

WEATHERING THE STORM: VIET NAM'S LEGAL AND POLICY MEASURES IN THE TIME OF COVID-19

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Abstract

The novel coronavirus has shaken the entire world to its roots. Yet, governments' responses have taken many forms. Some countries were able to flatten the curve, while others struggled to pick up the pieces. This article provides governance implications drawn from Viet Nam's COVID-19 experience. Accordingly, the country's key features of its COVID-19 responses include resolute leadership, information transparency, central – local government coordination, public participation, and adequate preparedness. Besides, this article also highlights some of Viet Nam's key legislative and policy initiatives in a bid to cautiously keep the pandemic under control and the economy rolling. By doing so, it makes a practical contribution to the discourse on public governance in the time of a public health emergency.

Keywords: COVID-19; public health emergency; effective COVID-19 responses; Viet Nam's experience.

Citation: Duc Tien Nguyen, An Thanh T. Chu (2020). Weathering the Storm: Viet Nam's Legal and Policy Measures in the Time of COVID-19. *Public Administration Issues*, no 6 (Special Issue II, electronic edition), pp. 7–32 (in English), DOI: 10.17323/1999-5431-2020-0-6-7-32.

Introduction

At this juncture, let us reaffirm that COVID-19 is in no way a “regular flu”. As of early October 2020, it has claimed more than 1 million lives worldwide and shown disinterest in slowing down regardless of borders or temperature (Johns Hopkins Coronavirus Resource Center (CDC), 2020a). Its catastrophic impacts are

far from predictable as the world economy witnessed a steep downturn, and millions of jobs were tossed out of the window in less than a year. Moreover, the pandemic affected populations unevenly and unequally insofar as it may be deemed de facto discriminatory because individuals' private capacity, especially those of vulnerable groups, to resist and adapt to the austerity situation differs greatly (Dang et al., 2020). The COVID-19 pandemic also poses a wide range of legal and policy conundrums since many divergent approaches were devised to address the situation of exception.

As of October 2020, Viet Nam has earned high praise from the international community and its people for its effective COVID-19 responses (Era et al., 2020; Adam, 2020). Bordering China did not expose its Achilles heel. Quite the contrary, it learned lessons from its northern neighbor and quickly converted them into laws and policies to keep up with the pandemic's development (Le & Nguyen, 2020). Harsh measures and restrictions, such as face masks requirement, mass quarantine, closure of borders, schools and non-essential shops, and prohibition of public gatherings, were inevitable for flattening the curve given the limited resources and underdeveloped healthcare infrastructure. As of the time of writing this paper, the COVID-19 pandemic has claimed only 35 fatalities with 1,099 infection cases, of which there were 401 imported (CDC, 2020b). These numbers might seem bizarre to observers unfamiliar with Viet Nam considering its geography and population density. So what has made Viet Nam stand out in the struggle against this invisible enemy?

The structure of this paper comprises three parts with an introduction. The next section will provide a glance at the development of the COVID-19 pandemic in Viet Nam, in which critical junctures are highlighted. It serves as a conduit to explain the features of Viet Nam's emergency governance in keeping the virus at bay, as expounded in section 3. Accordingly, five implications can be drawn from Viet Nam's experience, including resolute leadership, information transparency, central – local government coordination, public participation, and adequate preparedness. Section 4 will highlight some of Viet Nam's key legislative and policy initiatives in a bid to keep the pandemic under control and the economy rolling. Finally, concluding remarks will be provided to recap the main points of the paper.

The covid-19 pandemic in Viet Nam – a timeline

Prior to the first cases of COVID-19 in Viet Nam, the government focused on the assessment of the threat of the unknown pneumonia virus. On 3 January 2020, a few days after China confirmed the outbreak of the new coronavirus, the Ministry of Health issued a directive on tightening the Viet Nam – China border and warned about the new pneumonia-like illness with its first case in China as reported in the media. From 10 January, Viet Nam started health checks of passengers departing from Wuhan (China). Between 16 and 20 January, the MOH issued the Decision 125/QĐ-BYT and the Decision 156/QĐ-BYT to provide guidelines and plans to prevent the spread of the virus. On 21 January, the MOH directed hospitals and clinics to prepare isolation areas in anticipation of COVID-19 patients.

– **The first wave:** First cases of domestic transmission

On 23 January, two men from Wuhan (China), who arrived in Nha Trang city, were reported as the first confirmed cases of coronavirus. On 25 January, Viet Nam applied a compulsory health declaration and strict screening on passengers from China. As early as 30 January, Viet Nam established the National Steering Committee to coordinate COVID-19 policy measures. At the same time, specialized task forces were set up at 31 central hospitals and all provincial hospitals. The next day it closed overland borders with China and suspended all flights from and to China. The government also halted visa issuance to tourists from COVID-19-affected areas and limited public gatherings and festivals.

Moreover, the government started a proactive containment strategy: ramping up the testing capacity, applying four-tiered contact tracing based on the degree of contact with the infected, testing in areas with community-transmitted cases, and quarantining suspected cases based on their epidemiological risk of infection. The reason being that for SARS, identifying and isolating symptomatic people worked because it was infectious only after symptoms occurred. COVID-19, however, can spread even when its host is asymptomatic, thus the SARS-related strategy would be deemed inadequate (Pollack et al., 2020). In addition, mass gathering, travel, mobility restrictions, and targeted lockdowns in suspected clusters were implemented based on evolving epidemiological evidence over this time. The combination of these measures explains why Viet Nam has carried out more tests per confirmed cases despite relatively low tests per capita (Pollack et al., 2020).

On 1 February, the government declared the COVID-19 outbreak an epidemic in Viet Nam, and the Prime Minister affirmed COVID-19 containment as the top priority. Mobility restriction began on 3 February according to the government's order on testing and 14-day quarantine in designated medical establishments for travelers from COVID-19-affected areas. Also, a new decree was enacted to sanction against those spreading fake news and rumors on social media amid a deluge of online misinformation on COVID-19. On 13 February, lockdown measures were imposed at Son Loi Commune (Vinh Phuc Province) upon the report of six coronavirus cases. More than ten thousand people were placed in quarantine camps for at least 14 days. There were 16 cases in the first phase, and all recovered on 25 February.

– **The second wave:** Imported virus shook the country.

On 6 March, patient zero was patient No. 17 returning from Europe, marking the new phase against the Covid-19 pandemic. Patient No. 17 failed to report her European itinerary to the authorities as she had visited Italy for a fashion event. She was then allegedly a super-spreader as she was the probable source of infection of several people on her flight, the driver who picked her up from the airport, her housekeeper, and her aunt. Her neighborhood was immediately placed under isolation after the news spilled out. From 12 March onwards, the urgency prompted the government to impose stricter mobility restriction measures: suspension of the visa waiver program for citizens from

eight European countries, suspension of entry from the UK and EU (15 March), temporary suspension of visa insurance to all foreigners for 30 days effective (17 March), automatic 14-day quarantine in designated centers to all overseas arrivals (20 March), and the border closed to all foreigners (22 March). Simultaneously, the government announced community mitigation measures: a ban on entertainment services (14 March), face masks required at public areas (16 March), and compulsory health declaration for all domestic travelers (21 March).

