam.

Vietnam still lacks nurses and caregivers specialized for elderly care due to rising demand. Moreover, the service establishments for the elderly in Vietnam have to compete for skilled labor with labour exports. Along with the aging of the population, the demand for elderly care service and workers has been increasing rapidly in many developed and developing countries. In many countries, nurses and caregivers at primary care units have become overloaded with growing elderly people and sick people. This shortage has induced the demand for import nurses and caregivers from countries such as Vietnam. There are many vocational education institutions entered into contracts to recruit, to train and export health workers to work in developed countries with more attractive salary despite short-time training requirements (primary level). For example, the salary of a nurse in Japan is about VND 30-33 million/month compared to the average salary of about VND 28-30 million/month.

Regarding training facilities, currently, there are two medical universities, Hanoi Medical University and Ho Chi Minh City University of Medicine and Pharmacy with departments specializing in training doctors and nurses in gerontology. The National Geriatric Hospital also provides training and retraining for nurses in provinces and cities across the country on health care for the elderly. Every year, the Central Geriatric Hospital has been regularly organizing training courses in geriatric knowledge at the hospital or in the provinces and cities. Each year BV organizes 6-8 courses, each course from 20-30 people within 3-6 months.

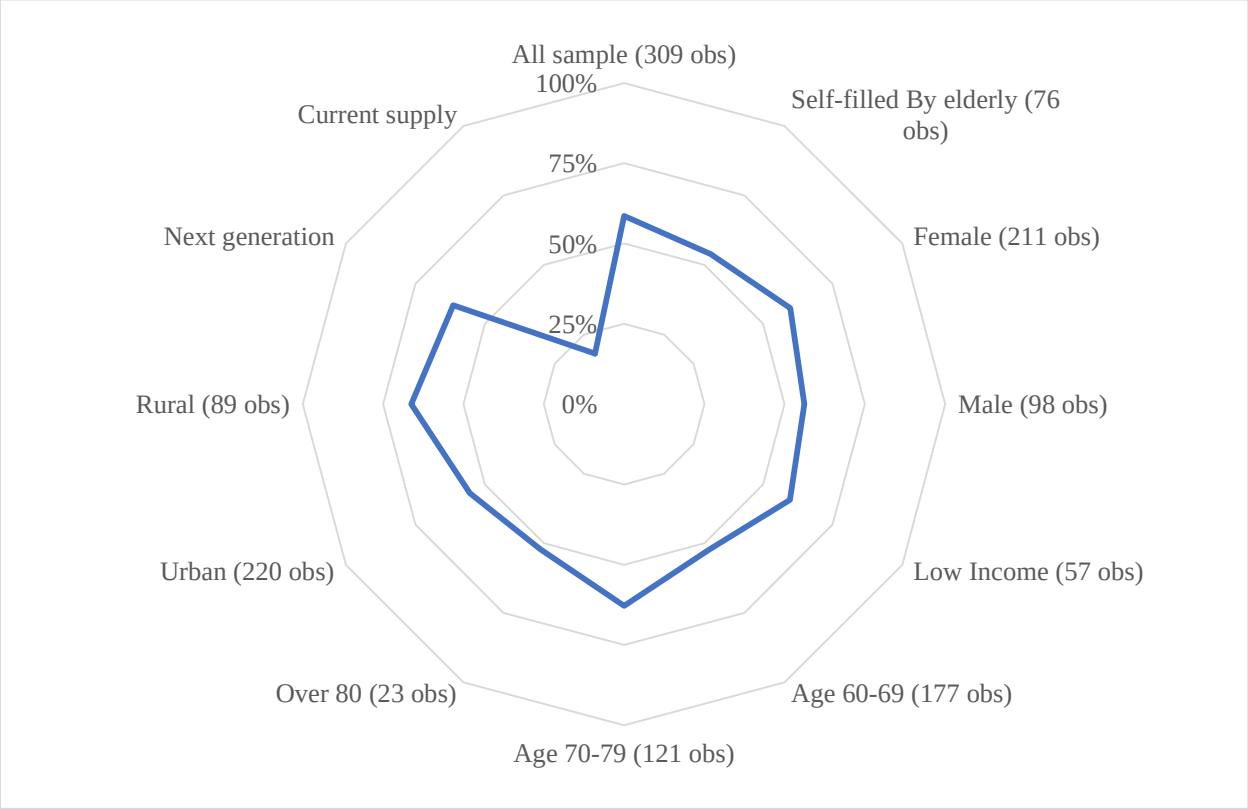
In addition to these institutions, several medical colleges or poly-healthcare colleges are also providing nursing training for domestic and international needs. Even some nursing homes organize their own training as detailed further below. However, there are some comments that the training content is not diverse, and more importantly, there is a lack of

trainers with practical and update expertise and experience. Sustainable development of a nurse and caregivers team the most substantial factor for developing care services and care networks for the elderly in both urban and rural areas.

In order to establish a competent caregivers force for elderly care, the focal role as the technical lead of the Ministry of Health needs to be strengthened so as to guide and regularly update professional standards, service standards, specific training plans for localities with demand for doctors and nursing training. The basis should be optimization of local human resources and adaptation to the specific needs of each region and each region, each population group[30]. Base on technical and professional guidelines, service providers can develop orientations and strategies for training, coaching, planning and provisioning of services to fulfill the expanding potential demand.

3.3.3.3. Nutritional needs over aging

Figure 13. Nutritional needs aligning with aging body requirements



[30] https://moh.gov.vn/chuong-trinh-muc-tieu-quoc-gia/-/asset_publisher/7ng11fEWgASC/content/gltt-ve-cham-soc-nguoi-cao-tuoi-thich-ung-voi-gia-hoa-dan-so-lo-cho-tuoi-gia-ngay-tu-khi-con-tre

The literature review for this study did not identify much information or analysis from Vietnam about these needs. However, OECD report sharing experiences from China from 2011-2012 emphasized that the need for nutritional supplements as one of the most crucial needs of the elderly.

As shown in Figure 10, the survey results for this study confirmed that this is the third priority of the elderly (41/76 responses). In the whole sample of 309 responses, the rate is even higher with 181 choices, accounting for 59%. The need in the group over 70 years old and more noticeably, in the group of next generation, the ratio of respondents made this choice as critical is even higher**. For the group of participants from the provinces, this is the demand with the highest priority of this group with 59/89 opinions** (about 66%) (Figure 10 and Figure 13**Error! Reference source not found.**).

Further analysis using technical knowledge market expertise and screening of current supply situation revealed a number of reasons as follows.

The aging process involves changes in physiological, pathological, social, and psychological conditions of a person. "A long with the aging is the obvious decline in functional status, impaired muscle function, decreased bone mass, immune dysfunction, anemia, reduced cognitive function, poor wound healing, delayed recovery from surgery, higher hospital readmission rates, and mortality"[31]. The absorption of nutrients becomes more difficult and is a significant factor affecting the quality of life and longevity of the elderly. Therefore, maintaining a reasonable nutritional status is very essential to ensure proper health of the elderly. Physical deterioration in the elderly will also cause the fading of senses for the aroma of food, eyesight for attractive colors of food, status food as warm or hot, or different tastes of food being sour, spicy, salty, or sweet so as to enjoy the deliciousness.

It is these senses that help stimulate saliva to be ready to digest food. However, in the elderly, due to the decline in the senses of sight, smell and touch, appetite gets worse. In addition, the chewing muscles and jaw bones get weaker, the teeth are poor, the salivary glands degrade, so the digestive activity of saliva is also reduced. Stomach contractions also reduce, so gastric prolapse often occurs, thus reduce digestion, increase stomach bloating. Altogether, older people feel less motivated to eat, leading to a higher risk of malnutrition. On the contrary, even when they regain some appetite, worsening bowel movements may make them prone to constipation, bloating, and long-term flatulence may also affect breathing, even negatively impact the functioning of the heart muscle. Bloating also lower appetite.

In a nutshell, just a poorly functioning digestive system already causes considerable difficulties for nutrients absorption. In addition to that, the elderly is frequently inclined to several diseases at the same time with several treatments and drugs in parallel. Some side effects can also cause decreased appetite or digestive disorders. This is to confirm that the

[31] https://www.sciencedirect.com/science/article/pii/S2210833515000672

elderly really face many challenges with many factors and they are always at the risk of reducing the body's ability to absorb sufficient nutrients, causing a decrease in the quality of life.

In the short term, for each situation, the care for elderly must be customize to the physical condition such as softer food but not too soft or minced stage as this can reduce the flavor and aroma of the food. For their long-term coping strategy, food and vitamin supplements become safer and more convenient choice in order to fulfill the demand for suitable nutrition along with more diseases while less availability of family members.

Besides, over the years, along with economic development, food safety has become one of the burning issues in the society. Not only in urban areas but also in rural areas and production areas, people are faced with unsafe foods which may lack of hygiene compliance in processing and production, or even exposure to contaminants of toxins. For the later, there are increasingly and alarmingly evidences that many producers and traders making more use of stimulants, even banned chemicals in livestock, agricultural and aquatic processing, storage and transportation. Other causes may include contaminations from polluted industrialized environment, water source such as heavy metals and potentially dangerous pathogenic microorganisms in vegetables and fruits, or food of unknown origin ...

All the above factors have induced the demand for functional and ready-to-eat foods to overcome the above limitations become extremely potential.

Looking from supply side, there are numerous challenges:

- The needs are not uniform across patients as well as for the elderly in general. The nutrition demand of each person varies, depending on physiological status, nutritional responsiveness level as well as environment, context, disease and drugs in use. In short, this need requires complex business strategy due to multiple factors regarding individualisation over a large spatial and time-lapse. However, there is very little information and scattered counseling, informal caregivers network for the elderly. Available exceptions are few nutrition departments at hospitals or some several websites and information channels of official health agencies.
- As the economic conditions in many regions have improved with broadened knowledge, many elderlies and more and more families with old people have an increasing need for ready-made foods, for functional products with the expectation of meeting the right nutritional needs of the elderly, overcoming the above-mentioned challenges of the aging process.
- Seizing this market opportunity, the products have been booming recently. Advertisements of various products have been surging in many channels and multilevel marketing companies. The state management for these products is quite problematic because since these are not drugs, manufacturers can declare for register

themselves. Quality inspection is not possible in provinces, even in cities. Domestic and imported products are spreading, but there is little information on quality and effectiveness.

Google search engine with the phrase "functional food for the elderly" (*in Vietnamese)* gives nearly 66 million results in 0.38 seconds, but the screening of the first 20 top websites, there are only 1-2 main pages of information produced by official medical facilities, the rest are advertising pages of product from producers.

According to experts on the elderly, this is currently one of the most complicated but also very urgent problems because many products are floating around in rural areas, taking advantage of the elderly who lack of information, easy to believe with any agents using some logos or even false use of health centers for selling.

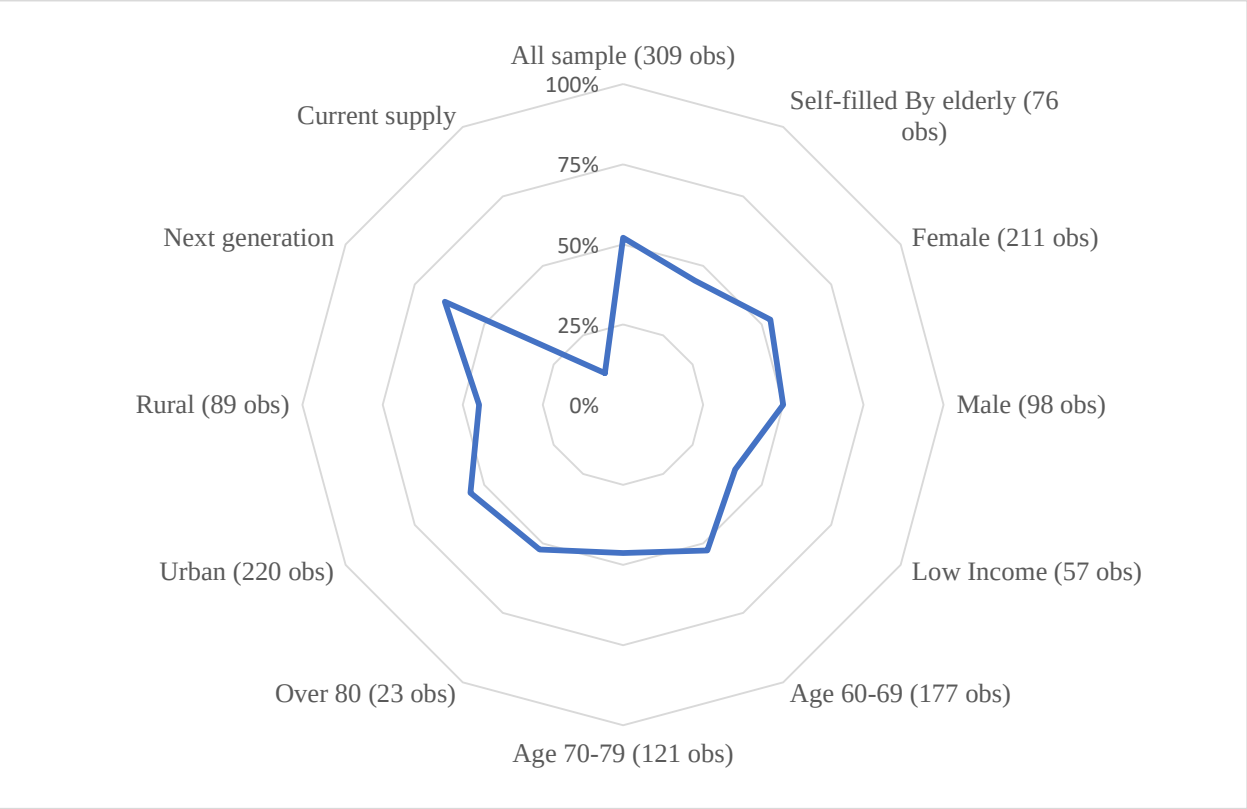
In the discussion of the research team with experts of the Association of Elderly, **this was referred to as the first challenge and problem** posed by many localities. As mentioned above, this is also the #1 priority of the group from the provinces with 2/3 indicating this need. Even in Ha Noi, the problem was raised by some respondents to the research team:

> *"In Hanoi, there are still sometimes when some sale team approach citizens to sell supplements, drugs or household appliances... disguised as health advice!!! Making the elderly be deceived into buying fake goods, losing the trust of the people.*
>
> *(from an informant in Ha Noi)*

3.3.3.4. Needs for continuity to work

The need to continue working, to engage in activities that put their talents and expertise to work, is the 4th need among the elderly (34/76 comments) and also ranks 4th in the whole sample, indicated by more than 50% of respondents. The need to continue working is prioritized at the 4th or 5th position in most groups, except for low-income groups and those in rural areas. In the group forecasting their own needs in the future, **this need priority even ranks 2nd with 64% (i.e. 2 out of 3 people wish to be able to continue to work)** (Figure 10 and Figure 14)

Figure 14. Needs for further engagement in work for sense of purpose and of belonging to a community



Compared to the demand, only 35 respondents saw some opportunity to be able to continue working - just over 10%. The shortage of supply is very obvious.

