

How to Cite:

Tien, N. N. A., & Dung, N. D. (2022). Protecting right to health in developing countries during the pandemic of COVID-19: A case study from Vietnam. *International Journal of Health Sciences*, 6(S2), 2428–2440. <https://doi.org/10.53730/ijhs.v6nS2.5553>

Protecting right to health in developing countries during the pandemic of COVID-19: A case study from Vietnam

Nguyen Ngoc Anh Tien

Faculty of Law, Nguyen Tat Thanh University, Ho Chi Minh City, Vietnam

Email: nnatien@ntt.edu.vn

Nguyen Duy Dung

Faculty of Law, Nguyen Tat Thanh University, Ho Chi Minh City, Vietnam

Email: nddung@ntt.edu.vn

Abstract---The pandemic of COVID-19 has caused loss of human life and challenged public health in the world. Many people died due to the limited of accessing COVID-19 vaccines and treatments, especially in developing countries. Therefore, protecting right to health of people is an important obligation of governments all over the world. In 2021, Vietnam has many achievements in protecting right to health of Vietnamese, such as the high rate of vaccine COVID-19 and the decrease of number of COVID-19 deaths. In this article, the authors will analyse the practical of protecting right to health in Vietnam and the way how Vietnam's government protect right to health of Vietnamese as well as some disadvantages of these policies. Thereby, this article will propose solutions for developing countries' governments to protecting right to health during the pandemic of COVID-19.

Keywords---right health, COVID-19 vaccines, COVID-19 medicines, developing countries.

Introduction

In December 2019, a first case of COVID-19 was in Wuhan, Hubei Province, China. Then the World Health Organization (WHO) declared a new epidemic call COVID-19 with the coronavirus (SARS-CoV-2) in 2020 (Tran et al., 2021, p.1). A rapid increasing number of cases and deaths due to coronavirus occurred all over the world. Most of countries in the world were affected heavily by COVID-19, including Vietnam. During the COVID-19 pandemic, the most prominent is the ensuring the right to health of the community in order to prevent and control

International Journal of Health Sciences ISSN 2550-6978 E-ISSN 2550-696X © 2022.

Corresponding author: Dung, N. D.; Email: nddung@ntt.edu.vn

Manuscript submitted: 27 Jan 2022, Manuscript revised: 18 Feb 2022, Accepted for publication: 09 March 2022
2428

COVID 19. As a result, each State must protect the right to health of people and prevent the COVID-19.

In the context of the pandemic, many countries effort their capabilities to support people as much as they can but there are still difficult for most of them. Although developed countries have enough health systems to solve this matter, they are also in a state of "break out". So, for developing countries, it is even more difficult to ensure the right to health. Many people cannot access to COVID 19 vaccines or treatments while others have difficult to have a healthcare after COVID. According to The Office of the High Commissioner for Human Rights (OHCHR), over 73 million people have been infected with SARS-Cov-2, the virus which causes COVID-19, and more than 1.6 million people have died (OHCHR, 2020). Luckily, with many policies response to COVID 19, Vietnam is considered a model of prevention and control the epidemic, in which, the Government has ensured the right to health effectively. But there are also some questions raising from the practical of protecting the right to health in Vietnam, such as which methods can be issued to prevent the epidemic, what the limitation of each policy is and how to balance the right to health with other people's rights in the pandemic. Therefore, in the content of the article, the authors outline the achievements of protecting the right to health in Vietnam and lessons to ensure the right to health from Vietnam's success in the Covid 19 pandemic.

Materials and Methods

To evaluate the practical of protecting the right to health in some countries around the world, the authors use secondary data from The COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University. The data of COVID 19 in Vietnam is used from the website of COVID 19 of Ministry of Health (<https://ncov.moh.gov.vn>). In addition, the articles also uses comparative methods to compare the numbers of COVID 19 cases, vaccinations and policies between Vietnam and other developing countries. Another methods are analysing, assessing and collecting information about the practical of COVID 19 in protecting the right to health in Vietnam.