As the number of COVID-19 cases surpassed two hundred, the Prime Minister declared the COVID-19 outbreak as a nationwide pandemic, and nationwide social distancing for 15 days started from 01 April. Every household, village, commune, district, and province would go into self-isolation; meanwhile, incoming flights to Viet Nam were halted, and traveling within the country was also restricted. After 15 April, the lockdown was still kept in place according to the level of risks. On 22 April, the nationwide lockdown was removed; however, gatherings of more than 20 people were prohibited, while closure of schools and the halting of flights remained in effect.

There were more than 400 cases reported in this phase, with zero deaths. From 4 May, universities and schools reopened with spacing and safety measures. Viet Nam's airlines resumed a full normal schedule of domestic flights from 1 June, but international flights remained suspended. Until 25 July, Viet Nam recorded 99 days of no community transmission cases.

- **The third wave:** Unknown community transmission caught the country off guard.

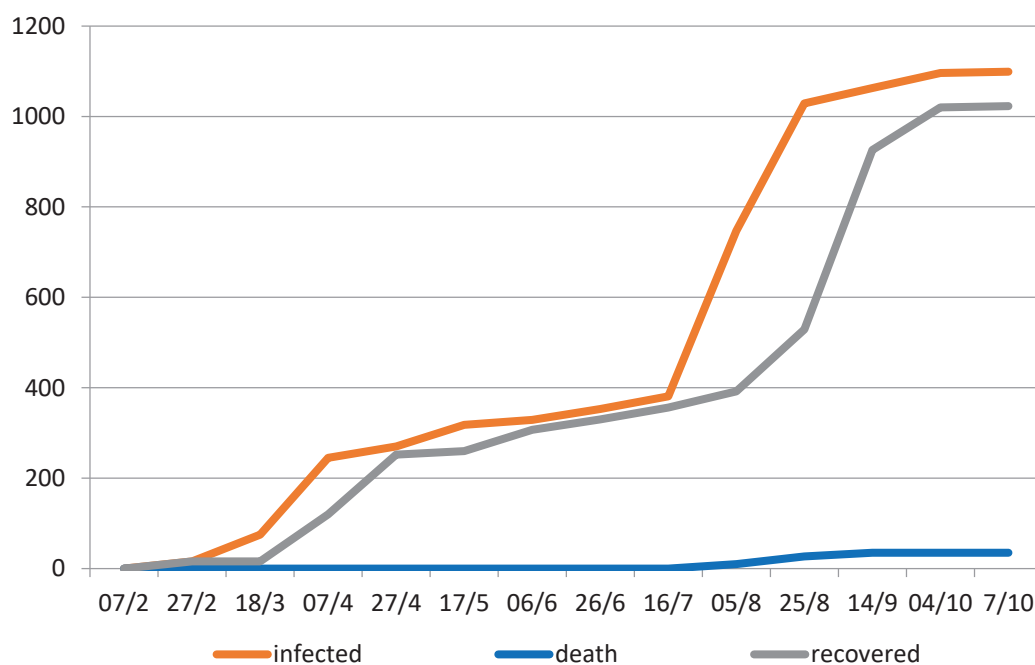
On 25 July, community-transmitted cases were confirmed at Da Nang hospitals and spread to other localities, including Ha Noi and Ho Chi Minh city. So far, the source of infection has remained unknown. Yet harsh local measures were applied swiftly. All domestic flights to and from Da Nang were halted to contain the spread of COVID-19 to other regions, and Da Nang started to undergo a 15-day lockdown from 28 July. In this phase, Viet Nam reported the first deaths related to COVID-19, mainly elderly or those with severe underlying diseases. Due to a large number of visitors to Da Nang and to three hospitals in the city, mass testing was applied to detect infected individuals. As of 1 August, Da Nang and Ha Noi conducted 8,247 and 49,000 tests respectively (Nguyen & Vu, 2020). In addition, The Prime Minister called on citizens to use the Bluezone app for keeping track of the infection cases. Mobility restriction was reintroduced to certain COVID-19 hotspots.

This phase also witnessed a change in the government's strategy to contain the pandemic. Unlike the second wave, the government and people coped with the third wave with more calmness and composure. The Prime Minister ordered local leaders to take initiatives under the framework set out earlier by the central government. Accordingly, Da Nang and other localities affected by COVID-19 went into lockdowns while the country sidestepped a total nationwide lockdown, making room to jumpstart the economy, especially Ha Noi and Ho Chi Minh city, which had been hard hit since the second phase.

In September, Viet Nam planned to resume commercial flights to selected destinations; however, only Vietnamese nationals, experts, business managers, foreign investors, and high-tech workers of businesses involved in important projects as provided by the government and their family members could enter Viet Nam. They also had to present a certificate of a negative COVID-19 RT-PCR testing report issued within 3 days before departure and conduct a follow-up RT-PCR test after landing.

As of 7 October, Viet Nam has recorded 1,099 confirmed cases and 35 COVID-19-related deaths (Ministry of Health, 2020).

Picture 1: Viet Nam's COVID-19 infections and deaths



Source: "Vietnamnet", 2020.

Key features of Viet Nam's COVID-19 responses

Resolute Leadership

The resolute leadership is reflected in the very early responses of the government. Upon the news about the unknown virus, Viet Nam immediately launched risk assessments and issued guidance on disease prevention, control, and detection. A national response plan was set up together with a National Steering Committee for Disease Control and Prevention to coordinate actions and communication among stakeholders at all levels.

The government and political elites have also displayed great attention and respect for scientific opinions and recognized the novel virus's imminent threat. Therefore, in the early stages of the COVID-19 pandemic, Viet Nam took the

precautionary initiatives more rapidly and stringently than were recommended by the World Health Organization. At that point, concerns arose about whether the government had overreacted. In response, to quote Dr. Anthony Fauci, a COVID-19 task force member of the U.S. White House, “if it looks like you’re overreacting, you’re probably doing the right thing” (Bump, 2020). Aggressive control measures such as the closure of the border with China, suspension of overseas entry, extensive contact tracing, and zoning COVID-19 infection, helped to promptly detect and isolate suspected COVID-19 cases to prevent community transmission.

The resolute direction of the government to localities with high-level commitments was loud and clear from the start of the pandemic. It bears noting that the government has promoted the war rhetoric in fighting the COVID-19 with the slogan “fighting against the epidemic is like fighting against the enemy” in an attempt to call for the people’s unification and solidarity and also shown a willingness to protect public health at the expense of the economy. Overall, prioritizing people’s lives and romanticizing the struggle have helped a great deal to bolster the legitimacy of the government’s actions and induce popular compliance.