In many countries, especially in urban areas, people over 60 years old, even over 70 years old can still work normally because they are healthy. With wisdom, accumulated experience, are an important resource for contribution to the development of the country. Not only this quantile should be regarded as a valuable labor resource, but also the elderly in developed countries are also a huge "consumer" force, creating a driving force for production and business activities.

However, from the supply side, the policy and literature review reported very little information on available channels, activities and services to help the elderly to thrive. The State has policies to exploit the role of the elderly[32] by promulgating regulations to facilitate the elderly to contribute their wisdom, valuable experience and good qualities in the society. A rough estimate of experts from the Association of the Elderly suggests that up to 10 million elderly people are still participating in political and social activities in grassroots organizations

[32] http://gopfp.gov.vn/chi-tiet-an-pham/-/chi-tiet/cac-chinh-sach-đoi-voi-nguoi-cao-tuoi-o-viet-nam-8214-3304.html

in their residence areas. As perceived by society, participation is mostly spontaneous and voluntary.

In the field of education and training, in order to sustain and further teaching-research capacity of senior teachers so as to contribute to the education of the country and to promoting role of the elderly, since 2000 the Government issued Decree 71/2000/ND-CP dated 23/11/2000, and then Decree No. 141 dated 24/10/2013. These regulations extend working time for cadres and civil servants, e.g. professors, associate professors and doctors for a maximum duration of 10, 7 and 5 years, respectively when they start their early retirement. This policy has had a great effect on strengthening the teaching and research staff in the current public education, training and research institutions. In addition, the education sector is also the establishment of the Association of Former Teachers with many activities to optimize the capacity and contribution of retired teachers. However, activities are mainly at the exchange level, not really promoting expertise.

The main reason for few opportunities for the elderly to continue to contribute is probably not health concerns but maybe their lack of updates expertise, especially refreshing the technology, tools, new ways of working. Another more import reason may be the absence of institutions with appropriate regulations, organizational structure and operational procedures for servicing elderly. Therefore, potential directions for service include training support, updating professional knowledge, updating new working methods (for example, using electronic devices, computers, software, etc.). These will help the elderly overcome their decline in internal working ability so as to keep up with technology advancement to continue their contribution to the society. According to an expert from the General Department of Population, any support to the elderly to overcome comparative shortage of capacity due to the rapid movement of the environment (such as IT) will empower and energize them, to enhance spiritual strength and motivation to live and work steadily and healthy. The elderly should be a reliable resource for development, not a social burden. Early preparation for retirement and aging should be supported adequately and properly.

In terms of institutionalization for servicing the elderly to continue to contribute, there are some models and practices such SES[33] of Germany, PUM[34] of the Netherlands. These are organizations run by the elderly themselves, specializing in tapping retired professionals from different areas to provide technical assistance to organizations and businesses all around the world. SES was established in 1983 and is operating a network of 12,000 experts from all industries. Up to now, SES has provided 60,000 experts and advisors missions to organizations and projects to more than 160 countries. SES is supported by the German Ministry of Economy and the Ministry of Education and Research. PUM of the Netherlands is a voluntary social organization, with the participation of about 1,700 retired experts in

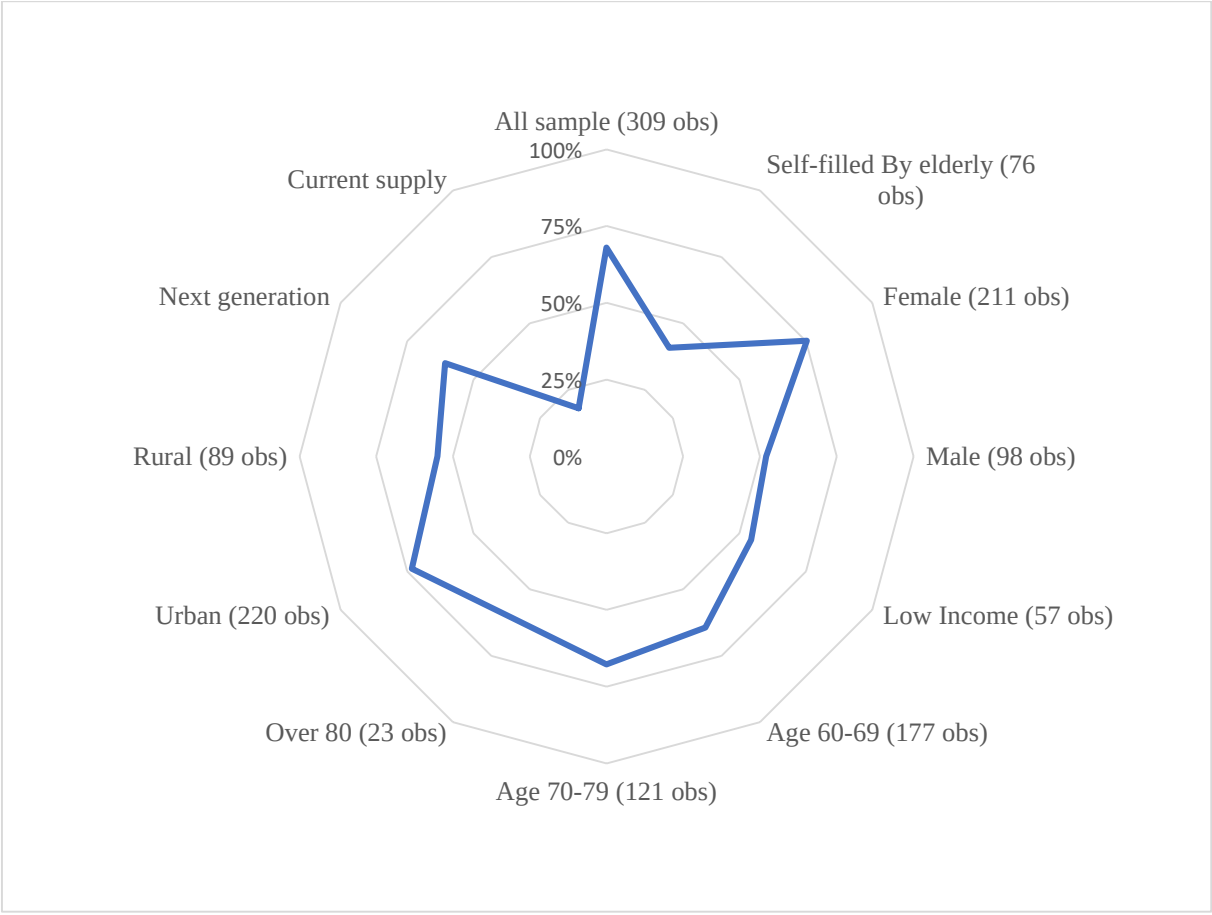
[33] https://www.ses-bonn.de/en/about-us
[34] https://www.pum.nl/en

economics and business from the Netherlands. PUM has partnered with 100 agencies to provide expert and advisory services to 45,000 organizations.

3.3.3.5. Needs for socialization service

In the group of elder people, 31 out of 76 respondents gave their 6th priority to the need for "Friendship and Social activities, to reduce feelings of loneliness and social isolation".

Figure 15. Need for Friendship and Social activities, to reduce feelings of loneliness and social isolation



Across all sample, this is actually the 2nd priority with 210/309 opinions (68%, about 2/3) (Figure 10). For low-income group or opinion of old people in general, this is also #2. **Especially for women, this is the #1 need with the selection rate of up to 75% - 159/211 comments,** or more than 3/4. Even the younger group (assessed and forecasted for their own needs) ranked this #4 with 126/213 opinions (nearly 60%) (Figure 15).

These needs sound interestingly simple but compared to the huge demand, only 56/309 of the informants said that they know about available support or service (18%). These numbers highlight the largest shortage: 68% people indicated need compared to only 18% reported of some possible supply, i.e. a shortage of up to 50%: out of 10 people, 7 people are in need but actually only 2 people can find the service.

In terms of official supply, currently there are only the models of elderly clubs, poetry, music, and respiratory clubs. According to information from the Association of the Elderly, there are over 70,000 youth clubs, music and life support clubs across the country. Besides, as analyzed in section 3.2, another model developed from Decision No. 1533/QD-TTg of the Prime Minister for the period 2016-2020 has also obtained some significant results. By the end of 2020, with the support of HelpAge International in Vietnam, across the country, nearly 3,500 intergenerational self-help clubs have been established and running in 61 provinces and cities with over 170,000 members. The Association of Elderly is replicating this model, expecting to reach 5,000 clubs by 2025.

Despite these models and activities, the supply is certainly still far from the demand. There will need to be more initiatives and models to meet this demand in a sustainable way. Potential forms of services are poetry and music clubs, combining retreat tourism, religion tourism, development of friendship/connecting tools and applications, etc. especially with the advancement and expansion of internet. Or there can be learning from models of clubs that connect people with the same conditions, peer support groups.

Families and communities need to be involved more in these activities by a network of social workers and volunteers. Even family members need guidance, information, counselling to be better prepared and even should receive training to jointly provide this "service".

> *"The role of children and grandchildren should be mobilized more in taking care of grandparents and parents. Why there are pre-maternity training so parents can get prepared before having a baby for foster care. So again, when children grow up, should they attend classes on health and spiritual care for parents and grandparents. Such training can help family members understand their parents and grandparents better".*
>
> *(Reported by one informant)*

3.3.3.6. Homecare service

Figure 16. Needs for counselling for SELF-CARE

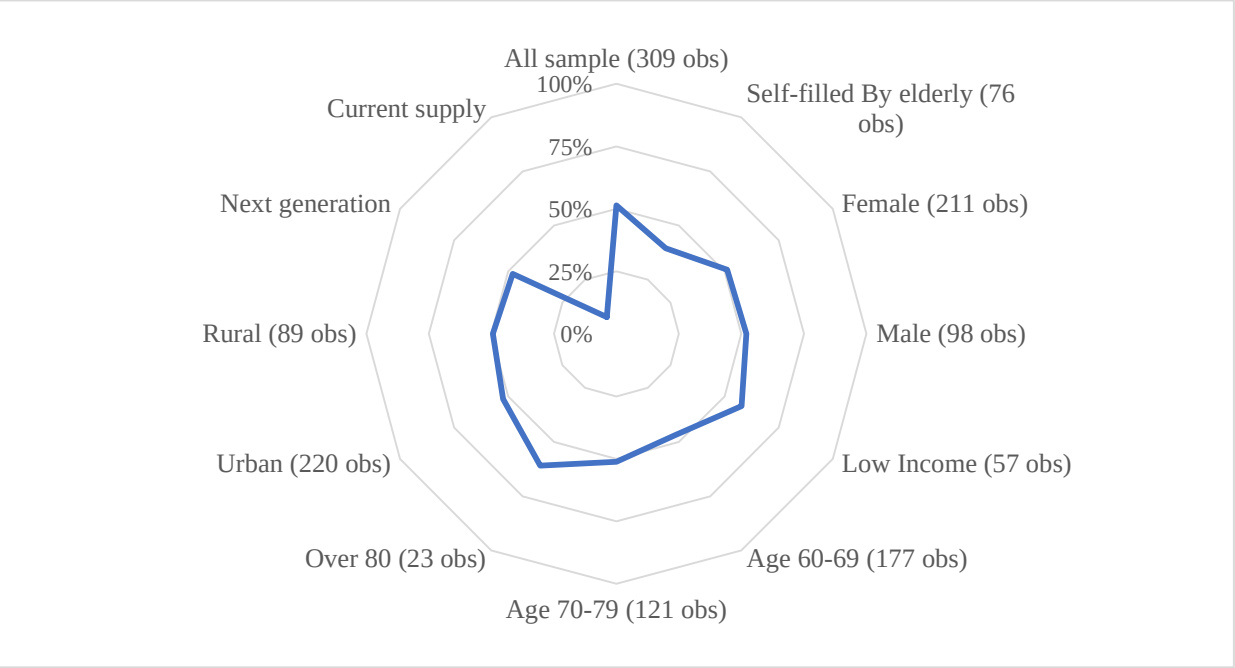
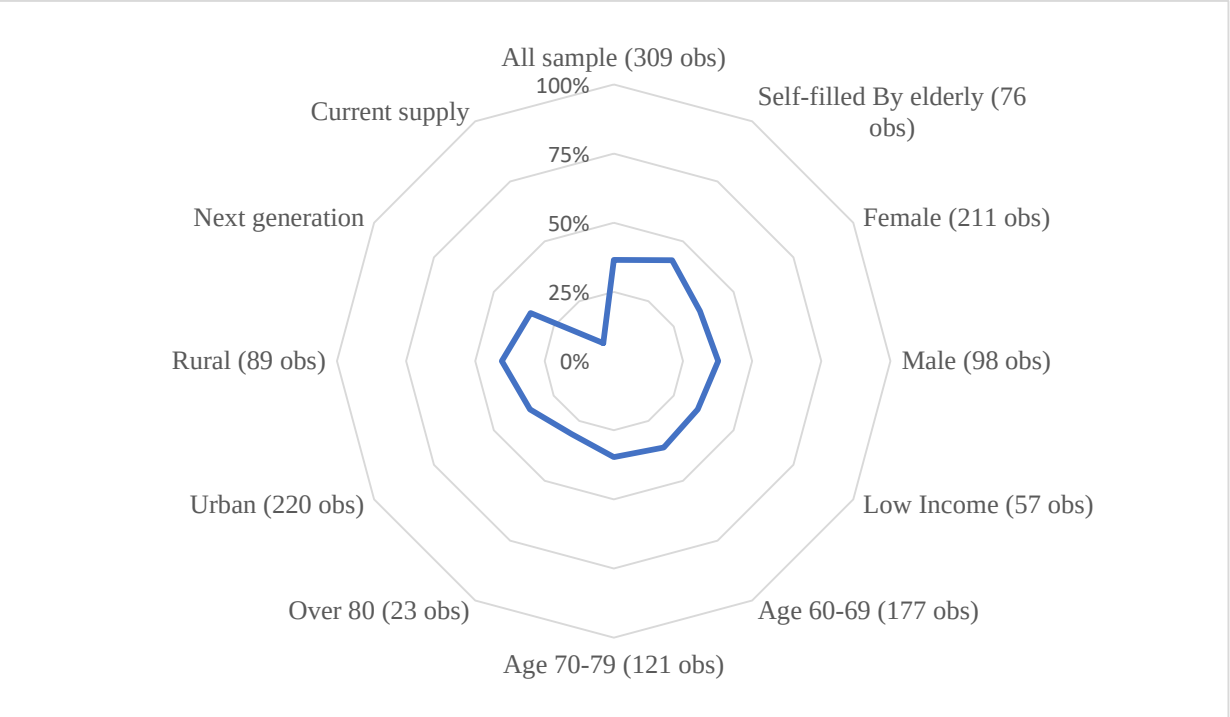


Figure 17. Needs for Support for SELF-CARE, less feeling of being burden to others



As shown in Figure 16 and Figure 17, the survey team intentionally specified two types of needs: Counselling for Self-care versus Support for Self-care, reduce the feelings of being burden. Responses indicates that the opinions on these two needs are actually quite similar,

ranked 5th and 7th among the elderly with 30-32 respondents for each type in the elderly group. However, across the whole sample, support for self-care is the 5th priority need with 159 opinions/309 responses and the counselling needs is lower, ranked 9th. Support for self-care is also the 5th priority in most groups even if breaking down into sub-groups**. In the eldest and low-income groups, this need is the 2nd priority** (Figure 10). According to observations from informants, both groups of these services are almost absent in most localities: only 24 people out of a sample of 309 people know about this service.