Results and Discussion

The COVID-19 situation in Vietnam

From 2019 to 2021, Vietnam has faced four periods of COVID 19, the first period from 23 January 1st to March 5th, the second from 6th to 9th March, the third from March 20th to April 21th and the fourth is April 22th to Julyth (Le et al., 2021, p.2). Among the developing countries, Vietnam had a lot of COVID 19 cases in the early of COVID 19 pandemic but has been decreased rapidly up to now. As we can see in the chart, the COVID 19 cases had a low number during March 1st, 2020 but increased in the late of 2021 and then decreased from the early March, 2022 to now (CSSE, 2021). The newest data about COVID 19 in Vietnam shows that, from 4:00 p.m. on March 29 to 4:00 p.m. on March 30, the National System for COVID-19 Case Management recorded 85,765 new infections, of which 6 were imported and 85,759 were recorded domestically (down 2,619 cases compared to

the previous day) in 62 provinces and cities (with 62,336 cases in the community)

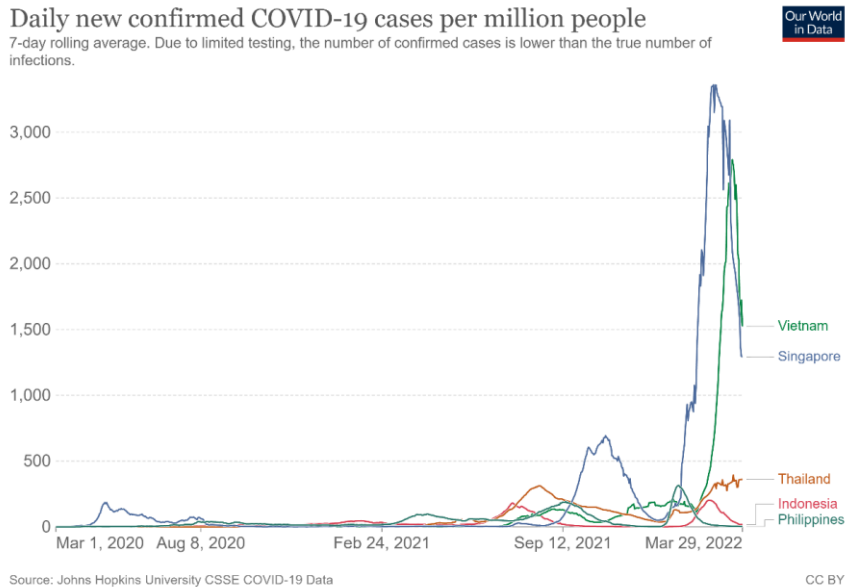
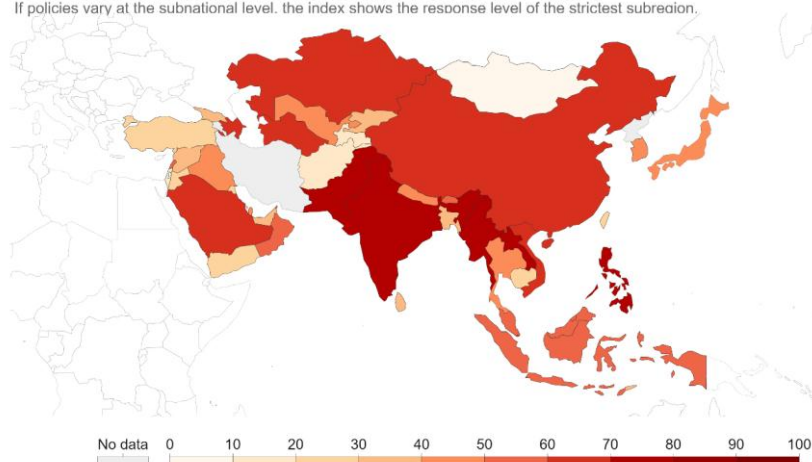


Figure 1. The data of COVID-19 cases in Vietnam and other countries

To deal with COVID 19, Vietnam has issued many policy responses to protect right to health of Vietnamese. The regulations not only about accessing COVID vaccines and medicines but also ensuring right to health of Vietnamese such as: school closures; workplace closures; cancellation of public events; restrictions on public gatherings; closures of public transport; stay-at-home requirements; public information campaigns; restrictions on internal movements; and international travel controls. These measures are calculated to the Government Stringency Index, which Vietnam is among the countries which have strictest policy responses (CSSE, 2021).