As a nationwide lockdown was looming large, the government acted quickly to control any sudden spikes in essential goods prices, thus effectively stemming price speculation and hoarding. Initially, there were waves of panic buying of essential goods. Notwithstanding, within two days, the government met with suppliers and logistical companies to ascertain the supply chain was not decoupled, thus stabilizing the domestic market and reassuring the public (La et. al, 2020). Comparatively, as observed by La et al. (2020), Viet Nam’s consumer price situation was kept relatively more under control than in other countries.

Transparency

Information disclosure and transparency are also very important factors in Viet Nam’s COVID-19 success. It has learned a hard lesson from China’s dealings with the novel virus. The urge for political stability prompted hardline crackdowns on disclosure of disease information and statistics and those who sounded the alarm about a potential epidemic (Yuan, 2020; Pei, 2020). The Vietnamese government quickly discerned that Chinese-style information control exacerbated rather than alleviated the situation, thus undermining people’s trust in the government’s actions.

Hence, a clear message and warning about the epidemic were issued by the Government even before the first cases were recorded, contributing to the effectiveness of propaganda and communication to the public. During the early stage of the outbreak, rumor had it that the Vietnamese authorities were hiding information about the novel pneumonia-like illness, which stirred public confusion and anxiety (“Dan tri”, 2020). In response, the authorities and mainstream media went to some lengths to dispel the concern by reassuring the public that transparency is the cornerstone in combating the spread of the novel coronavirus. The Ministry of Health affirmed that data and information from four Public Health

Emergency Operation Centers of Viet Nam were directly connected to the Centers for Disease Control and Prevention of the U.S. and, therefore, shared openly with the global database (“ZingNews”, 2020b).

Disease information and statistics were updated daily on official portals and popular media and newspapers. Communication contents include risks of the epidemic, government’s prevention strategies, ways to prevent and self-protect, details of symptoms, testing sites, and hotlines to report health issues. Also, modes of communication are diversified. Websites, hotlines and smartphone apps are set up to update news of the pandemic and medical advice. Other means of propaganda such as loudspeakers, signboards, posters in hospitals, offices, residential blocks and public areas are used to raise public awareness of the pandemic. Viet Nam has effectively taken advantage of the high number of people using mobile phones, access to the Internet, mainstream information channels, and social media in sharing information. The Ministry of Health regularly sends reminder messages to the public. As of 21 March, mobile network operators had sent more than 13 billion propaganda messages about simple precautions such as wearing masks, cleaning hands and physical distancing to mobile subscribers (“Tuyen giao”, 2020). Perhaps, the most impressive communication campaign was the rewriting of the song “Ghen” into “Ghen Co Vy” to encourage hand washing and general hygiene, which later became a phenomenon on social media worldwide.

In addition, the government remained highly cautious of the spread of fake news related to COVID-19 that may cause anxiety among people and make it more difficult to take preventive actions against the coronavirus. Anyone spreading false information on social media to generate likes, news, and shares shall be subjected to fines up to \$1,000 and jail terms up to seven years in the case of causing serious damage. Moreover, the proactive participation of mainstream newspapers helps to limit the spread of fake news. According to Project Syndicate, from 9 January to 15 March, on average, there were 127 articles on the COVID-19 topic published every day on 13 of the most popular websites in Viet Nam (“Tuyen giao”, 2020).

However, transparency seemed to get out of hand as regulations on infected people’s privacy were severely compromised. Identities and itineraries of some patients were inadvertently leaked to the press and public. In mid-March 2020, due to the authority’s negligence, the list of second-tier (F2) COVID-19 cases was shared widely on social media with personal information including names, workplaces, home addresses, mobile numbers, and other information. This seriously affected the lives of those on the list and generated a wave of stigma and discrimination against them. For example, a private hospital in Ha Noi allegedly refused treatment to a pregnant woman because she came from a COVID-19 hotspot (“ZingNews”, 2020b). It was highly problematic since reckless dealings with personal data could cause bewilderment among the public, thus discouraging potential patients from seeking medical help and making credible health declarations. Subsequently, identities and epidemiological history of COVID-19 patients were abbreviated and numerically denoted as Patient No. 1, 2, etc. The disclosure of personal data was taken with greater care.

Central – Local Government Coordination

In some countries, for example Italy, fragmented COVID-19 responses had in part resulted from the decentralization of health, police, and emergency services to local governments in the face of the exponential spread of the virus from one province to another (Rajadhyaksha, 2020).

Meanwhile, leaders in many localities found themselves alone in the struggle without adequate guidance and support from the central or federal level, as happened in New York (U.S.), Rio de Janeiro, and Sao Paulo (Brazil), and Kerala (India). According to Rajadhyaksha (2020) and Cha (2020), West Africa's Ebola outbreak taught us lessons about the critical involvement of community leaders (village chiefs, women and youth leaders) in enforcing rigorous measures. From observations of previous outbreaks, they also conclude that national governments' overarching crisis-response strategies are crucial as they set out guidelines and protocols with which local governments align their course of action.

The case of Hanoi offers a key window into this dynamic. As a main hub into Viet Nam, Hanoi has recorded far more COVID-19 cases than other localities. So far, its success has relied on both reaching downward and upward by strengthening coordination with lower administrative levels and effectively utilizing centralized resources, including the Vietnamese army and specialized units led by healthcare experts (Nguyen & Malesky, 2020). As in the case of patient No. 17, after the news spilled out, the military at the request of the People's Committee of Ha Noi moved swiftly and placed the neighborhood under quarantine.

While the police barricaded the streets and set up stations around the infected area, they also provided daily check-ins, disinfectants, and free food to quarantined locals. Following a protocol drafted by the Ministry of Health in early February, Ha Noi's Health Department called emergency meetings with the heads of hospitals and local health departments within Hanoi for coordination. It requested the six major hospitals to work on scenarios for a possible surge, including plans to increase the capacity of up to 1,000 beds. The Hanoi authorities issued an order extending school closures, by then already shut for a month and due to open in just two days.

In a similar vein, in the face of the third wave, Da Nang city established local task forces and mobilized socio-political organizations and other units, including the military, to enforce quarantine measures. For the first time, the Health Ministry dispatched hundreds of doctors and medical staff from different parts of the country to support Da Nang's struggle against the COVID-19 pandemic. A specialized task force led by Deputy Minister of Health, Nguyen Truong Son, was dispatched to Da Nang to help the local authority detect, quarantine, and treat COVID-19 patients, zone infected areas, and coordinate actions. The city also moved quickly to set up a 500-bed field hospital to ease the local health-care system's burden as three of its medical facilities were under lockdown because of the virus. Doctors mobilized from other cities and provinces, alongside 400 student volunteers, were in charge of managing the hospital and caring for the patients ("VnExpress", 2020d).

