

COUNTRY BRIEF

Future Demand for Care in VIETNAM

February 2026



ABOUT THE COUNTRY BRIEF

This country brief is derived from the report *“Future Demand for Care in Indonesia, the Philippines & Vietnam”* published in October 2025 through a collaborative effort among teams in Indonesia, the Philippines, and Vietnam, led by the Global Institute for Women’s Leadership (GIWL) at the Australian National University. In Indonesia, the study was conducted by the SMERU Research Institute; in the Philippines, by the Philippine Institute for Development Studies (PIDS); and in Vietnam, by the Mekong Development Research Institute (MDRI).

The study was carried out in partnership with Investing in Women, an initiative of the Australian Government through the Department of Foreign Affairs and Trade. The views expressed in this publication are the authors’ alone and are not necessarily the views of the Australian Government. The Australian Government neither endorses the views in this publication nor vouches for the accuracy or completeness of the information contained within the publication.

Cover photos sourced from Adobe Stock, except for photo of caregiving training which is courtesy of Vietnam Chamber of Commerce and Industry – Ho Chi Minh Regional Branch.

Key Messages

Demographic, social and economic shifts will put growing pressure on traditional family-based care.



Demographic shifts, such as longer life expectancy, increasing disability prevalence, declining fertility rates, and migration, as well as evolving care norms will outpace traditional family-based care.

By 2050, one in five people in Vietnam will be 65 years old or older. On top of rapid ageing, disability related to age functional decline will increase, and internal migration will leave behind a growing number of older adults in rural regions.

The declining stigma around institutional aged care in Vietnam is expected to drive strong growth in long-term and specialised services for older adults. This shift is driven by work pressures for both men and women limiting family-based care, growing loneliness among older adults at home, and rising recognition of the value of professional support

A gender lens reveals care's impact on women's economic equality.



Demand for formal care will accelerate over the next 25 years, presenting both challenges and opportunities for women's economic equality.

Vietnam boasts a women's labour force participation rate of 69% in 2023, the highest among the three countries studied, with most women remaining in the workforce even during their childbearing years.

Despite ongoing progress, societal expectations that women serve as primary caregivers persist, and many continue to work in informal or insecure jobs. Expanding paid care services is essential to enable women to meet caregiving expectations while pursuing stable employment.

Rapidly rising care demand is prompting government and private sector action.



Investments in home- and community-based care will reduce dependence on informal and unpaid care, which disproportionately falls on women, and expand their economic opportunities.

In recent years, the Vietnam Government has developed separate action plans targeting specific population groups to address the care economy, including the National Program of Action on Older Persons, National Strategy for Protection, Care, and Improvement of People's Health by 2030, and the National Action Program to Support Persons with Disability 2021-2030.



Despite lacking an integrated care economy framework, Vietnam leads in employment-related care policies related to statutory leave provisions - offering the longest duration of paid maternity leave among the three countries studied and the most generous carers' leave provision.

Public and private investments can transform care systems in ways that promote gender equality.



In order to meet changing care demands, there needs to be coordinated policy and community efforts to shift gender norms and redistribute paid and unpaid care responsibilities for all genders.



As care needs expand, private providers are already increasing their presence through diverse service models—from nursing homes and daycare centres, to paid in-home caregivers, as well as innovative digital solutions.

Introduction

By 2050, one in five people in Vietnam will be aged 65 or older. The country's rapidly ageing population and rising economic pressures reinforce the importance of individualised, professional care at home, in communities and service facilities.

Disability prevalence related to ageing will increase, as will the number of isolated older adults as young people migrate to urban areas in pursuit of economic opportunities. These shifts, along with gradually declining stigma around institutional aged care, will substantially increase demand for long-term and specialised care for older adults. Higher rate of early diagnosis in children is also contributing to higher demand for care support. The Government of Vietnam has developed separate action plans targeting specific population groups – including older people, children and persons with disability, to address the care economy. Despite lacking an integrated care economy framework, Vietnam leads in employment-related care policies related to statutory leave provisions, such as paid parental and carers' leave for childcare. The country has also built a large network of services for older people promoting self-care and home-based social care.