> *"When taking care of the elderly, the most critical needs to fulfill actually their need for communication, for the feeling of being able helpful to others, to avoid meaningless living, useless to others. The need for healthcare is also very important but should be approached in the manner to support their self-care for personal hygiene, for coping with problems caused by chronic diseases or even changing weather. We observe the elderly want to satisfy the followings: carrying out self-care for basic needs of hygiene, eating and drinking, domestic life ... - They deeply really want someone to talk to, to talk about the past, to exchange with someone, also feeling "sorry" for not being as good as in the old days.*
>
> *(Informant from Thien An Elderly Care Center)*

In terms of supply, policy and practices review reports two systems in place. Circular 35/2011/TT-BYT guides the health stations of communes to organize medical examination and treatment for lonely elderly people with mobility impairment at their places of residence. The guidance is furthered in Decision 7618/QD-BYT dated December 30, 2016 approving the scheme on health care for the elderly in the period 2017-2025 with specific criteria on medical examination and treatment and care for the elderly. Circular No. 96/2018/TT-BTC dated October 18, 2018 detailed more instructions for financing and of funds for primary health care for the elderly at their places of residence, including: expenses for organizing periodical health checks for the elderly, profiling for monitoring and managing the elderly's health, and allowances for medical staff who come for medical homecare (examination and treatment). The limitation is only the elderly group who live alone.

Medical homecare was officially instructed and has expanded since 2013 with the model of family doctor under the "Project of Family Doctor" period 2013- 2020, Circular No. 21/2019/TT-BYT, dated August 21, 2019 of the Minister of Health guided the pilot of family medical practices. Services were officially expanded and promoted more certainly with the COVID pandemic. In Ho Chi Minh City, from August 2020[35], the City Health Department officially reactivated home medical care for the elderly and people with chronic diseases. 52

[35] http://medinet.gov.vn/quan-ly-chat-luong-kham-chua-benh/da-co-52-co-so-kham-chua-benh-trien-khai-kham-chua-benh-tai-nha-cho-nguoi-cao-t-c8-32140.aspx

service providers were enlisted including 30 health stations, 20 district hospitals and 2 district health centers for medical homecare.

After a period of implementation, medical homecare service still revealed difficulties and limitations. By 2017[36], there were 6 Departments of Health piloted family doctors and local family-based clinics (Ho Chi Minh, Hanoi, Can Tho, Thua Thien Hue, Tien Giang, Khanh Hoa) with 240 family-based clinics. However, there is still a shortage of human resources with expertise in family medicine due to limited trainings and obstacles for work permits. This project is entering its final year of implementation and evaluation process.

These policies have opened up more feasible opportunities for private sector to invest in family medical care clinics. Further necessary refinements will be regulations on coordination, referral and appropriate information mainstreaming of family doctor's clinics into the state's medical examination and treatment system for patient management, into Health insurance.

Currently, the main guidance and services are still mostly for the examination and treatment, other services such as medical home care, home caregivers and/or helpers seem still very lacking. The majority suppliers to the network remains from informal groups. Professional and technical capacity, service standards, practice, etc. are still obvious shortcomings

3.3.3.7. Care Centers (Rehabilitation, pension Centers)

Although the need for a full-serviced nursing home network is not in the top priority group of the entire sample, for the elderly group alone, this is the need at the 10th position (28/76 respondents) and also the priority of the senior group (9/23) comments. This need is gradually decreasing: for the whole sample it is only about 30% (96/309 comments). With the next generation or in the provinces, this demand is expressed by only about a quarter of respondents. Supply is confirmed to be very limited, with only about 22 people knowing about nursing services and all in the cities

Although these numbers are not yet significant, there are a number of following implications:

[36] https://dangcongsan.vn/khoa-giao/mo-hinh-bac-si-gia-dinh-nhieu-kho-khan-khi-trien-khai-thuc-hien-376982.html

- The demand may be peculiar and may evolving overtime only: at the early and medium elderly groups, the need for staying with children and grandchildren might be still considerable. Yet for the eldest group, more professional and whole care services will be required;
- The demand may be higher and more apparent in urban areas than rural areas.

Health think tanks for Vietnam have also confirmed the potential rising needs of elderly care houses[37], whereas the supply is limited.

The National Geriatrics Hospital' assessment of nursing homes and social protection centers in Hanoi (2016-2017) reported that not only these public facilities face serious shortage of human resources (10 patients are with only 1 caregiver), but also the facilities and equipment are poor, particularly rehabilitation equipment.

Nationwide speaking, there are 427 centralized care centers, providing general care for people and children with disabilities. Among these, more than 20 are non-public care facilities, mostly locate major cities, with a cost of about $400-1000/month/person (UNFPA 2019), varying along with the service package and the level of care needed by the elderly. However, this monthly fee rates are clearly not affordable by anyone. According to the law, public social protection establishments can only enrol lonely and poor elderly people who do not have relatives to take care of them. In 2017, about 10,000 elderly people (0.091% of the total elderly population) were living in public and private care homes. Some pagodas and churches also took care of lonely and difficult elderly but only with very limited numbers. Residential care services for seniors in need of special care will gradually increase, especially for older people with Alzheimer's disease, or hearing or visual impairement.

By 2019, according to the Department of Social Protection (Ministry of Labor, Invalids and Social Affairs), there are 102 centers with elderly care subdivisions in the whole country. Nevertheless, there are only 32 specialized facilities taking care of the elderly homes- most of those are operated by private sector. Updates by 2021, the number is about 40 facilities. The model of home/nursing home, especially private facilities, is gaining reputation for providing a comfortable and convenient living environment for the elderly and is becoming the choice by many families. Some reputable care centers are: Thien Phuc Nursing Home, Orihome, Golden Age House, Phu Dong Center, Nursing Center Dien Hong... These are known with good infrastructure, pleasant atmosphere, and with well-trained staff.

Most centers and facilities are located in major cities. Annex 1 provides the list of 30 centers with some update information from their current websites. The monthly rate varies from VND 5 million to VND 40 million, with options for additional service and surcharges.

[37] https://laodong.vn/xa-hoi/nhieu-gia-dinh-doi-dai-co-de-dang-ki-vao-vien-duong-lao-627884.ldo, article of 29/8/2018, visited on 3/6/2021

In the long run, literature reviews and expert interviews suggest further assistance needed for these establishments due to inadequate and thorough state support policies, challenging on rent and accessibility to credit.

Technical standards for care facilities have been initiated but are still fairly general. Investment norms, equipment standards, especially specific equipment for rehabilitation and care of the elderly, have not been guided. This will be a challenge to overcome in order to expand public facilities, particularly with regards to budgeting or applying for investment policies. For long-term development, it will be necessary to have a model nursing home for Vietnamese people, with dimensions and standards of facilities customized for Vietnamese people, service standards (professional skills, psychological skills). Elements of culture, suitability with different levels of income of the most potential customer segments, i.e. middle-income group, are other considerations.

For private entities, it is still the lack of policies and favorable incentives such as planning, preferential loans, rents and taxes, etc. which hinder their potential roles. The key necessary conditions are good location, large area with multi- equipment. An estimate from an expert suggest that a center for 200 elder will need at least VND 5-7 billion for rehabilitation equipment only.

> *"A facility serving about 200 people should include the following components:*
> *1/ Fitness area to improve health (such as Gym equipment)*
> *2/ Community/public area for gathering,*
> *3/ Rehabilitation area*
> *3.1 Physiotherapy treatment area (all kinds of equipment and machinery: pulsed electricity, electrolysis, short wave, shock wave, laser, spinal stretching machine, magnetic field machine, ultrasound treatment machine. ...);*
> *3.2 Rehabilitation training area: exercise equipment - parallel bars, wall ladders, rope weights, integrated muscle group training system, balance training equipment...*
> *3.3/ Hydrotherapy.*
> *At the minimum level, estimated investment is about VND 5-7 billion*
> *(Interview with Rehabilitation Expert)*

Increasing rent, large investment costs, depreciation terms must be long enough to ensure competitive pricing and costing to fit middle-income segment. Clearly, current policy for nursing homes or elderly care centers does not have any single-out incentives but regarded them as other social facilities such as schools, kindergartens, and medical facilities.

Lack of management technology and capacity to run facilities according to new models remains a significant challenge, as reported by experts from *Viet Xo Hospital*. Besides, lack of specific guidelines and preferential regulations of the state on the establishment and

operation of nursing homes and care centers represent other major constraints for this service development.

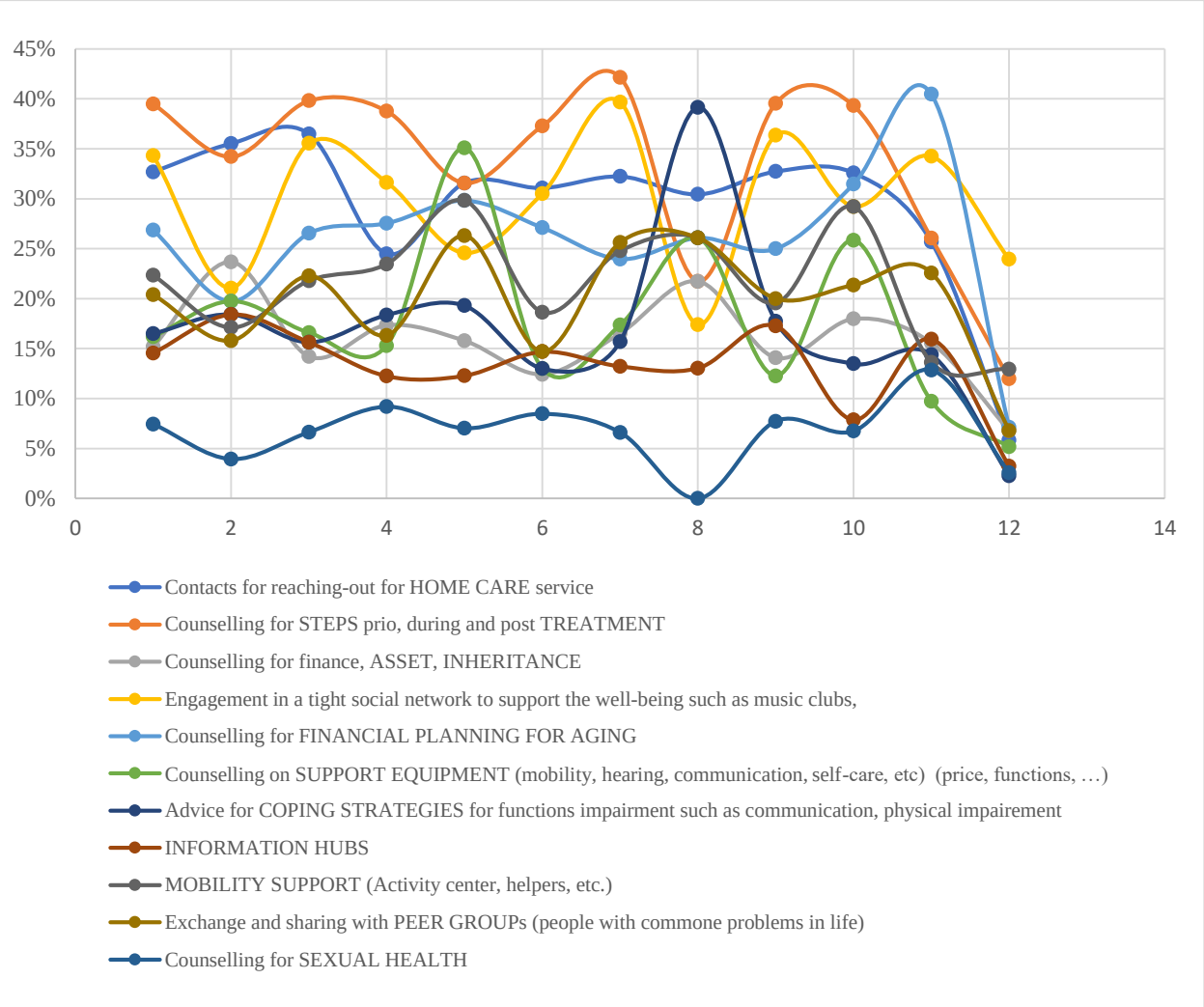
> *Management technology, operational procedures and competencies are other crucial hindering factors.*
>
> *(Interview with expert from Viet Xo Hospital)*

Public-private partnership, including attracting the participation of foreign investors to "transfer" technology, develop service "technology" (Standards Operating Procedure) suitable for the elderly and Vietnamese culture is one direction. can overcome many of the above limitations.

3.3.3.8. Other needs

In addition to the above-analysed needs, this section will discuss several other specific needs. Some of the needs were chosen as priorities by the elderly group today. Some others were not prioritized yet they imply remarkable features, indicating potential for market development (see Figure 10 above and Figure 18 below).