Public Participation

The SARS and Ebola experiences show that popular awareness and public responses to a pandemic help mitigate its impact. Public participation mechanisms (resident welfare associations or village development committees) can be mobilized to work with local agencies (Rajadhyaksha, 2020). Religious leaders and trusted and credible third parties play important roles in the local communities, and their support is needed to spread awareness, particularly in remote and vulnerable communities (Ibid).

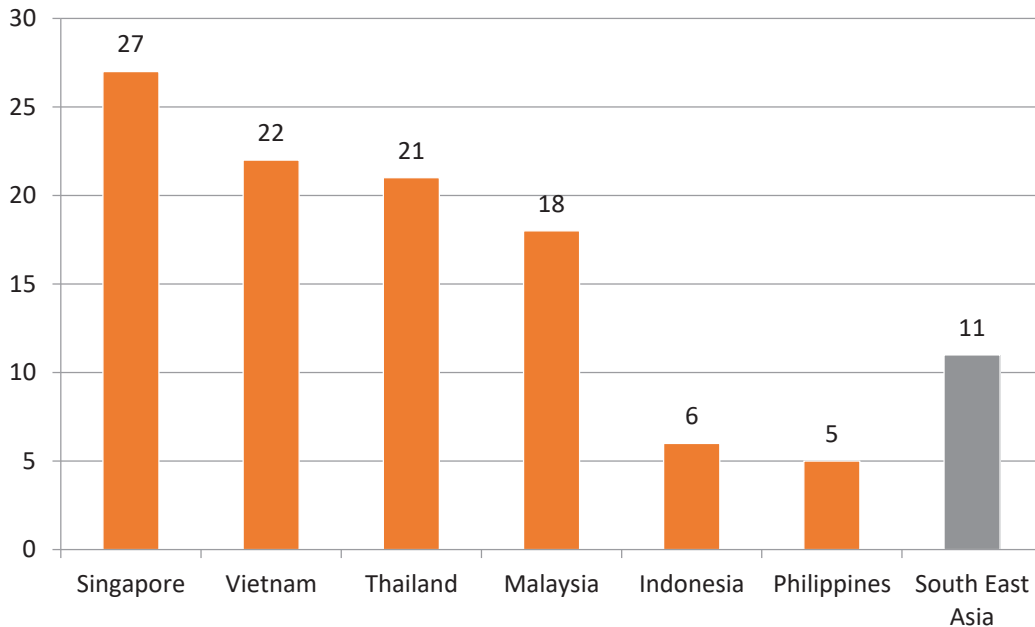
Public participation could be witnessed through various groups' voluntary activities, including those of residential, work-related, and informal groups. Since the first phase, residential groups have played a vital role in disseminating information widely to citizens by means of public announcements, leaflets, posters or banners ("Bao Tai nguyen moi truong", 2020). Many apartment and office buildings took initiatives by regularly checking incomers' temperature, disinfecting areas and setting up self-sanitizing booths and stations to stem the spread of the virus ("Hanoimoi", 2020). Despite business difficulties, many enterprises also went the extra mile to do their share by donating masks, essential goods, cash, or proposing their premises for isolation camps ("EnterNews", 2020). Concerned about the risk disadvantaged people faced while lining up on the street for free food, Hoang Tuan Anh, an entrepreneur in Ho Chi Minh City, invented an automatic machine – called rice ATM – that dispenses rice to students, workers, and the disabled at the touch of a button ("VnExpress", 2020c) .

Besides, socio-political organizations have an important role in mobilizing human resources, launching charitable and voluntary initiatives to support vulnerable people facing the coronavirus. In response to Prime Minister Nguyen Xuan Phuc's call for joint efforts, Viet Nam Fatherland Front founded charity funds and received donations from citizens to help the country cope with the pandemic. The Youth Union also took a proactive role, such as providing free food for lonely elderly people and disadvantaged people in some provinces and disseminating information on preventive measures to local households to heighten popular awareness. In addition, The Viet Nam Women's Union gives essential foods to lonely elderly women in society.

Adequate Preparedness

A part of Viet Nam's COVID-19 lesson can be traced to persevering healthcare preparedness. During the SARS outbreak in 2003–2004, dozens of Vietnamese healthcare workers were infected; apart from the index patient, everyone in Viet Nam who died from SARS was a doctor or a nurse due to poor resources (Reilley et al., 2003). Since then, Viet Nam has made continuous efforts to strengthen its national capacity for infectious disease control by investing in organizational systems, building physical facilities, buying equipment and supplies, and training health workers (Pollack et al., 2020). Between 2000 and 2016, public health spending per capita was increased at an average of 9 percent annually (Teo et al., 2019). As a result, Viet Nam's healthcare capacity has been gradually improved, given its lower economic status in comparison with its South East Asian counterparts (Pic. 2).

Picture 2: Public hospital beds per 10,000 population, 2005–2012



Source: Gaskill & Nguyen, 2015.

In terms of infectious disease threats, Viet Nam has made incremental progress in building up its health response capacity. It was one of the first countries to formally join the Global Health Security Agenda in February 2014 (Centers for Disease Control and Prevention, n.d.). The national emergency operations center was established in 2013, followed by the opening of four regional centers in 2016 (WHO, 2017). An almost real-time, web-based system to collect and aggregate data from public health entities was launched in 2009 (Pollack et al., 2020). Since 2016, all hospitals are required to report notifiable diseases within 24 hours to a central database so as to track epidemiological developments nationwide in real time (Balajee et al., 2017). As of 2019, the software for infectious diseases information management system has been set up in 1,761 communes and wards of 33 provinces and cities (“Dai bieu nhan dan”, 2020). Regarding detection capacity, there are around 900 public health diagnostics and reference laboratories, plus clinical laboratories working on human infectious diseases at different levels of the healthcare system (World Health Organization (WHO), 2017). According to the WHO’s evaluation (2020), Viet Nam was able to develop advanced molecular testing, which is required for COVID-19 detection.

