



*Misinformation, Disinformation, and Vaccine Hesitancy in the Asia Pacific*

# Misinformation, Disinformation, and Vaccine Hesitancy in Vietnam

**Yen Pottinger and Lan Thuong Nguyen**

May 2024

## Abstract

Vietnam's experience with vaccine hesitancy during the COVID-19 pandemic highlights a complex interplay of historical trust in vaccination, rapid policy responses, the emergence of highly transmissible variants, and the pervasive impact of misinformation. Historically, Vietnam has demonstrated robust public health responses, exemplified by its successful handling of previous infectious diseases and high routine immunization coverage rates. The country's healthcare system has been significantly strengthened following the 1986 "Doi Moi" socioeconomic reforms, which paved the way for improvements in healthcare access and infrastructure. Despite these advances, the COVID-19 pandemic presented unique challenges. Initially, Vietnam experienced low levels of vaccine hesitancy, thanks to a well-established trust in vaccines stemming from the successful implementation of the National Expanded Program on Immunization established in 1981, resulting in a sharp decrease in vaccine-preventable diseases. However, the COVID-19 pandemic saw a rise in skepticism, driven by misinformation and disinformation, particularly through widespread internet and social media use. During this period, nearly 79% of the population was online, with a significant majority actively engaging on social media platforms, where misinformation thrived. The government's response was multipronged, involving stringent legal and punitive measures against misinformation, partnership with tech companies to flag false information, and extensive public education campaigns. These efforts were conducted across various media, emphasizing the safety and efficacy of vaccines through trusted public figures and healthcare professionals. Nevertheless, challenges persisted during high-stress periods, such as the Delta variant outbreak, when public trust wavered due to perceived lapses in transparency and communication. This summary underscores the necessity of continuous public education, robust data transparency, and the leveraging of digital platforms to counteract misinformation effectively, ensuring public trust and compliance with health policies during health crises.

## Public Health and Vaccine Hesitancy in Vietnam

Vietnam is a socialist, lower-middle-income country in Southeast Asia with a population of approximately 99 million at the end of 2023. The upward trajectory of Vietnam's development success after the war ended in 1975 was based on economic, educational, and political reforms that began in 1986 after years of economic struggle following reunification between North and South Vietnam. These reforms, dubbed by the Vietnamese Communist Party as "Doi Moi," meaning "innovation" or "renewal," transitioned Vietnam from a centrally planned economy toward a socialist-oriented market economy. The key components of these reforms were economic liberalization, agricultural reforms, trade and foreign investment, and state-owned enterprise reform. These reforms transformed Vietnam's economy from one of the poorest in the world to one with sustained economic growth, poverty reduction, and

---

Yen Pottinger, Ph.D., is a Senior Fellow at the Center for Asia-Pacific Resilience and Innovation (CAPRI).

Lan Thuong Nguyen is a Ph.D. candidate in Asia-Pacific Studies at National Chengchi University, Taipei, Taiwan.

increased international integration. The Doi Moi reforms also had a major impact on the public health system in Vietnam. They resulted in increased funding to improve healthcare infrastructure and personnel training, expand the healthcare workforce, and enhance health service delivery. Further, the health sector was decentralized, allowing for more local decisions and increased healthcare access, especially in rural areas in underserved communities.<sup>1</sup>

With increased access to healthcare and the goal of achieving universal health coverage, Vietnam introduced Social Health Insurance (SHI) in 2008 to ensure all citizens have access to basic medical services without facing financial hardship. SHI is mandatory for all citizens and is primarily financed through contributions from employees, employers, the government, and user fees.<sup>2</sup> The government subsidizes the premium for certain populations, such as people living in poverty, ethnic minorities, children under six, and other vulnerable groups, thus ensuring an inclusive and equitable system. Community and primary healthcare services are delivered through a combination of government-run and private health facilities, community health workers, and preventive health programs.<sup>3</sup> Commune health stations are the cornerstone of primary healthcare delivery in Vietnam. These facilities, located in each commune (the smallest administrative unit), provide basic healthcare services, including preventive care, health education, maternal and child health services, immunizations, treatment, and prevention of common illnesses.<sup>4</sup> Efforts have also been focused on public health initiatives, including vaccination programs, infectious disease control, and health education campaigns, contributing to significant improvements in public health indicators. These indicators include life expectancy, which rose from 65 years in 1980 to 74 years in 2024, and infant mortality rates, which dropped from 44 to 15 deaths per 1000 live births in the same period.<sup>5</sup> Maternal mortality rates have also dropped from over 200 per 100,000 births in the 1980s to below 46 in 2020.<sup>6</sup> Further, the vaccination rate for diphtheria, tetanus toxoid, and pertussis (DTP3, third dose), a marker for overall vaccination, rose from a mere 4% in 1983 to 91% in 2022.<sup>7</sup> The evolution of Vietnam's public health system reflects a strong governmental commitment to health as a priority, alongside international support and cooperation. These efforts have positioned Vietnam as a notable example of a developing country successfully improving its public health system amid political and socioeconomic challenges.<sup>8</sup>