Understanding future care demand is crucial for guiding strategic investments in the care economy. In 2025, the Global Institute for Women's Leadership (GIWL), in partnership with Investing in Women (IW), an initiative of the Australian Government, published the report, *The Future Demand for Care in Indonesia, the Philippines, and Vietnam*.¹ Focusing on three domains of care – childcare, care for older people, and care for persons with disabilities, the research emphasises how public and private sector investments can adopt a gender-transformative approach by:

- Addressing care needs effectively
- Promoting gender equality
- Avoiding reinforcement of existing gender inequalities

Drawing from the report, this brief discusses how future demand for care is likely to shift over the next 25 years, with a focus on Vietnam.

A gender lens reveals how care challenges and opportunities affect different genders.



Planning for future care demand through a gender lens supports women's economic equality.

- Globally, unpaid care work keeps approximately 708 million women out of the labour market.²
- On average, women perform two and a half times more unpaid care work than men.³



Increasing women's economic participation also delivers significant macroeconomic benefits.

- Raising women's labour force participation rate by just 5.9 percentage points could boost GDP by up to 8% in emerging and developing economies.⁴
- Closing care policy gaps and expanding care services, could generate nearly 300 million jobs by 2035;⁵ approximately 70 to 90% of these jobs would benefit women.⁶

¹ See *Future Demand for Care in Indonesia, the Philippines & Vietnam - Investing In Women*.

² ILO, Unpaid Care Work Prevents 708 Million Women from Participating in the Labour Market, October 29, 2024, <https://www.ilo.org/resource/news/unpaid-care-work-prevents-708-million-women-participating-labour-market>

³ UN Women, Redistribute Unpaid Work, n.d., accessed August 18, 2025, <https://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work>

⁴ Antoinette M. Sayeh et al., "Countries That Close Gender Gaps See Substantial Growth Returns," IMF, September 27, 2023, <https://www.imf.org/en/Blogs/Articles/2023/09/27/countries-that-close-gendergaps-see-substantial-growth-returns>

⁵ International Labour Organization, Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work (International Labour Office, n.d.)

⁶ UN Women, Investing in Free Universal Childcare in Sub-Saharan Africa: Côte D'Ivoire, Nigeria, Rwanda, Senegal and The United Republic of Tanzania: Estimating Spending Requirements, Gendered Employment Effects and Fiscal Revenue (United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), 2021)

Research Design and Methodology

Multi-country Research Consortium

GIWL led a research consortium with the SMERU Research Institute in Indonesia, Philippine Institute for Development Studies in the Philippines, and Mekong Development Research Institute in Vietnam.



Research questions were grouped into seven key themes:

1. Demographic, social, and economic **transitions**
2. **Views on care** and links to transitions
3. **Demand for care** and its links to transitions
4. **Expectations from institutions** on care support
5. **Institutional response** to demand for care support
6. Changing demand for care and **women's economic equality**
7. **Implications** for government and private sector

Intersectional Gender Lens

The conceptual framework applied an **intersectional gender lens**, examining how factors like race, ethnicity, sexuality, and class intersect with gender and shape each other, rather than treating them as separate hierarchies.⁷ The study used a mixed-methods approach, drawing on qualitative and quantitative data collected between October 2024 and August 2025 from 335 participants through interviews, focus groups, and validation workshops. Findings were triangulated with national and international statistics and policy documents.

Framework to Address Unpaid and Paid Care

Drawing from the UN Women toolkit on paid and unpaid care and supplementary approaches,⁸ the research focused on inequalities in care work through attention to **6Rs**:⁹



Recognition aims to make unpaid care work visible and valued as a significant contributor to the economy and society.



Reduction focuses on lessening the burden and time-consuming nature of unpaid care tasks, primarily shouldered by women.



Redistribution involves the equitable sharing of care responsibilities between women and men, between households and the state, and between public and private sectors.



Reward addresses paid care work, advocating for decent wages, fair working conditions, and social protection to reflect the sector's value.



Representation ensures that care workers have a voice in shaping their profession through, for example, formalisation, collective bargaining, and freedom of association.



Resilience is about building care systems that can adapt to and withstand major crises, such as pandemics or climate change.

⁷ Patricia Hill Collins, "It's All In the Family: Intersections of Gender, Race, and Nation," *Hypatia* 13, no. 3 (1998): 62–82, <https://doi.org/10.1111/j.1527-2001.1998.tb01370.x>; Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* 43, no. 6 (1991): 1241, <https://doi.org/10.2307/1229039>.

