

Appendix 1. The Vietnamese government-led COVID-19 control strategies against the WHO's recommendations

WHO recommendations^a	Vietnam's actions^a
<p>1. Coordination of national and sub-national responses</p> <ul style="list-style-type: none"> ● Activation of a multidisciplinary national coordination cell or incident management structure, engagement of relevant ministries such as health, foreign affairs, finance, education, transport, travel and tourism, public works, water and sanitation, environment, social protection and agriculture; ● Establishment of rapid response teams; ● Development of operational plans to address COVID-19 with a whole-of-society and whole-of-government approach ● Involvement of the civil society organization; ● Responses that disproportionately affect women and girls. <p>Limitation:</p> <ul style="list-style-type: none"> ● The sub-national coordination and the national response plan seemed to be overlooked at the early stage of the COVID-19 outbreak. 	<p>Actions in line with WHO</p> <ul style="list-style-type: none"> ● Establishment of a steering committee to coordinate the national and subnational government responses; ● Establishment of 47 national rapid response teams (RRT), two RRTs per province or city and one RRT per district; ● Stipulations of directives and regulations at the national and sub-national levels; ● Development of the national response plan with a whole-society approach; ● Establishment of provincial and district steering committees; ● The involvement of the social society organization. <p>Limitation:</p> <ul style="list-style-type: none"> ● Limited measures to navigate the impact of any measures taken for specific vulnerable groups, such as girls and women. <p>Beyond WHO's recommendation</p> <ul style="list-style-type: none"> ● The national and sub-national steering committees and the national response plan were set up in an early manner, right after the COVID-19 outbreak in China and the two first cases identified in Vietnam.
<p>2. Engagement and mobilization</p> <ul style="list-style-type: none"> ● Risk communication accurate information on risks, what is still unknown, what is being done to find answers, what actions are being taken by health authorities 	<p>Action in line with WHO</p> <ul style="list-style-type: none"> ● Provision of COVID-19 related information and situation through national television channels and the radio on daily basis;

<p>and what actions people can take to protect themselves;</p> <ul style="list-style-type: none"> ● Engagement of all affected and at-risk populations through participatory two-way communication efforts proactively, regularly and transparently; ● Ensuring the most vulnerable have a choice. 	<ul style="list-style-type: none"> ● The people in the role of a solution with a slogan “every citizen is a soldier”; ● Engagement with private sectors to respond to COVID-19; ● Massive and transparent information about COVID-19; ● Financial support package for the most vulnerable groups due to COVID-19 such as the poor and freelancers.
<p>1. Find, test, isolate and care for cases and quarantine contacts to control transmission</p> <ul style="list-style-type: none"> ● Capacity building to identify suspected cases of COVID-19 in the general population quickly based on the onset of signs or symptoms; ● Use information technology such as mobile applications for individuals to self-report; ● All suspected cases are tested against COVID-19; ● All confirmed cases are appropriately cared and isolated; ● All close contacts of confirmed cases and suspected cases are quickly identified and quarantined for 14 days; ● Active case finding in the communities, health facilities and points of entry; ● Implementation of infection prevention and control at points of entry and health facilities. ● Border management <ul style="list-style-type: none"> - No personal protection equipment is required for healthy people and staff who do not contract directly with patients; 	<p>Actions in line with WHO: The government employs similar measures against COVID-19.</p> <p>Contextualized public health measures:</p> <ul style="list-style-type: none"> ● Surveillance: early detection, isolation, contact tracing, and quarantine rather than massive testing. Established rapid response teams (RRT) at the national and local levels; ● Use information technology such as mobile applications for individuals to self-report; ● Curfews, domestic travel restrictions and national and regional lockdown; ● Border management: <ul style="list-style-type: none"> - Compulsory face mask-wearing at PoE and health facilities; - Recommended or compulsory facemask wearing for healthy people at public places up to COVID-19 situations; - International human travel restriction and ban; - Deploy additional military forces to safeguard points of entry; <p>Beyond WHO’s recommendations:</p> <ul style="list-style-type: none"> ● Restrictive contact tracing and lockdown: that if a case is

<p>- Against international travel restriction.</p> <ul style="list-style-type: none"> Wearing a mask is not recommended for healthy people and non-suggestive COVID-19 symptoms. <p>Limitation:</p> <ul style="list-style-type: none"> People infected with COVID-19 can be asymptomatic and can transmit the virus to the community. If a quick test against COVID-19 is not available, at least a facemask should be worn by entrees and visitors at PoE, health facility and crowded places. 	<p>identified a quarter, a village, a building, or a block of the building will be subjected to lockdown. All close contact of cases and suspected cases (F1) and the second line of close contacts of F1 are monitored either at centralized quarantine and home-based quarantine;</p> <ul style="list-style-type: none"> Facemask wearing is mandated for the public during the peak time of COVID-19 community transmission; Travel restriction is a key measure against COVID-19.
<p>4. Provide clinical care and maintain essential health services to reduce mortality</p> <ul style="list-style-type: none"> Continuation of primary health care services is essential; The use of technological solutions such as telemedicine to monitor patients and remote consultations; The establishment of effective patient flow (through screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels. 	<p>Actions in line with WHO:</p> <ul style="list-style-type: none"> An application of telemedicine and remote health consultation; Vietnam postponed non-prioritized health services such as physiotherapy, immunization and health screening during the peak time of the epidemic; Remain fundamental health services during the COVID-19 epidemic; Effective application of infection prevention and control and classification of patient flows at health facilities at all levels.
<p>5. Adapt strategies based on risk, capacity and vulnerability</p> <ul style="list-style-type: none"> Each country implements the four aforementioned strategies based on its capacity and vulnerabilities (COVID-19 scope, intensity and prevalence); Every country must put in place public health measures; 	<p>Actions in line with WHO:</p> <ul style="list-style-type: none"> Adaptive health network to prevent COVID-19; Strengthening preventative system and measures in the communities, health facilities and points of entry; Priority to COVID-19 controls outweighs the economy.

<ul style="list-style-type: none">• If community transmission occurs, exceptional measures will need to be taken to suppress transmission.	
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Notes:

Abbreviations: WHO, World Health Organization; PoE, Points of Entry; RRT, Rapid Response Teams; ^a Information is either extracted from COVID-19 Strategy Update released on April 14, 2020, or the 2019 novel coronavirus (2019-nCoV): Strategic Preparedness and Response Plan released on February 3, 2020. WHO may change its views after April 14, 2020, this table provides information up to this point of time for both WHO’s recommendations and Vietnamese government strategies. Vietnam, however, did not change its approach methods from the beginning of the COVID-19 outbreak up to June 30, 2020.