Vaccines were introduced in Vietnam during French colonial rule to combat then-prevalent infectious diseases, such as smallpox. Vietnam currently has a well-established National Expanded Program on Immunization (EPI), launched in 1981, which provides routine immunizations to children across the country to protect them against common vaccine-preventable diseases. Immunization services are typically delivered through a network of health facilities, including commune health stations and outreach activities, to ensure vaccine coverage. The EPI has expanded its scope and coverage. It initially focused on six core diseases: tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus, and measles. Over the years, it has grown to include 11 vaccines against additional diseases, such as hepatitis B, Japanese encephalitis, and *Haemophilus influenzae* type b.<sup>9</sup> The coverage rates for essential childhood vaccines typically exceed 90%, which is among the highest in the region and indicative of the country's effective immunization program and robust public health infrastructure. With support from international organizations such as the World Health Organization (WHO) and UNICEF, the high immunization coverage in Vietnam can be attributed to comprehensive vaccination campaigns, efficient healthcare delivery, extensive public health education, and the integration of immunization services into the broader healthcare system. Despite these successes, the government continues to work on addressing gaps and ensuring that vaccination services reach remote and underserved populations, reflecting a continuous effort to sustain and improve immunization rates across the country.

Before the COVID-19 pandemic, Vietnam had lower levels of vaccine hesitancy than many other countries in the region due to strong public trust in vaccines, as demonstrated by the high levels of vaccination coverage in the EPI program.<sup>10</sup> However, instances of skepticism and reluctance toward vaccination have occurred, often fueled by isolated incidents of adverse reactions to vaccines or misinformation on social media. For example, in 2013, there was a temporary dip in vaccine confidence following media reports of adverse events associated in children with the Quinvaxem vaccine (a pentavalent diphtheria, tetanus, pertussis, hepatitis B, and *Haemophilus influenzae* type b vaccine), leading to a temporary 5-month suspension of its use and a drop in vaccine coverage from approximately

97% in 2012 to about 59% in 2013. The government and health authorities responded with investigations in collaboration with WHO and UNICEF, retraining healthcare workers, public reassurance on the safety of the vaccine, and enhanced communication strategies to restore public trust, resulting in a rebounding vaccine coverage of 95% by 2014.<sup>11</sup> Overall, the Vietnamese government's proactive approach to addressing these concerns, along with ongoing public health education and the visible benefits of vaccination programs, have generally kept vaccine hesitancy at relatively low levels before the COVID-19 pandemic.

As of April 2022, Vietnam had achieved a remarkable COVID-19 vaccination rate, with a reported 100% of adults receiving two doses and 96.3% of children aged 12–17 also receiving two doses, despite early challenges of vaccine shortages; this translates to nearly 198.3 million doses administered in the first year.<sup>12</sup> At present, Vietnam has administered more than 266.5 million vaccine doses total and is one of the countries with the highest COVID-19 vaccine coverage rate in the world. This rapid and widespread vaccination rollout was part of Vietnam's robust response to the COVID-19 pandemic, demonstrating the country's commitment to public health and safety and the desire to return to normalcy quickly. The vaccination campaign was unprecedented in scale and speed, highlighting the effectiveness of Vietnam's one-party system in implementing health policies to manage the crisis.<sup>13</sup> Research conducted by Ho Chi Minh City University of Medicine and Pharmacy and medical centers nationwide indicated widespread vaccination acceptance across diverse demographics, including educators, students, pregnant women, and the general populace.<sup>14</sup>

Notably, this achievement was attained amid global vaccine scarcity, prompting proactive efforts by the Ministry of Health, under the guidance of the Party and Government, to secure vaccine imports from various sources and expedite domestic research and production. Vietnam manufactures several vaccines for domestic use and export to regional countries, including DPT and seasonal flu vaccines. While local biotech firms quickly developed and tested their own vaccines, none were ultimately approved for use. Local biotech firm VABIOTECH licensed the Sputnik V COVID-19 vaccine from Russia and began local production in July 2021.

## Misinformation, Disinformation, and the Media Environment in Vaccine Hesitancy

Of the 99 million people in Vietnam, nearly 79 million are internet users, with 79% internet penetration across the country.<sup>15</sup> Approximately 73% of the population (approximately 72.7 million people) actively use social media platforms, and 168.5 million cellular mobile connections are active, equating to roughly 170% of the total population.<sup>16</sup> This high rate of engagement with social media and other online platforms reflects the significant role these outlets play in communication and information dissemination within the country.