⁸ UN Women, "A Toolkit on Paid and Unpaid Care Work: From 3rs to 5rs," 2022.

⁹ Expanded from the International Labor Organization's *5R Framework for Decent Care Work* to include resilience.

Key Demographic, Social & Economic Transitions

Several key trends consistently emerged across Indonesia, the Philippines and Vietnam, which reflect both structural shifts and evolving societal expectations around care responsibilities. Trends consistently point to changes in future demand for care around quantity, quality and complexity.

By 2050,
1 in 5
People in
Vietnam will
be aged 65 or
older.



28%
of people aged 65
and above **report**
having a
disability.



CHANGING POPULATION STRUCTURE

The increasing proportion of older people in the population, the majority of whom are women, and higher rates of older people living alone who require support with daily activities increase the demand for care.

Vietnam is rapidly ageing, with projections indicating that one in five people will be aged 65 or older by 2050. This is expected to substantially increase future demand for care – particularly long-term care for older adults.

INCREASING DISABILITY PREVALENCE

Disability incidence due to age-related functional decline, as well as higher rates of early diagnosis in children, is contributing to higher demand for care support. The need for flexible, needs-based services, assistive technologies, and a skilled care workforce that supports autonomy and social recognition will grow substantially.

Disability prevalence linked to ageing is particularly stark in Vietnam with 28% of those aged 65 and above reporting a disability, compared to only 8.1% in Indonesia and 8.7% in the Philippines.

MIGRATION

Young people migrating from rural to urban areas for economic opportunity are disrupting traditional family-based care models. This demographic shift has contributed to a rising proportion of older people living alone.

In 2019, the proportion of older people in Vietnam living alone or only with their spouse had reached 14.1%.

GENDER NORMS AROUND CARE

Care remains largely the responsibility of women. Women bear a disproportionate share of unpaid care and make up the majority of low-paid, poorly protected domestic workers. Across all countries in the study, caregiving practices are strongly shaped by cultural norms and expectations.

UN projections suggest a gradual shift, where women will spend relatively less time on unpaid care and domestic work in the future.¹⁰ However, this change is projected to remain particularly limited in Vietnam with only a 1% decrease, accounted partly by the fact that women in Vietnam already spend fewer hours on unpaid care and domestic work than women in

¹⁰ Taylor Hanna et al., Forecasting Time Spent in Unpaid Care and Domestic Work (UN Women, 2023), <https://data.unwomen.org/publications/forecasting-time-spent-unpaid-care-and-domestic-work>.



In Vietnam, most women remain in the workforce even during childbearing years, indicating stronger labour attachment and greater normalisation of women's economic participation.

Despite boasting a

69%

women's labour force participation rate in 2023, informal and precarious employment remains widespread among working women in Vietnam.



Indonesia and the Philippines, reflecting their higher labour market participation.

However, younger generations show shifts in attitudes and behaviours towards more equal sharing of childcare & adult care responsibilities between partners.¹¹

LABOUR MARKET TRENDS AND POLICIES

Rising rates of women's education and labour market demand is likely to drive greater need for paid care services, especially childcare, as women enter the labour force.

In Vietnam, most women remain in the workforce even during their childbearing years, indicating a stronger labour market attachment across all educational backgrounds and a greater normalisation of women's economic participation. Vietnam is focusing on increasing women's representation in leadership roles according to the Resolution No. 28/NQ-CP to promulgate the National Strategy on Gender Equality for 2021-2030.

Despite boasting the highest labour force participation by women among the three countries, informal and precarious employment is widespread among working women in Vietnam.¹² This reflects that when expectations persist for women to remain primary caregivers without a corresponding expansion of paid care options, women may increasingly turn to non-standard forms of employment that allow them to balance caregiving responsibilities – often at the cost of job security, benefits, and career advancement.

GROWING MIDDLE CLASS

The substantial middle-class population has more disposable income that increases their demand for and ability to afford high-quality paid care solutions.

Vietnam reported a 7% annual GDP growth rate in 2024.¹³ The share of middle-class households in Vietnam grew from below 50% in 2010 to 70% by 2016, with around 1.5 million individuals joining the middle class annually since 2014.^{14,15}

CLIMATE CHANGE

Climate-related disasters disrupt care infrastructure and disproportionately affect vulnerable groups, further straining care systems. Women, who already shoulder a disproportionate share of unpaid care work, face even greater responsibilities during and after such disasters. Further, climate shocks frequently force households to redirect spending toward immediate recovery needs, placing further strain on disposable income that might otherwise be used for care-related expenses.

