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EUROPEAN POLICY BRIEF



VIETNAM'S COVID-19 STRATEGY: POLITICAL MOBILISATION, TARGETED CONTAINMENT, SOCIAL ENGAGEMENT

Đỗ Tá Khánh, Arve Hansen, Andrew Hardy, Phạm Quỳnh Phương, Melody Shum, Sigrid Wertheim-Heck, Vũ Ngọc Quyên¹

INTRODUCTION

Vietnam is a country of nearly 100 million people with a long border and close economic relations with China. After infected persons arrived from Wuhan, Vietnam's first confirmed case tested positive for Covid-19 on 23 January 2020. Since then, the country has suppressed three waves of the virus.

- The first wave was suppressed in late February; it saw a few dozen infections and no deaths.
- The second wave lasted from early March to late April: it saw over a hundred local infections (Hanoi, Ho Chi Minh City and elsewhere) and no deaths.
- The third started in late July and was suppressed in late August: centred on Đà Nẵng, it saw over 500 local infections and 35 deaths, as the virus spread to hospitals.²

To date (27 November 2020), Vietnam has seen a total of 1,316 infections (local and imported), and has enjoyed three months' without community transmission.

¹ The authors are social scientists (anthropology, economics, geography, history, sociology) working in the framework of the Horizon 2020 project CRISEA (Competing Regional Integrations in Southeast Asia, www.crisea.eu) funded by the European Commission. Many of them lived in Vietnam through the events of 2020 and several were themselves subject to targeted isolation under the F-system. Đỗ Tá Khánh, Institute of European Studies, Vietnam Academy of Social Sciences; Arve Hansen, Centre for Development and the Environment, University of Oslo; Andrew Hardy, École française d'Extrême-Orient, Hanoi; Phạm Quỳnh Phương, Institute of Culture Studies, Vietnam Academy of Social Sciences; Melody Shum, Department of History, Northwestern University; Sigrid Wertheim-Heck, Environmental Policy Group, Wageningen University; Vũ Ngọc Quyên, Institute of Economics, Vietnam Academy of Social Sciences. The authors thank Jacques du Guerny, Tomas Larsson, Jacques Leider, Michael DiGregorio and John Ramsden for their comments on drafts.

² Ministry of Health data for local transmissions: <https://ncov.moh.gov.vn/web/guest/-/6847426-376>, retrieved on 3 November 2020. Total cases up to 25 July 2020 were 420: <http://vncdc.gov.vn/vi/tin-tuc-su-kien/13984/ban-tin-cap-nhat-dich-benh-covid-19-tinh-den-ngay-26-7-2020>, retrieved on 3 November 2020.

What explains this achievement? Three factors were crucial:

- The government gave strong, timely leadership. Key to this were the government's pre-pandemic planning for and understanding of the epidemic; its swift response, prioritising and countering the disease from the outset; and the relationship between the central government and local authorities, which received rapid guidelines to set locally appropriate policies.
- The government implemented a targeted containment strategy, by isolating hot-spot locations and exposed individuals. Hotspot locations were locked down, while at-risk individuals were ranked on the Ministry of Health's 'F-system', a scale of degrees of proximity to confirmed cases, allowing authorities to apply social regimes (isolation at home or in hospital) appropriate to individuals' epidemiological status (established by testing and contact-tracing).
- The government achieved a high level of trust from society, thanks to the communitarian characteristics of Vietnamese society and culture when faced with crises, the population's prior experience of epidemics since 2003 (SARS, Avian Flu, etc.), and the government's policy of trust creation through social engagement. Vietnamese society mobilised in a wartime-style collective effort to counter "the enemy".

The containment strategy led to the quarantining of tens of thousands of people, local lockdowns of villages, urban wards, hospitals and whole cities, but a national lockdown that lasted only two weeks (1-15 April). So far, the strategy has contained three waves of Covid-19.

Based on previous experiences since 2003, Vietnam was prepared for a pandemic. Its one-party state is equipped to implement intrusive public health strategies. Other countries may not wish or be able to replicate elements of the Vietnamese government's actions described below, but it may contain lessons transferable elsewhere.

EVIDENCE AND ANALYSIS

1. The government gave strong, timely political leadership

Vietnam's political approach can be summed up in three factors: response time, prioritization, mobilization.

Response time. When news broke of a virus in China, Vietnam went into a state of high alert. On 23 January, the Prime Minister (PM) issued an official telegram instructing authorities to monitor its spread and to check incoming travellers' health. On 30 January, a Steering Committee was set up, headed by a Deputy PM, reporting directly to the PM. The central government's rapid response laid a crucial political foundation for the fight against the pandemic.

Political prioritisation of public health. On 28 January, the PM urged that pandemic prevention must be treated as a "war against the enemy" (Directive No. 05/CT-TTg). Drastic measures were taken, including school closures, incoming passengers' health declarations, preparation of medical infrastructure, suspension of flights to and from stricken regions, followed on 1 February by closure of the China border.