COVID-19 Stringency Index, Mar 29, 2022

The stringency index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index shows the response level of the strictest subregion.



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 30 March 2022, 07:50 (London time)
OurWorldInData.org/coronavirus • CC BY

Figure 2. The data of COVID-19 Stringency Index of Vietnam and other devel countries

Definition of the right to health

The term *right to health* is mentioned in the Universal Declaration of Human Rights and is one of the fundamental human rights (United Nations, 1948). In the General commnet No.14: The Right to the Highest Attainable Standard of Health (Art. 12) of The OHCHR, the right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health (OHCHR, 2000, para.11). The right to health is considered a prerequisite for each person to be able to exercise other rights, including political and socio-cultural rights (Lasic, 2013, p.64). With this special role, the right to health is widely recognized in numerous international instruments and national legal systems (Chapman, 2015). Currently, the right to health is recognized in at least 115 constitutions of countries, including the duties on the State to develop health services or to allocate a specific budget to them (OHCHR & WHO, 2008, p.10). The provisions on Government obligations and the rights of the people represent the commitment of countries to health and healthcare. As one of the basic human rights, the right to health is mentioned by the international community in many multilateral agreements such as: Article 5 of the International Convention on the Elimination of All Forms of Discrimination race in 1966, Articles 11 and 12 of the International Convention for the Elimination of All Forms of Discrimination Against Women, 1979, Article 24 of the Convention on the Rights of the Child 1989 and a number of other legal documents. In particular, the right to health protection is most specifically recognized in the Convention on Economic, Social and Cultural Rights (CESCR for short):

Article 12 of the ICESCR Convention provides:

1. *The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*
2. *The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:*
[...] (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

The concept of “health” is recognized in the preamble of Constitution of the World Health Organization of WHO (the World Health Organization). Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2006, p.1). The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. In this regard, US President Franklin Roosevelt also called for the enforcement of “the right to adequate medical care and the opportunity to attain a healthy life” (Helfer & Austin, 2011, p.105).

Since health is the product of a combination of common factors such as: food, nutrition, air, etc..., it is difficult to determine the entire content of the right to health protection. At a minimum, it means the terms of protecting people's health (Kinney, 2001, p.1). Under international law, there is a right not merely to health care but to the much broader concept of health. (Yamin, 2005). In a fully meaning, the right to health includes the right to access the health care system and the right to enjoy the necessary socio-economic conditions to support health. (Wu, 2009, p.125) It extends not only to timely and appropriate health care but also to the underlying determinants of health, such as: access to safe and potable water and adequate sanitation; an adequate supply of safe food, nutrition and housing; healthy occupational and environmental conditions; and access to health-related education and information. (OHCHR, 2020)

The right to access the health care system includes the right to medicine, the right to medical care when needed (sickness, reproduction, disease), the right to mental health care, and the right to mental health care. access to information on public health. In which, the right to access medicine is the most basic right of the right to health. (Cullet, 2003, p.139).

The right to enjoy the necessary socio-economic conditions to support health is the such as clean water, sufficient essential food, shelter and clothing to meet daily needs in order to have a good life. Although these rights do not directly affect everyone's health clearly, they deeply affect each person's life, both physically and mentally, thereby contributing to creating a better quality of life. healthy for everyone. For example, investment in transport infrastructure improves access to health services; inflation reduction targets may limit the budget for health; and administrative service reform could increase or decrease the number of medical staff serving the community.

Besides, the right to health also includes freedoms and entitlements, and the ability to access the best quality health care conditions. (Riedel, 2017, p.26). Freedom is expressed through the right to autonomy over health and body, including the right not to be tortured, to be used in medical research and experiments without consent. Entitlements include equal access to the health protection system in order to achieve the highest possible level of health.