People across Vietnam access health information through various channels and platforms, including traditional media, such as state-controlled television, radio, newspapers, and magazines. These traditional media outlets often feature health-related content, including news reports, educational programs, and public service announcements. Digital platforms have become quite popular for obtaining health information. Social media platforms, such as Facebook (73 million users), YouTube (63 million users), TikTok (68 million users), and Zalo, a domestically developed messaging application (81 million users), serve as important channels for sharing news, health tips, and personal experiences. During the COVID-19 pandemic, the government leveraged both traditional and digital media channels extensively to disseminate press releases, official statements, public announcements, health policies and campaigns, and other relevant information, emphasizing the use of official websites and social media platforms to ensure wide and efficient reach.<sup>17</sup> In an online national survey from March 27 to July 19, 2021, respondents' most common source of information was reported to be television (76.3%); social media (76.0%), particularly Facebook and Zalo; and online newspapers (75.2%, see Appendix 1).<sup>18</sup> The Ministry of Health's official Zalo account sent out approximately 3.5 billion messages about the

pandemic to people in 2020, providing key pandemic information, prevention guidelines, vaccination information, and other developments.<sup>19</sup>

Disinformation and misinformation about COVID-19 disease and vaccines spread rampantly across social media platforms, websites, online forums and blogs, and messaging apps as well as word of mouth. Misinformation in Vietnam, like elsewhere, originated from multiple sources, including individuals, organizations, foreign actors, the government itself, and automated bots. The motivations behind the spread of misinformation and disinformation varied from financial gain, ideological beliefs, manipulation or control, political agendas, ignorance or misunderstanding, or malicious intent. The rapid exchange of information online posed challenges in monitoring and controlling content accuracy. The Vietnamese government responded by (1) implementing strict legal actions against the spread of misinformation, which included fines and arrests for those spreading false information that could incite public panic or undermine public health efforts; (2) enforcing cybersecurity laws to monitor and control the spread of false information online; (3) partnering with tech companies to quickly identify and remove misinformation, including flagging or deleting false posts and promoting official content more prominently; and (4) launching public education campaigns in multiple languages about COVID-19, its impacts, preventive measures, and the benefits of vaccination, which were disseminated through the state-controlled media and online platforms. These efforts resulted in a 97% approval rating by those polled between May and July 2020 on how the government was handling the public health crisis. However, the ratings dropped during the Delta variant outbreak and the subsequent vaccine rollout phase in mid-2021.<sup>20</sup> Further, public criticism online outpaced public support online from August to September 2021, when the number of COVID-19 cases and deaths peaked and lockdowns were strictly enforced. These numbers recovered during vaccine rollout when national unity was extremely high due to an effective government vaccine campaign promising that any COVID-19 vaccine taken by every citizen would mean a return to normalcy, which was preferable to indefinite strict lockdowns, and ultimately, reduced COVID-19 cases and deaths.<sup>21</sup>

Public trust in Vietnam's government during the pandemic depended on various factors, including religion, workplace, gender, age, education, and health communication, and was influenced by government communication.<sup>22</sup> A study published in October 2021 reported a significant positive correlation between accessible, trustworthy communication and public trust in the Vietnamese government as well as between public trust and policy compliance.<sup>23</sup> However, as has been well documented in other countries,<sup>24</sup> when public support was low due to slow vaccine procurement, lack of financial transparency, slow distribution of aid packages, lack of access to food due to quarantines and prolonged lockdowns, questions of corruption, the pandemic's impacts, and resurfacing of political tensions between the north and south as a war holdover, the government's policies were less able to influence health behaviors.<sup>25</sup>

Vaccine hesitancy in Vietnam was influenced by various types of disinformation and misinformation, encompassing medical, scientific, political, religious, and technological myths. Among the most challenging myths to dispel were those questioning vaccine safety and efficacy, often compounded by broader conspiratorial narratives, such as those linking vaccines to adverse health effects or government control. Overcoming these misconceptions required a multipronged approach by the government to reach and educate the public effectively. In Vietnamese society, healthcare professionals and government health authorities are among the most trusted sources of health information and are often relied upon to deliver accurate and reliable health information.<sup>26</sup> These figures were pivotal in combating misinformation by providing credible, evidence-based information. Additionally, efforts to combat these challenges include targeted communication strategies that address specific myths and concerns, leveraging trusted voices in the community, and employing a mix of traditional and digital media to reach different segments of the population.

## Government Vaccine Communication During the COVID-19 Pandemic

With the emergence of a novel pandemic and global uncertainty on health policies and procedures to implement, Vietnam responded quickly with a whole-government approach.<sup>27</sup> At the start of the pandemic, Vietnam was seen to be in a very vulnerable position given its long border and extensive economic trade with China, densely populated urban areas, and limited healthcare infrastructure.<sup>28</sup> However, within 3 weeks of China officially reporting the first cases of SARS-CoV-2 to the WHO in late December 2019, the Ministry of Health issued guidance on outbreak prevention and detection. By the end of January 2020, Vietnam had issued its National Response Plan and established a National Steering Committee for Epidemic Prevention and Control alongside subordinate communication committees.<sup>29</sup> These committees were overseen by the Minister of Information and Communications, as outlined in Decision No. 170, issued on January 30, 2020, the same day the WHO declared COVID-19 a Public Health Emergency of International Concern. At the local level, each administrative locality formed its epidemic prevention steering committee. These actions were critical to coordinate communications at all levels of government and to communicate messages with one unified voice.

