

Social Security Policy in Response to the Pandemic COVID-19: A Case Study from Vietnam

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Abstract

On the international scale of measurement, Vietnam stands out as a country that has successfully accomplished the objectives of minimizing the spread of COVID-19. These objectives have been achieved through several factors, including the Government's commitment, excellent success of the health service, and the "wholeheartedness" of the armed forces, especially the social consensus, which is clearly reflected in the decisions and policies made. Among those crucial decisions, the stable social security system has been the key priority of the government of Vietnam because it provides a strong foundation for the disadvantaged, who are not expected to overcome the pandemic based on their low-level "resistance." The article aims at illustrating Vietnam's social security interventions and strategies when faced the global COVID-19 pandemic and it also draws some experience that need to be referenced in implementing Social Security Society witnessed from Vietnamese reality.

Keywords

social security, COVID-19, the Vietnamese government

Introduction

In Wuhan City, Hubei Province, China, on December 31, 2019, the first official announcement concerning COVID-19 took place. Traders on the Huanan seafood market became the first registered patients. An entirely new mutation of the corona family, now known as COVID 19, is responsible for this disorder. One such virus caused extreme acute respiratory syndrome (SARS) and acute respiratory syndrome in the Middle East (MERS).

The global distribution of this specific form of disease was marked on March 11, 2020. The World Health Organization (WHO) publishes a global official COVID-19 declaration. According to the WHO, a worldwide coronaviral pandemic has been never encountered in the world and this is the first pandemic connected to the coronavirus. On March 31, 2020, Secretary-General Antonio Guterres declared COVID-19 the worst global health problem ever since the Second World War and expressed fear that it could lead to conflicts around the world.

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In Vietnam, the COVID-19 pandemic was first detected on January 23, 2020, having two confirmed cases in Ho Chi Minh City (infected patients are two citizens from Wuhan City, Hubei Province, China). According to the Ministry of Health Portal of Vietnam, as of 8:30 a.m. on April 6, 2020, Vietnam had 241 cases and 3,154 suspected cases in quarantine, along with 91 cured cases and zero deaths, which is considered as a great achievement for Vietnam.

To prevent the disease from further spreading, the Government of Vietnam has taken multiple drastic and scientific measures, including issuing new documents and directives; establishing a National Steering Committee for Disease Prevention and Control that is headed by the Deputy Prime Minister; putting infected, suspected, or potentially infected patients in quarantine; and maximizing resources to treat COVID-19-infected patients. The Prime Minister of Vietnam, Mr. Nguyen Xuan Phuc, issued a Directive, stating, “15-day national social isolation from 0:00 on April 1st, 2020, following the principle that families are isolated from families, villages are isolated from villages, communes are isolated from communes, districts are isolated from districts and provinces are isolated from provinces” to ensure the highest level of disease control and prevention.

Along with those policies, Vietnam’s government leaders, businesses, and individuals have participated in ensuring that the whole country has access to social security policies at the most effective level, which helps to contribute to political, economic, and social stability.

Theoretical Background

The Theory of Welfare State Model of William Beveridge (UK)

In 1942, during the World War II, the leader of the British Social Security Reform Commission, William Beveridge, issued a report called the Beveridge Report. With the purpose of reforming the social security system that still had defects and shortage in the United Kingdom, this report did not only aim to reduce poverty but also targeted to reform and restructure the social security system, with the principle of system reform including unified, universal, and comprehensive. Unified stands for the merging of operating social insurance organizations/branches into a centralized organization under the state’s control. Within this unifying principle, the state is responsible for implementing a society-wide insurance policy to all members. Universal is taken as the level of social benefits guaranteed against all levels of risk and the stimulation of additional personal effort from other sources. Comprehensive is the social insurance system that is applied to all British people. This particular system aids people in reaching their personal needs. In addition, people are free to contribute to the minimum level (socially accepted) but not limited to the period of entitlement and not corresponding to the individual’s contribution and income level. According to William Henry Beveridge’s approach, social security must be society wide available and all risks must be considerably supported by the state. This is the basic concept of welfare state that social countries desire (T. H. Nguyen 2016). This theory clearly shows that while the world was spending all resources to prevent further spreading of the COVID-19 pandemic, Vietnam has built a comprehensive social security system to possibly cover all sectors and strata to ensure stable lives and highest level of safety and health.

The Theory of Social Security Floor Model in Social Security System

In 2009, the United Nations developed an initiative social security floor with the main purpose of ensuring people all equally have access to the minimum income level and essential social services. In other words, it provides people with the most basic rights with the purpose of reducing poverty and providing stable social security. In addition, the social security system consists three levels. Minimum health assurance, which is the first level, is defined as the minimum

requirement for health care and access to health insurance, and minimum wages for low-income class, unemployed class, elderly, children, and other unique classes.

The first level's financial resources are assured by the state mainly through the use tax revenue. The second level is compulsory social insurance and other forms of security with contributions from the people (toward all subjects). The financial resources of the second floor are mainly contributed by enterprises and workers; the state can get involved as a partial supporter. The third floor is voluntary social insurance (for certain subjects). The financial resources of the third floor are contributed by businesses and workers; the state supports these businesses and workers through the income tax policy (ILSSA, GIZ 2013).