Figure 18. Other needs



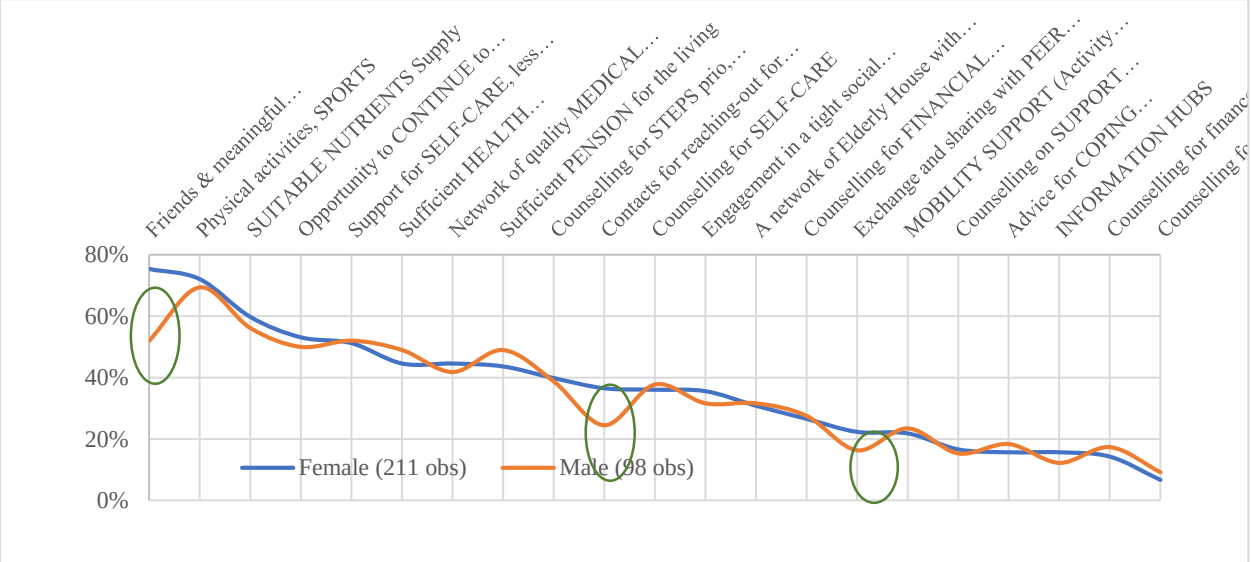
- Sufficient Pension Insurance and Health insurance programs are two priorities of the elderly group – ranked 5th and 9th (Figure 10 above). Overall, across the sample, about 45% of respondents highlighted these two needs. Self-assessment of pension insurance, only 37% of the next generation expect their retirement pension programming can be sufficient for living costs, but the expectation for sufficient health insurance plans is higher (47%). The supply is still far below the demand with less than one-third of the interviewees know about availability of these health insurance programs;
- **Contacts with intermediate care services, social services home care service** - 1/3 of the participants indicated this need and is evenly distributed across in all groups but almost no information about any supply;
- **Mobility Aids (Activity centers, helpers)**: although the number of people raising this need is low, there is a clear difference between the two generations: 2 out of 10 old

- people have this need while only 1 in 10 people in the next generation showed this need. In rural areas, this need for support amounts to nearly 3 people with out of 10 people sharing their opinions. However, since the sample size is still modest, this finding should only be considered as a rough reference. Or the need for counselling on mobility is only apparently recognized in the Eldest by 9 out of 23 people. **Preparing for old age, preparing to adapt to new conditions may need immediate attention, starting from awareness raising.**
- However, the next generation seems to be better in financial thinking with 40% indicate needs for **Financial preparation and counselling** whereas only 16% elderly expressed this need;
- **Differences between the two generations** were recorded in special needs such as Counselling for Health Examination or Sexual health.
    - **Need for information and advice by health professionals in areas such as diagnostic procedures, care after hospital discharge**: 40% senior revealed this demand while only 26% younger informants paid attention to this area. The supply is reported very minimum.
    - **Counselling for SEXUAL HEALTH**: 13% next generation pinpointed this need while only 7%-8% of the current elder said about this need. The difference between female and male groups are slight: 9% male versus 7% female, respectively.
- **Trends and changes in family composition and service implications**. As analyzed in section 3.1.1.3 on Family status, education, and income, the percentage of older people living only with their spouses have increased gradually to 14.1% in 2019. Statistics from this survey, as shown in Figure 3 with family structure shows that the proportion of old people living alone or living with only their spouse accounts for a relatively high proportion.
- Assistance for the elderly to update and use IT appliances is a rather urgent need, expressed by experts and respondents to online survey. The survey questionnaire included an open-ended question about other concerns and sharing regarding elder care: 28 comments/115 additional comments highlighting the attention to technological capabilities, helping the elderly to continue access to and use of technological equipment (ANNEX 2. Some comments on OTHER or SPECIFIC needs to be noted for aged care).

3.3.4. Additional analysis

3.3.4.1. Gender specifics

Figure 19. Needs of elderly, break into 2 genders



Source: Online survey by VCCI, 1-8/6/2021, 309 observations

Literature review highlights the trend of growing portion of female elders versus male elders. Accordingly, analysis of demand and market opportunities need to take into account gender specific features. Figure 21 depicts the needs, ranked by selection of female respondents. Most of the needs are quite similar except two needs with higher rates of selection:

- The need for **Friends & meaningful relationships, to REDUCE LONELINESS**: this is #1 need of female respondents, with 75% while only 52% male respondents were positive for this. Slightly similar, exchanging with peer groups (people with the same situation, or condition) is also preferred by more women than men (22% versus 12%);
- **Contacts for reaching-out for HOME CARE service** is perceived important by 36% of female respondents (about 1/3) and only 24% male informants chose this (about 1/4).
-

3.3.4.2. Regional differences: Urban versus rural

Figure 20. Needs of elderly, break into 2 regions: urban versus rural

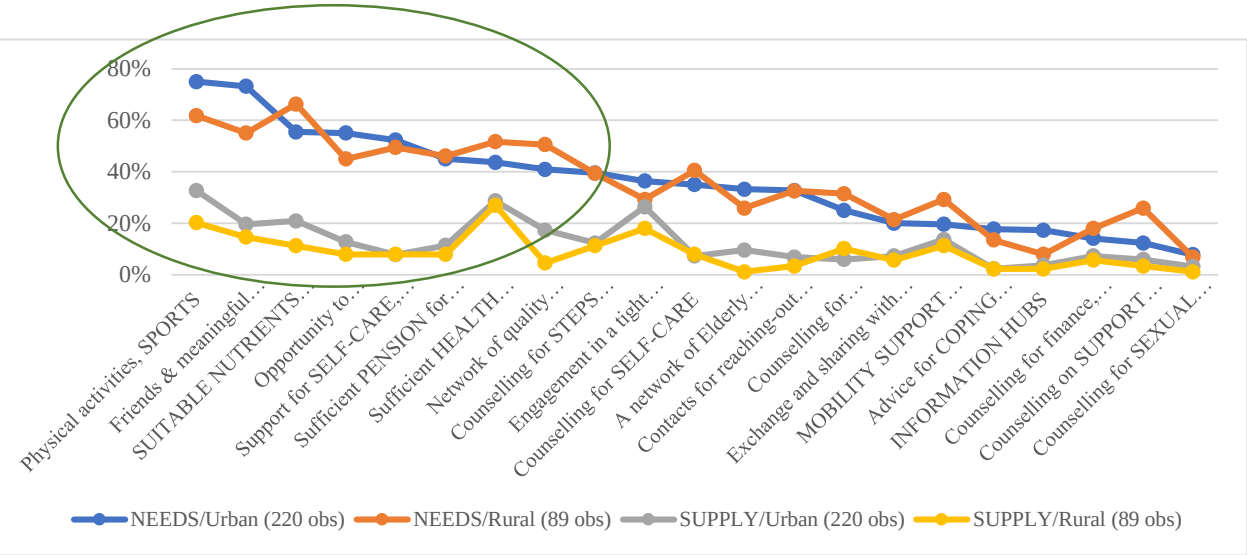


Figure 20 compares needs and supply of two groups of informants: urban and rural areas. Overally speaking, the difference is not very obvious. The needs for Activities, sports; Friends and Opportunities to continue to work are significantly higher in urban area versus rural area with the difference of 10%-20%. The needs which are significantly higher in rural areas are Counselling for Aids equipment, Network for quality Medical care centers and Suitable Nutrients supply.

In terms of shortage, it is quite similar across all types of services. Most services are only reported by 10% to 20% respondents, which means out of 10 informants, only 1-2 people reported the knowledge about the services. The most noticeable services are two services reported by 30% respondents of the survey are Physical activities, SPORTS and sufficient HEALTH INSURANCE

Figure 20 also helps to highlight the shortages between demand and supply. Top 5 largest gaps are:

1) Physical activities, sports;
2) Friends & meaningful relationships, to reduce loneliness;
3) Suitable Nutrients Supply;
4) Opportunity to continue to WORK, to nurture the sense of purpose and of belonging to a community;
5) Support for self-care, less feeling of being burden to others.

Out of these 5 services, 4 are in significantly higher demand in urban areas than rural areas. As shown in the graph, although the current supply in urban areas seems to be higher than in rural areas, it is clearly still far behind the demand indicating that the potential should

be explored in urban areas. The need for nutrition supply is ranked #3 in rural areas is higher, but as will be mentioned in the recommendations, activities on communication, supply and distribution channels organization, and supervision for quality can be improved by application of technologies and the mobilization of support and connection networks.

3.3.4.3. Public versus private services

One of the limitations of this report was due to the 4th wave of the pandemic, resulting in the lack of in-depth analysis and comparison between services provided by different providers, e.g. public versus private providers. However, interviews with experts and representatives of elderly care centers, affirm the critical role perceived by respondents for public medical network. Other expectation from experts is the role for technical coordinator and guidance for the sector from state agencies.

In terms of service providers, besides medical treatment, home care service has recorded private participation. Another service encountered by this analysis is elderly care houses and centers with involvement of private sector. Other than those services, there are few evidence of any other involvement yet of private sector in providing services for elderly care. Services for the elderly can be considered as conditional services because they require special professional guidance and management. This further affirms the urgency to have technical units to provide guidance and direction for the promptly development the service market for the elderly.

3.3..4.4. Pandemic impacts and implications

Elder care service requires special features as highlighted above and should follow leading trends in demographic characters of this group.

However, the current period is also providing a good example of environmental risks and also the risk of disruption in the supply chain and service delivery settings. By now it is well-perceived that COVID-19 disease has hit the elderly in a very detrimental way. Since the pandemic is still on-going, it can not be concluded yet about the total impact, but clearly the mortality rate in the elderly patient is much higher than other groups. Doctors have emphasized that treating the elderly with covid is extremely difficult because each elderly people often carries many diseases. Moreover, declining physical condition in the elderly normally also lead to poor response to treatment, slow recovery ability. Some examples for extreme care requirements are patients with vegetative states, with breakdowns, etc. who are more prone to virus.

In European, elderly care centers have been classified as the areas suffered the most from COVID pandemic. Many nations had to isolate these centers in order to protect them in months. Not only this causes negative impact to the care and treatment of elders, effects for psychology and spirits are also amounting.

For elders living in the family, fierce covid pandemic also raise more concerns and make people become more reluctant to implement health checks. Only few cases of families with private vehicles, almost all others must use public transports with higher risks of infection. The delays of checks and examination, delays of treatment must be causing considerable consequences. All negative impacts should be adequately analyzed for additional and emerging needs stemming from the new normal situation.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1. Conclusions about Market Outlook

Findings from the analysis indicated that the domestic service market for the elderly is very promising with 20 million "potential customers" by 2035. As an extremely valuable intellectual and experience pool, the elderly is an important asset contributing to the development of the country. The elderly is also a crucial driving force for a special emerging market, which can generate good sales, income and jobs for the society.

The demand and needs are fairly diverse but most will concentrate on urban areas as reviewed from literature and suggested by the survey. The female segment will be more powerful. However, the rural demand is also significant, with special features on income and affordability. The supply is still limited, spontaneous, lack of coordination and lack of technical advice. These challenges are suggesting profitable service opportunities, basing on sound strategic orientation and sufficient investment.

In order to promote services, Decision 403/QD-BYT dated 20 Jan 2021 on Healthcare for the Elderly, detailed the guidance for the Plan until 2030. The Decision set the framework for service development, for the partnership between public and private sector with the following key pillars:

- Development the models for health care for the elderly:

  (1) Investment to build capacity for hospital (except pediatric hospitals), to enhance the capacity for examination, for rehabilitation and for provision of technical assistance to medical staff for primary care;

  (2) Hospitals at national, provicial and district levels (except pediatric hospitals) to develop standards for geriatric outpatient department, geriatrics departments, special beds for the elderly in general hospitals;

  (3) Health clinics in communes and wards to carry out tasks for primary care and to prevent non-infectious diseases for the elderly at their home and in the community. The key mandates include: knowledge building on physical body building, health improvement, knowledge building for prevention of chronical diseases and other popular diseases of the elderly, provision of primary care and rehabilitation assistance at the community;

- Development of models of Day-care center;
- Development of models of elderly' healthcare clubs; inclusion of elderly care in inter-generation clubs and other clubs of the elderly. Development and support for community volunteers to monitor, and provide assistance to local elderly with their chronical and non-infectous diseases in their home;
- Development/pilot the models of elderly-friendly communes;
- Development/Pilot models of Elderly nursing homes/centers with suitable modalities, to socialize and involve private investment in the models;
- Development/pilot IT application in provision of elderly health care service;
- Regular training and retraining for medical staff and caregivers for elderly in all levels and facilities; population associates and volunteers in the community.

The National Action Program on the Elderly for the 2021-2030 period is expected to supplement the preconditions for service development both in the public and private sectors.

Facility management, staff assignment and professional development for health care and counseling activities in different models and clubs should pay attention to the gender and contextual factors and the current status of the elderly population in each province. The analysis and predictions in part 1 and part 2 both highlight a trend that there will be increasingly higher proportion of women in the older population. The difference in the proportion of men and women by senior age group and living environment (rural vs urban) should be fully analyzed and calculated as each target group will have its own specific needs. In addition, other factors also should be taken into account in order to develop services in different models, including the growing proportion of elderly people living alone, so the demand for respite care services in nursing facilities is high and should be addressed in a systematic manner. Caregivers should receive guidance and training on psychological skills, thus being able to meet the need for friendship and meaningful relationships, which is a common need shared by ¾ of elderly women. The limited savings and ability to pay among the elderly should also be analyzed. Survey findings show that less than one-fourth of the elderly own savings and they are much dependent on support from their children/grandchildren. From a business perspective, model development and introduction of services should be based on a data collection platform on payment sources, for adequate and timely collection of input information before launching such products and services while keeping track of the "market" needs.

4.2. Recommendations for participation and development of private sector

The market indicates large potential but carries special features and complexity. Accordingly, the development of the market implies challenges and opportunities only if

stakeholders are engaged and optimize their potential roles. This means the organizational and operational modalities must be arranged in a suitable way for multi-stakeholders' fair contribution.

Government agencies should be the focal point for technical guidance, strategic orientation for infrastructure and standards for the system and the market. The key elements to be governed will include fundamental facilities, social assistance network, policy frames and service norms for service facilities. Technical supervision and oversight should be the core and timeless mandate. Private players can be diverse, particularly professional social organizations with crucial roles to facilitate service development.

The following points are suggestions and possible models for the involvement of private sector, to optimize the resources and capacities of organizations, of the elderly themselves. Due to limitations of this assessment, instead of concrete proposition to fulfill the identified needs in section 3.1.3 on Product and Service: demand and supply this this report only suggests some models for comments and further advice. The research team expect to receive more initiatives and further solutions from private sector to answer the rising diverse needs, taking into account the new elements of rapid technological and socio-economic changes.

4.2.1. Medical care service

Besides the network of public medical care with increasingly attention from the state, private medical centers have been growing rapidly recently. Family doctors should be another possible channel for stimulating private investors.

For rural market, a learning from this pandemic is also applicable, suggesting the application of more IT tools, telemedicine and exchange e-platforms. Mass/crowd funding can be a reference for one financing option.

4.2.2. Elderly care centers

Although recent policies and regulations have highlighted government's attention on elderly homecare and day care models, the capacity from state budget is obviously still modest in the short-run due to the lack of investment and financial norms. There need to be learnings and adaptation from international models so as to refine and elaborate national standards. This will be one of the first priorities for attention from the government agencies. Management and technical counselling, professional oversight are other areas of first focus for sustainable development of the service market.

For private sector, investors and investment promoters can initiate opportunities for PPP models, possibly from day care centers, elderly homes. Roundtables, exchange platforms for operational experiences and challenges sharing, service norms development will be vital to assist government agencies to better steering the sector, to effectively manage and facilitate the development of service sector.

PPP models should also include international investors to promote and absorb technology transfer. This can speed up the fine-tuning and customization of managerial technology, standard operational procedures (SOP) to align with cultural and demographic features of Vietnamese elderly. At the same time, this can also open up the local service market to international customers.