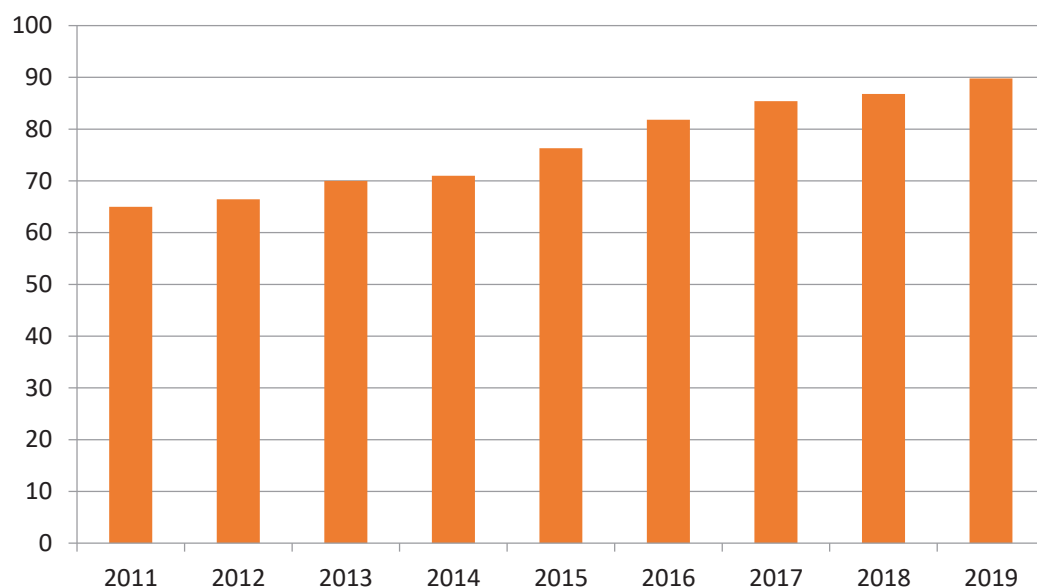
Many donors have also provided strenuous support and assistance in building up Viet Nam’s disease prevention capacity (Le, 2020). The Viet Nam Field Epidemiology Training Programme run by the Ministry of Health’s Department of Preventive Medicine with support from the WHO and the United States Centers for Diseases Control and Prevention since 2007, aims to train skilled staff working at emergency operations centers (WHO, n.d.). Between 2005 and 2014, the World Bank financed

the project “Avian and Human Influenza Control and Preparedness” to enhance national disease surveillance, diagnostic and response capacity (Le, 2020).

Despite patchy leadership at the time, the Ministry of Health and its network of centers of disease control and prevention all over the country have played an instrumental role in the government’s effort to crush COVID-19. In preparation for the COVID-19 pandemic, Viet Nam further strengthened hospital procedures to prevent infection in health care settings. On 19 February 2020, the Ministry of Health issued national Guidelines for Infection Prevention and Control for COVID-19 Acute Respiratory Disease in Healthcare Establishments to provide extensive guidance to hospitals on preventive measures.

Besides, access to health insurance has proliferated over time, now covering 90% of Vietnamese citizens. Healthcare quality has improved steadily, while demands for hospital bribes have witnessed a 10-year low (Nguyen & Malesky, 2020). Coupled with the government’s free-of-charge quarantine policy, free from the worry about – whether formal or informal – costs from COVID-19 tests, mandatory hospitalization, and isolation, Vietnamese citizens are more likely and willing to abide by extensive contact tracing and strict quarantine measures (Nguyen & Malesky, 2020).

Picture 3: The Percentage of Vietnamese citizens with health insurance



Source: Ministry of Health, 2017, 2018; “Nhan dan”, 2019.

It is worth noting that the free-of-charge quarantine policy has been limited to a great extent because the state budget has been under strain. The government has now run a pilot scheme requiring travelers from abroad, whether foreign or Vietnamese, to pay for their quarantine. Several hotels and guesthouses have signed up to the scheme as quarantine places, although the costs are yet to be made public. Recently,

tension mounted around 158 Vietnamese returnees from an airline company as the authorities could not decide unanimously on quarantine expenses, causing confusion and disruption at Tan Son Nhat airport (Ho Chi Minh city) (“Tuoi tre”, 2020a).

Viet Nam’s key legal and policy actions through the COVID-19 period

Emergency Laws

The COVID-19 pandemic in 2020 has put a spotlight on the law of emergency in Viet Nam. In the interest of clarity, the country has never declared a state of public emergency since the COVID-19 pandemic started to break out in Wuhan (China) at the end of 2019. The introduction of harsh measures raised some questions about its legality as human rights were severely restricted, including mandatory health declarations and quarantine, travel restrictions, public gathering bans, and fake news suppression.

The Constitution of 2013 does not detail the state of emergency. The term “emergency” is mentioned seven times in the 2013 Constitution, including two times for limiting property rights and for the State’s acquisition of land, under Article 32(3) and Article 54(4) respectively. Article 70(13) of the Constitution empowers the National Assembly (NA) to prescribe measures in the face of a state of emergency, meanwhile, the NA’s Standing Committee has the authority to proclaim a state of emergency throughout the country or in a particular region. If the Standing Committee cannot convene, the State President may declare a state of emergency nationwide or in a particular locality. The government is responsible for enforcing decisions. The term “emergency” and its procedures nonetheless are anything but well defined (Bui, 2020). It bears noting that while Article 14(2) of the Constitution deals with rights limitations, a clause on the derogation of human rights in a time of public emergency is absent.

In April, according to Art. 38 of the 2007 Law on Prevention and Control of Infectious Diseases, the Prime Minister declared the epidemic of a new coronavirus, which quickly spread from one province to another and seriously affected human life and health. This is different from the declaration of a state of emergency provided under Art. 42 of the 2007 Law. Article 42 clarifies that “when an epidemic rapidly spreads on a wide area, seriously threatening human health and life and the national socio-economic situation, a state of emergency shall be declared.” Meanwhile, as per Art. 38, the Prime Minister will declare epidemics at the request of the Minister of Health for class-A infectious diseases, which quickly spread from one province to another and seriously affect human life and health. Measures applicable in times of an epidemic and epidemic-related emergency resemble those provided under Arts. 46-56. The only notable difference is that while the term “restriction of public gatherings” is used for the case of an epidemic, a state of emergency allows the prohibition of public gatherings in the disease-infected areas, which was in fact resorted to by the authority in phases 2 and 3 of the pandemic. Interestingly, in the eye of the authorities, actions taken to crush the virus were characterized as “pre-emergency measures” (Prime Minister Nguyen Xuan Phuc, March 31, 2020, as cited in A. C. Nguyen, 2020), which were deemed necessary to address an urgent – but not imminent – threat as in the emergency case (Bui, 2020).

Whether the State acknowledged the situation or not, the legal nature of its measures amounted to rights derogations provided under Art. 4 of the International Covenant on Civil and Political Rights. In our view, the situation Viet Nam faced should have been regarded as an “unofficial” or quasi- emergency. In general, those definitions and authorized measures under the 2007 Law on Prevention and Control of Infectious Diseases are unclear in regards to delineating the boundary between the two states. Therefore, the legality of prevention measures is somewhat debatable.