This Directive urged that "the whole political system must participate in the prevention and control of the pandemic to protect people's health and lives and minimize death". Priority was given to health rather than other issues, like the economy. War rhetoric underlined that pandemic prevention was a matter of national security.

Political mobilisation. During the national lockdown, the PM stated that success in the fight against Covid-19 would result from Vietnam's "national consensus", including coordination among state agencies and between state and society. Indeed, the level of coordination within the political system was remarkable. 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 inform individual households of government policies.

Discussion. The rapid response was made possible by pre-existing operational plans. Prioritization of the population's health showed the government's anticipation and understanding of the pandemic's potential for destruction, contributing to the strong mobilization. The administrative system's chain of command allowed pandemic prevention policies to rapidly reach the whole of society. But this was not just a top-down response. Province/city authorities enjoyed autonomy to

design responses appropriate to local conditions. For example, in the lifting of the national lockdown, each locality was consulted before it was classified in a three-tier system of risk levels – high, medium, low – each with its own lockdown end date. Cooperation between central and local government has been a hallmark of Vietnam's political mobilisation against Covid-19.

2. The government implemented a targeted containment strategy

Vietnam's suppression of Covid-19 owes much to the use of a containment method based on targeted isolation.

Targeted isolation was used from the outset to contain the virus. Targeting focused on individuals exposed to infected persons and on localities where infections clustered. The second method was used to lock down single streets, villages, communes, districts, hospitals and a city (Đà Nẵng). Here we examine the first method, the test, trace and isolate system used for individuals.

This is the F-system, a multi-tier epidemiological classification used to isolate confirmed and suspected cases of Covid-19. The F-system does two things: 1) it uses contact-tracing to categorise people by proximity to a case of Covid-19, and 2) it uses those categories to apply appropriate quarantine regimes. People testing positive for Covid-19 are classified as F0.³ Contacts of an F0 are F1. Four more risk levels—F2 to F5—are identified in the same way.

Establishing degrees of distance enables officials to apply quarantine and testing regimes that correspond to individuals' level of exposure. It allows tracing, isolating and monitoring to start immediately, even for people at low risk (up to five degrees from a confirmed infection).

F0s are people who have contracted Covid-19. F0s are isolated at a designated Covid-19 hospital.

F1s are contacts of an F0. F1s are quarantined at medical facilities for testing and monitoring, or sometimes at home.

F2s are contacts of an F1. Officially notified of their quarantine dates by local authorities, F2s self-isolate at home for 14 days under official supervision. Local medical officials monitor their symptoms and provide grocery shopping and trash disposal to those living alone, assisted by police. Community vigilance facilitates the supervision of social distancing without the need for a constant official presence, as neighbours often report quarantine violations.

F3, F4 and F5. F3s learn about their status from their F2 and stay at home for 14 days without supervision, allowed out for shopping and other essential purposes. F4s and F5s learn of their status from their respective F3/F4, but their lives do not change. At this level, the government relies on people's self-discipline and public health awareness, as well as Vietnam's traditional culture of mutual supervision.

The F-system works on a targeting principle that creates an interface allowing the implementation of social regimes (isolation at home/hospital) appropriate to the epidemiological status of individuals (established through testing and contact-tracing). It is 'whack-a-mole' tool that precisely hierarchizes contagion risk and signals increases in risk (as people move up the F-scale).

The F-system relies on existing administrative arrangements. Medical staff pass contact-tracing information to police who trace contacts, while staff of residential quarters supervise the home quarantine of F2s with community assistance. These parallel networks cooperate to form a locally-based radar system for detecting and containing Covid-19.

The government also developed technological innovations to support traditional contact-tracing. Ministries sent medical instructions via texts to phones and recommended residents download the apps NCOVI (for online health declarations) and Bluezone (notifying proximity to F0s). But it mostly relied on old-school methods and existing tools like written declarations, police registration and community cooperation. None required an expansion of Vietnam's existing state apparatus.

³ The number of tests per day in Vietnam rose 70 (from 22/1 to 5/3) to 3,094 (from 6/3 to 22/4) to 2,631 (from 23/4 to 22/7) to 14,470 (from 23/7 to 19/8). Retrieved 26 November 2020 from the Ministry of Health website: <https://suckhoedoisong.vn/cong-suat-xet-nghiem-covid-19-cua-viet-nam-duoc-nang-len-ro-ret-n179045.html>).

3. The government achieved a high level of trust from society

Suspended distrust. Before Covid-19, distrust of government was a feature of the social life of Vietnamese, who objected to land disputes, pollution, corruption, etc. Then came the pandemic and a new set of feelings.