In general, the legal and regulatory frameworks in Vietnam strictly govern the dissemination of health information, with specific guidelines and measures aimed at ensuring the accuracy and reliability of health-related content. The Ministry of Health and other government agencies establish guidelines and standards for health reporting, advertising, and communication. Communication protocols dictated that information be relayed to governmental leadership first, with the Communications Committee providing daily briefings to the standing government and steering committees and further disseminating reports to members of the Party Central Committee, chairpersons of People's Committees, and provincial and municipal health department directors. Epidemic-related news was exclusively channeled through official media platforms, with clear communication protocols delineated for each stage of the epidemic response. The Communications Department took proactive measures to combat misinformation and established an official Zalo group for chief editors. These efforts resulted in a uniform message to the public and gained high public trust at the outset of the pandemic.

Vietnam employed several types of media campaigns during the COVID-19 vaccination drive, each designed to communicate key messages effectively across different segments of the population. The primary focus was on promoting the safety and efficacy of vaccines, urging the public to get vaccinated, and combating misinformation. There were many types of media campaigns and messages, including (1) TV and radio ads to reach older populations, which featured healthcare professionals, celebrities, and government officials who endorsed the vaccines and provided factual information about their safety and efficacy; (2) social media campaigns that included posts that tackled common myths and concerns about the vaccines, short videos, live question and answer sessions with doctors, and other outreach by influencers to engage younger populations; (3) public service announcements that were broadcast across all media platforms that provided vaccination schedules, explained the vaccination process, and reassured the public about the vaccines' safety through testimonials from those who had already been vaccinated; (4) interactive webinars and virtual town halls that allowed experts to interact directly with the public, providing platforms for people to ask questions and get immediate, credible responses which helped in build trust and clarified any misinformation directly; and finally (5) banners, billboards, and ads in public transport systems were used to remind people to get vaccinated, emphasizing the message that vaccination is a civic duty to protect oneself, the community and for the nation as a whole to overcome the pandemic. Appendix 2 summarizes the main channels, frequency, and content and theme analysis of official communications from 2020–2021.<sup>30</sup>

These vaccination campaigns focused on the urgency to get vaccinated and the safety and efficacy of the vaccines by reiterating the rigorous testing and approval processes that they underwent and how effective they were at preventing serious diseases. Further, these messages centered on social solidarity and the role of the individual in protecting the wider community, especially the vulnerable population, through mass vaccination, along with the need to continue to comply with all recommended health measures to prevent infection.<sup>31</sup> At the heart of Vietnamese society are the social core values of

Confucianism, such as collectivism, respect for older adults, respect for authority, and social harmony.<sup>32</sup> The messaging from the government leaned into these societal values, along with socialist values and strategies, in their push for vaccination and compliance with public health measures, including lockdowns and quarantines.<sup>33</sup>

In one example, the Ministry of Health, in collaboration with the Meta Group on Facebook, conducted the "Get Vaccinated - Have Faith" campaign in late 2021 amid the Delta wave. This campaign aimed to garner societal support for COVID-19 vaccination to build community immunity and resume normalcy.<sup>34</sup> It disseminated essential information about the pandemic and vaccines through online discussions and instructional videos, complemented by the release of the song "Vaccinate - Keep the Faith." With nearly 100 million individuals reached and 28 million views on Facebook, the initiative spurred significant public engagement, particularly in discussions about vaccination for women and children. Additionally, partnerships with the WHO, UNICEF, and the Australian Government facilitated the "Happy Mid-Autumn Festival and Safe Back-to-School" campaign, prioritizing vaccine information dissemination for parents of children aged 5–17 through infographics on Facebook and provincial health department websites.<sup>35</sup> As part of the ongoing effort, following the "5K" campaign (Figure 1), the Ministry launched the "2K + vaccine + medicine + treatment + technology + people's awareness" campaign, emphasizing public vigilance amidst declining COVID-19 cases and the need for additional vaccine doses, especially for children.<sup>36</sup>

**Figure 1.** 5K Message and Vaccination to Safely Coexist with COVID-19 in Vietnam.<sup>37</sup>



With the rise in misinformation and disinformation, the government responded by addressing specific myths and false claims about vaccines, such as side effects or conspiracy theories, with facts as quickly as possible. For example, The Ho Chi Minh City Centers for Disease Control and Prevention (HCDC) published on their website "Rumors and Truth: Common Misunderstandings During the COVID-19 Pandemic" to help educate the public.<sup>38</sup> Figure 2 presents an infographic from the website, which seeks to bust the rumor that garlic prevents COVID-19 infection. Such campaigns were tailored to be culturally relevant and linguistically diverse, ensuring that the messages were accessible to all ethnic and social

groups within Vietnam. The strategic use of mixed media ensured comprehensive coverage throughout Vietnam. The COVID-19 vaccination campaign, which began on March 8, 2021, starting with healthcare workers, resulted in one of the highest overall rates of vaccination in the region.