However, we also contend that an overemphasis on legal aspects of the emergency power may fail to appreciate its legitimacy. The existing literature, especially on constitutional liberalism, is often preoccupied with the question of legality, and thus conflates the strands of legality and legitimacy despite its greater theoretical roots (Fatovic & Kleinerman, 2010, 10). In this respect, Fallon (2005) provides an excellent elaboration of the tripartite framework of legal, moral and sociological legitimacy. Notwithstanding the lack of a sound legal basis, the Viet Nam government’s measures were legitimate and authoritative. The extra-legality does not strip away the sociological legitimacy of such measures, as empirical evidence suggested that the State’s actions still garnered broad public support.

In March, Dalia (2020), a Germany-based market research company, conducted an international survey, supposedly the single largest global public research on COVID-19 so far, focusing on people’s perceptions of their governments’ reactions. Between 24–26 March (Phase 1), the firm asked 32,631 people in 45 countries, with at least 500 respondents from each, to think about their government’s reaction to COVID-19 and answer whether they believe the measures taken were “too much or too little.” The results showed that 62 percent of the Vietnamese respondents believed their government was doing the “right amount” to fight the pandemic, the highest percentage among the 45 countries, followed by Argentina (61 percent), Austria (58 percent), Singapore (57 percent), and South Africa (56 percent). In a similar vein, a survey by the British market research and data analytics firm YouGov, which polled people in 26 countries and territories between 5–13 May (Phase 2), found that 97 percent of Vietnamese placed their trust in their government’s handling of the epidemic, and 88 percent believed that the pandemic situation was improving (“VnExpress”, 2020a). Hence, albeit facing a legal challenge, Vietnam’s COVID-19 measures were legitimized by the people and, therefore, by no means deprived of authority.

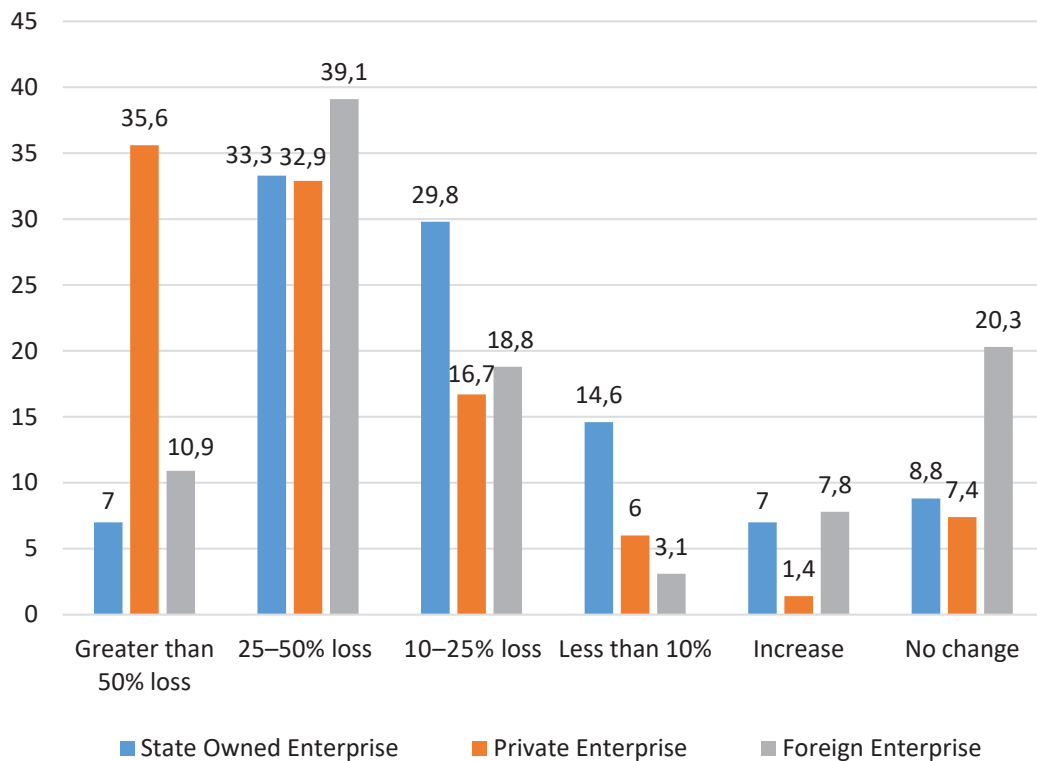
On the other hand, it is unclear why the State has not declared a state of emergency, even though it is their prerogative. There are two possible explanations. First, the situation in Viet Nam was kept under the control of the government. Thus the authority might sincerely believe that it had not amounted to an “emergency” situation under Viet Nam’s laws. Another speculation is that the State was highly wary of the impacts of COVID-19 containing measures on foreign investments. Given the harsh nature of lockdown measures, it would likely disincentivize foreign investors from investing in or even keeping their investments in the country. On top of this, the fleeing of investments resulting from the U.S. – China trade war is conceived as an opportunity for Vietnamese policy-makers to tout itself as a safe haven for foreign investors (Jamrisko, 2019; Reed & Romei, 2019; Lam & Nguyen, 2019).

As a result, a state of emergency would possibly wreak havoc on Viet Nam’s economy and bulldoze the economic achievements made so far. Economic security is instrumental in sustaining the economic growth upon which the State’s legitimacy relies (Pham, 2020). The timing is also critical. The COVID-19 pandemic hit just one year prior to the 13th National Congress of the Communist Party of Viet Nam at the end of 2020. Against that backdrop, any major policies shall be heeded with greater care and attention than usual since it may tip the balance of power in the election. It was a high-risk undertaking for which very few political elites wanted to sign up.

