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EUROPEAN POLICY BRIEF



GOVERNING COVID-19 IN VIETNAM: THE POLITICS OF PANDEMIC CONTROL

Đỗ Tá Khánh, Arve Hansen, Sigrid Wertheim-Heck¹

INTRODUCTION

Vietnam achieved considerable success in combating the Covid-19 pandemic, with a low number of infections and deaths. This success is particularly impressive given the country's limited resources and infrastructure, combined with its border, trade and investment relations with China.

The politics of Vietnam's success story has not received much attention internationally, and when it has, it has tended to focus on negative sides of this story, including intensified restrictions on individuals' freedom of expression. Less attention has been given to the actual politics and policies of pandemic control. This policy brief aims to unpack the political response that contained the spread of the Covid-19 virus, focusing on three main factors of success: response time, political prioritization and political mobilization.

EVIDENCE AND ANALYSIS

Three main success factors

The politics of Vietnam's success against Covid-19 can be summarised in three main factors. First, response time. The government made quick decisions as soon as the virus threat was clear in China. Second, political prioritization. Top leaders gave high priority to confronting the virus, even at early stages of the pandemic. By deciding to treat the pandemic as a "war against the enemy" and to protect people's health and lives rather than economic interests, the leadership sent a clear message to the public and the political apparatus. Third, political mobilization. The entire colossal political apparatus of Vietnam—from leading government officers to wards, villages and residential quarters—as well as society as a whole, was effectively mobilized to combat the pandemic.

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Success factor one: Response time

As soon as the news broke of a new virus in China, Vietnam went into a state of high alert. Previous experience of exposure to infectious disease since 2003, such as Cov-2 (SARS) and H5N1 (Avian Flu), meant the government immediately recognised the virus as a serious threat. On 23 January 2020, the Prime Minister issued an official telegram providing an overview of the impact of the virus on China. The document confirmed that the virus can transmit from human to human and that there was no vaccine or medication to treat it. It instructed the relevant authorities to pay attention to the spread of the virus in China and to check the health of incoming travellers, both at the land border and airports². This illustrates the immediate response of the authorities in putting all government bodies on high alert.

The quick reaction to the pandemic by the central government, including legislation and leadership arrangements, had a strong effect on the political system and on society. Coupled with the high priority given to stopping the spread of the virus, it laid a crucial political foundation for the rest of the fight against the pandemic.

Success factor two: Political prioritization of public health

On 28 January 2020, the Prime Minister issued Directive No. 05/CT-TTg, which stressed that the prevention of the pandemic must be treated as a “war against the enemy”.³ The wording hinted at previous experiences in dealing with infectious diseases, and indicated that the urgency and seriousness of the pandemic required the involvement of society as a whole.

Drastic measures were immediately taken, including the closure of schools and restrictions and regulations around international travel. Flights connecting with regions struck by the pandemic in China and other countries were stopped. Directive No. 05 also ordered careful checks on passengers’ health and preparation of medical infrastructure.

Importantly, the Directive emphasized that: “the whole political system must participate in the prevention and control of the pandemic in order to protect people’s health and lives and minimize death caused by the pandemic”. This message indicated that priority was given to human health rather than other issues, such as the economy. In fact, official documents disseminated in the early stages of the fight against the pandemic do not mention economic impacts at all. Indeed, the Prime Minister repeatedly reaffirmed that the Government would not follow a policy of trade-offs between the people’s health and economic growth. This is striking given the centrality of economic growth as a political priority in Vietnam and the fact that Vietnam is the only major Asian economy apart from China to expect GDP growth in 2020.⁴

These messages from the government reflected a clear ‘war rhetoric’, indicating that pandemic prevention measures were considered a matter of national security. The use of a ‘war’ analogy helped mobilise the whole of society to respect the rules and obey the regulations.

Directly after Directive No. 05 was published, the Secretariat of the Central Party Committee issued an official dispatch calling for measures against Covid-19 and the implementation of the Directive.⁵ Such dispatches are of great significance, as the Party’s top leaders use them to set the direction of policy which the political system has to convert into action. The Secretariat identified control of Covid-19 as an urgent task involving the whole political system, including the Fatherland Front and other mass organisations. It asked the Commission for Communication and Education to direct press agencies to disseminate information on the pandemic to the public. And on 30 January it established a high-ranking task force led by Deputy Prime Minister Vũ Đức Đam, which held meetings twice a day and reported directly to the Prime Minister.