**Figure 2.** An infographic on the HCDC website seeks to dispel the myth about the role of garlic in COVID-19 prevention. The left panel (pink) says, “Rumor: Eating a lot of garlic prevents COVID-19.” The right panel says, “Truth: Eating garlic does NOT prevent COVID-19.”<sup>39</sup>



With the pandemic evolving, the government’s message also evolved as new information emerged, vaccine availability changed, and the pandemic situation developed. As the vaccination rate for the primary doses increased to cover the majority of the population, the messages began to focus on the importance of booster doses to maintain immunity against emerging variants. With vaccine hesitancy becoming more apparent, the government intensified efforts to address specific concerns, falsehoods, and conspiracies, particularly those circulating on social media and among certain demographic groups. The government adapted the messaging throughout the pandemic to stay responsive to the evolving scientific landscape and public sentiment in an effort to maintain public trust and encourage widespread vaccine uptake.

The public reaction to Vietnam’s media campaigns for COVID-19 vaccination—normal life would return and the draconian lockdowns could finally be lifted if everyone got vaccinated—was generally positive. Initial skepticism about Chinese- and Russian-made vaccines was tackled by the message that “the best vaccine is the first one you have.”<sup>40</sup> Many people in Vietnam responded positively by registering and participating in the vaccination program, but the country continued to face challenges with vaccine hesitancy and skepticism, particularly concerning vaccine safety and side effects. This resulted in media campaigns continuously addressing these issues to maintain public confidence. When there were lapses in transparent communication, public trust dropped. For instance, during the Delta variant surge in mid-2021, the daily reports began downplaying or excluding the number of new cases, hospitalizations, and deaths; consequently, public trust dropped dramatically, and conspiracy theories of government coverup became rampant online.<sup>41</sup> While overall public trust was positive, demographic groups, such as younger people, who are often more exposed to misinformation online, were more skeptical of the government’s claims. The government attempted to combat this through media campaigns targeting these demographic groups (Figure 3).

**Figure 3.** Examples of government outreach to the Hmong ethnic group (left) and pregnant women regarding COVID-19 vaccination (center and right).



## Identifying Ways Forward: Learnings, Best Practices, and Policy Recommendations

Considering the context of Vietnam and its response to the COVID-19 pandemic, the following policy recommendations are proposed to enhance vaccine uptake and preparedness for future public health emergencies. Many of these recommendations could be easily applied to other countries during the next pandemic, given the commonality of the shortcomings seen globally during the COVID-19 pandemic.

1. **Strengthen Surveillance and Data Systems and Data Transparency:** Strengthen existing data collection and surveillance systems for tracking vaccine distribution, uptake, and efficacy and ensure transparent communication on the data collected. Real-time scientific data provided through daily briefings, state-controlled media, and social media platforms will help increase public education, maintain engagement, and build public trust, which often leads to informed and compliant public decision-making.
2. **Enhance Digital Literacy:** Invest in long-term digital literacy programs that target different demographics, including minority groups, and all languages spoken in Vietnam to help the public better differentiate between credible and false information online. This is crucial as misinformation often spreads faster through digital channels.
3. **Expand Community Engagement and Engage Trusted Public Figures for Effective Communication:** Work closely with community leaders, organizations (i.e., nongovernmental organizations, private sector, and international health organizations), and trusted public figures (i.e., healthcare workers, politicians, and celebrities) to tailor messaging that resonates with specific groups, ensuring cultural sensitivity and addressing local concerns directly, thereby enhancing message acceptance.
4. **Leverage Technology for Personalized Communication:** Use artificial intelligence–based tools and data analytics to deliver personalized vaccine information and real-time notifications through apps and SMS based on individuals’ health status and location while prioritizing the protection of individual privacy and health data.
5. **Strengthen Pandemic Preparedness:** Use lessons learned from the COVID-19 response to update national pandemic preparedness plans, including strategies for rapid vaccine

development, approval, and distribution in the event of future pandemics. Additionally, have a national stockpile of essential medical supplies available required for diagnostic testing and vaccine rollout and strengthen the public health infrastructure, including cold chain logistics, healthcare facilities, and trained personnel.

6. **Feedback Mechanisms:** Implement robust feedback mechanisms that allow the public to voice concerns and questions about vaccines and receive timely responses. Allowing this two-way communication can help address vaccine hesitancy effectively and combat misinformation or disinformation quickly.

In conclusion, Vietnam's experiences, both good and bad, during the COVID-19 pandemic offer valuable lessons for handling future health crises, such as the importance of adapting communication strategies in real time to address misinformation and maintain public trust. For future pandemics, it is especially critical to incorporate learnings about the role of digital communication in shaping public behavior and the need for timely and transparent information dissemination. Strengthening these strategies and incorporating these recommendations will better equip Vietnam to manage public health responses and maintain high compliance with health measures during upcoming challenges.

