


The COVID-19 Pandemic: A View From Vietnam

 See also Morabia, p. 1111, and the *AJPH* COVID-19 section, pp. 1123–1172.

Vietnam can be considered a success story in its handling of the COVID-19 pandemic. As of April 27, 2020, the country has had 270 cases (225 recovered), no deaths, and no new cases for the past 10 days (since April 18). On Friday, April 24, two new cases were identified at the airport, but both cases were quarantined at arrival. We provide a few take-home lessons from the Vietnam experience.

FAST LEARNING

Vietnam (like many Asian countries) recognized quickly the devastating nature of the pandemic. The Wuhan, China, experience was quickly recognized and made it clear that the only way to deal with this challenge was to reduce the number of individuals becoming infected and slow the contagion.

SWIFT AND DECISIVE ACTION

The Vietnamese government and its public health infrastructure acted early and quickly upon identification of the first cases (January 23) with the activation of the Emergency Epidemic Prevention Centre (January 24) and the declaration of a pandemic on February 1. The declaration

was followed by tightening the borders and visa restrictions, extensive monitoring and investigation of the potential cases and their contacts, strict enforcement of at-home quarantine, and publication of a list of cases and their contacts. In the early phase of the pandemic, on February 13, the government did not hesitate to quarantine a community of 10 000 people, 40 kilometers from Hanoi, Vietnam, when four cases were identified there (with only 10 cases in the whole country).

The government made it compulsory for people to declare their health status and travel history through a mobile app, NCOVI, which was designed to screen for high-risk cases. Hanoi developed a public app, Ha Noi Smart City,¹ where cases F0 and their F1 contacts are mapped. In addition to that, the contacts of F1 (or F2) and their contacts F3 and sometimes even F4 were tracked down and followed up (Figure 1).

The Vietnamese approach differs from the South Korean approach, which is seen by many as the “gold standard” in dealing with the pandemic. Both countries have been successful in dealing with the pandemic, but in Vietnam the approach was significantly less expensive, as the testing was not as extensive as in South Korea. The Vietnamese

decision was based on financial considerations.

The Vietnamese government organized quarantine quarters (by repurposing resort facilities and military camps) to host, as of April 27, 52 428 suspected cases or contacts. As of March 21, all international arrivals have been required to undergo a 14-day quarantine. Social distancing, using masks, and frequent, thorough hand cleaning have been recommended since the beginning of the pandemic. Schools were closed at the beginning of February.²

The success of the Vietnamese approach points to the fact that even a low-cost approach based on close monitoring, identification, and isolation can be successful, if implemented quickly and with resolution.

A STRONG SYSTEM RESPONSE

At the start of the pandemic, the government established a clear structure to deal with the

pandemic with the creation of the National Steering Committee chaired by a vice-prime minister and the vice-minister of health acting as a vice chair. Steering committees were established in each ministry and each province. These structures allowed a quick dissemination of instructions and quick implementation of all activities. From the outset, two strategies were deployed to deal with the pandemic: “3 in-advance” (identify, proactively prevent, and plan) and “4 on the spot” (onsite resources, onsite leadership, onsite facilities, onsite logistics). The Vietnamese Centers for Disease Control implemented and coordinated these strategies at the national, provincial, district, and community levels.

CONSISTENT, TRUTHFUL MESSAGES

Based on the devastating experience of Wuhan, Vietnam decided to adopt an approach of transparency and truthfulness in reporting information about the pandemic. The messages of the political and social leaders were consistent and univocal in presenting the gravity of the situation and the need to observe and obey rules and guidelines. The media also dealt univocally and