According to Marshall (1950), citizenship is defined as "a status attached to full membership of a community and that those who possess this status are equal in respect of rights and duties associated with it." (p. 253) However, there is no proper universal principal definition that lists out citizens' rights and duties. It is obvious that different societies apply different sets of rights and duties on their citizens. In the England case, Marshall stated that modern citizenship institutions' development simultaneously rises with the advance of capitalism. As a belief, citizenship was the middle and higher class' desire for greater social equality in contrast to aristocratic privileges. The civil component of citizenship basically enshrined the protection needed for individual liberty, and the institutions most closely aligned with it were the rule of law and a judicial system as well as security of individual liberty, including freedom of expression, belief, and religious practice along with the rights of owning private property and entering legally binding agreements.

It is more noticeable that Marshall (1950) gives a historical account of the advent of citizenship in the new nation-state in terms of industrialization, consumer economy, and capitalist culture. On the other hand, contrary to Marxist's conclusion, Marshall claims that as capitalism progressed into a social system and as the class hierarchy evolved, so did the idea of citizenship. Citizenship is developed from a system of rights that favored the capitalist system and the propertied class to another system that opposed to market and a particular class including the rights of the non-propertied class. This citizenship rights expansion aided in the working class's necessary incorporation into capitalist society and the reduction of class tension.

According to Marshall, this set of rights posed a challenge to the capitalist system. Since the recently enfranchised working class was too incompetent to exercise political influence efficiently, the full threat to the capitalist class could be avoided. On the contrary, the working class was able to form trade unions and, by collective bargaining, wrest a series of compromises from the capitalist class to improve their economic and social standings. Thus, the argument created a negative relationship between "citizenship and capitalist class": While citizenship is founded on freedom, capitalism is, on the contrary, founded on inequality. The essence of the cash nexus between capital and labor has shifted as universal services for basic education, health, and social welfare have evolved. Laws on minimum wages, working hours, child labor, living environment, occupational safety, and coverage for industrially injured workers made the employees less vulnerable to the elite class.

As a result, a confrontation between the two was likely, but according to Marshall, the situation was more complicated. Between the competing demands of the capitalist class for the benefit and the working class for health care, the state has been able to address the tension between the two by constructive action and reformulation of its taxation and expenditure policies. Through the development of social citizenship has not removed inequality, it has also struggled to change capitalism's economic base in terms of private appropriation of resources, leading to the emergence of new inequalities. Nonetheless, it has been able to reduce some social inequalities, especially those related to business operations. Marshall points out three main factors for the civil right evolution, including the narrowing of the income divide, the vast expansion of the area of common culture and history, and the expansion of citizenship and the rights given to these citizens.

Social Security Concept

The reality shows that social security has such a broad content and increasingly improved on the awareness and practical implementation of countries and organizations around the world.

Article 25 of the Charter of the United Nations of 1948 states,

. . . Every citizen and household has the right to a minimum of health and social benefits including food, clothing, and medical care (including maternity), essential social services and the right to social security during employment events, illness, disability, widowhood, old age . . . or other force majeure cases . . . (Wikisource 2020)

Thus, the United Nations has approached social security on the basis of the rights of the people.

According to the World Bank, social security is the government's measures to help individuals, households, and communities cope with and control the risk of income impact to reduce the hurt and income precarious. The International Labor Organization (ILO) considers social security to be a protection that society provides its members through a number of widely applied measures to confront difficulties, economic and social shocks caused by serious loss or reduction of income due to illness, maternity, work-related injury, loss of work capacity or death, providing medical care and allowance for victim families with children. Besides, some organizations such as the Asian Development Bank and European Union or countries such as the United States, Canada, Sweden, to name but a few, also mention this concept.

In addition, several international scholars, including Geof Wood, Ian Gough, and Ito Peng, study this concept. Wood and Gough (2006) fundamentally redefine the framework of welfare state regime and apply the current paradigm to regions and countries that face problematic states as well as imperfect economies in their article "A Comparative Welfare Regime Approach to Global Social Policy." The authors suggest a wider, comparative typology of regimes (welfare state, informal security, insecurity) that captures the key relationships between social and cultural conditions, institutional performance, welfare outcomes, and path dependency. Different parts of the world (East Asia, South Asia, Latin America, and Sub-Saharan Africa) are compared using this model. People's protection in many smaller, marginally capitalized communities is based on ad hoc clientelist relationship. Formalizing protection rights by de-clientelization policies is the first step toward shielding citizens from consumer uncertainty.

Peng (2014) emphasizes that both Japan and South Korea have taken a social investment approach to their social and economic growth strategies in his article "The Social Protection Floor and the 'New' Social Investment Policies in Japan and South Korea." They were able to attain high levels of economic growth, thanks to the concentrated social investment that aided and protected the productive sectors of society. However, since the 1990s, the focus of social spending has changed from professional, male manufacturing core workers to more distant, disadvantaged, and impoverished demographic groups, such as women, children, and the elderly. Furthermore, this current policy emphasis is gradually being presented from the perspective of inclusive welfare and social inclusion, thereby departing from earlier productivity thought. Indeed, recent public debates in both countries on social spending are often presented in terms of intergenerational equality, social and economic development, and economic democracy. What are these "new social investments," and why the shifts? As a result, the article examines Japan's and South Korea's current social investment strategies to determine the reasons that led to the reforms and how "new" these social investments are.

Although there are different approaches, these concepts of content and nature have a lot in common, which is the support of society to the disadvantaged or those at risk in life. The objective of such policies is to create a "safety net" of many layers of protection for all members of the community in cases of the decline in or the loss of income or a sudden increase in costs and expenditure on family expenses, due to many different reasons, such as illness, injury, old age,

epidemics—these are so-called events and social risks as a whole. Thereby, they can be helped to integrate into society, rise in life, promote family and society stability and development toward social progress. This is the basis for creating common awareness and action between organizations or countries in the world.