All officials were told to implement the policies against the pandemic. Violations of central and local government policies were punished. A Vice-President of the People’s Council of a district in Binh Phuoc province was dismissed after objecting to a health check at a public checkpoint in the

² Prime Minister, official telegram No. 121, dated 23 January 2020, ‘Official telegraph on the prevention and against the acute respiratory epidemic caused by a new strain of corona virus’.

³ Prime Minister, Directive No. 05/CT-TTg (28 January 2020), on ‘the prevention and control of the acute respiratory epidemic caused by a new strain of corona virus’.

⁴ ‘IMF trims Vietnam GDP growth forecast to 1.6% in 2020’ (19 October 2020), retrieved 2 November 2020 from <https://vietnamnet.vn/en/business/imf-trims-vietnam-gdp-growth-forecast-to-1-6-in-2020-681255.html>.

⁵ Secretariat of the Central Party Committee, Dispatch No.79/CV-TW (29 January 2020).

province.⁶ The Vice Chairman of the People's Committee of a commune in Thanh Hoa province was suspended after refusing to join a team ordered to identify people suspected of infection in the commune.⁷

Success factor three: Political mobilization

In the midst of the national lockdown, Prime Minister Nguyễn Xuân Phúc stated that success in Vietnam's fight against Covid-19 would result from its "national consensus"⁸, including coordination among state agencies and between the state and society as a whole. In many ways, this analysis was spot on. Given the known challenges of inter-ministerial coordination in Vietnam, the close cooperation within the entire political apparatus has been striking. Ministries – notably of Defence, of Health, and of Information and Communications – coordinated closely with provinces/cities, with communes/wards, and with residential quarters, where local officials are responsible for informing individual households of government policies.⁹

Among the central governmental bodies, the Ministry of Defence played an active role in the fight against the pandemic, with troops patrolling the borders with China, Laos and Cambodia. This ministry also provided much of the infrastructure to fight the pandemic. Military camps near cities like Hanoi or Ho Chi Minh city accommodated thousands of Vietnamese returning from abroad during their quarantine. Military hospitals were also ready to receive virus infected patients.

The Ministry of Health immediately appointed a new Deputy Minister with experience combating infectious diseases. This was a key appointment as the Ministry of Health hosts the National Steering Committee for COVID-19 Prevention and Control, which coordinates various ministries and agencies policy-making on pandemic prevention and control. The ministry also runs this committee's Treatment Subcommittee that provides guidelines for the treatment of coronavirus patients as well as professional coordination among medical establishments nationwide.

The Ministry of Information and Communications mobilized the propaganda system from the central to the local level. Information on the pandemic was updated regularly on mass media, including television channels, radio, newspapers (printed and online) and local radio (at ward/village level). With the Ministry of Health's support, a song aimed at youth was released to raise awareness about the virus and ways of preventing it: it became highly popular. Posters with instruction about sanitary skills such as hand washing were put up in streets and public places. These strategies, which resemble strategies last seen in wartime many decades ago, helped mobilise people into the 'war' against the pandemic.

The chain of command allowed pandemic prevention policies to reach the whole of society at high speed. But this was not just a top-down response. Each province was charged with responding urgently to any outbreak within its borders. Provincial leaders were obliged to follow the directions and guidelines issued by the government, but were authorised to make their own policies and actions based on their specific local situation. However, in some cases, the central government intervened in the province's decisions when it found them violating laws, underestimating or overestimating the pandemic, or obstructing economic activities.

Province/city authorities thus enjoyed considerable autonomy to design responses appropriate to local conditions. During the opening up of the national lockdown, localities were consulted before they were classified in a three-tier system of risk levels – high, medium, low – each with its own lockdown end date. Cooperation between central, provincial and local government has been a hallmark of Vietnam's political mobilisation.

Local authorities, specifically at commune/ward level, have also been crucial in the implementation of directives issued by higher levels, i.e. central government, province/city, district. Pandemic-related

⁶ Bao Chinh Phu (17 April 2020), 'Cách hết chức vụ trong Đảng đối với Phó chủ tịch HĐND huyện không chấp hành chống dịch' (Dismissed all of positions in the Party for the Vice President of District People Council, who did not follow regulations on epidemic control): <http://baochinhphu.vn/Hoat-dong-dia-phuong/Cach-het-chuc-vu-trong-Dang-doi-voi-Pho-Chu-tich-HDND-huyen-khong-chap-hanh-chong-dich/393343.vgp>, retrieved 2 November 2020.

⁷ Tuoi Tre Online (6 August 2020), 'Phó chủ tịch xã không đi chống dịch Covid-19 vì "trời mưa"' (Vice Chairman of the commune people committee did not go to control Covid-19 because "it's raining"): <https://tuoitre.vn/pho-chu-tich-xa-khong-di-chong-dich-covid-19-vi-troi-mua-202008061642331.htm>, retrieved 2 November 2020.