The obligations of government to protect the right to health

The CESCR Convention also defines the obligations of States Parties specifically in Article 2: "Each State Party to this Convention undertakes to take measures, individually and in cooperation international assistance, in particular economic and technical measures, to the fullest possible use of its available resources, in order to achieve an increasingly complete guarantee of the rights recognized in this Covenant by all appropriate means, in particular including through legislative means." So, what the State does have to guarantee, however, is the combination of situations which, like food, nutrition, medical assistance, hygiene, etc., contribute to the improvement of health. (Salazar, 1998). Such a legal mandate would play a tremendous role in making the promotion of public health. (Kinney, 2001).

According to this rule, each government has to issue lots of laws and policies to ensuring the ability of people to have the right to health. Especially in the pandemic of COVID 19, the role of government is very important to solve the problem causing by the disease as well as ensure the public health. The General Comment 14 states that the obligation to fulfil requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right to health. (OHCHR, 2008, para 33). It is understood that the right to health must be fully recognized in the national legal system.

In addition, government must ensure that the privatization of health care does not pose a threat to the existence, accessibility, acceptability and quality of utilities, goods and health care services; control the marketing of medical devices and drugs by third parties. Moreover, the obligation to protect also requires States to ensure that the right to health is exercised in practice. States have an obligation to ensure that pharmaceutical manufacturers do not restrict access to essential medicines, such as COVID 19 medicines. High drug prices limit the ability of accessing drugs when patients cannot afford to pay hospital fees. Countries can purchase drugs and provide them free of charge to patients under extensive insurance policies, provided that they are consistent with their obligations under international treaties.

However, in practice, countries do not have enough financial resources to carry out these tasks, including developed countries, so this obligation is expressed by countries only at the level of price guarantee of medicines and medical devices and services to an appropriate extent, for example applying tools to limit competition against multinational pharmaceutical companies or building a patent protection system to limit drug prices soar. Especially, there are few COVID 19 vaccines and medicines so government hard to access and buy them enough for

their people. Therefore, during the COVID 19 pandemic, protecting right to health is a difficult problem for developing countries' government.

The practical of protecting right to health during the pandemic of COVID-19 in Vietnam

At the beginning of the COVID 19 pandemic, Vietnam recognized that it would be a serious epidemic so the government quickly issued many measures to control COVID 19 early. There are many regulations to protect right to health of people such as:

The first policy is the government concentrated to rise the rate of vaccination in community. Vaccines were bought from many countries with variety types: AstraZeneca, Pfizer, Moderna,... The vaccines are also received through COVAX, donation of enterprises or other countries such as USA, China, Russia,... Hence, Vietnamese can access COVID 19 vaccines quickly and can get appropriate vaccination for each age or personal health situation with no fee. This is the most effective way for people to prevent coronavirus and ensure the right to health of people.

Since to the efforts of the government, Vietnam has been successful in controlling the outbreak of pandemic with high rate vaccination among the developing countries (81 percent of Vietnamese people complete initial protocol and partly vaccinated in 2022) (CSSE, 2021). According to statistics on the COVID-19 vaccination portal, by 2:30 p.m. on March 30, the country had injected 205,882,049 doses of a COVID-19 vaccine, of which 386,237 doses were administered on March 29. The number of COVID-19 vaccines given to children aged 12-17 years old is 17,158,572 doses, of which 1st dose: 8,792,488 doses; Nose 2: 8,366,084 doses.