¹¹ Companion study on Social Norms, Attitudes, and Practices (SNAP) by GIWL in partnership with IW, to be published in February 2026.

¹² Institute of Labour Science (ILSSA) and Social Affairs, Research Report: Informal Employment in Viet Nam through a Gender Lens (ILO, 2024).

¹³ Figures for annual GDP growth are from the World Bank, <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG>.

¹⁴ According to Albert (2024), a middle-income class household with five members in the Philippines would have a monthly income ranging approximately PHP 25,000 to 145,000.

¹⁵ Jose Ramon G. Albert, The Middle Class in the Philippines: Growing but Vulnerable, ISEAS Perspective no. 102 (2024), https://www.iseas.edu.sg/wp-content/uploads/2024/11/ISEAS_Perspective_2024_102.pdf

GOVERNMENT ASPIRATIONS FOR GROWTH

Governments display aspirations for social and economic growth. These strategies, which press for population and/or economic growth, belie a need to future-proof and ensure that adequate care will be available, should these aspirations be realised.

These shifts interact with and reinforce one another, often straining traditional family-based caregiving arrangements. Under the status quo, women's economic equality remains un- or under-supported, as unpaid care burdens continue to disproportionately fall on women.

Views and Demands for Care and Their Links to Transition

Caregiving responsibilities continue to fall primarily on women, who are expected to take care of children, grandchildren, aging spouses, parents, in-laws, and persons with disability.

Cost of living concerns are necessitating dual incomes in households, leading to the redistribution of care responsibilities, such as increased involvement of men or outsourcing. This redistribution is driven by economic necessity, rather than a deliberate effort to support women's workforce participation.

Demand is increasing for a holistic care approach across all life stages – children, older people, people with disabilities.



Children — Expectations are shifting beyond basic access to early childhood services towards high-quality early education. Demand is not limited to high-income households.



Older people — Care needs are expanding beyond physical health to include mental health and social engagement.



Persons with disability — Care must support personal development, autonomy, and inclusion.

Although the majority of older adults in Vietnam prefer to age at home, stigma around institutional aged care is gradually declining in Vietnam driven by several interrelated factors:

1. **Rising work and economic pressures** on both women and men have made exclusive family caregiving for older adults less feasible;
2. Increasing reports of loneliness among older adults living at home highlight the **need for settings that offer companionship and social interaction**; and,
3. Greater **recognition of the value of professional care**, particularly for older people with chronic or complex health needs, has reinforced the importance of **individualised, professional support available in residential aged care facilities**.



Institutional Response to Demand for Care Support

Across Indonesia, the Philippines and Vietnam, there is evidence of current and growing responses in the form of policy frameworks, employer-related care policies, service provision, care training provision, and the development of innovative services. Having an integrated roadmap or national framework for the care economy is essential to support the development of a sustainable, equitable and inclusive care ecosystem.



Government of Vietnam has developed separate action plans targeting specific population groups. These include the National Program of Action on Older Persons for the 2021-2030 period, the National Action Program to Support Persons with Disability 2021-2030, Master Plan on the Improvement of the Quality of Preschool Education in Urban Areas and Industrial Zones for the 2025-2035 period, with orientation toward 2045 program, and the National Strategy for Protection, Care, and Improvement of People’s Health by 2030 with a vision towards 2045.

Governments are **establishing regulatory frameworks** to support the care economy and encouraging greater private sector engagement to enhance service coverage, quality, and sustainability.

Given strong preferences for home-based care for childcare, aged care, and care for persons with disability, the private sector plays a leading role in providing these services, mainly through digital platforms that connect families with trained caregivers.

Provision of care training and certification is key to enhancing the care economy; in Vietnam, training for older people care is largely driven by private sector initiatives.

Aside from direct provision, the private sector is also in the best position to **drive innovations in care systems**, such as through startups developing digital solutions (e.g. telehealth, app-based home care services).