4.2.3. Development of clubs in local areas, combining with elderly home care service

The model of inter-generation has been assessed to be effective with substantial potential for expanding in new activities and services for elderly care. This can also be an entry point for engaging private sector in servicing the elderly in their residential areas. Development strategies of the government has stipulated more roles for the communes' People's Committees, particularly ward clinics will be guided with more functions in elderly care.

Integrating into routines of the local government is a pathway for the following possible service(s):

- Physical activities, sports; mobility aid, activity centers, regular health checks, non-medical home service for domestic life;
- Contacts/hubs for information to connect with services for counselling varying from general topics regarding financial planning, preparation for aging, tourism, religious and spirit exchange, … to specific themes namely nutrition advice, health advice, to health examination process, to cope with emotional and psychological difficulties caused or exacerbated by chronic conditions, to counselling for sexual health.
- Home care service: daily visit for conversation, to house care, to domestic care, and also nursing, helping the eldest groups, etc.
- Counselling, seminars, training sessions for elder care in the community: training for family members to get themselves prepared for taking care of their parents/ grandparents;

With these models, service providers can make use of the "local supply of labours", particularly the groups of "young" elderly, including male and especially female groups from

40-55 years old who have less employment opportunities in industrial factories, and the groups of early retirement (55-60 years old). Making use of local supply of workers presents significant advantages in analyzing specific factors of local senior groups by gender, living environment (urban vs rural), age group, family background and ability to pay as indicated in section 4.1. above as well as in cross-group analysis and comparison in Section 3.3.4.1 (Gender specifics) and Section 3.3.4.2 (Regional differences: Urban versus rural). During this process, the participation of local collaborators and workers will also be an enabler to regularly update these specific factors as well as other specific needs and features that can be factored in any needed adjustments to services.

Service providers can act effectively as coordinator, facilitator, connector and training, then retraining for quality assurance. In addition to recruitment, service organization, some key technical functions need to be comprehended by the service providers are:

- Training and retraining skills for local nurses for frequent updates on caring, nutrition, therapy;
- Networking and facilitating exchange among the members of the network by IT application;
- Regular updates and presentation to demonstrate quality of the service, so as to participate in day care centers and networks at the locals.

The units can be branches or register as associates of official technical organizations. One example of those is presented below.

4.2.4. Service center(s) for the elderly

The center can be established and operated as a social enterprise with viable and sustainable business plan.

The revenue sources are service fees to ensure quality basing on users' feedback and valuation. Expenses can be effectively and efficiently managed, optimizing the quality supply source of "young" elderly, early retirement.

The center(s) can register under professional social associations to tap on all their valuable network. And/or the center(s) can liaison with technical agencies to mobilize their expertise and existing networks for technical advice and supervision.

A number of ideas for reference are:

- If registered with reputable agencies, the center(s) can exchange with PUM, SES for advice and expert(s) to help for operational, managerial procedures and service development;
- Provide service on fee-basis, or commission basis such as match-making for continued working;

- The center(s) can be organised with different functional departments, operated by the elderly, to provide services and advice to other service models and agencies;
- To liaison with Ministry of Health for organising teams specialising in counselling service regarding medical and nutrition-related themes, health examination, therapy consultation. New retirement doctors can also be officially mobilised for running and directly advising their peers who has limited medical knowledge.
- IT application for organising and facilitation of exchange.

4.2.5. Information technology application

Besides S-health application with clear concept for assisting the elderly, there are still enormous potentials for connecting and facilitating exchange among the elderly. Besides the discussed possibilities such as telemedicine, other desirable concepts are e-tools to assist physical activities and movements, brain games to keep the mind sharp, to minimize brain-aging. The anthropological factors and features of each age group and gender, as well as other specific needs and features should also be further analyzed for appropriate technical solutions.

For elderly bridging and connecting with others, considerations can include technology solutions to develop customized social networking tools, with built-in AI to meet different needs of different groups of elderly (customized groups of peers, e.g. people with common diseases, personal matters, even similar family challenges, members can self selected and self generated). Ease of use, reliability and quality of services, for remote and rural areas should be other elements to be considered. Platforms using new technology for users verification and accreditation such as blockchain should be applied to ensure the fitness to elderly including counselling for nutrition, health examination, and even qualified suppliers for food supplements.

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The last word of this report is the repetition of the limitations of this assessment, the limited IT knowledge of the research team, this report is proposing some directions in the expectations that private sector will bring in more creative and innovative ideas to satisfy the large market of 20 million customers. The research team aspiration is to make this as only the kick-off for engaging private sector to invent more concrete businesses to serve this rising market.

ANNEX 1. REFERENCES

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ANNEX 2. SOME COMMENTS ON OTHER OR SPECIFIC NEEDS TO BE NOTED FOR AGED CARE

1. The caregiver is gentle, cleaned.
2. The tendency to do things on own way, not entirely bad, but difficult to approach new things
3. The gap between wealth and poverty in society is still high.
4. There are quality nursing homes.
5. The network of health care centers and psychological counseling for the elderly In the narrow space in the cities, there is no work for the elderly to moving.

6. Because of living in rural areas, sometimes medical supports can’t meet the needs, especially medical examination and treatment in case of emergency.
7. It is necessary to have an elderly club that is organized by the elderly and not organized by the Association of The Elderly, thus meeting the needs of the elderly.
8. It is necessary to assist the elderly in using technology equipment to be able to access information quickly.
9. Nursing centers should be added to meet the needs of the elderly. Promoting the role of children and grandchildren in taking care of grandparents and parents (if parents before having a baby will take parenting instruction classes. So the question is whether when children are mature should take health, mental health care classes for parents, grandparents? There should be these classes so that children can participate and understand their parents better.
10. Special note: income and affordability groups.
11. When caring for the elderly, it should be noted: age groups.
12. Technology equipment
13. Taking care of physical and mental health for the elderly, especially aged women become more introverted than men.
14. Life of the elderly (from 70 years old and above) who don't have support
15. There should be general disease screening programs (in hospitals with health insurance) for the elderly at suitable cost for those living only on pensions to create the best conditions for the elderly to find out sick early, not until they are sick to seek medical care.
16. The quality network of medical facilities for the aged.
17. The elderly caregiver at home
18. Ungrouped income
19. No exercise equipment
20. The elderly need convenient health care services most because not everyone knows how to use technology equipment competently, so most of the elderly depend on the help of their children.
21. The ability to use technology equipment.
22. Use of technology equipment

23. There are not many nursing homes or centers for the elderly
24. Using technology to support health
25. Activity group for the elderly. The ones are checked and consulted regularly
26. Using technology equipment
27. The elderly tend to take care of themselves, rarely using external counseling services
28. Need to exchange
29. Need to exchange
30. The elderly's trouble life without children' caring.
31. The caring time isn't long
32. To avoid the elderly feel lonely
33. Clubs for women have more for men.
34. Affordability is one of the factors affecting the level of satisfaction with the above-mentioned needs.
35. Noted: income group and affordability
36. Activities in the elderly club.
37. The ability to use technological equipment, affordability.
38. The ability to use technological equipment
39. It is necessary to provide an hourly personal helper to support heavy work with the ability to pay 50.000 VNĐ per hour. Trends of using zalo, telephone, facebook.
40. It is necessary to provide services according to needs and according to the income of families so that all the elderly are entitled to services.
41. When caring for the elderly, special attention should be paid to age, income groups, and affordability. The trend of using technology equipment is increasing but the usability is limited, so it is necessary to have guidance services.
42. Nursing homes with high-quality services.
43. The Psychophysiology, nutrition, the exercise of the elderly.
44. The intensity of physical activity and sports, appropriate environment with gender, age
45. The difference between men and women, affordability

46. Currently, there aren't any services for the elderly in the local. The living standard is different so the needs for services are different.
47. There aren't services for the elderly in the local or the family has not been informed.
48. The living space is spacious, airy, green, and clean.
49. Social security in Vietnam is generally bad and unequal.
50. The consultant is about how to use assets to take care of oneself.
51. Income
52. The ability to use technological equipment
53. Outdoor activities, exercise to improve and maintain health.
54. The elderly live alone a lot due to their children are busy. The demand for care is high but the cost is very expensive. There is no information for the elderly to work. In the city, many elderly start using smartphones.
55. It is necessary to note the issue of income to provide services so that participants can afford them.
56. Health care support
57. Enjoying using technological equipment
58. Low education, mainly farmers who are too old to work and limited economic conditions.
59. Limited income so that affordability for the elderly caregiver services is difficult.
60. Show the elderly how to use technology supporter equipment.
61. Vehicles, roads, sidewalks, stairs, electric switches, and public toilets are all designed for the young, while the elderly find it difficult to walk and interact with society due to the public system isn't suitable for the elderly.
62. Sports equipment.
63. When caring for the elderly, note the differences between men and women by age groups
64. Pretty low income; There is no nursing home suitable for income; home care services aren't developed.
65. Income groups and affordability
66. Technology preference

When caring for the elderly, it is necessary to understand the problems, needs, and habits of the elderly to get the appropriate way, age groups, men / women have different problems. In addition, the elderly in Vietnam are often unable to afford highly; Many of the elderly prefer to use IT equipment but only at the level of use, so it must be friendly and simple.

67. Increase the free sports area.
68. Technology preference trend.
69. It is necessary to provide health direct counsel centers for the elderly
70. Preferred trends in using technology equipment
71. Prefer to use technology devices
72. The ability to use technological equipment
73. Develop a payment level suitable to economic conditions in rural areas so that the elderly can participate and use services suitable for themselves.
74. Limited sources of information
75. Equipment
76. No income grouping
77. Income and affordability groups
78. In urban areas, the relationship of the elderly is not as close as in other localities, so there is a tendency to use technology to support them.
79. Income groups and the ability to pay
80. The ability to use technology
81. To be cared
82. Avoid being scammed, be aware and know how to take care of their physical and mental health
83. The distinction in ability to pay
84. The elderly prefer using technological devices and having space to talk, they need the people's care around.
85. The elderly tend to want the fastest access to information by technology.
86. Prefer to use technology devices

87. The elderly want to live in a tranqil place, near their children in order to see them, but not disturbing them.
88. Caring for the elderly who have had a stroke or catastrophe is a very difficult problem. The caregiver is very hard, so there is a need for communication programs for the elderly to know how to protect themselves and maintain their health; However, elderly people often have weak hearing and vision, so the reception of information is less effective, and it is necessary to have an appropriate method.
89. Diversity of age groups, income groups and affordability
90. Establish centers with services suitable to the needs and reasonable cost for the elderly.
91. Should be divided into 3 age groups: 60-70, 70-80, >80
92. Services are required according to affordability
93. Care of people with osteoarthritis, obesity and blood pressure diseases, need to use massage chairs but afford to pay 50% or free of charge.
94. Taking care of the elderly's mental life
95. In the locality, there is an association of elderly people, regardless of male or female, that only pays the association fund for visiting when someone is sick or dead, and there is a program for the age of 70/80/90/100 to receive a certificate of merit and reward. Association funds for the elderly, those who do not join the association do not know if there is or not
96. Income difference
97. Income group and affordability.
98. Elderly health care consultation needs to become a regular activity with relevant and practical content.
99. Gender differences, the elderly groups have different incomes and interests.
100. Create connections and connect members
101. Income and affordability groups
102. Affordability and ability to use technological equipment.
103. Income group and preferred trends for using technological equipment
104. the ability to use technology
105. the limited ability to use technology

106. the limited ability to use technology

107. the low affordability

108. low income

109. low income and affordability

110. Gender differences, income

111. The elderly prefer using technological devices and having space to talk, they need the people's care around.

ANNEX 3. REFERENCE INFORMATION ON SOME THE ELDERLY CARE FACILITIES *(reviewed on the website)*

THE ELDERLY CARE FACILITIES IN HANOI

Bach Nien Thien Duc Aged Care Center (Thien Duc Nursing Home).

In April 2001, Tu Liem Elderly Health Care Center – the predecess of Bach Nien Thien Duc Aged Care Center was started construction on an area of 500m2 with 20 rooms, 01 hall and 01 playground. In October 2004, the center was expanded by 900m2 into a complete area with 45 rooms, 03 halls and 01 rehabilitation gym, bringing the total number of beds to 150.

After nineteen years of operation, the Bach Nien Thien Duc Aged Care Center has 5 official facilities.

In April 2009, established a center to care and nurture the elderly Bach Nien Thien Duc under Bach Nien Thien Duc Co., Ltd. at No. 10 - No. 39/11- Ngac Dong, Bac Tu Liem, Hanoi. It is a center built according to the model of Japan and Germany with high-end housing to meet the increasing needs of society. The 2500m2 facility has 26 rooms, three comprehensive care areas, a rehabilitation gym, and a large hall.

In June 2011, a new facility was constructed in Lam Truong residential area, Minh Phu commune, Soc Son district, Hanoi. This new facility covers an area of about 5 hectares, is a resort complex for the elderly. In addition to 2 housing areas for the elderly, in the center there is a fishing lake (more than 1 hectare), a swimming pool, tennis yard, stilt area, hotel, peach garden, clean vegetable garden, pine hill area behind the center. The center with green space, airy with many familiar animals creates a sense of peace, comfort and closeness, suitable for the elderly to enjoy.

In June 2019, the 4th facility of Bach Nien Thien Duc Aged Care Center was operated officially in group 8, Tan Binh Area, Xuan Mai Town, Chuong My District, Hanoi. The facility in

Xuan Mai was built according to the standards of medium and high-end nursing homes with a scale of 300 beds. The total area is 3.84 hectares with housing, administrative house, rehabilitation training areas, comprehensive care areas and green gardens are taken care of daily to bring a fresh living space for the elderly to live at the Center.

- Type: Private
- Management Company: Bach Nien Thien Duc Co., Ltd.
- The number of beds: 150
- Year of Establishment: 2009

Facility 1: No 10, lane 39, alley 11, Dong Ngac street, Dong Ngac ward, Bac Tu Liem district, Hanoi.
Tel: 0972125832 (Mrs. Trang)
Facility 2: Lam Truong Minh Phu residential area, Minh Phu commune, Soc Son district, Hanoi.
Tel: 024. 35992382 * Mrs. Quỳnh: 0978064386
Facility 3: No 57, Nhat Tao Quarter, Dong Ngac ward, Bac Tu Liem district, Hanoi.
Tel: 0972125832 (Mrs. Trang)
Facility 4: No 199, Song May hamlet, Bac Son commune, Trang Bom district, Dong Nai province.
Tel: 025.43510119
Facility 5: No 1, Mac Dinh Chi, ward 4, Vung Tau city, Ba Ria – Vung Tau province.
Facility 6: No 10, Hung Vuong, ward 4, Vung Tau city, Ba Ria – Vung Tau province.

Nhan Ai Elderly Care Center

The first Nhan Ai elderly care center was established in May 2007 with a scale of 50 beds. Until now, the Center has been expanded and developed, increasing the service scale to 100 beds and gathering on Van Tien Dung Street, Minh Khai ward, Bac Tu Liem district, Hanoi.

The Center's care staff consists of nurses and oriental medicine doctors who have been trained at universities, colleges and medical schools. In addition, the Center cooperates with hospitals, clinics and has specialists and general practitioners to check the health of the elderly when problems arise.