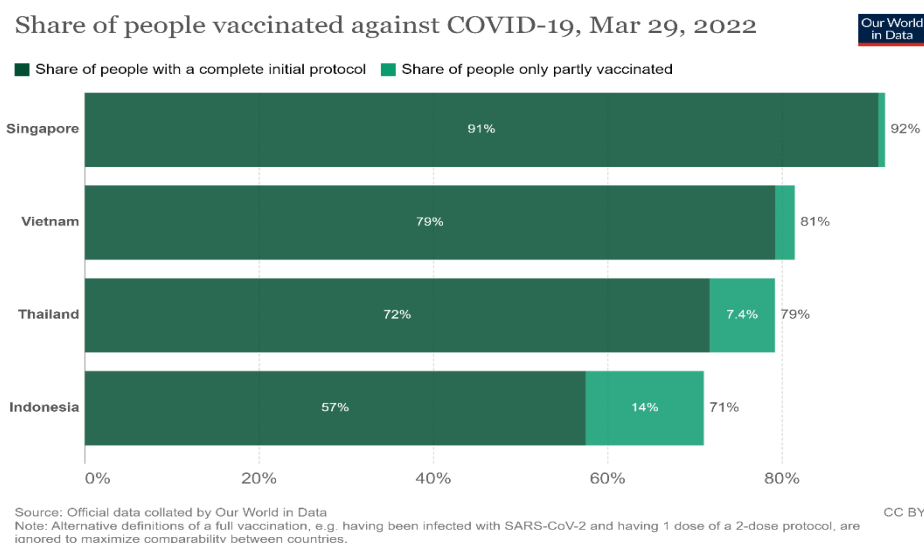


Figure 3. The data of COVID-19 vaccination in Vietnam and other developing countries

Moreover, the government gave free medicines to treat COVID 19 patient. If a person test COVID and get a positive result, he or she was immediately picked to the hospital for treatment. The patient did not have to pay any cost and could stayed at the hospital until they are healthy. The state budget will pay all the cost for treating a COVID 19 patient. Therefore, people can access fully to medicines and treatment. In some special cases (children, old, pregnant), the government also gave some money for them to pay their needs for life. Now, the patient can also stay at home and called the medical center to get free COVID medicines. So, many people recovered quickly after treatment of COVID 19 and the number of deaths decreased in Vietnam.

In addition, to ensure not only the right to access vaccines and medicines, the government also support food and necessary tools for people (Vietnamese and foreigners) when closed the supermarkets and all markets. Every week, many trucks went to each residential area to give food for people, especially priority for old or poor people. Luckily, no one has to faced to lack of food during these period of blocked. Besides that, to protect public health, Vietnam's government has issued many re regulations such as forcing people to wear face mask, distancing, disinfection, no gatherings and health declarations, in short as 5K). These measures prevent people from coronavirus and guarantee a healthy life for each one. The state also organizes free tests for people to detect COVID 19 cases as soon as possible.

Evaluation of practical application in Vietnam and causes of limitations

As we can see, although Vietnam has awarded in protecting right to health during the COVID 19 pandemic, there are still many disadvantages when applying the regulations in Vietnam. While the government get some achievements by their policies, the important question raise after that is whether the government limited the right of people when applying the methods of protecting right to health.

First, the government forced vaccination so strict,

In Vietnam, the regulations about right to go outside have been argued in 2021. The government of Ho Chi Minh City issued a policy that only people have two injections of COVID 19 vaccine can go outside for work, buy food or go to public place while others cannot. Some people argued the rule is conflict with the freedom of movement of people and there is not enough evidence to prove that this measure can protect public health. Although the effect of COVID 19 vaccines, in some countries such as USA, EU, people can go freely outside without any vaccination. Therefore, a government can encourage people to have minimum a dose of COVID vaccines to protect themselves and public health instead of enforcement to have vaccination.

Second, the policies were applied with no limitation,

There is proof that a measure of closing schools, markets, workplace is necessary for protect public health but what is the limitation of this measure? From July to September 2021, in Vietnam, when there is a case of COVID 19 in community, all people who contact directly with him or her will be enforced to quarantine at a

congregate place. And the residential area or office where the case went must be lockdown in 14 days. According to the Directive 15/CT-TTg and 16/CT-TTg of the Prime Minister of Vietnam, all schools, workplace, and public place had to close until the State issues a new regulations. (Prime Minister of Vietnam, 2020). The question is that whether it is really necessary to limit the possibility of infection and ensure the right to health of people. The consequence is many people unable to buy food, essential items for their lives or they cannot go out to work and get no salary. This measure proved that government must consider which result from their regulations and balance the right to health with other people's rights.