## Appendix 1. Main sources of information during the COVID-19 pandemic

Sources of information	Frequency	Percent
Television	962	76.3
Social media	958	76.0
Online newspapers	947	75.2
National portals (Government and MOH)	838	66.5
Government text message	724	57.5
Radio	286	22.7
Word of mouth	236	18.7
Print newspapers	123	9.8
Key opinion leaders	68	5.4
Others	23	1.8

Source: An online national survey of 1260 respondents from March 27 to July 19, 2021.<sup>42</sup>

## Appendix 2. Main channels, frequency, and content and theme analysis of official communications from 2020–2021<sup>43</sup>

Platform/channel	From	Frequency	Tone of voice/mood	Format	Content/themes
Government Portal	<a href="http://www.chinhphu.vn">www.chinhphu.vn</a> , <a href="http://www.gov.vn">www.gov.vn</a> , <a href="https://baochinhphu.vn">https://baochinhphu.vn</a> , <a href="http://media.chinhphu.vn">http://media.chinhphu.vn</a>	Daily	Factual, reassuring, strict	Text, some visual (infographic)	Updates on outbreak, prevention, warrants, endorsement of local government
Ministry of Health Portal	<a href="https://moh.gov.vn/">https://moh.gov.vn/</a> , <a href="https://ncov.moh.gov.vn/">https://ncov.moh.gov.vn/</a> , <a href="http://vncdc.gov.vn/">http://vncdc.gov.vn/</a> , <a href="https://ncov.ehealth.gov.vn/">https://ncov.ehealth.gov.vn/</a>	Daily	Factual, reassuring, strict	Text, some visual (infographic)	Updates on outbreak, prevention, warrants, endorsement of local government
State-influenced media	<a href="https://tuoitre.vn/">https://tuoitre.vn/</a> , <a href="https://thanhnien.vn/">https://thanhnien.vn/</a> , <a href="https://vnexpress.net/">https://vnexpress.net/</a> , <a href="https://vietnamnet.vn/">https://vietnamnet.vn/</a> , etc	Daily	Factual, reassuring	Text, some visual	Repeats news (sometimes verbatim) from Government Portal: updates on outbreak, prevention, warrants, endorsement of local government
SMS/ Text message	Ministry of Health	Every 2–3 days, timely to address developments	Factual, reassuring, strict	Text, some with links	Prevention, clarifying/dispelling rumors, warn against fake news, threaten if non-compliance, shared responsibility, endorsement of local government
	Ministry of Information and Communications	Timely to address scam, encourage donation	Reassuring	Text, some with links	Shared responsibility (donation), warn population against scams
Facebook	Government Information <a href="https://www.facebook.com/thongtinchinhphu">https://www.facebook.com/thongtinchinhphu</a>	As needed	Factual, reassuring	Text, some with links, some visual (infographic)	Repeats (usually verbatim) from Government Portal
	Current Affairs VTV <a href="https://www.facebook.com/thoisuvtv/">https://www.facebook.com/thoisuvtv/</a>	Several times/day	Factual, reassuring	Short videos, text	Repeats content from VTV news (National TV). Prevention, rules, FAQ, shared responsibility, war rhetoric
TikTok	Ministry of Health's TikTok account (@boytevietnam)	Several times/day	Fun, engaging	Mainly videos from users and celebrities	Campaign #ONhaVanVui (#StayHomelsFun)  Campaign #GhenCoVy (#VuDieuRuaTay #HandWashingDance)  Users share moments at home, dance challenge, etc  Winner aired on TV. KOL's song about "Why aren't you home yet?"
YouTube	Ministry of Health's YouTube account (BộYtê)	Several times/day	Fun, engaging	Mainly videos from users and celebrities	KOL's song about "Ghen Co Vy" ("Jealous Coronavirus"). Viral video "Hand Washing Dance"
Zalo (Vietnamese social media app)	Official Government Account	several times/day	Factual, reassuring	Text, links, Visual (photos)	Repeats (usually verbatim) from Government Portal
Government Apps	NCovi; Vietnam Health Declaration; SUCKHOE Vietnam	as needed	Factual, reassuring	Visual, some text	Medical health declaration, updates on outbreak, prevention, etc
Billboard & Outdoor	Outdoor, nationwide. High penetration in rural	n/a	Engaging	Visual with call to action	Depict desired behavior, shared responsibility  Call to action