Care activities of the Center are carried out in the form of 24/24 hours, combining modern and traditional care methods to create a comfortable and cozy living environment for the elderly.

- **Type:** Private
- **Management company:** Nhan Ai International Joint Stock Company
- **The number of beds:** 100
- **Year of Establishment:** 2007
- **Location:** Bac Tu Liem District, Hanoi City

- **Fee:** VND 9,000,000 – 17,000,000
- **Address:** Van Tien Dung Street, Minh Khai Ward, Bac Tu Liem District, Hanoi.

AHL Nursing Home

ALH Nursing Home is the private one in Hoai Duc, Hanoi. ALH operates under the motto of helping the elderly: "Live happily - Live healthily - Live long", in addition, the one also invests a lot in equipment, facilities, meals cooked by own chef, comfortable living space, convenient for the elderly. Located in a convenient location, helping the family to visit the elderly at any time, suitable for the elderly living in Nam Tu Liem, Cau Giay, Bac Tu Liem, Dan Phuong, Quoc Oai, etc.

- **Type:** private
- **Management company:** ALH Co., Ltd
- **The number of beds:** 130
- **Year of Establishment:** 2019
- **Location:** Hoai Duc district, Hanoi.
- **Fee:** 10.000.000đ
- **Address:** Km15 Thang Long Avenue, Van Con, Hoai Duc, Hanoi.

Dien Hong Nursing Home

Dien Hong Nursing Home is the private one located in the center of Hanoi. The center was built with the desire to share responsibility for care with families with the elderly, providing optimal elderly care solutions for families so that they can both maintain their lives and take good care of grandparents, parents. In particular, the center also concentrates on developing highly specialized human resources, always having respect and love for grandparents as their relatives. Located in a convenient location, 4km from the center of Ha Dong city, suitable for elderly living in Thanh Tri, Thanh Oai, Thanh Xuan districts,...

CAMPUS 1

Dien Hong Nursing Center Facility 1 is located on Le Van Luong Road, near the hospitals (17km from Hoan Kiem Lake). This is an area with convenient transportation, spacious roads, good infrastructure, not far from the center but still ensuring a spacious, quiet, and fresh space suitable for the elderly to rest and treat.

Dien Hong building 1 has an area of 1500 m^2 of the floor, built into 5 floors; there is an elevator with a capacity of 8 people, a staircase, soundproofing and insulation door system.

The 1st floor:

- An operating area, reception area and intensive care area (for sick people who need to be treated – instead of going to the hospital).

The 2nd - 4th floor: there are 5 rooms on each floor

- The common room has 2-way air conditioning systems, 55-inch television, reading area, playing chess, organizing activities, is a place to communicate between the elderly living at the Center ...
- Bedroom with 8 beds for elderly with an area of more than 50 m^2, with 3 windows. There are lighting systems, 40-inch televisions, 2 2-way air conditioners, 8 electric fans, a wardrobe, 2 toilets and a bathroom
- Bedroom with 2 beds (can be arranged into a bed if guest needs it). The room has 2 windows, a 2-way air conditioner, 28-inch television, a refrigerator, 2 beds, a closet, 2 male and female restrooms, and a bathroom.

The 5th floor is arranged 3 mains areas:

- A 50 m^2 cooking area can be cooked to meet the needs of about 100 exports for a cooking.
- The 60 m^2 spiritual area is used for worship, where the elderly chant, meditate and celebrate on new year's day, full moon or 1st day.
- Rehabilitation area of more than 100 m^2 for the elderly to exercise and rehabilitate.

CAMPUS 2. Dien Hong building 2 has a floor area of 3000 m^2, built into 6 floors. There is an elevator with a capacity of 24 people, 2 stairs, soundproofing and insulation door system.

The 1st floor:

- Includes kitchens, receptions, 2 intensive care rooms (for sick people who need to be treated - instead of going to the hospital)
- Rehabilitation room: There is a system of equipment to support recovery after stroke, health training for elderly in need. Includes massage bed, acupuncture, bicycle machine, belly folding, foot massage chair, …

The 2nd – 5th floor: Each floor is arranged 7 rooms

- The common room has three ceiling fans, 55-inch televisions, reading areas, playing chess, organizing activities, is a place to communicate between the elderly living at the Center.
- Bedroom with 6 beds for elderly people with an area ranging from 40m^2 - 50m^2. There is a lighting system, a 40-inch television, a 2-way air conditioner, 6 electric fans, a closet, a restroom, and a bathroom.

The 6th floor

- There are 4 single rooms, an operating office, a staff room, a hall.
- Single room with 2 beds (can be arranged into a bed if guests need it). The room has a 2-way air conditioner, 28-inch TV, a refrigerator, 2 beds, closet, bathroom, toilet.

- Hall: Spacious stage system, suitable to organize activities and events for the elderly to exchange with individuals and organizations.
- 30 m^2 spiritual area for worship, where the elderly chant, meditate and celebrate on New Year's Day, full moon or 1st day.

Type: Private

Management company: Phuong Dong Pharmacy – Kim Investment - Construction - Trading Joint Stock Company

The number of beds: 1500

Year of Establishment: 2014

Location: Ha Dong District, Hanoi City

Fee: VND 7,200,000 – 12,000,000

Address:

Facility 1: U07 – L16 – Do Nghia Urban Area, To Huu Street, Yen Nghia Ward, Ha Dong, Hanoi
Facility 2: Area A2.3 – cell number 18 – Thanh Ha urban area Cienco 5, Kien Hung, Ha Dong, Hanoi.

OriHome Nursing Home

Orihome Nursing Home is a private one located in Hoang Mai District, Hanoi. The center has modern facilities, 24/24 care activities, equipment system from Japan, Asian cultural space and especially the center also provides on-demand services such as: inpatient care, home care, short-term care, day care, stroke care. Located in the center of Hoang Mai district, it is easy for families to visit, or take the elderly to the center for short-term care or other services of the center, suitable for elderly living in Hoang Mai district or neighboring districts such as Thanh Xuan, Thanh Tri, Hai Ba Trung,...

OriHome Aged Care Center was established in 2013. OriHome also provides aged care services in Hanoi. Share with the community in the care of the elderly. OriHome has been developing and completing the service to bring the best experience to the elderly and to become one of the best options for the elderly in Hanoi.

OriHome Elderly Care Center is located at No. 19 Alley 139 Bang Liet - Hoang Liet - Hoang Mai - Hanoi. Near Central Geriatric Hospital, Bach Mai Hospital, Military Traditional Medicine Hospital... and close to the center of Hanoi, very convenient for visiting, shuttle, not too far from family when the elderly are nursing here.

Type: Private

Management company: VIET Health Care Joint Stock Company

The number of beds: 55

Year of Establishment: 2013

Location: No. 19 Alley 139 Group 1 Bang Liet, Bang A, Hoang Mai, City. Hanoi

Fee: VND 7,500,000 – 12,000,000.

Tuyet Thai Aged Care Center

Tuyet Thai Aged Care Center is a private facility for the care of the elderly located in Dong Anh district, Hanoi. The center is invested a lot to have a fresh, cool environment, comfortable and warm common spaces where elderly have a comfortable mental, participate in indoor or outdoor activities to improve health, prolong life. The location is in Dong Anh district, suitable for the elderly living in the district or neighboring areas such as Me Linh, Long Bien, Gia Lam, Soc Son, ...

HISTORY OF DEVELOPMENT

The Tuyet Thai General Clinic was established in 1995 and became the first private clinic in the North.

In 2000, after 5 years of development, the clinic has expanded from 4 specialties to 10 specialties and has welcomed more than 1 million patients.

To meet the demand for high-quality medical examination and treatment of the Northern, in 2008, Tuyet Thai General Clinic opened a new facility at Dinh Bang – Tu Son – Bac Ninh.

Facility 3 in Dai Dong Hamlet, Dai Manh Commune, Dong Anh District, Hanoi was officially operated in 2012 to become more professional, more specific in the field of healthcare for the elderly.

In December 2016 marked the comprehensiveness of health care services for the elderly of Tuyet Thai Aged Care Center when the Nursing Vocational Training Center was born with the help of Japanese experts to train nursing human resources in the field of high-quality elderly care according to international standards to international standards.

Area: 10 hectares:

- 3-4 hectares lake, island, vegetable garden,
- 2 hectares of fruit trees,
- Residential and common areas.

Space: convergence of natural and social conditions that are relatively safe and tranquil for the elderly and the sick to rest.

Room system:

Established in April 2012, after more than 2 years of development, Tuyet Thai elderly care center has built a system of more than 200 beds for the elderly. Divided into separate room types suitable for each object and health status of the elderly:

- ***Room for the elderly who are healthy and have a sound mind***

Each room is fully equipped: bed, a set of tables and chairs, wardrobe, television ...
There are 3 types of rooms: room for 1 person, room for 2 people and room for 3 people.

- ***Room for elderly weaker need individual care support***

In addition to being fully equipped with furniture and amenities for each room, in this area, there are nurses on duty and 24/7 care, to provide timely support when they need it.

- ***Intensive care room***

For those who have a catastrophe, neurological disorders, are too weak ... unable to take care of themselves. The intensive care room is fully equipped with modern machinery (aided by the Japanese Government - February 20, 2014): oxygen generator, sputum suction machine...

- ***VIP room***

Reserved for guests who visit the center and can have a short stay at the center.
Here you can overlook the lake area of more than 3 hectares with fresh air suitable for relaxation.

- ***Rehabilitation room***

This is the room that has an important mission in carrying out daily tasks of massage, acupressure, acupuncture, etc. for the elderly to improve the nutrition of the weak muscles due to the influence of old age. Also, it creates a comfortable feeling for the elderly.
The physiotherapy room is equipped with a needle and hydro-acupuncture system and many machines to support many stroke patients living at the center to be able to rehabilitate can move their limbs, can walk around.
Common area includes:

- The thatched roof area
- Octagonal tent area (poetry tent)
- Meeting hall for each area.

This is the place to organize collective activities for the elderly: Reading books and newspapers, playing chess, listening to music, singing, and dancing, poetry club ... and exchange activities, birthdays, holidays of the year for the elderly like 8/3, 20/10, 27/2…
Type: Private

Management company: Tuyet Thai Biomedical Technology Development Joint Stock Company

The number of beds: 200

Year of Establishment: 2012

Location: Dai Dong Hamlet, Dai Mach Commune, Dong Anh District, Hanoi, Vietnam

Fee: VND 9,500,000 – 15,000,000.

Ha Noi Nursing Center

Hanoi Nursing Center is a prestigious elderly care facility in Hanoi. Although it is in the middle of the city, the campus inside the is arranged very fully equipped for living, sports area, 400m2 wide walking field. In addition, the center provides services: daycare at the center, the elderly will be able to participate in sports to improve health, interact with others, participate in physical therapy... Located in the center of Hanoi, this place has become a familiar place for the elderly living in Thanh Xuan District, suitable for the elderly living in the locality and surrounding areas such as Dong Da, Ba Dinh, Hoan Kiem, etc.

Type: Private

Management company: Vietfarm Co., Ltd.

The number of beds: 140

Established: 2009

Location: No. 55 lane 29 Khuong Ha, Thanh Xuan, Hanoi

Fee: VND 5,000,000 - 15,000,000

Tam Phuc Nursing Home

Tam Phuc Nursing Home is a private one in Thanh Tri District, Hanoi City. Tam Phuc was built with the idea of combining with an eco-tourism area, to create a green space, helping the elderly feel comfortable even in the middle of a busy and bustling city. Located in Thanh Tri District, Hanoi City, convenient for the family to visit.

Type: Private

Management company: Tam Phuc Elderly Care Joint Stock Company

Year of Establishment: 2019

Location: Hamlet 3 - Van Phuc Commune, Thanh Tri, City. Hanoi

Fee: VND 5,500,000 – 11,000,000

Phu Dong Elderly Care Center

Phu Dong elderly care center is a private nursing home in Gia Lam District, Hanoi.

The center is built in a Vietnamese countryside quiet resort model with a thoughtful service style to facilitate the recovery of health for the elderly.

The facilities in center are nearly 100 separate rooms. Each room has an area of 24m2, windows to receive light and cool wind, self-contained and modern bathroom, fully equipped with tools.

Types of room and fee

Type of room	Detail	Fee
Room for 1 person	$24m^2$	VND 11,000,000/month
Room for 2 people	$24m^2$	VND 7,000,000/month

Receiving elderly objects:

- Healthy elderly, love old age
- Elderly who need to be stabilized after a cerebrovascular accident
- Elderly eat sonde
- Elderly is paralytic
- Elderly with lack of motor function
- Elderly after surgery, need to monitor vital functions, take care as ordered by the doctor
- Elderly needing care after endotracheal intubation
- Elderly with dementia
- Elderly need comprehensive supportive care: eating, cleaning, bathing, exercising, monitoring and managing diseases as indicated
- Elderly people can't take care of themselves

Restricted audience

- People with HIV
- People infected with tuberculosis (TB）
- People infected with scabies
- People infected with viral hepatitis (hepatitis B, hepatitis C)

Phu Dong elderly care center is a private nursing home in Gia Lam District, Hanoi.

Type: Private

Location: Hamlet 3, Phu Dong Commune, Gia Lam, Hanoi

Fee: VND 7,000,000 – 16,000,000

No. 1 Hanoi Nursing Center for Merited People

No. 1 Hanoi Nursing Center for Merited People is a place to take care of more than 1000 policy beneficiaries.

General information

- Name of the unit: No. 1 Hanoi Nursing Center for Merited People
- Address: Bao Yen commune - Thanh Thuy district - Phu Tho province
- Phone: 0210 3877766 Fax: 0210 3877765
- Email: ttddccs1_soldtbxh@hanoi.gov.vn

Mandates:

Nursing and taking care of health alternately with revolutionary contributors: wounded soldiers, revolutionary elderly, Vietnamese heroic mothers...

Type: Government

Management company: Department of Labor, Invalids and Social Affairs

Location: Ha Dong District, Hanoi City

Fee: Free

No. 2 Hanoi Nursing Center for Merited People

No.2 Hanoi Nursing Center for Merited People is a place to care for policy beneficiaries in Hanoi. The Center carries out the task of taking care of the lives and health of the following subjects: revolutionary contributors, Vietnamese heroic mothers, revolutionary elderly, parents of martyrs, wounded soldiers, and revolutionary cadres. The center is operated with goverment funding and receives support from other organizations and unions.

1. General information

- Name of unit: No. 2 Hanoi Nursing Center for Merited People
- Address: Vien An Commune, Ung Hoa District, Hanoi City.
- Phone: 0433 771139. Fax: 0433 771163.
- Email: ttnddnccs2_soldtbxh@hanoi.gov.vn

2. Functions, tasks

- **Function:** nurturing Vietnamese heroic mothers, relatives of martyrs and revolutionary contributors in extremely difficult circumstances; nursing alternately the revolutionary contributors.
- **Tasks:**
    - To organize the reception of merited people to nurture and nurse in parallel with health rehabilitation, arrange living places, provide medical examination and treatment, organize cultural and artistic entertainment activities, physical training and sports, occupational therapy, organize for the subjects to visit following with the psychology and aspirations of them

- To coordinate actively with other departments of the city to take care of the material and spiritual life of merited people.
- When merited people pass away, the Center coordinates with the Labor, Invalids and Social Affairs Departments of districts, towns, local authorities and families to organize funerals according to customs and traditions in local and carry out the procedures for dealing with regimes and policies according to current regulations.
- To build facilities, purchase equipment for nurturing and nursing merited people to meet the needs of the mission.
- To be responsible for managing staff according to their competence; manage and use state facilities and properties according to current regulations.
- To manage the national budget well, implement revenue and expenditure in accordance with financial principles and use it for the right purposes.