In Vietnam, social security has also become the subject researched by many authors. The study of Development of Vietnam Social Security System to 2020 by the Institute of Social Science and Labor in collaboration with the Poverty Reduction Support Project in Vietnam (conducted by GIZ under the mandate of the Ministry of Health and the German Economic and Development Partnership) stated that social security is a system of government intervention policies (social insurance/social assistance) and private (nonstatutory regimes or the private sector) to reduce the level of poverty and vulnerability, improve the capacity of people and society to protect themselves from risks or risks of income reduction or loss, and ensure stability, development, and public by social (Institute of Science and Social Labor, Federal Agency for International Development Cooperation of the Federal Republic of Germany 2013). Mai (2009) also affirmed social security is a guarantee of income and some other essential conditions for individuals, families, and communities against economic, social, and natural fluctuations that make them lose or incapacitated, even lose a job, get sick, or die, and for lonely old people, orphaned children, disabled people, the weak, war victims, and people affected by natural calamities (Mai 2009).

The government and state of Vietnam, in particular, have issued important policies and provisions aimed at integrating social security into the development process. According to Article 34 of the Constitution of the Socialist Republic of Vietnam, “people have the rights to access social protection,” adding that “social security implementation is an objective indispensable to the country’s objective growth and in line with the global progressive pattern.”

The findings of the study indicate that, since the renewal of the Communist Party of Vietnam, people’s understanding of social security rights has grown in perfect agreement with the level of socioeconomic growth in socialist-oriented market economy settings, increasingly approaching international standards in the integration process. For the first time, the Communist Party of Vietnam had an understanding, opinion, and a political approach to maintain social security focused on human rights in Resolution 15-NQ/TW dated June 10, 2012, “on a range of aspects of social policy in the term 2012–2020.” To maintain continuity justice, the party states that “the social security scheme must be diverse, inclusive, and spread between the state, government, and individuals, within demographic groups, within a community and between generations.” The Resolution 15-NQ/TW further specifies the foundation of the social security scheme, which covers (1) employment, income, and poverty reduction; (2) social benefits; (3) providing social assistance to those in desperate need; and (4) maintaining a minimum of basic social services (minimum education, minimum health care, minimum housing, clean water, and information assurance). That is, the intellectual framework and orientation for the state’s institutionalization into structures, regulations, and rules are coming to fruition and gaining people’s approval and support. The Communist Party of Vietnam’s 12th National Congress Document stressed the importance of social security in continuing to strengthen social security policies in line with socioeconomic development; extending the goal and improving the efficiency of the social security scheme for all citizens; and providing conditions for successful assistance to all who are vulnerable (Communist Party of Vietnam 2016).

In the Orientation of the social security strategy for the 2021–2030 period, the State of Vietnam establishes in such a way that all citizens truly have the right to social security to balance the country’s breakthrough in socioeconomic development toward innovative growth and ensure social security in the face of many difficulties, especially the COVID-19 pandemic. This approach differs from the traditional method in that it not only considers the achievements of maintaining people’s social welfare, but rather the mechanism of determining how to accomplish those goals, and it is based on a structural framework of social security.

From the abovementioned approaches, it is possible to define social security is a network of specific programs and systems of policies from the state or social organizations to support and protect individuals and the whole society, especially those who encounter risks or difficulties in life, ensuring a minimum standard of living and contributing to improving their lives, thereby promoting social development and progress. Vietnamese social security system is increasingly being enhanced, with its four very important pillars: risk prevention, risk mitigation, risk management,¹ and basic social security services. These points of view have illustrated the superiority and suitability with the context and conditions as well as the socioeconomic development orientation in Vietnam.

Research Methodology

The method used by the author is to analyze existing documents to collect secondary information on related issues, especially information from the Government's official Web sites in Vietnam. First of all, the thesis and references are adapted from research works published, including research works on social security; studies, policies, and activities of the Government; and enterprises and individuals in Vietnam in the process of following social security.

In particular, to conduct this research, the author used the sociological surveys on the Internet through electronic questionnaires to collect information about social network users, thereby collecting their comments and assessment of information relevant to the subject of research. Google Form is used to carry out a pilot survey of 50 social network users and then they received the evaluation results embracing numerous comments accompanied by answers in the questionnaire. After completing the main questionnaire, the author took a step to complete the survey. When the pilot survey completed, the official survey had been conducted to collect data. The data collection procedure could be considered as the natural experiment without any intervention. In particular, the author uploaded the survey onto the social media and kindly asked those who participated in answering to share among their friends and relatives. To ensure the consistent and validity, the author set the specific time frame for data collection. To be more precise, the surveyed campaign happened from March 29, 2020, to April 15, 2020. The system automatically closed our survey portal after April 15, 2020. At the end, the author obtained 463 observations for further analysis. The detailed content for our survey can be found in the Online Appendix.

The study, consisting of 463 people using social networks Facebook and Zalo (Vietnam's most common social media platform), reports a male/female ratio of 266/463 (57.5 percent). According to the report, 42.6 percent are civil servants, 38.7 percent are students and undergraduates, and 18.7 percent are in other occupations. In terms of age, one respondent is below the age of 16 and another is above the age of 60. Such age groups include 50.54 percent of those aged 16 to 27, 41.04 percent of those aged 28 to 40, and 7.99 percent of those aged 41 to 59. Overall, the collected data reflect the average age of the Vietnamese population (31 years old, according to World Bank data). Since many respondents fall into the 28 to 40 and older age ranges, our survey may be considered indicative of the Vietnamese population's average age (31 years old). After that, the author analyzed the data to record quantitative details that would help to explain the studied issue.