## Endnotes

---

- <sup>1</sup> Nguyen K. Quan, and Andrew W. Taylor-Robinson, "Vietnam's Evolving Healthcare System: Notable Successes and Significant Challenges," *Cureus* 15, no. 6 (2023): e40414.
- <sup>2</sup> Quynh Ngoc Le et al., "The Evolution of Social Health Insurance in Vietnam and its Role Towards Achieving Universal Health Coverage," *Health Policy Open* 1 (2020): 100011; Nguyen X. Thanh et al., "'Socialization of Health Care' in Vietnam: What Is It and What Are Its Pros and Cons?" *Value Health Reg Issues* 3 (2014): 24–6.
- <sup>3</sup> Tran Thi Mai Oanh, N.K. Phuong, and Khuong Anh Tuan, "Sustainability and Resilience in the Vietnamese Health System," *The London School of Economics and Political Science; Partnership for Health System Sustainability and Resilience* (2021).
- <sup>4</sup> Quan and Taylor-Robinson, "Vietnam's Evolving Healthcare System"; Tsung-Mei Cheng, "Vietnam's Health Care System Emphasizes Prevention and Pursues Universal Coverage," *Health Affairs* 33, no. 11 (2014): 2057–63.
- <sup>5</sup> "Vietnam Infant Mortality Rate 1950-2024," Macrotrends, accessed May 3, 2024, <https://www.macrotrends.net/global-metrics/countries/VNM/vietnam/infant-mortality-rate>.
- <sup>6</sup> "Maternal Mortality Ratio (Modeled Estimate, Per 100,000 Live Births) - Viet Nam," World Bank Open Data, accessed May 3, 2024, <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=VN>.
- <sup>7</sup> "Vaccination and Immunization Statistics," UNICEF DATA, accessed May 3, 2024, <https://data.unicef.org/topic/child-health/immunization/#data>.
- <sup>8</sup> Quan and Taylor-Robinson, "Vietnam's Evolving Healthcare System"
- <sup>9</sup> Trung Dac Nguyen et al., "Coverage of the Expanded Program on Immunization in Vietnam: Results From 2 Cluster Surveys and Routine Reports," *Human Vaccines & Immunotherapeutics* 11, no. 6 (May 13, 2015): 1526–33, <https://doi.org/10.1080/21645515.2015.1032487>.
- <sup>10</sup> Cuc Thi Thu Nguyen et al., "Immunization in Vietnam," *Annali di Igiene Medicina Preventiva e di Comunità* 31, no. 3 (2019): 291–305.
- <sup>11</sup> Duong Thi Hong, "Hepatitis B Prevention in Vietnam," Viral Hepatitis Prevention Board, July 2018, [https://www.vhpb.org/files/html/Meetings\\_and\\_publications/Presentations/HANVIE.pdf](https://www.vhpb.org/files/html/Meetings_and_publications/Presentations/HANVIE.pdf); UNICEF DATA, "Vaccination and Immunization Statistics."
- <sup>12</sup> Linh Phuong Doan et al., "The COVID-19 Endemic in Vietnam: Contextual Considerations and Implications," *Frontiers in Public Health* 11 (2023).
- <sup>13</sup> Linh Phuong Doan et al., "The COVID-19 Endemic in Vietnam"
- <sup>14</sup> Luong Tran et al., "Behavioural and Social Drivers of COVID-19 Vaccination in Vietnam: a Scoping Review," *BMJ Open* 13, no. 12 (2023): e081134.
- <sup>15</sup> Simon Kemp, "Digital 2024: Vietnam," *Datareportal* (2024), <https://datareportal.com/reports/digital-2024-vietnam>.
- <sup>16</sup> Simon Kemp, "Digital 2024: Vietnam."

- <sup>17</sup> Oanh et al., "Sustainability and Resilience."
- <sup>18</sup> Van Thanh Vu, "Public Trust in Government and Compliance with Policy during COVID-19 Pandemic: Empirical Evidence from Vietnam," *Public Organization Review* 21, no. 4 (2021): 779–96; Van Thanh Vu, "Author Correction: Public Trust in Government and Compliance with Policy during the COVID-19 Pandemic: Empirical Evidence from Vietnam," *Public Organization Review* 22, no. 2 (2022): 489–90.
- <sup>19</sup> Y. Yen, "Zalo của Bộ Y tế gửi hơn 3,5 tỷ thông báo về Covid-19 đến người dân [Zalo of the Ministry of Health Sent More than 3.5 Billion Notifications About Covid-19 to People]," *Nhan Dan [People Daily]* (July 7, 2020), available from: <https://nhandan.com.vn/thong-tin-so/zalo-cua-bo-y-te-gui-hon-3-5-ty-thong-bao-ve-covid-19-den-nguoi-dan-607756/>;
- <sup>20</sup> Dien Nguyen An Luong, "Restoring Public Trust in Vietnam's Pandemic Response: A Bumpy Road Ahead," *ISEAS Perspective* 151, no. 2021 (2021).
- <sup>21</sup> Luong, "Restoring Public Trust"; Hai Phan Thanh et al., "Vaccine Confidence and Attitudes Towards COVID-19 Vaccination in Early Stage of the Pandemic in Vietnam: A Cross-Sectional Study," *Tạp chí Y tế Công cộng* 8 (December 30, 2022), <https://doi.org/10.53522/ytcc.vol8.01>.
- <sup>22</sup> Vu, "Public Trust in Government"; Vu, "Author Correction: Public Trust in Government".
- <sup>23</sup> Vu, "Public Trust in Government"; Vu, "Author Correction: Public Trust in Government".
- <sup>24</sup> Bipin Adhikari, Phaik Yeong Cheah, and Lorenz von Seidlein, "Trust Is the Common Denominator for COVID-19 Vaccine Acceptance: A Literature Review," *Vaccine: X*, September 2022, 100213, <https://doi.org/10.1016/j.jvaxc.2022.100213>.
- <sup>25</sup> Mekong Development Research Institute and United Nations Development Programme, "Citizens' Opinions of and Experiences with Government Responses to COVID-19 Pandemic in Viet Nam: Findings from Round 2 phone-based survey, 2021," Ha Noi, Viet Nam, January 2022, [https://papi.org.vn/wp-content/uploads/2021/06/VietNam\\_COVID-19Governance\\_Round2Report\\_ENG\\_FinalReport.pdf](https://papi.org.vn/wp-content/uploads/2021/06/VietNam_COVID-19Governance_Round2Report_ENG_FinalReport.pdf).
- <sup>26</sup> Luong Tran et al., "Behavioural and social drivers."
- <sup>27</sup> Minh Cuong Duong, Hong Trang Nguyen, and Mai Duong, "Evaluating COVID-19 Vaccine Hesitancy: A Qualitative Study from Vietnam," *Diabetes Metabolic Syndrome* 16, no. 1 (2022): 102363.
- <sup>28</sup> Era Dabla-Norris, Anne-Marie Gulde-Wolf, and Francois Painchaud, "Vietnam's Success in Containing COVID-19 Offers Roadmap for Other Developing Countries," *International Monetary Fund News* (2020), <https://www.imf.org/en/News/Articles/2020/06/29/na062920-vietnams-success-in-containing-covid19-offers-roadmap-for-other-developing-countries>.
- <sup>29</sup> Dabla-Norris, Gulde-Wolf, and Painchaud, "Vietnam's Success in Containing COVID-19."
- <sup>30</sup> Le Thanh Tam et al., "Receptivity of Governmental Communication and Its Effectiveness During COVID-19 Pandemic Emergency in Vietnam: A Qualitative Study," *Global Journal of Flexible Systems Management* 22, S1 (May 10, 2021): 45–64, <https://doi.org/10.1007/s40171-021-00269-7>.
- <sup>31</sup> Sanja Ivic, "Vietnam's Response to the COVID-19 Outbreak," *Asian Bioethics Review* 12, no. 3 (2020): 341–7.
- <sup>32</sup> Thang Dinh Thuong, Philip Hallinger, and Kabini Sanga, "Confucian Values and School Leadership in Vietnam: Exploring the Influence of Culture on Principal Decision Making," *Educational Management Administration & Leadership* 45, no.1 (2017): 77–100.