Type: Government

Management company: Department of Labor, Invalids and Social Affairs

Location: Ung Hoa District, Hanoi City

Fee: Free

Address : Vien An Commune, Ung Hoa, Hanoi

KAIGO Nursing Center

KAIGO Nursing Center is a famous private senior nursing home in Van Giang district, Hung Yen province and Hanoi. The center is in a quiet area with lots of green space, managed and operated by Japanese. The elderly are cared for and monitored according to Japanese standards by highly qualified nursing staff.

Facilities:

The center has modern and complete facilities and equipment, fully meeting the needs of the elderly. Including bed, wardrobe, TV, air conditioner, self-contained bathroom with hot and cold water dispensers, and some health care support equipment such as massage chair, exercise bike, physical therapy support equipment.

The team of doctors and nurses:

The team of doctors, nurses are highly trained by Japanese experts in the skills of caring for the elderly. The entire staff in the Company has deep expertise and experience in caring for the elderly.

Caring regimens:

Depending on the medical condition of each elderly. The center has its own care regimens for each person, from diet, rest, activities. With diverse support and health care services, the Center aims to meet all the pathological conditions of the elderly.

Facility 1: Kaigo Ecopark Nursing Center with a quiet and airy central campus, with green trees, is suitable for the elderly to rest and recover their health.
Address: No. 099 Marina Villas, Thuy Nguyen Street, Ecopark Urban Area, Phung Cong Commune, Van Giang District, Hung Yen Province.

Facility 2: Kaigo Me Linh Nursing Center. Only 20km from the center of Hanoi with convenient transportation and bus systems.
Type: Private

Management company: HOUHOU International Development Joint Stock Company

Established: 2019

Location: Hung Yen, Hanoi

Fee: VND 8,000,000 – 12,000,000

FDC Elder Nursing Home

FDC nursing center is a private one located in Quoc Oai district, Hanoi. Currently, the center is under construction and will be started operating in May 2021.
Address: Long Phu Village, Hoa Thach Commune, Quoc Oai, Hanoi

THE ELDERLY CARE FACILITIES IN HO CHI MINH CITY

Binh My Nursing Home

Binh My Nursing Home is a place for the elderly in Ho Chi Minh city and neighboring provinces.

Binh My Nursing Home has a team of experienced medical staff, along with dedicated and compassionate care staff.

Services:

CARE SERVICES	
1	Rehabilitation exercise
2	Dementia
3	After the accident, stroke
4	After treatment at the hospital, the final stage
5	Children with disabilities and autism
6	According to the needs of the family

Fee and rights:

Fee

Full-care package

Types of room	Period	Fee
Room for 05 people	month	9.000.000 – 11.000.000
Room for 02 people	month	12.000.000 – 15.000.000
Room for 01 people	month	16.000.000 – 18.000.000
Intensive Care (ICU)	month	11.000.000 – 13.000.000
The above fee is fixed and doesn't change during the time elderly stay in the center		

Some other fees (if any)

		Period	Fee
1	Taking care of eating through sonde	Month	1.000.000
2	Endotracheal care	Month	1.500.000
3	Taking care of ulcers	Month	1.000.000 – 3.000.000
4	Uniform fee	Year	750.000
5	International Event on Seniors October 1	Year	500.000
6	Lunar New Year (if the elderly stay at Tet activities)	Year	3.000.000
7	Personal supplies blankets, pillows, mattresses, etc.	Year	*Free*
8	Entertainment equiment, means of communication (phone, ipad, etc.)	Year	*Free*
9	Events, festivals (gift, games…)	Year	*Free*
10	Tour, picnic	Month	*Free*

Noted:

- Each elderly person enrolled in Binh My Nursing Home will pay a deposit of VND 10,000,000 (Ten million dong). This amount is used in case the person has to go to the emergency hospital or hospital treatment. If not used, the center is responsible for paying back the above amount when liquidating the contract**.**
- The fee for the elderly is overseas Vietnamese or foreigners will not change (regardless of nationality). If applying for long-term temporary residence, the center will support

- visa extension and long-term temporary residence registration for the aforementioned elderly.

Rights:

- Rest and live in a safe and clean environment suitable for the elderly at the center with the support of nurses.
- Be taken care of eating, daily personal hygiene.
- If the elderly need to use special drugs such as antibiotics, drugs for acute or chronic diseases, electro-acupuncture, hydro-acupuncture, ... and other items such as wheelchairs, diapers, feeding tubes, urinary catheters, etc. then the family has to pay according to the item of expenses incurred monthly or purchase to send to the nursing home..
- The elderly will be given full personal items: blankets, pillows, mattresses, toothbrushes, ...
- The diet is calculated by the pathological condition and actual health of the elderly and is divided into at least 5 meals per day (including 3 main meals and 2 snacks).
- Participate in scheduled daily activities suitable for the age and health status of the elderly.
- The elderly participate in activities under the theme "Living happily - Living well - Living long" and interacting with students of universities or other unions in the large hall or garden of the center.
- Binh My Nursing Center regularly celebrates holidays/year and celebrates birthdays monthly for the elderly. Organizing a visit, ...

Binh My Nursing Home is a prestigious private high-end nursing home in Cu Chi district, HCMC. This will be a home for the elderly representing the South, which has the largest facilities in Vietnam. You will be cared for 24/7 by skilled and experienced staff, enthusiastic medical support by home doctors regularly, health promotion, and rehabilitation by using modern healthcare equipment. When looking for a nursing home for the elderly outside of Ho Chi Minh City, Binh My is the first place you should consider.

- **Type**: Private
- **Management Company**: An Binh My Investment Joint Stock Company
- **The number of beds:** 300
- **Established:** 2012
- **Location:** 225/3/1 Provincial Road 9 (Ha Duy Phiên Street), Binh My Commune, Cu Chi District
- **Fee**: VND 11,000,000 – 18,000,000

Contact information

Hotline: 1900 7575 39 | 0909 83 00 66 | 0905 167 595
Email: duonglaobinhmy@gmail.com
Website: duonglaobinhmy.com

Thi Nghe Nursing Center

Thi Nghe Nursing Center was established in 1996, has a large scale, is a place to care for the helpless elderly in the beneficiary of social welfare, alone elderly, and the one has other needs.

After nearly 20 years of operation, Thi Nghe Nursing Center has built a hospital with 20 doctors, nurses, aides and more than 30 beds. For those who are seriously ill and need to be treated at an outside hospital, the center will pay the cost and send a nurse to take care of them. The center will also have the funeral home, funeral expenses, relics, worship rooms and incense smoke when the elderly pass away.

General information

Thi Nghe Nursing Center is a government in Binh Thanh District, HCMC.

The center was established to care for and respond to the elderly who have great contributions to the country's revolution. Currently, the center is nurturing and caring for 52 policy beneficiaries, merited people to the Revolution, and 77 elderly who have needs and the ability to pay fees.

Facilities:

The center's facilities are invested by the government with 15 separate houses built in the form of villa architecture. Specifically designed to nurture and care for the elderly, each of these villas has 10 bedrooms and 01 living room.

Each bedroom is about 15 square meters and has a toilet. All the bedrooms and living rooms of these villas have windows overlooking the garden. So that the campus of the center is always clean and airy, there are no mosquitoes and insects.

Contact Info

Type: Government

Management company: Ho Chi Minh City Department of Labor - Invalids and Social Affairs

Number of beds: 150

Established: 1996

Location: 153 Xo Viet Nghe Tinh, Ward 17, District Binh Thanh

Fee: Free

Hotline: 0283 899 5638

Vinh Son Nursing Home

Vinh Son nursing home was established in 1997, belongs to the Vinh Son Daughters of Charity Monastery, currently managed by Sister Luong Thi Ngoc Anh. Currently, the nursing home has taken care of more than 60 elderly women over 70 years old without the support and relatives.

Vinh Son Nursing Home with an area of 1,200m2 is located on the banks of the Saigon River

It is a Catholic nursing home, and one of the best nursing homes in Ho Chi Minh City with an area of 1,200m2 located on the banks of the Saigon River. Parishioners in the area and sisters are volunteers working in nursing homes.

Type: Charity

Management company: Vinh Son Daughters of Charity Monastery

The number of beds: 60

Established: 1997

Location: 469 No Trang Long, Ward 13, Binh Thanh District

Fee: Free

Hotline: 0283 805 5477

Thanh Loc Paralysis Nurturing Center

Thanh Loc Paralysis Nurturing Center, also known as "Thanh Loc Polio Elderly Care Center," has about 338 caregivers and 103 employees**.**

Thanh Loc center Thanh Loc Center is considered one of the best nursing centers in Ho Chi Minh City

The homeless can't find relatives, the elderly lose the ability to care for themselves, polio ... They are the main object that the center receives. In addition, those who are inability to take care of themselves at any age are also cared for by the center, giving them a warm life.

Thanh Loc Nursing Home is a place to take care of the most elderly in the country. However, the center only accepts policy beneficiaries, alone elderly due to limited facilities conditions.

Thanh Loc Paralysis Nurturing Center is under the Department of Labor, Invalids and Social Affairs of Ho Chi Minh City, established in 1976 and assigned by the City Military Administration to the Department of Invalids and Social Affairs. Formerly known as No. 3 Nursing Home for the Elderly, then renamed Thanh Loc Center for Nurturing and Protecting the Elderly and Disabled; On December 30, 2008, the People's Committee of Ho Chi Minh City decided to reorganize into Thanh Loc Paralysis Nurturing Center.

- Facilities: The center was newly built on an area of 13,782m2 (completed in 2014), designed and arranged separately for nursing areas, medical stations, administrative areas and kitchen areas, canteen. The campus is planted with green trees to create an airy landscape, a green - clean – beautiful environment, tranquil place suitable for a place to nurse people with severe disabilities. For 43 years, the center has been a home for thousands of people with disadvantaged backgrounds, chronic diseases who can't take care of themselves.

Contact Info:

Address: No. 3E, Quarter 3, To Ngoc Van Street, Thanh Xuan Ward, District 12

Hotline: 0283 716 1302

Website: Trungtamthanhloc.org

Ba Thuong convalescence village

Ba Thuong convalescence village is located in Rang hamlet, Trung Lap Thuong Commune, Cu Chi district, 45km from the city center, with an area of 7 ha, divided into 2 areas for people with high and middle income. Ba Thuong convalescence village operates according to the model of a modern eco-resort village, including comfortable accommodation services such as hotels, conference halls, medical services, beauty care, beliefs... Nursing home expenses averages for users of these 2 service areas per month are from VND 3.5 to 9.5 million.

Ba Thuong organizes various activities throughout the week:

- *Sunday – Organize a tour of the local temples and shrines.*
- *Monday – Organize periodical health checks for guests.*
- *Tuesday – Organize talks on nutrition, culture, and art in the evening. Guests will be served an intimate buffet combined with a special cultural program such as Don Ca Tai Tu, New Music, Ancient Music, Reciting Poetry...*
- *Wednesday - The program "Dance for nourishment" is held every 2 weeks on Wednesday night, the remaining Wednesday evenings are lectures on beliefs.*
- *Thursday – In the morning, the program "Yoga exercises" helps reduce stress, improve memory.*
- *Friday – A part of the land in the area of the nursing village is reserved for you to grow your own vegetables and fruits, a full day of activities to create movement and fun to take care of (seeds will be provided at the request of the customer).*
- *Saturday – The seventh day of each week is usually reserved for tranquility and is the day when guests welcome relatives and friends; maybe it will be a lunch at a restaurant or an interesting fishing session at the lakeside.*

Cost: Long–term stay costs VND 8 million/month (3 meals), short–term stay costs from VND 350,000/day (one bedroom) to VND 500,000/day (room with 2 beds); the guests are also taken care of health by experienced doctors and nurses.

Besides the resort for the elderly, Ba Thuong also has a restaurant area with spacious and airy space, accommodating more than 500 guests.

Address: Rang hamlet, Trung Thoi Thuong Commune, Cu Chi district, Ho Chi Minh city.

Phone: (028) 3892 6839

Email: langnghiduong@bathuong.com

Website: www.bathuong.com or www.bathuong.com.vn

Nursing home of Dieu Phap pagoda

The nursing home of Dieu Phap pagoda was established in 1992 by the contribution donations of Buddhists who visited the pagoda. Experiencing the process of formation and development, now the Nursing home of Dieu Phap pagoda is one of the best in Ho Chi Minh City.

At Dieu Phap pagoda Nursing home, hundreds of lonely and helpless elderly people are cared for and treated with care, thoughtfulness, full of love and sharing.

Now, this nursing home is caring for nearly 50 elderly women. The elderly are well taken care of from food, sleep to hygiene, and health. When returning to eternity, Dieu Phap pagoda will hold a funeral, then organize an anniversary ceremony for the elderly on the same day.

Type: Charity

Management company: Dieu Phap Pagoda

The number of beds: 40

Established: 1992

Location: No. 188 No Trang Long (extended), Ward 13, Binh Thanh District, Ho Chi Minh city.

Cost: Free

A center of caring elderly Thien An

A center of caring elderly Thien An was established in 1994, is **a free nursing home in Ho Chi Minh City**, where the fates have gone most of their lives in loneliness and unhappiness with more than 142 elderly no family, no relatives, the lonely elderly have really difficult circumstances.

All the elderly people in here are over 60 years old, including 30 people who are seriously ill and can not walk. The center has 6 Sours who take turns taking care of the elderly, with living resources supported from the government and benefactors, and also from a small part of the elderly's labor.

- **Type:** Charity
- **Management company:** Dong Trinh Vuong Saigon
- **Established:** 1994
- **Location:** Provincial Road 43, Road No. 8, Phu Chau – Tam Phu, Thu Duc District
- **Cost:** Free
- **Hotline:** 0283 897 548

Viet – Hoa nursing home, Lam Quang pagoda

The nursing home of Lam Quang pagoda was founded by the heart of Buddhist Nun Thich Nu Hue Tuyen, the temple's header has been operating for nearly 20 years, is now a place to nurture many lonely and helpless elderly people with 146 elderly people from 60 to 90 years old, of which 37 are in intensive care because of serious illness.

The nuns and Buddhists who come to do charity work together often take care of the health of the elderly and do daily tasks such as bathing, eating, sleeping, taking medicine, etc. The temple also takes care of the elderly perfectly when they die.

Contact Information

Hotline: 0283 854 9467

- **Type:** Charity
- **Management company:** Lam Quang Pagoda
- **The number of beds:** 140
- **Established:** 1997
- **Location:** 301/117/70H Binh Dong Wharf, Ward 4, District 8
- **Cost:** Free

Minh Tran nursing home, Di Lac pagoda

Minh Tran nursing home located at Di Lac pagoda is a place to take care of alone elderly, who don't have family, homeless in Ho Chi Minh City.