Research Results

In the process of researching social security policies of Vietnam in response to the COVID-19 pandemic, we can see the following basic ones.

The first is providing free treatment to COVID-19-infected patients and free testing of those suspected and even in blockaded areas and in quarantine.

The cost of treating COVID-19 patients in the hospital is paid by health insurance, according to Vietnamese government policy. Vietnam uses the state budget to pay for those infected with COVID-19 who do not have health insurance (except for foreigners). Isolated patients in need of medical attention will be entirely compensated by social security. Free drinking water, facial towels, gloves, hand sanitizer, oral antiseptic solutions, toothbrushes, soaps, and other necessities are provided to patients during their isolation period, as well as free transportation to isolated areas. Funds from the state government are used to offer free meals. Furthermore, the Vietnamese government also provides free assessments to people returning from outbreak zones. This approach distinct Vietnam and other worldwide countries, including the United States. The Disease Response Act, which requires free monitoring but does not mention medication expenses, was enacted by the United States Congress on March 18, 2020. Since medical care in the United States is too disjointed, determining the cost of COVID-19 medication treatment is challenging. In other words, the cost of COVID-19 treatment is decided by patients' chosen insurance plans. The estimated medication cost, according to calculations, might vary from \$9,763 to \$20,292. As a result, many COVID-19-affected people choose to stay at home rather than visit a hospital and incur costly hospital bill (Phan 2020).

In addition, Vietnam has constructed field hospitals, closed schools, and encouraged companies and state agencies to operate through the online system to ensure proper isolation. The abovementioned policies have significantly contributed to stabilizing the situation, creating peace of mind, and building trust toward the government's decisions. Vietnam successfully treated 214 patients at 10:52 p.m. on April 20, 2020, including 33 foreign patients. A study results performed by the author consisted of 463 social questionnaires found that the majority of participants highly appreciated the social security packages carried out by the government of Vietnam. The survey findings show that the approach used by the Vietnamese government against the COVID-19 is effective. Observing the chart above, we can see a group of highly rated measures such as "keeping students and undergraduates out of school to limit their community exposure" (408/463); "building field hospitals for the isolation purposes" (393/463); and "issuing a ban on assembling large groups, suspending business activities, amusements and entertainment activities . . . for a definite time during the peak period of the epidemic" (388/463). In particular, the solution group "Implementation of social security policies for people (such as isolation of patients, blockade of high-risk areas, free treatment for infected people . . .)" is the most effective and ultimate group of solutions to 446 of 463 people surveyed who gave a number of compliments.

The author conducted a Variance Study (analysis of variance [ANOVA]) analysis to assess whether the heterogeneous patterns are across the age intervals and gender groups from the previous study (Ha, Shakur, and Pham Do 2021). To our surprise, in terms of the assessment of reacted laws, there is no disparity between age and gender. In Table 1, our statistical test examines where variations in the success of these policies are different in age or gender interval. As a result, Vietnam has reached an agreement in terms of responsive policies across age groups and gender. However, there are two different patterns. First, it is less likely for the elders to consider the compulsory health declaration is effective. The author clarifies why the elders exhibit the aversion for in-person declaration or the less adaptation to technology for online declaration. Second, males are more likely to adopt the thought that rescuing Vietnamese citizens from overseas is more effective compared with females simply because they are less risk-averse, which coincides with earlier research in psychology, sociology, and business (Huynh 2020). The main explanation is the likelihood of raising the risk of exposure to the disease in saving Vietnamese people from overseas. Thus, when mentioning rescues from overseas, Vietnamese are likely to be risk-averse.

The second is focusing on measures and resources to produce test kits, ventilators, and building an excellent medical team.

Table 1. The Differences across Age Groups and Gender in Terms of the Social Security Packages That the Government of Vietnam Carried Out.

Policies	Average mean	Between groups (<i>F</i> -statistics)	Conclusion
<i>Panel A: ANOVA test for age groups</i>			
1. Rescue the Vietnamese citizens to come back from the risk areas.	2.36	0.58	No differences across the age groups
2. Building field hospitals to serve isolation.	2.93	1.69	No differences across the age groups
3. Utilize the infrastructure from the university/schools/ to build up the compulsory quarantine.	2.73	0.09	No differences across the age groups
4. Leaving students and undergraduates out of school to limit community exposure.	3.11	0.35	No differences across the age groups
5. Issuing a ban on assembling large groups, suspending business activities, amusements, and entertainment activities . . . for a definite time during the peak period of the epidemic.	3.03	0.38	No differences across the age groups
6. Usually sending the message from the Vietnamese government and Ministry of Health to instruct the Vietnamese citizens to protect themselves and others.	3.01	0.39	No differences across the age groups
7. Generate the health applications on smartphone to keep tracking the Vietnamese citizens such as COVID-19, NCOVI, and FAMILY-COVID-19.	2.81	1.39	No differences across the age groups
8. Apply the mandatory declaration for the whole population.	2.86	2.85**	Differences across age groups (the elder is less likely to agree this policy)
9. Control the immigration at the country border.	3.01	0.90	No differences across the age groups
10. Temporarily stop issuing the long-term visa for foreigner to visit Vietnam.	3.09	1.08	No differences across the age groups
11. Sterilization of risk areas, especially government office, public area, etc.	3.02	1.89	No differences across the age groups
12. Set up the quarantine areas when having the information of those who might be infected.	3.13	1.62	No differences across the age groups
13. Encourage the Vietnamese people to perform self-quarantine at home when coming from risk areas.	2.92	1.45	No differences across the age groups
<i>Panel B: ANOVA test for gender groups</i>			
1. Rescue the Vietnamese citizens to come back from the risk areas.	Male (2.54) Female (2.13)	10.81***	A difference across gender groups
2. Building field hospitals to serve isolation.	Male (2.89) Female (2.97)	0.30	No difference across gender groups