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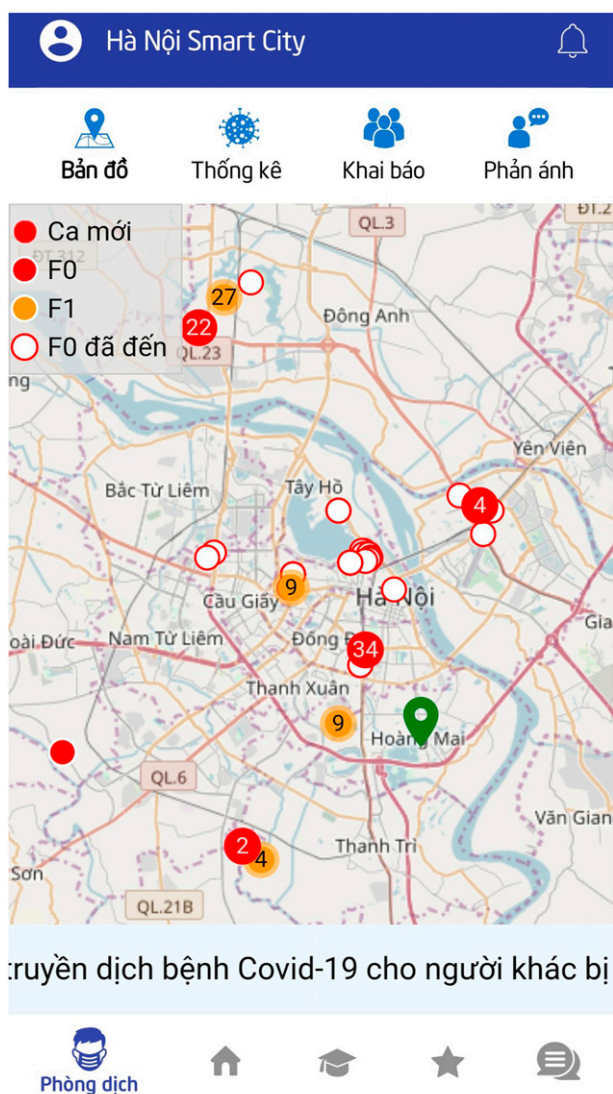


FIGURE 1—Screenshot of Hanoi, Vietnam, Smart City App

decisively with the issue of fake news and panic control. The prime minister appears daily on TV to give updates on and rationale for government actions.

Providing consistent and truthful messages contrasts with what happened in Europe and the United States, where political leaders at the outset provided contrasting and often dangerous “reassuring messages” to the public. News in these countries is often communicated with a political undertone, and often the

media provide information that is strongly influenced by political conviction. This has created conflicting messages, and the difference in opinions became a dangerous political football that has caused confusion, frustration, and anger among people.

SOCIAL SOLIDARITY

Vietnam was extremely successful in dealing with the Chinese wave of the pandemic, with

a total of 16 cases from January 23 to February 13. Unfortunately, on March 3, after 20 days of no new cases, several flights from Europe reintroduced the virus to Vietnam. This new wave raised the number of cases to 270 (as of April 27, 2020), raised the level of alarm, and introduced more stringent rules regarding social distancing. People were told not to leave home except for purchasing food or medicines or to seek health care. Public places, bars, cafés, and restaurants were closed. Only factories, businesses, and service establishments producing and providing essential goods and services were open, and public gathering of more than two people in public places was prohibited. On April 23 these restrictions were eased, after seven days with no new cases.³

Some of the actions that have allowed the containment of the spread of the virus in Vietnam (and other Asian countries) have been intrusive and challenge the notion of privacy and individual freedom. This issue is being hotly debated in the West but almost universally adopted in Asian countries. However, reports from the media indicate that, in time of severe crisis, people in many countries may be willing and prepared to accept more restrictive actions to save lives.

The Vietnamese experience suggests the need for a strong public health infrastructure and good coordination among the government agencies dealing with the emergency. Most important is the need to be prepared and act with determination. This has been the major difference between Vietnam (and other Asian countries that have successfully contained the pandemic) and Western countries, where the lessons from Wuhan and the devastating impact that the virus has had in Italy have

been mostly ignored. The reintroduction of the virus in Vietnam, through international travel, shows the need to keep the level of vigilance high, even when the virus has been controlled locally, and the significant challenges that this pandemic is bringing to globalization.

One final, and very important, aspect to consider is that, despite differences in health care systems, many wealthy Western countries seem to share a lack of interest in supporting strong and resilient public health infrastructure through which they could meet their countries’ basic health care needs. *AJPH*

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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