Economic and Social Security Laws and Policies

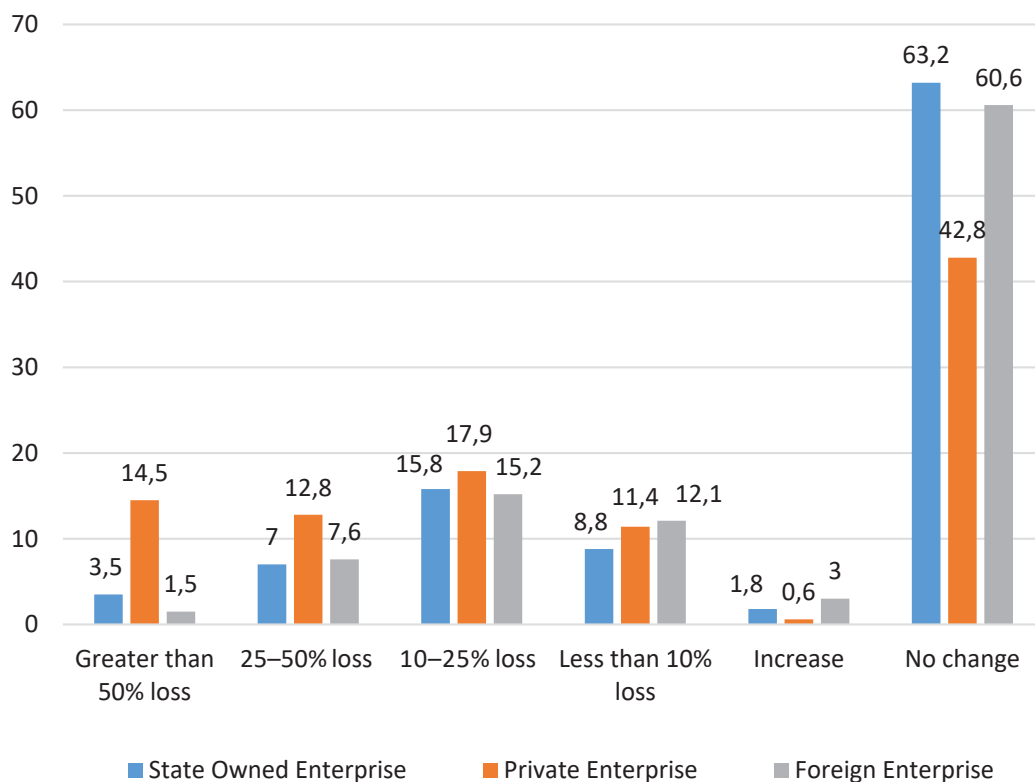
In the current climate, the economy is very much up in the air as a great depression is looming large. Against that backdrop, enterprises are prone to laying off or furloughing workers, worsening the crisis facing Viet Nam and the entire world economy. According to statistics, around 7.8 million workers in Viet Nam have lost their jobs or have been furloughed (Dezan, 2020). Therefore, it is a critical moment for an active role of the government to step in and direct its support to businesses. This is “one stone, two birds” as the government’s support may help businesses weather the COVID-19-induced crisis and retain workers in employment, thus minimizing the shock of a social crisis.

Picture 4: Expected effect of COVID-19 on business turnover for the first quarter of 2020



Source: The Vietnam Chamber of Commerce and Industry (VCCI) Snap Survey, 2020.

**Picture 5: Expected effect of COVID-19
on employment for the first quarter of 2020**



Source: The Vietnam Chamber of Commerce and Industry (VCCI) Snap Survey, 2020.

According to Directive 11/CT-TTg dated 4 March, 2020 of the Prime Minister, the Viet Nam Social Insurance Agency is requested to assume the primary responsibility and coordinate with the concerned agencies in guiding the suspension of payment of social insurance for those who are affected by the COVID-19 pandemic until the end of June or December 2020 without any interest charge for late payment. A guideline drafted by this body is now underway.

Tax relief measures include extensions to due dates for taxpayers to pay value added tax (VAT), individual (personal) income tax, and the amounts owed for land rental if the taxpayers are considered “vulnerable” in light of the coronavirus (COVID-19) pandemic, including 30% reduction of corporate income tax payable in 2020, plus an extension of the timeline for VAT payments; extension of the timeframe for land rental payments; extension of the timeframe for VAT and personal income tax payments of business individuals, groups of business individuals and households. This plan would delay the collection of 7.6 billion US dollars worth of taxes and land rent to help businesses hit by COVID-19 (Dezan, 2020).

On 9 April, the government issued the first relief package under Resolution 42/NQ-CP to help individuals and businesses affected by the COVID-19

pandemic. This relief package is worth about 2.6 billion US dollars, aimed at affected employees and employers, small and medium enterprises, people with meritorious service to the country, poor and low-income households, and social protection beneficiaries (“VnExpress”, 2020b). Those people losing more than 14 days of employment due to the pandemic are entitled to a monthly allowance of 77 US dollars. Part-time workers who are unemployed but have not received unemployment benefits will get a monthly allowance of 43 US dollars. Poor and low-income households would receive about 10.7 US dollars per month while those with a record of meritorious services to the nation would get 21.5 US dollars monthly. Household businesses with revenues below 4,300 US dollars a year that had had their operations suspended from 1 April due to the pandemic would also be supported with 43.3 US dollars per month. For sure, the relief package is far from enough, nonetheless, it aimed to carry people and businesses through the COVID-19 pandemic while awaiting a long-term health solution.

However, it should also be noted that this policy is not easily accessible for the employees and employers as it sets out numerous “unpractical” eligibility criteria (“Nhan dan”, 2020b). The second relief package is underway and expected to address the shortcomings of the first one. It will also extend the coverage to those suffering hardship (e.g., rent payments, raising children under 6).

– *Tourism and Airlines Industry*

Since late March, with virtually no international arrivals, Viet Nam’s tourism industry has become one of the worst victims of the COVID-19 pandemic. Many travel companies witnessed a year-on-year plunge in customer numbers and revenues. However, while the situation is unprecedented, every cloud has a silver lining. After the nationwide lockdown in April, the Ministry of Culture, Sports and Tourism launched the program on “Vietnamese people travel Viet Nam” in a bid to stimulate domestic tourism (“Nhandan”, 2020a; “Chinh phu”, 2020).

The program aimed to popularize tourist destinations and tourist products through communication campaigns to attract domestic tourists. Support packages were also provided. Localities were advised to offer a range of incentives, including ticket exemption or reduction at tourism spots, thus helping to boost the industry in the period of hardship.

Besides, Viet Nam relies heavily on Chinese and South Korean tourists, which accounted for 56 percent of its international arrivals in 2019 (Samuel, 2020). In September, the transport ministry made a proposal to the government on resuming commercial flights from Hanoi and Ho Chi Minh City to mainland China (Guangzhou), Japan, South Korea, and Taiwan from 15 September, and Laos and Cambodia starting 22 September (“VnExpress”, 2020e). Those are Asian countries that have made significant progress in containing the virus. Nevertheless, the proposal has been put on hold since medical authorities are still finalizing the Covid-19 testing and quarantine protocol for individual arrivals (“VnExpress”, 2020f). Yet the prospect for a gradual and vigilant reopening for the aviation industry is within sight.

– *Protection of Vulnerable Groups*

The COVID-19 pandemic has brought about various unexpected consequences. Domestic violence against women and children while social distancing at home seemed hard to reckon and yet turned out to be ubiquitous and rampant (UN Women, 2020; Council of Europe, n.d.; Bradbury, 2020; Evans et al., 2020). Unfortunately, Viet Nam is not an outlander as the country witnessed an increase in domestic violence cases. During the lockdown, UNICEF (2020b) reported that the Peace House Hotline (a shelter run by the Viet Nam Women's Union) and the Sunshine Hotline (as supported by UNFPA in Quang Ninh province in partnership with Korea International Cooperation Agency) received twice as many calls for help on the year-to-year basis.