(continued)

Table 1. (continued)

Policies	Average mean	Between groups (F-statistics)	Conclusion
3. Utilize the infrastructure from the university/schools/ to build up the compulsory quarantine.	Male (2.73) Female (2.73)	0.00	No difference across gender groups
4. Leaving students and undergraduates out of school to limit community exposure.	Male (3.09) Female (3.14)	0.14	No difference across gender groups
5. Issuing a ban on assembling large groups, suspending business activities, amusements and entertainment activities . . . for a definite time during the peak period of the epidemic.	Male (2.93) Female (3.16)	2.46	No difference across gender groups
6. Usually sending the message from the Vietnamese government and Ministry of Health to instruct the Vietnamese citizens to protect themselves and others.	Male (2.95) Female (3.07)	0.64	No difference across gender groups
7. Generate the health applications on smartphone to keep tracking the Vietnamese citizens such as COVID-19, NCOVI, and FAMILY-COVID-19.	Male (2.79) Female (2.84)	0.10	No difference across gender groups
8. Apply the mandatory declaration for the whole population.	Male (2.77) Female (2.98)	2.20	No difference across gender groups
9. Control the immigration at the country border.	Male (3.00) Female (3.03)	0.02	No difference across gender groups
10. Temporarily stop issuing the long-term visa for foreigner to visit Vietnam.	Male (3.00) Female (3.21)	1.89	No difference across gender groups
11. Sterilization of risk areas, especially government office, public area, etc.	Male (2.96) Female (3.09)	0.85	No difference across gender groups
12. Set up the quarantine areas when having the information of those who might be infected.	Male (3.03) Female (3.27)	2.55	No difference across gender groups
13. Encourage the Vietnamese people to perform self-quarantine at home when coming from risk areas.	Male (2.84) Female (3.02)	1.48	No difference across gender groups

Note. The higher values of average mean represent that the respondents think this policy is more effective. F-statistics demonstrates the between-group and within-group differences in terms of statistical test. ANOVA = analysis of variance.

*, **, and *** are the significant level at 10, 5, and 1 percent, respectively.

Facing the complicated situation of the COVID-19 epidemic, the Vietnamese Government (with the specialized agency of the Ministry of Science and Technology) had discussions with leading experts and scientists to figure out the orientations. The study contributes to the prevention of COVID-19 disease. Subsequently, the Vietnam Department of Science and Technology unanimously proposed to concentrate study guidance on epidemiology, virology, and the special treatment scheme, specifically for the development of biology-detection products (kit) COVID-19, typically “research and manufacture of real-time RT-PCR and RT PCR to detect a novel strain of coronavirus,” of Military Medical Academy (directly under Vietnam Ministry of Defence). The COVID-19 detection test kit of Vietnam is manufactured under a rigorous procedure and complies with requirements, such as the optimized testing methodology, thereby preventing incorrect manipulation. The kit’s results time minimized so that the cost can also be reduced. Following the kit evaluation on patient samples, precise findings on all devices and experiments were recorded.

In addition, the Government of Vietnam also cooperates with a number of large enterprises and experts specializing in manufacturing ventilators because the promotion of research and production of domestic ventilators have a vital effect in the process of controlling diseases in Vietnam. Typically, it is the Vingroup Group of businessman Pham Nhat Vuong. On April 3, 2020, this group announced the production of all kinds of ventilators and thermocouples to supply the Vietnamese market, pledging to donate 5,000 units of noninvasive breathing apparatus to the Ministry of Health of Vietnam for timely prevention of the COVID-19 pandemic. At the same time, the Government of Vietnam also cooperates with external partners (such as Metran Co., Ltd.—an enterprise with numerous years of experience in producing CPR in Japan) to produce assistive breath devices for the domestic market. Accordingly, Metran will commit to sharing the patent of the ventilator with its partners in Vietnam.

Vietnam focuses on the right facilities along with the best possible treatment for COVID-19 cases, ensuring the highest chance of gaining life for patients. The Ministry of Health of Vietnam has established a Treatment Sub-Committee, a Specialized Committee for Infectious Diseases, and has regularly consulted on the treatment of patients in worse condition. Taking Patient 91 as an example (British citizen, occupations as a Vietnam Airlines pilot), all possible solutions, including using medicines, using survival indicators have been discussed in detail. In addition, the Ministry of Health also conducted “inter-hospital” consultations with leading experts to develop the optimal treatment regimen.

The third is mobilizing businesses and society as a whole to engage social security deployment. The government of Vietnam mobilizes capital from corporations and individuals in the execution of the social security program. Three research programs were financed by the Innovation Fund (Vingroup) to react rapidly against acute respiratory infection by a 20 billion Vietnam Dong (VND) strain (equivalent to \$860,000); at the same time, continuing to sponsor 100 billion VND (equivalent to \$4.3 million) to buy COVID-19 epidemic prevention equipment (Vingroup 2020).