Third, the policies of supporting people has not been applied effectively and uniformly,

In fact, although financial and material support policies are actively implemented in Vietnam to ensure the basic needs of people's lives, there are still many shortcomings when applied. Accordingly, many disadvantaged people who had not received government subsidies due to errors in the process of managing and making lists. Some localities have not yet agreed on how to pay subsidies and as a result, there is unequal distribution of subsidies between localities. In addition, the issues of supporting people's mental health have not yet been focused. The number of people suffering from depression due to COVID 19 increased significantly after the isolation and lockdown period. This raises questions about the state's responsibility to ensure people's right to health care in the context of the COVID-19 pandemic.

Fourth, the policies on testing COVID 19 were waste and unuseful,

Although the policy of free testing brings many benefits to people when detecting diseases early, the regular and continuous testing still affects people's psychology and health. In addition, this regulation requires that there must be a sufficient supply of test kits to perform community testing, inadvertently this has contributed to the case of corruption and bribery of Viet A company - who produces test kits in Vietnam and sells them at high prices. So, this is wasteful and unnecessary when implementing measures to protect right to health.

Solutions for developing countries in protecting right to health in COVID-19

In a low-income country, the requirements of protecting the right to health in Vietnam and other developing countries are very difficult for the government. Like developing countries in Africa and Latin America, all developing countries in Asia (including Vietnam) were facing a shortage because the developed countries were overstocking up and outbidding the poorer nations (Kumar, 2022). Therefore, to increase quality of the policies on protecting right to health during the COVID 19 pandemic, each state have to do some solutions:

Identify the responsibility of the state in improving the efficiency of accessing COVID 19 vaccines and healthcare

To do this, a state can prevent and control COVID 19 by providing vaccination at the population level (Montel et al., 2020). A report shows that 86 percent of the

total COVID-19 vaccine doses have been used for people in high-and upper-middle-income countries while only 0.1 percent people in low-income countries can reach it. The developing countries have difficulty to access to COVID-19 vaccines and this will prolong the pandemic (Shirohi, 2021). Therefore, the Government in developing countries must actively implement measures to negotiate and buy vaccines from manufacturing companies, and also implement vaccine diplomacy or call for support from businesses and other developed countries. Moreover, the government can give fund for research activities to produce vaccines and drugs to treat covid to domestic companies.

Balance the state's authority to protecting the right to health with other people's rights.

The COVID-19 pandemic has raised questions about the complexities of balancing ethical perspectives and future healthcare realities (Gun, 2020). The sustainable implementation of a public health approach is also a powerful way to develop and strengthen social justice (United Nation Assembly, 2011). To ensure the equitable of the right to health and other freedom rights, such as the government cannot forced people to vaccinated, excluding the emergency situation. Instead that, the government have to consider all the elements that affect to results of each measure, then they can show the benefits of COVID 19 vaccine and encourage people to have one. Especially for children, vaccination should only be encouraged to protect their health, but this should not be prescribed as a basic condition for school attendance as this may violate a child's fundamental freedoms.

Establish and strengthen the health care system for the people,

To ensure that people have the best access to healthcare system, the government needs to invest in funding and human resources for medical facilities to treat COVID 19. Besides, it needs to be equipped with medical treatment equipment which necessary treatment for COVID-19 patients and ensure daily necessities and food for patients. Moreover, as more and more people are forced to stay at home in self-isolation to prevent COVID 19, governments must take the necessary measures to provide mental health of people (Javed et al., 2020)

Establish relationship with developed countries or other countries to be supported about healthcare system and experience for treatment coronavirus

Since developing countries have limited in terms of health system facilities, medical staff qualifications, and lack of access to advanced and modern technologies to treat COVID-19 disease, it is necessary to expand linkages with other countries. Lessons from treatment COVID 19 from other countries will be useful for Vietnam to promote the effectiveness of protecting people's health rights. In conclusion, protecting the right to health of people during the COVID 19 pandemic is an important obligations of each State all over the world. It is the time for global solidarity and support, especially with the most vulnerable in our societies, particularly in the emerging and developing world. Only can we protect the health, livelihoods, food security and nutrition of all people, we can ensure that our 'new normal' is a better one (ILO, FAO, IFAD & WHO, 2020).