In tackling these adversaries, the Government of Viet Nam, the Government of Australia and UN agencies (UNFPA, UNICEF, and UN Women) jointly launched a project to address violence against women and children in Viet Nam. The project will support ongoing efforts by the Vietnamese government and civil society organizations to strengthen the national prevention and response mechanisms to address violence against women and children in the context of COVID-19. It aims to raise public awareness among different actors, especially parents, caregivers, children, and adolescents, about the growing risks of violence at home, quarantine centers, and other facilities. Increased support will be delivered for victims of violence in four major localities: Ha Noi, Quang Ninh, Da Nang, and Ho Chi Minh city – the locations most affected by the Covid-19 over the past months. It is expected to ensure survivors have access to integrated and essential services. Innovative approaches will be introduced in communications and service provision considering the exceptional circumstances of COVID-19, in partnership with supermarkets, pharmacies, and hotels.

Further, in March, TikTok in collaboration with the Ministry of Health, the Central Committee of the Viet Nam Fatherland Front, the Viet Nam Digital Media Association and the United Nations Children's Fund (UNICEF), launched the campaign #ONhaVanVui (#StayHomeIsFun), to call on Tiktok users to unite by staying home to prevent the spread of the disease (UNICEF, 2020a). In April, the Department of Child Affairs (Ministry of Labour, Invalids and Social Affairs) and its partners co-organized the campaign "Vui Online – Vui Covid" (To go online happily, to fight Covid-19) to limit children's exposure to cyber threats such as information theft, fake news, cyber fraud, cyber bullying and sexual abuse ("Da Nang Today", 2020).

Regarding the privacy rights of the COVID-19 patients, in response to the Covid-19 pandemic, the announcement of identities and epidemiological history of Covid-19 cases were abbreviated and numerically denoted as Patient No. 1, 2, etc. The Law on Cyber Security 2018 defines the infringement of personal secrets, family secrets and private life in cyberspace (Art. 17.1). The Decree No.15/2020/ND-CP (effective since 15 April 2020) provides for administrative sanctions for posting and sharing fake news, false information, slanderous information offending the honor and dignity of individuals on social media (Art. 101), and sharing, disclosing, or using personal infor-

mation without the owner's agreement (Art. 102). Offenders may face criminal liability in serious cases. According to the 2015 Criminal Code, spreading false information to harm others' honor and dignity is punishable by a fine, community sentence of up to two years, or a penalty of imprisonment from three months to seven years provided the seriousness of the crime (Art. 156). Publicizing private information without the owner's consent resulting in his/her reputational damage carries a punishment of a fine, community sentence, or three months to seven years in prison (Art. 288). As of 14 March 2020, 146 cases of COVID-19 related misinformation were charged with administrative sanctions, whereas no cases of criminal prosecution were reported ("Dang Cong san", 2020).

Environmental Laws

In a bid to ameliorate the airlines industry, the Ministry of Natural Resources and Environment has obtained government approval to cut the jet fuel tax from \$0.13 per liter to \$0.091 ("Thu vien phap luat", 2020). The policy is effective until the end of 2020 and expected to alleviate the aviation industry's burden, which was worst hit by the COVID-19 pandemic. It also costs the State budget \$3.76 million monthly. Budget revenue from environmental protection tax had increased steadily since 2012. In 2012 environmental tax collection for jet fuel was about \$503 million. The figure rose to \$510 million in 2013. In 2019, jet fuel environmental tax collection increased sharply to \$2.7 billion, according to the Ministry. The tax collection ratio to total state budget revenue has increased from over 1% to around 4%. The average revenue of environmental protection tax on jet fuels during the 2015–2019 period was \$126.4 million per year ("Nhiep cau dau tu", 2020).

The Ministry has recently proposed government measures to relieve enterprises from onerous environmental obligations. Its proposal includes a deadline extension for wastewater monitoring, automatic and non-stop waste-gas monitoring systems, and a permit extension for licenses for processing hazardous wastes ("Thu vien phap luat", n.d.). For the time being, it is too early to speak of the environmental impacts of the proposal, but the government should remain wary as this development may induce a "race to the bottom" if transparency and accountability are off the table.

Conclusion

As we have witnessed with the development of the COVID-19 situation in Viet Nam, at first blush, the State enforced harsh measures nationwide to ensure public safety, and the economy came second. In doing so, power was concentrated in the hands of the central government. Evidently, Viet Nam is not an outlier in centralized emergency powers since it often requires resolute and harmonious actions at all levels at a time of crisis.

The entire state apparatus and socio-political organizations synchronized their objectives and uniformly mainstreamed their actions. It is worth noting that the government has promoted the war rhetoric in fighting the COVID-19

with the slogan “fighting epidemics is like fighting against the enemy” to call for public unification and solidarity. It worked out well for the first and second waves.

Nonetheless, as things started to unravel, the State found the nationwide lockdown undesirable since its economic consequences might entail impediments to foreign investments and businesses, and a ballooning unemployment rate, therefore causing an unstable business environment and social unrest in the long run.

As a result, the State decentralized and devolved emergency powers to the localities, where they found a high risk of community infection. This course of action avoided paralyzing the economic engine, including the two main drivers, Ha Noi and Ho Chi Minh city, while each locality was able to enforce prompt and harsh measures to contain the spread of COVID-19 under local conditions. More importantly, the central-local government relationship has been furthered as the central government was strenuous in providing help and resources to the localities where needed.

A point worth noting is the wartime narrative crafted by the State with the slogan “fighting epidemics is like fighting against “the enemy” with the hope to call for the people’s unity and solidarity. As astutely observed by Maya Nguyen (2020):

“The government’s messaging, which has infiltrated citizens’ everyday life via posters, slogans, mass media, and loudspeaker systems, evokes Vietnam’s past military conflicts ... [T]he Vietnamese militarization of COVID-19 messaging is only part of a wider goal to cultivate solidarity and a common identity. It demonstrates the importance of crafting a persistent and coherent narrative, understanding one’s past to shape the present, and using all means available to foster a sense of unity...”

It is not unusual to contemplate Vietnamese streets filled with propaganda-style posters, similar to those circulated in the Viet Nam War. The messaging reminds people of the wartime sentiment which is not very distant in the memory of Vietnamese people given the long war history of the country. The fight against COVID-19 is thus associated with patriotism and communitarianism, where individuals submit to the collective and national interests (Ivic, 2020). Coupled with this persistent and consistent message, tapping into recent painful but heroic memories has helped strengthen a common identity, and therefore induce higher public trust in the State. Resolute leadership, among others, is crucial in explaining Viet Nam’s COVID-19 efforts. However, given its particularity in cultivating solidarity and national identity in the face of a common enemy, it is doubtful if Viet Nam’s approach can be replicated uniformly in other countries.

In response to the pressing needs, Viet Nam has swiftly enacted some key laws and policies to remedy various situations. For the time being, the State’s support has helped businesses weather the COVID-19-induced crisis and retain workers, thus minimizing the shock of a social crisis. Yet Viet Nam is treading a tightrope to accomplish dual objectives, protecting public health and jump-starting the economy, as the novel coronavirus is still present.

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