Lending packages of hundreds of thousands of billion VND at drastically reduced interest rates for individuals and companies have been put on the market. An Binh Commercial Joint Stock Bank (ABBANK) has implemented many preferential packages on lending interest rates such as preferential loans for corporate customers up to 3,000 billion VND (equivalent to \$128 million); Ho Chi Minh City Development Commercial Joint Stock Bank—HDBank (HDB) has started to deploy a preferential credit package of 5,000 billion VND (equivalent to \$210 million) to support customers to pay salaries for their employees. In particular, a number of large Vietnamese banks also offer preferential packages, such as Vietcombank (VCB) announced at 184 trillion VND (equivalent to \$8 billion); BIDV Investment and Development Bank (BID) donated 125 trillion VND (equivalent to \$5.4 billion) and so on. According to SSI Securities Company, the scale of preferential interest rate loan packages supporting enterprises overcoming

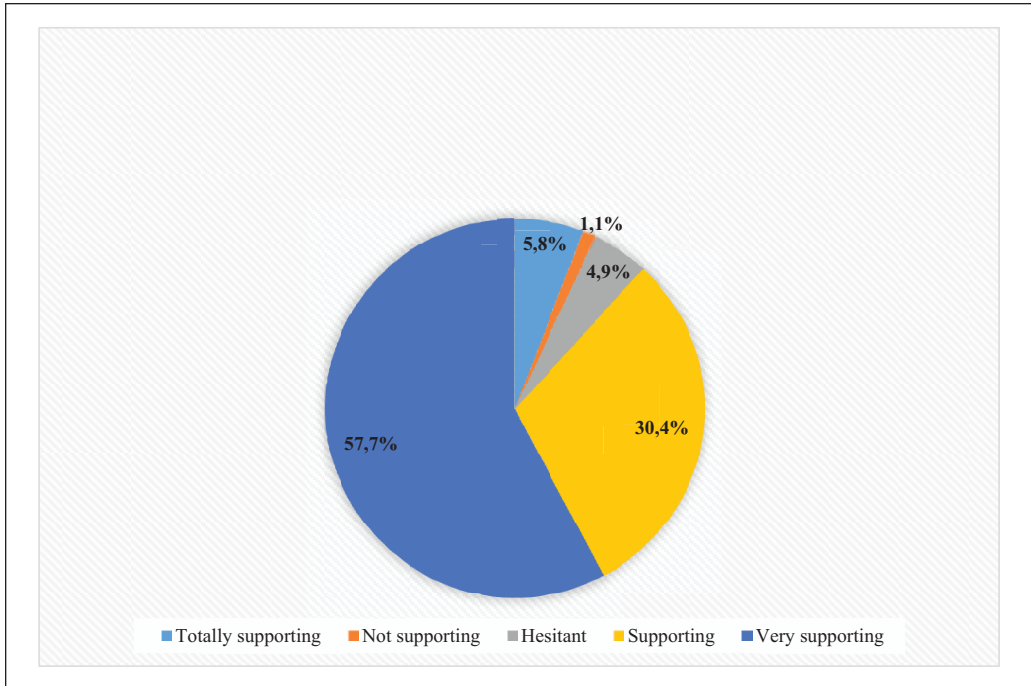


Figure 1. Social network users' attitude toward the "slogans" in propaganda against the COVID-19 pandemic in Vietnam.

epidemic difficulties in Vietnam now amounts to 600 to 700 trillion VND (equivalent to \$26–\$30 billion) (M. H. Nguyen 2020). The government of Vietnam also calls in and mobilize all people to join together in promoting the introduction of social security activities with the government. The movements of raising money, goods, masks, antiseptic solutions, and necessities have created a wide range of effects and spillovers throughout the society.

The fourth is organizing excellent propaganda on disease prevention and propagation and resolutely applying measures to handle violations in disease prevention to ensure maximum health for the community.

The Vietnamese Government has actively organized propaganda and education through radio stations, hoardings, leaflets, following the motto of "coming to the house, knocking at the door, scouting each neighborhood" to catch the epidemic situation, and set up control points in complex areas and regions with high risk of infection. In particular, the Government has published highly educational slogans such as "Stand still when the country needs it," "We go to work for you, please stay home for us," and "Fight the epidemic like fight against enemy" to build a sense of self-protection and prevention of COVID-19's disease for itself and the community. The survey results also show that social network users strongly support the slogan to propagate to people about the prevention of the pandemic, with 88.1 percent of the people surveyed strongly supporting the job. This shows that in addition to propaganda with panels, posters, or promotional videos, these slogans also bring practical effects because they are close and easy to commit to the community memory (Figure 1).