Minh Tran nursing home has a large shared bedroom with a toilet and kitchen. Each elderly person in here is equipped with a bed and a wardrobe.

- **Type:** Charity
- **Location:** 321 Binh Long Street, KP5, Binh Hung Hoa A Ward, Binh Tan District.

Artist's nursing home in Ho Chi Minh city

Artist's nursing home in Ho Chi Minh city is home to more than 25 artists with special circumstances and no families.

Artist's nursing home in District 8 (Artist's nursing home) is the only state-run nursing home in Vietnam for theater artists located in District 8, Ho Chi Minh City. This is a facility to receive elderly people who have had merit in the arts, have been operating for over 20 years in the profession and have become members of the HCMC Theater Association, and have household registration in Ho Chi Minh City.

Infrastructure

The nursing home is quite spacious, with the form of a villa, surrounded by a garden, with trees on both sides of the road. The whole area has 20 rooms for members to stay.

Activities and events

In addition to medical care and treatment, the center regularly organizes many programs to meet the needs of entertainment and information for the subjects; organizing rehabilitation activities by therapeutic methods and productive labor, building therapeutic

models to assist the mentally ill, the disabled, the elderly in self – management, cultural and sports activities and other activities appropriate to the age and health of the subject.

- **Type:** State
- **Management company:** Ban Ai Huu artist under the HCMC Theater Association
- **The number of beds:** 30
- **Established:** 1998
- **Location:** Alley 314 Au Duong Lan, District 8
- **Cost:** Free

Nursing home, District 12, HCM city

The nursing home is a private nursing home established by the Japanese in District 12, HCMC. This facility is run by a Japanese person who has worked in the nursing industry in Japan for a long time. Although the equipment here is not new, there is a high–quality Japanese – style care service. Located in district 12 of Ho Chi Minh City, it has a convenient location to go to the center and "lifeline" medical facilities when needed, suitable for people living in the city with their families.

- **Type:** Private
- **Management company:** Nursing Home Service Development Company Limited
- **The number of beds:** 20
- **Established:** 2017
- **Location:** 2977/8/1 Highway 1A, KP5, Tan Thoi Nhat Ward, District 12, Ho Chi Minh city.
- **Cost:** VND 6,000,000 - 15,000,000

Damoca nursing home

Nhon Duc Nursing Home - DAMOCA is a private nursing home (under Duc Thanh Tam Co., Ltd.) in Nha Be District, Ho Chi Minh City. The campus is fresh, green, quiet, with a profound operating philosophy that always puts the elderly in a position that needs to be respected, cared for, and loved. The location of the institute is located in the Nha Be district - the district on the southeast edge, HCMC, convenient for visiting relatives, suitable for the elderly's families living in Ho Chi Minh City and neighboring areas such as Binh Chanh, Long An, Binh Duong, etc.

In Damoca, the elderly will have 4 meals a day. The diet is nutritious and suitable for each individual's health status. There is a team of doctors and nurses on duty 24/24 to check their health and vital signs. For the elderly with weak health, the staff will support fertilizing food, personal hygiene enthusiastically. In addition, there is a physical therapy room to improve health.

A large campus, cool green lake for the elderly to enjoy a peaceful life. With the motto "Daddy, Mommy Care", the staff here live happily, love the elderly, are devoted like the elderly's children. To partially offset the family feels that the elderly always wanted, to

support a part of the responsibility for children who love their parents but do not have enough time or conditions to take care of them.

- **Type:** Private
- **Management company:** Duc Thanh Tam Co., Ltd
- **Established:** 2010
- **Location:** Nha Be District, HCMC
- **Cost:** VND 8,000,000 – 10,000,000

Thon Kinh Dong resort village (Les Hameaux de l'Orient）

Thon Kinh Dong resort village is a private high–quality nursing home in Cu Chi district, Ho Chi Minh City. In addition to the elderly in Vietnam, there are also foreign elderly people, with highly qualified staff, doctors, and foreign language skills that can help and care for the elderly 24/24.

Located in Cu Chi, northwest, Ho Chi Minh City, about an hour's drive from the center, it is an ideal place for healthy elderly people who want to live in the resort in a different environment from the busy pace of life. of the city. This place is suitable for those who can afford to spend a resort life and relatively healthy conditions to enjoy it.

Founder of "Euro santé Beaute" system, the first parapharmacie chain in France specializing in health and beauty care; Mr. and Mrs. Marcel Huynh decided to retire in Vietnam, they discovered this place and decided to build a resort village for the elderly named "Les Hameaux de l'Orient Thon Kinh Dong". Coordinating with French group ADEF RESIDENCES (including 40 care facilities for the elderly and disabled throughout France) and French – Vietnamese Hospital (Ho Chi Minh City) in health care for customers Especially with staff who are trained and can communicate in two foreign languages, Les Hameaux de l'Orient Thon Kinh Dong will satisfy the requirements and services for domestic and foreign guests.

Capable of accommodating more than 100 people, on an area of about 7 hectares, with more than 130 species of plants, the rooms are designed in quadrangle houses with individually designed villas connected by roads with shady trees. The other rooms are arranged on 7 cottages all overlooking the garden, swimming pool, lotus lake, or surrounding rice fields.

Dining room, library, Internet, swimming pool, playground, gym, medical room, massage room... are arranged in harmony on the entire area. A golf course is also being prepared for construction.

- **Type:** Private
- **Management company:** ADEF RESIDENCES
- **The number of beds:** 83
- **Established:** 2015
- **Location:** No. 29, Street 717, Rang Hamlet, Trung Lap Thuong Commune, Cu Chi District, Ho Chi Minh City, Vietnam.
- **Cost:** VND 24,000,000 - 40,000,000

Vuon Lai nursing home center

Vuon Lai Nursing Home is a private nursing facility in District 12, Ho Chi Minh City. Now, Vuon Lai Nursing Home has two branches, performing activities such as rehabilitation and therapy.

- **Type:** Private
- **Management company:** Ngu Phuc Nursing Home Service Co., Ltd
- **Number of beds:** –
- **Established:** 2019
- **Location:** Facility 1: 2306/2A Vuon Lai, An Phu Dong Ward, District 12.
  Facility 2: 266/25 Vuon Lai, An Phu Dong Ward, District 12, HCMC.

Hotline: - 0906.711.888 (Mr.Bao)
- 0985.108.595
Email: baonguyenvdl@gmail.com
Website: www.duonglaovuonlai.vn

Nursing Home Nhan Ai

Nhan Ai Nursing Home is a loving nursing home in Thu Duc District, Ho Chi Minh City. Nhan Ai nursing home accepts an elderly woman over 70 years old, living in poverty, alone, without support, without dangerous infectious diseases.

- **Type:** Charity
- **Management company:** Nhan Ai mother's friary
- **Established:** 1988
- **Location:** Thu Duc District, HCMC
- **Cost:** Free

NURSING HOME IN DA NANG AND QUANG NAM

Phan Tu Nursing home, Quang Nam

Phan Tu Nursing Home is a charity nursing home for the elderly and poor people (about 20 elderly people) in Hiep Duc district, Quang Nam province.

This place is operated by donations and volunteers under the direction of charities.

The facilities of the shelter are enough to meet the daily needs of the elderly. The elderly who come to live here are taken care of by the Sours and Volunteers completely free of charge from accommodation, food, clothing and all necessary living items. The center even takes care of burial and worshiping when the old people die.

Center for caring people with meritorious services to the revolution in Da Nang City (64 Phan Tu Street, Group 26, My An, Ngu Hanh Son district, Da Nang City

Center for caring people with meritorious services to the revolution in Da Nang City is the most trusted national nursing home in Da Nang City. Currently, the center is taking care of 56 elderly people who have contributed to the revolution with lonely circumstances;

including 1 heroic Vietnamese mother, 1 revolutionary veteran cadre, 1 pre-insurrection cadre, 19 wounded and sick soldiers, 34 family members of martyrs, people with revolutionary merit. In addition, the Center also takes on the task of rotating nursing people with revolutionary merits from the provinces with nearly 1,000 people coming to nurse each year.

Elderly Loving Home

Elderly Loving Home - 18 Phan Tu is a loving nursing home for poor elderly in Ngu Hanh Son District, Da Nang City.

This place is operated by donations and volunteers under the direction of the City Charity Association and the Current Holy Order, which is taking care of more than 30 elderly people over 70 years old, many of whom are paralyzed, mentally ill… Every day, there are 6 nuns and about 20 students taking turns to take care of them. These are students in the shelter, both going to school and taking care of the elderly, such as bathing, feeding the elderly with health problems. When there is an old man sick, there will be volunteers here immediately take him to the hospital for treatment. The Loving Home also often organize periodical health check-ups for everyone.

NURSING HOME IN CAN THO CITY

Binh Thuy Nursing home

Binh Thuy Nursing Home, also known as the Nursing Home for helpless elderly and children in Can Tho City. This place was established by the Can Tho Red Cross Society.

Binh Thuy Nursing Home receives and takes care of lonely and helpless elderly people who has household registration or long-term temporary residence registration in the area. Accepted subjects (female from 60 years old, male aged 65 years and older) do not suffer from infectious diseases, mental illness, leprosy, polio. The elderly will be cared according to the general regime for social protection beneficiaries prescribed by the Goverment. In addition, each elderly is also supported with many other related regimes such as medical examination and treatment, health care, etc.

Contact information

Address : 153 Chan Quang Dieu Street, An Thoi Ward, Binh Thuy District, Can Tho City

Phone number : 0292 3820 567 – 0944 110 789

Co Do Nursing Home

Co Do Nursing Home - located in Thoi Hoa hamlet, Co Do town, Co Do district, Can Tho city - was established in 1993 by Hoa Hao fellow believers to campaign for construction.

Nursing homes only accepts disabled and terminally ill elderly people who do not have caregivers or do not have the financial ability to treat their illnesses. Recently, the nursing

home has been accepting more elderly people who are healthy and able to take care of themselves.

Currently, the nursing home is taking care of 22 people from 40 to nearly 99 years old with many different diseases, including 3 old people who are bedridden…

ANNEX 4. QUESTIONNAIRE

DEMAND FOR ELDERLY CARE SERVICES

Question 1: BASIC INFORMATION

1.1) Please indicate your age (if you are sitting with the elder, please fill in with the information of the elder)?

- ☐ <30
- ☐ 30-39
- ☐ 40-49
- ☐ 50 - 59
- ☐ >60 (the elder)

1.2) Gender

- ☐ Female
- ☐ Male

1.3) Occupation (if retired, please share your past occupation)

1.4) Average income/month

1.5) If you are an elder, who are you living with?

- ☐ With grandchildren
- ☐ With children and grandchildren
- ☐ Alone
- ☐ With spouse

Question 2: Among the below 20 needs, please select 5-10 most CURRENTLY critical needs for the elderly?

- ☐ Physical activities, SPORTS
- ☐ MOBILITY SUPPORT (Activity center, helpers, etc.)
- ☐ Support for SELF-CARE, less feeling of being burden to others

☐ SUITABLE NUTRIENTS Supply
☐ Opportunity to CONTINUE to put talents and expertise to WORK, to nurture the sense of purpose and of belonging to a community
☐ Friends & meaningful relationships, to REDUCE LONELINESS
☐ Engagement in a tight social network to support the well-being such as music clubs,
☐ Exchange and sharing with PEER GROUPs (people with common problems in life)
☐ Counselling for SELF-CARE
☐ Advice for COPING STRATEGIES for functions impairment such as communication, physical impairment
☐ Counselling on SUPPORT EQUIPMENT (mobility, hearing, communication, self-care, etc) (price, functions, …)
☐ Counselling for SEXUAL HEALTH
☐ Counselling for STEPS prior, during and post TREATMENT
☐ INFORMATION HUBS
☐ Counselling for FINANCIAL PLANNING FOR AGING
☐ Counselling for finance, ASSET, INHERITANCE
☐ Contacts for reaching-out for HOME CARE service
☐ Sufficient HEALTH INSURANCE according to needs
☐ Network of quality MEDICAL CENTERS
☐ A network of Elderly House with listed services/needs
☐ Sufficient PENSION for the living

Question 3: For respondents below 60 years old. Pls access/forecast your own needs for the future? (pls select no more than 10 needs)

☐ Physical activities, SPORTS
☐ MOBILITY SUPPORT (Activity center, helpers, etc.)
☐ Support for SELF-CARE, less feeling of being burden to others
☐ SUITABLE NUTRIENTS Supply
☐ Opportunity to CONTINUE to put talents and expertise to WORK, to nurture the sense of purpose and of belonging to a community
☐ Friends & meaningful relationships, to REDUCE LONELINESS
☐ Engagement in a tight social network to support the well-being such as music clubs,
☐ Exchange and sharing with PEER GROUPs (people with common problems in life)
☐ Counselling for SELF-CARE
☐ Advice for COPING STRATEGIES for functions impairment such as communication, physical impairment
☐ Counselling on SUPPORT EQUIPMENT (mobility, hearing, communication, self-care, etc.) (price, functions, …)
☐ Counselling for SEXUAL HEALTH
☐ Counselling for STEPS prior, during and post TREATMENT
☐ INFORMATION HUBS

☐ Counselling for FINANCIAL PLANNING FOR AGING
☐ Counselling for finance, ASSET, INHERITANCE

☐ Contacts for reaching-out for HOME CARE service
☐ Sufficient HEALTH INSURANCE according to needs
☐ Network of quality MEDICAL CENTERS
☐ A network of Elderly House with listed services/needs

Question 4: Compared to the above-mentioned needs, do you see any service in your localities? Pls select the ones you noticed.

☐ Physical activities, SPORTS
☐ MOBILITY SUPPORT (Activity center, helpers, etc.)
☐ Support for SELF-CARE, less feeling of being burden to others
☐ SUITABLE NUTRIENTS Supply
☐ Opportunity to CONTINUE to put talents and expertise to WORK, to nurture the sense of purpose and of belonging to a community
☐ Friends & meaningful relationships, to REDUCE LONELINESS
☐ Engagement in a tight social network to support the well-being such as music clubs,
☐ Exchange and sharing with PEER GROUPs (people with common problems in life)
☐ Counselling for SELF-CARE
☐ Advice for COPING STRATEGIES for functions impairment such as communication, physical impairment
☐ Counselling on SUPPORT EQUIPMENT (mobility, hearing, communication, self-care, etc.) (price, functions, …)
☐ Counselling for SEXUAL HEALTH
☐ Counselling for STEPS prior, during and post TREATMENT
☐ INFORMATION HUBS
☐ Counselling for FINANCIAL PLANNING FOR AGING
☐ Counselling for finance, ASSET, INHERITANCE
☐ Contacts for reaching-out for HOME CARE service
☐ Sufficient HEALTH INSURANCE according to needs
☐ Network of quality MEDICAL CENTERS
☐ A network of Elderly House with listed services/needs
☐ Sufficient PENSION for the living
☐ Others

Question 5: In your area, is there any special experience or special remarks for taking care of the elderly (such as gender sensitive issue, income, affordability, IT tools, etc.)

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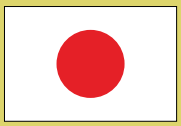

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