- <sup>33</sup> An Hoai Duong, and Ernoiz Antriyandarti, "The Willingness to get Vaccinated Against SARS-CoV-2 Virus among Southeast Asian Countries: Does the Vaccine Brand Matter?" *Applied Research in Quality Life* 18, no. 2 (2023): 765–93.
- <sup>34</sup> "Hiệu quả và kinh nghiệm từ các chiến dịch truyền thông tiêm vaccine phòng COVID-19" [Effectiveness and experience from COVID-19 vaccination communication campaigns.] Central Propaganda Committee, November 17, 2022, <https://tuyengiao.vn/hieu-qua-va-kinh-nghiem-tu-cac-chien-dich-truyen-thong-tiem-vaccine-phong-covid-19-146383>.
- <sup>35</sup> "Phát động Chiến dịch truyền thông tiêm vắc xin phòng COVID-19 ‘Vui Trung thu và tựu trường an toàn’" [Launching the COVID-19 vaccination communication campaign "Happy Mid-Autumn Festival and a safe return to school."] VNDCDC, August 30, 2022, <https://vncdc.gov.vn/phat-dong-chien-dich-truyen-thong-tiem-vac-xin-phong-covid-19-vui-trung-thu-va-tuu-truong-an-toan-nd17251.html>.
- <sup>36</sup> "Phát động chiến dịch truyền thông phòng, chống dịch COVID-19 trong tình hình mới ‘Vì một Việt Nam vững vàng và khỏe mạnh’" [Launching a communication campaign to prevent and control the COVID-19 epidemic in the new situation "For a strong and healthy Vietnam".] Ministry of Health, September 13, 2022, [https://moh.gov.vn/tin-noi-bat/-/asset\\_publisher/3Yst7YhbkA5j/content/phat-ong-chien-dich-truyen-thong-phong-chong-dich-covid-19-trong-tinh-hinh-moi-vi-mot-viet-nam-vung-vang-va-khoe-manh-](https://moh.gov.vn/tin-noi-bat/-/asset_publisher/3Yst7YhbkA5j/content/phat-ong-chien-dich-truyen-thong-phong-chong-dich-covid-19-trong-tinh-hinh-moi-vi-mot-viet-nam-vung-vang-va-khoe-manh-).
- <sup>37</sup> Duong and Antriyandarti, "The Willingness to get Vaccinated."
- <sup>38</sup> Tuyet Nga, Le Van, and Nhat Tien, "Rumors and Truth: Common Misunderstandings During the COVID-19 Pandemic," *HCDC*, <https://hcdc.vn/hoidap/index/chitiet/6fef0e5e032616f80fd2a8d197ae5b8c>.
- <sup>39</sup> Nga, Van, and Tien, "Rumors and Truth."
- <sup>40</sup> Luong, "Restoring Public Trust."
- <sup>41</sup> Luong, "Restoring Public Trust."
- <sup>42</sup> Y. Yen, "Zalo of the Ministry of Health."
- <sup>43</sup> Le Thanh Tam et al., "Receptivity of Governmental Communication."