In particular, the Vietnamese government has quarantined and isolated all who came from outside the country. The government has set up field hospitals, newly built or requisitioned university dormitories, and apartments for isolation purposes. The quarantine is cautiously performed to minimize the possible impact from immigrants. This has limited the number of infected

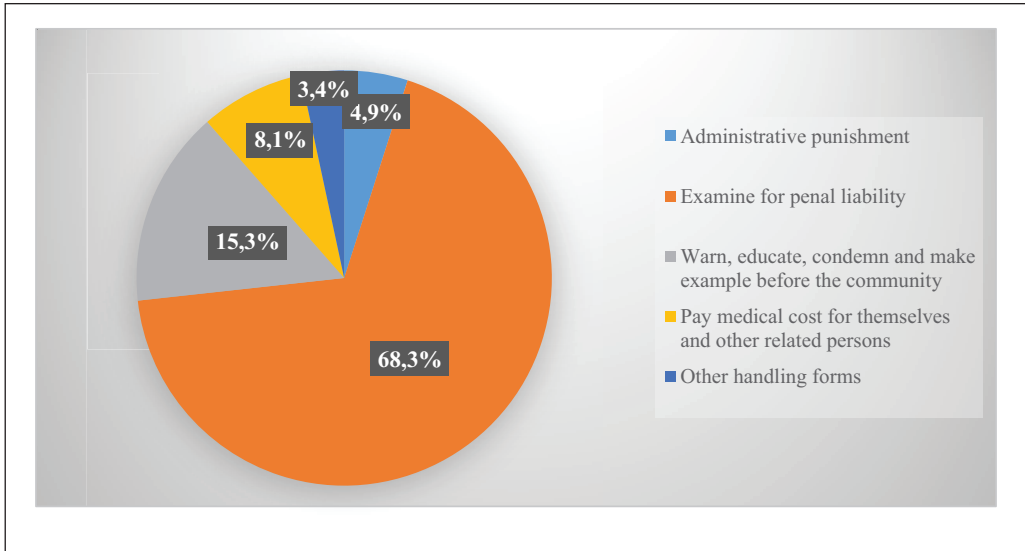


Figure 2. How to deal with cases of those who try to escape the isolation ward in the pandemic of COVID-19.

cases. On June 30, 2020, Vietnam had been experiencing 75 days without any community-infected cases. This measure has performed well, which runs contrary to the initiatives implemented by other European countries. As in Italy, when COVID-19 “knocked on the door,” Italy only recommended and implemented advocacy policies to persuade people while still maintaining regular visits to China, which was the center of the epidemic, and also the United States, which is the country with the most infected cases. This led to the spread of disease in this country at a staggering pace. On March 8, 2020, in within 24 hours, Italy had 133 deaths and 1,500 new infections, which turned Italy into the “focal point” of Europe at that time (Thoa 2020).

For different reasons, many people have not followed the quarantine during pandemic prevention (playing games such as hide and seek in the quarantine place, consuming alcoholic drinks at isolation areas, getting outside food, breaching isolation area). People also did not follow procedures to prevent epidemics (such as not wearing masks in public places, gathering more than two people at the same place, opposing officials on duty, and going out without proper reasons). Thus, they were heavily fined.

The findings of this survey in Figure 2 suggest that most people agree that criminal responsibility should be prosecuted for this behavior, as those under concentrated quarantine are those in contact with sick or suspicious COVID-19 people. It includes traveling from an epidemic-affected area to Vietnam, but often purposely disobeys practical agencies’ demands, preferring purposefully to escape or refuse to be isolated. The aim is to guarantee the security of our own society. For the intentional and subjective actions of the subject, the society thus accepts that the stringency of the law should be resolutely extended. These policies seek to guarantee human rights as an essential priority because it is important to look after people’s health, at different levels, including individuals, families, and community. People can only enjoy and exercise their basic rights if they are well cared. Universal human rights principles are all about the rights and liberties of others for the general good and social morality of the society. While persons enjoy their rights and freedoms and exercise them, they may be subject to certain limitations laid down by the laws of each nation. In COVID-19 avoidance and management, Vietnamese government has isolated persons vulnerable to or at risk of exposure for a time approved by the legislation or

in compliance with the guidance of the medicines agency. Implementing isolation to protect the health of these people, and their families and the society around them, is in conformity with international norms on human rights. The application of this approach is different from policies of some countries, including Sweden. This country has chosen a preventive approach that places a strong emphasis on citizens' sense of civic responsibility and willingness. Swedish Foreign Minister Ann Linde said that Sweden's strategy is not to blockade and we rely heavily on the sense of responsibility of the people (Chi 2020).

In reality, the Swedish government did not prohibit but only advised people to avoid unnecessary trips. Old or sick Swedish people were also advised not to go out. Restaurants, shops, bars, and gyms were still open. According to Anders Tegnell, who is said to be the architect of Sweden's "gentle" COVID-19 prevention strategy, the strategy is not aimed at achieving community immunity but rather slowing down the spread of COVID-19 epidemic at a level the health sector could cope with. However, this strategy has been increasingly criticized by many Swedish experts as the number of COVID-19 deaths increased. According to Ourworldindata.com, the COVID-19 mortality per capita in Sweden in 7 days, as of June 2, 2020, was the highest in the world. The death rate in Sweden per million inhabitants a day was 5.29, higher than that of the United Kingdom that stood at 4.48 cases. On June 4, 2020, the abovementioned "strategist" had to admit there were too many deaths and the country should have done better to fight the epidemic.

Fifth, the Prime Minister of Vietnam reported to the National Assembly Standing Committee on measures to support people in difficulties due to the COVID-19 pandemic. The Government of Vietnam therefore believes that the disease of COVID-19 has affected many industries and sectors of our economy in an extensive way, namely that a great many companies are halting their activities and reducing their size. Also according to the Government of Vietnam, it is initially estimated that

19% of enterprises have ceased operation and downsized 98% of services and tourist workers have lost their jobs; 78% of transport, leather and textiles workers have been laid off or stopped working; 98% of aviation workers are temporarily absent from work. (The National Assembly of the Socialist Republic of Vietnam 2020)

Millions of workers, particularly untrained, low-income, and irregular workers, have been severely affected. Millions of workers have been severely affected, especially unskilled, low-income, and irregular workers. At the same time, the COVID-19 epidemic also exerts great effects on other vulnerable subjects such as social protection beneficiaries, poor households, and near-poor households. It is predicted that in April and May, the disease will be still complicated, about two million workers stopped working and lost their jobs; in case of a strong outbreak, about 3.5 million workers will halt working and become unemployed (The National Assembly of the Socialist Republic of Vietnam 2020).