⁸ Tien Dung (7 April 2020), 'PM Nguyen Xuan Phuc: Vietnam has national consensus in the fight against pandemic', <http://en.bocongan.gov.vn/news-events/pm-nguyen-xuan-phuc-vietnam-has-national-consensus-in-the-fight-against-pandemic-t6717.html>, retrieved 2 November 2020.

⁹ Inhabitants of wards/villages are grouped into 'residential quarters' headed by elected locals.

directives are transferred to residential quarters, from where they are communicated to individual households. National policies can quickly and effectively reach the whole of Vietnamese society through this channel. In addition, the leaders of residential quarters supervise the implementation of policies. Local police too play an important role in helping the medical system, namely ward and district health officers, to identify and quickly approach people at risk of infection (classified F1, F2 or F3), so local authorities can quickly make appropriate decisions (quarantine in dedicated facilities or at home). In some localities when people are isolating at home, police officers also stand guard to prevent them from going out and help them buy food.

POLICY IMPLICATIONS AND RECOMMENDATIONS

Vietnam's political system has many particularities and its experience may not be easily transferrable to other contexts. Vietnam's approach has also included a number of restrictions on individuals' freedom of expression, including laws about spreading misinformation and fake news.

Yet, it is clear that a wide range of countries, regardless of their political system, could learn from the swift response, the high political prioritization, the comprehensive and coordinated political mobilization and inclusive societal approach employed in Vietnam. The fact that top leaders took the threat seriously from the beginning, combined with the ability to mobilize the political and civil societal apparatus to combat the pandemic, will make the Vietnamese experience in 2020 an important case study to learn from when facing future pandemics and similar crises.

RESEARCH PARAMETERS

Competing Regional Integrations in Southeast Asia (CRISEA) is an interdisciplinary research project that studies multiple forces affecting regional integration in Southeast Asia and the challenges they present to the peoples of Southeast Asia and its regional institutional framework, ASEAN.

CRISEA innovates by encouraging 'macro-micro' dialogue between disciplines: global level analyses in international relations and political economy alongside socio-cultural insights from the grassroots methodologies of social sciences and the humanities.

Coordinated by the Ecole française d'Extrême-Orient (EFEO) with its unique network of ten field centres in Southeast Asia, the project brings together researchers from seven European and six Southeast Asian institutions, with three objectives:

1. Research on regional integration

Multiple internal and external forces drive regional integration in Southeast Asia and compete for resources and legitimacy. CRISEA has identified five 'arenas of competition' for the interplay of these forces, investigated in the project's five research Work Packages. It further aims to assess the extent to which they call into question the centrality of ASEAN's regional model.

2. Policy relevance

CRISEA reaches beyond academia to engage in public debate and impact on practitioners in government and non-government spheres. By establishing mechanisms for dialogue with targeted audiences of policymakers, stakeholders and the public, the project furthers European science diplomacy in Southeast Asia and promotes evidence-based policymaking.

3. Networking and capacity-building

CRISEA reinforces the European Research Area (ERA) in the field of Asian Studies through coordinated EU-ASEAN academic exchange and network development. It connects major research hubs with emerging expertise across Europe and Southeast Asia. CRISEA also promotes participation of younger generation academics in all its activities, notably policy dialogues.

PROJECT IDENTITY

PROJECT NAME	Competing Integrations in Southeast Asia (CRISEA)
COORDINATOR	Andrew Hardy, EFEO, Paris, France, hardyv25@yahoo.com.
CONSORTIUM	Ecole française d'Extrême-Orient – EFEO – Paris, France University of Hamburg – UHAM – Hamburg, Germany University of Naples l'Orientale – UNO – Naples, Italy Institute of Social and Political Sciences – ISCSP - Lisbon, Portugal University of Lodz - UL – Lodz, Poland University of Oslo – UiO – Oslo, Norway University of Cambridge – Cam – Cambridge, UK Chiang Mai University – CMU – Chiang Mai, Thailand The Centre for Strategic and International Studies - CSIS – Jakarta, Indonesia Ateneo de Manila University – ADMU – Quezon City, Philippines University of Malaya – UM – Kuala Lumpur, Malaysia Vietnamese Academy of Social Sciences – VASS – Hanoi, Vietnam The University of Mandalay – MU – Mandalay, Myanmar
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DURATION	November 2017 – February 2021 (40 months).
BUDGET	EU contribution: €2,500,000.00
WEBSITE	www.crisea.eu
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