HOW STAKEHOLDERS ARE RESPONDING TO THE CHANGING CARE DEMANDS:

GOVERNMENT

- Policies to offer incentives to encourage businesses to implement care programs (e.g. tax deductions, subsidies)
 - Government provision of subsidies to increase the affordability of formal care
 - Setting policies, programs, and standards to ensure quality of care
-

EMPLOYERS

- **Parental and carer's leave policies** can encourage sharing of caregiving
 - Employer-supported **flexible work arrangements** hold potential to help workers balance work and care responsibilities
 - Direct provision of **on-site facilities** or other supplementation for childcare
-

PRIVATE SECTOR PROVIDERS

- Strong preference for home-based care is driving growth in private sector care worker services
 - Start-ups are developing innovative services that expand the broader care ecosystem. Examples include:
 1. Services to help public and private sector organisations recruit people with disabilities and provides training to enhance their employability.
 2. Apps to support older people's physical, mental, and emotional well-being
-

INTERNATIONAL ORGANISATIONS

- Providing technical assistance for policy frameworks and guidelines
 - Funding research, and piloting or scaling innovative care solutions in collaboration with civil society and non-profit organizations.
-

EXAMPLES OF HOW VIETNAM IS RESPONDING TO FUTURE DEMAND FOR CARE

Leveraging the role of the private sector in care provision

Governments have key levers at their disposal to encourage private sector participation in the care economy, such as tax incentives; subsidising land acquisition; and simplifying licensing, permit, and zoning requirements. Land-related support was particularly emphasised during the validation workshop as being a significant enabler for expanding older adult care services in Vietnam and represents a key opportunity for reform.

Investing in care alternatives, including flexible, home-based and community-based care

The Intergenerational Self-Help Clubs (ISHC) is an example of a community-based care model for older people's care that could be adapted to other national contexts.

Other initiatives that support homebased alternatives to institutional care also represent a valuable opportunity for private sector innovation and investment.

Promoting equitable care norms

Vietnam's revised Law on Social Insurance (2024) marks progress in expanding coverage, including access to early retirement savings. As demographic changes, including population ageing and youth migration, reduce reliance on familial care, individuals must be supported to plan for their own ageing.

KEY ENABLERS AND BARRIERS

ENABLERS

- The care economy has emerged as a **key policy priority** (e.g., ASEAN's Comprehensive Framework on the Care Economy 2021)
- Rapidly rising care demand is prompting action
- **Community-based care solutions** are growing with government support
- Government encourages a role for the private sector

BARRIERS

- Cultural reliance on family-based caregiving limits formal care market development
- Challenges in cross-ministry coordination hinder effective care policymaking
- **Government budget constraints** limit care investment and policy prioritisation
- **Exporting of care workers overseas** diverts resources away from addressing domestic care needs
- **Comprehensive data** to map demand and supply of existing care services is lacking



Given the accelerating pace of population ageing in Vietnam, the country has built a larger network of services and support for older people. Recognising the strong preference for family- and community-based care, Vietnam has introduced several initiatives to promote self-care and home-based social care.

One prominent example is the Intergenerational Self-Help Clubs model, launched in 2006 by HelpAge International. These peer-to-peer clubs promote health, active ageing, income security, and social participation, while also providing volunteer-based home care for housebound or bedridden older adults. Some pilots have also introduced paid caregivers. Currently, there are 6,335 Intergenerational Self-Help Clubs operating across Vietnam.

Changing Demand for Care and Women's Economic Equality¹⁶

At the core of shifting care demands is the persistent unequal distribution of unpaid care work, which is reinforced by social, political, and legal structures that expect women to be primary carers. Rising demand for care may constrain women's labour force participation, particularly in formal employment, due to time poverty and unpaid care burdens. The strain on women is likely to intensify unless care systems are meaningfully transformed. As women become more highly educated, on average, than men, nations are failing to utilise this critical investment, to the detriment of women and the economy.

Investments in care infrastructure and services can alleviate the unpaid care burdens and support women to enter the workforce.

The expansion of the paid care sector presents further employment opportunities for all genders. It also enables more people to enter the workforce, primarily women, given they take on more care responsibilities. However, jobs must be created with fair wages, legal protections, and recognition of care as skilled work.

National legislation and workplace policies (e.g. paid parental and carer leave, flexible work arrangements) can support redistribution of unpaid care responsibilities among all genders.