Unlike other repressive contexts where compliance is achieved by coercion, Vietnamese people's obedience in the epidemic was accompanied by a high level of trust in the government, expressed in social media and everyday chat, that surprised many outsiders. People obeyed rules on masks, closures and social distancing, drastic measures that affected their finances. They made generous donations to state-run fund-raising campaigns, 'rice ATMs', 'mask ATMs' and '0 VND supermarkets'. This was the outcome of a calculated state strategy of social engagement, which received a positive response from the population that was rooted in Vietnamese culture and history.

Trust creation strategies:

Decision-making transparency. From the outset, the public was kept informed through press briefings, text messaging, social media and warnings from ministers and even the PM. After initial scepticism, people saw that information from official outlets was true. Even bloggers who criticised the state for cover-ups recognized its openness during the crisis.

Leadership strategy. Trust stemmed from admiration for Deputy PM Vũ Đức Đam, appointed to head the National Steering Committee for Disease Control and COVID-19 Prevention. A young, foreign-educated politician, he has no medical expertise but appears technocratic; he was visibly backed by scientific experts and people believed he would tell the truth and lead responsibly.

Economic strategy. The PM repeatedly stated: "We are willing to sacrifice short-term economic interests to better protect people's health and lives". Given the government's constant prioritisation of GDP targets, the early decision to close the border with China showed its abandonment of economic growth to safeguard public health. This moved people deeply.

Even as the government banned incoming commercial flights, it sent evacuation flights to repatriate citizens from abroad. Citizens received free food and lodging when quarantined in dedicated facilities and free testing and treatment if infected. This generated public gratitude such that many donated to government fund-raising and even proposed that fees be charged for the free services.

Communications strategy. Nationalist and wartime discourse was deployed to mobilize public sentiment. A history of struggle against foreign aggression was evoked in discourses of "nation", "solidarity", "heroes" and "enemy". The Party General Secretary's call to the nation before the national lockdown reminded the Vietnamese of their wartime past.

Cultural strategy. The government leveraged communitarian features of Vietnamese culture. As a traditional society, cooperation has long underpinned its socio-economic systems. Community values are treasured, perhaps not always in daily life, but certainly in crisis. This nourished a sense of mutual responsibility (wearing masks, accepting quarantine, declaring personal data).

Disillusionment with the West. The pandemic revealed weak governance in the West, previously seen as the definitive route to development and modernity, and "a dark side to democracy". State-controlled broadcasts about the situation in the US and Europe and articles such as "0 new cases in Vietnam, over 50,000 deaths in the US" fed talk of an upside to one-party state rule.

Discussion. A top-down view might find Vietnamese people's obedience normal given the country's repressive governance. A bottom-up perspective might see it as a smart way to cope with crisis. In fact, the implementation of top-down policies that resonated with culturally and historically embedded values in the population was a key factor in the suppression of Covid-19.

However, trust might not endure. The injustice of certain post-pandemic trials and the back-to-normal infighting surrounding the upcoming Party Congress meant that after Covid-19 was contained, criticism of the government flared up again. The pandemic was an ideal opportunity for the Communist Party to reinforce its legitimacy, and it seized that opportunity effectively. Yet the population remains sceptical that it can rise to the challenge of effective governance, not just at moments of crisis, but in normal times as well.

Vietnam in crisis mode

Not all the systems and tools of governance used to combat Covid-19 in Vietnam are replicable out of context, but some lessons from the Vietnamese response to the crisis may apply elsewhere.

Following SARS and other alerts from 2003, the political/administrative system made operational plans. This groundwork led decision-makers to perceive the Wuhan coronavirus's potential for devastation early on and to prioritise public health over the usual economic imperatives. It helped legitimize the operational plans' implementation, providing institutional arrangements for coordination across sectors and vertically, and a tool box with classical and new tools.

These included precision tools allowing measurement and hierarchizing of infection risk: the F-scale for individuals, and the 'high, medium, low' tier scale for localities. These assessed risk using epidemiological criteria, then used the assessment to apply appropriate social distancing regimes.

Covid-19 was suppressed thanks to a proactive leadership which planned for the epidemic, implemented an effective containment policy and engaged sensitively with society. At the same time, this policy would not have succeeded without the positive response it received from a vigilant population culturally prepared for crisis. As one older woman noted: "in everyday Vietnamese society there are many problems, but at times of crisis we look after each other".

The crisis had the effect of suspending the ambient disorder that pervades the Vietnamese state (corruption, infighting) and population (unruliness, disobedience), motivating officials and people to behave with uncharacteristic discipline and respect for rules. This 'suspended disorder' is a feature of Vietnam's crisis mode. For this reason, it is likely that after the crisis ends 'normal' relations between governors and governed will resume.

The Vietnamese experience also contains a general lesson, about the importance of monitoring, planning and response coordination. This could be implemented nationally or regionally by an epidemic monitoring unit or warning system, such as ASEAN operates for other types of disaster.

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)
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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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