Therefore, the Government of Vietnam proposes that it should promptly issue policies to directly support workers and people facing troubles and sharply reduced income due to the COVID-19 epidemic. The support is based on four principles: (1) supporting the subjects who have a substantial reduction in income, loss, underemployment, and who do not afford the minimum living standard due to direct impact by COVID-19 epidemic; (2) the State and enterprises share responsibility in ensuring life for laborers; (3) the support to ensure the right subjects, publicity, and transparency, not to take advantage of the policies; and (4) prioritizing the allocation of resources from the state budget to implement policies in this Resolution. On April 8, 2020, the Standing Committee of the National Assembly of Vietnam conducted an extraordinary meeting to review and comment on measures to support people confronting difficulties caused by the pandemic. At the meeting, the National Assembly Standing Committee agreed to propose solutions to support those people due to the pandemic with an estimated scale of about 62,000 billion

VND (equivalent to \$2.7 billion, including directly from the state budget, indirectly from the unemployment insurance fund, and the credit from the Social Policy Bank), and it supports about 20 million people from six different groups (such as those with meritorious services to the revolution, households poor and near-poor households, the employee has a labor contract terminated) for a maximum period of 3 months. On April 9, 2020, Vietnamese Prime Minister Nguyen Xuan Phuc signed Resolution 42 through the aforementioned social security package. In addition, Vietnam also proposes to reduce electricity, water, and income tax payments and so forth to ensure that social security policies are implemented in the most effective way (The Government of the Socialist Republic of Vietnam 2020).

The policies and social security activities of the Government of Vietnam have been highly appreciated by the International Community. That the survey was published by Dalia Research (Germany) on March 30, 2020, showed 62 percent of Vietnamese said that the Government took appropriate COVID-19 disease control measures, none too aggressively or loosely. According to this same foundation, Vietnam is the country with the highest satisfaction in the world in reaction to the Government's response to the disease. Mitchell Wolfe, Chief Medical Specialist, Office of the American Center for Disease Prevention and Control, said, "Vietnamese governmental leaders, from the central to local levels paid attention and directed timely, taking measures comprehensively, drastically and thoroughly to deal with COVID-19, especially in raising the awareness of people and the community" (Huan 2020). Professor Carl Thayer, emeritus professor at the University of New South Wales Canberra, on Asia Times argued that "Vietnam is a united society" (Hoang 2020). Besides, newspapers like *Financial Times*, *The Diplomat*, *U.S. News & World Report*, *Daily Mail*, *Express.co.uk* or major international news agencies such as Reuter and AFP appreciate the fact that the Vietnamese Government has "done their utmost," taking a series of prompt measures to prevent epidemics, including proper and timely policies on social security.

Conclusion

Our findings supported not only the Marshall (1950) hypothesis but also the analytical constructs of William Beveridge's (UK) welfare state model and a comparative approach toward a social policy approach (by Geof Wood, Ian Gough, or Ito Peng). The Vietnamese Government would therefore receive approval from the Vietnamese people through sensible policies that seek to ensure real situations of social security and human rights. In brief, this case study explores the usual accomplishment in protecting social security and civil rights after the COVID-19 pandemic.

It can be affirmed that the Government of Vietnam has made sound social security policies in controlling and coping with the COVID-19 pandemic, becoming a "top praiseworthy" nation in this war. Investigating those policies from Vietnamese practices, we can draw a great deal of experience that needs to be referenced: First, to implement the correct and timely social security policy to cope with the COVID-19 pandemic, countries need to take drastic, quick measures, especially considering the appropriateness with the characteristics of geography, climatic conditions, and economic bases of each region, country, and social group. Second, the implementation of social reduction and social isolation is a method that has been proved to be correct in practice. The reduction and isolation must be conducted drastically, mobilizing all levels and all branches to participate. In the process of isolation, there should be timely packages of social security, especially packages related to treatment, living expenses, psychological stability, and so on. Third, it is necessary to promote the synergy and the consensus of the whole society. That policy must pay special attention to and target the underprivileged in society because they are very vulnerable and in need of support and attention of the Government and the whole society. The fourth is timely and lawfully handling violations, especially cases of deliberately violating the Government's regulations, opposing the task forces in epidemic prevention. Vietnam has

employed this form of fines and imprisonment in many cases to ensure the deterrence and rule of law. The fifth is well organizing the monitoring of support packages during the implementation of social security policies to respond to pandemics to avoid corruption and negative phenomena, especially to uphold the responsibilities of leader, and strictly handling violations during the implementation of support policies.

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Supplemental Material

Supplemental material for this article is available online.

Note

1. The terminologies *risk mitigation* and *risk management* have the different contexts in which risk mitigation focuses on the process in reducing the possibility of risk exposures with the timely actions while the risk management consists of the systemic framework of policies (DuHadway, Carnovale, and Hazen 2019). In particular, risk mitigation is considered as the process of reducing risk when we know that these types of risk can be happened in some ways. Broadly, risk management considers all the aspects of risk. We are thankful to the reviewers' points for raising this explanation.

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