FURTHER INTERSECTIONAL CONSIDERATIONS INFLUENCE THE IMPACT OF CHANGING CARE DEMANDS ON WOMEN'S ECONOMIC EQUALITY



Low-income and rural women often face compounded barriers—either because they cannot afford existing paid care services, or because they are the ones providing care solutions for higher-income households, often in low-paid, informal roles with limited legal and social protections.



Migrant women often face greater challenges in accessing care support, as they lack nearby informal family networks and may be unfamiliar with available (formal) paid care services or face barriers to accessing quality care services in their destination areas.



Women with disabilities, or those caring for people with disabilities, face unique challenges in balancing caregiving with economic participation—due to relatively limited availability of quality disability care services and a prevailing approach that emphasises support over independence.

¹⁶ Economic equality, as defined in Investing in Women's Economic Equality Framework (July 2024), is the capacity for people of all genders to participate in, contribute to, and benefit from, the economy (paid and unpaid) in ways which recognise the value of their contributions, respect their dignity, and make it possible to negotiate a fairer distribution of the benefits of work.

Implications for Government, the Private Sector and Communities

Having a road map, action plan, or high-level policy framework for the care economy signals a strong government commitment that can encourage broader engagement from the private sectors and other stakeholders. In Vietnam, these are demonstrated in the Politburo Resolutions, Laws passed by the National Assembly, Government Decrees, and National Strategies.¹⁷ However, effective implementation and cross-collaboration is key.

Due to limited fiscal space, government must **leverage the private sector** in care provision. Private sector investment in the care sector can be stimulated by:

- Offering tax incentives, subsidising land acquisition, and simplifying licensing and permit requirements
- Providing other land-related support
- Providing clear guidelines for how to access available incentives, ensuring transparency, and reducing administrative barriers

12 KEY RECOMMENDATIONS							
01	Develop and strengthen national care economy frameworks	02	Allocate limited fiscal resources strategically	03	Leverage the role of the private sector in care provision	04	Invest in care alternatives, including flexible, home-based, and community-based care
05	Develop and strengthen workforce policies relating to care	06	Recognise, value, and invest in care work professionalisation	07	Improve data collection, monitoring, and evaluation	08	Promote equitable care norms
09	Promote economic productivity growth that is responsive to care needs	10	Increase agency and equality-based approaches to care	11	Invest in further research on gender responsive care	12	Develop care contingency plans for unforeseen and high-impact events

¹⁷ The study was conducted in 2025 and reflects Vietnam's policy and institutional context as of that year. Reforms enacted in 2025 and implemented thereafter may affect the care policy landscape; some findings and recommendations may require updating.

Conclusion

Vietnam's future demand for care will intensify as rapid ageing converges with rising economic pressures on households. With one in five people in Vietnam projected to be aged 65 or older by 2050, and as the likelihood of disability increases with age, long-term and specialised care needs will grow sharply, particularly for older adults with chronic or complex conditions. Demand for support for disability and childcare will also increase as due to multiple overlapping factors. These shifts are already straining family-based care systems, which are becoming less feasible as family sizes shrink due to migration and declining fertility rates, and rising work pressures on both women and men limit families' ability to provide unpaid care.

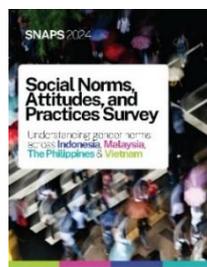
Against this backdrop, the importance of **individualised, professional care at home, in communities, and across service facilities** becomes increasingly clear. Growing reports of loneliness among the older population and changing cultural expectations are reinforcing the perceived value of professional, high-quality care. Yet service availability remains limited, with shortages of trained caregivers and uneven access to residential, community based, and home-based care options.

The private sector will play a critical role in meeting rising demand for care. As care needs expand, private providers are already increasing their presence through diverse service models—from nursing homes, and short-term/day care centres, to paid in-home caregivers, as well as innovative digital solutions. Vietnam's expansion of community-based models, such as Intergenerational Self-Help Clubs, demonstrates growing policy attention, but coverage remains insufficient for the scale of ageing ahead.

Sustaining Vietnam's care system will require coordinated investment across public, private, international and community actors to ensure equitable, high-quality care for children, older adults, and people with disabilities.



Click [here](#) or scan the code to download the full **Future Demand for Care** report.



Click [here](#) or scan the code to download a related report on **Social Norms, Attitudes and Practices Survey**.