References

1. Chapman A. (2015). The Foundations of a Human Right to Health: Human Rights and Bioethics in Dialogue. Retrieved March 21, 2022, from <https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2015/06/Chapman.pdf>
2. CSEE. (2021). Coronavirus Pandemic (COVID-19). Retrieved March 20, 2022 from <https://ourworldindata.org/coronavirus>
3. Cullet P. (2003). *Patents and medicines: the relationship between TRIPS and the human right to health*. Retrieved March 21, 2022, from <http://ielrc.org/content/a0301.pdf>
4. Gunn, M. & McDonald, F., Aust, M. (2020). COVID-19, rationing and the right to health: Can patients bring legal actions if they are denied access to care?. The Medical Journal of Australia. Retrieved March 22, 2022, from <https://www.mja.com.au/journal/2020/covid-19-rationing-and-right-health-can-patients-bring-legal-actions-if-they-are>
5. Helfer, L.R. and Austin, G.W. (2011). Human rights and intellectual property: mapping the global interface. Retrieved March 28, 2022, from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1612362
6. ILO, FAO, IFAD & WHO. (2020). Impact of COVID-19 on people's livelihoods, their health and our food systems. Joint statement by ILO, FAO, IFAD and WHO. Retrieved March 22, 2022 from <https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people's-livelihoods-their-health-and-our-food-systems#:~:text=The%20economic%20and%20social%20disruption,the%20end%20of%20the%20year.>
7. Javed, B., Sarwer, A., Soto, E.B., & Mashwani, Z. (2020). The coronavirus (COVID-19) pandemic's impact on mental health. International Journal of Health Planning and Management. Retrieved March 20, 2022, from <https://doi.org/10.1002/hpm.3008>
8. Kinney, E. (2001). The International Human Right to Health: What does this mean for our nation and world?. Retrieved March 21, 2022, from <https://mckinneylaw.iu.edu/ilr/pdf/vol34p1457.pdf>
9. Kinney, E., Clark, B. (2004). Provisions for Health and Health Care in the Constitutions of the Countries of the World. Cornell International Law Journal, Volume 37. Retrieved March 21, 2022, from <https://core.ac.uk/reader/216743070>
10. Kumar, M., Fatma, A., Bharti, N. (2022). Access to Medicines and Medical Equipment during COVID-19: Searching Compatibility between the WTO and the WHO. India Quarterly 78(1) pp 68–87. Retrieved March 28, 2022, from <https://doi.org/10.1177/09749284211068461>
11. Lasic, I. (2013). Pharmaceutical Patents, Right to Health and Access to Essential Medicines: A Human Rights Critique. Master Thesis. Lund University. Sweeden . Retrieved March 24, 2022, from <https://lup.lub.lu.se/luur/download?fileOId=3955220&func=downloadFile&recordOId=3955219>
12. Le, T.A., Vodden, K., Wu, J., & Atiwesh, G. (2021). Policy Responses to the COVID-19 Pandemic in Vietnam. Int. J. Environ. Res. Public Health 2021. Retrieved March 22, 2022, from <https://doi.org/10.3390/ijerph18020559>

13. Montel, L., Kapilashrami, A., Coleman, M., & Allemani, C. (2020). The Right to Health in Times of Pandemic: What Can We Learn from the UK's Response to the COVID-19 Outbreak?. *Health and Human Right Journal*. Retrieved March 22, 2022, from <https://www.hhrjournal.org/2020/11/the-right-to-health-in-times-of-pandemic-what-can-we-learn-from-the-uks-response-to-the-covid-19-outbreak/>
14. OHCHR & WHO. (2008). Factsheet No.31. Retrieved March 30, 2022, from <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>
15. OHCHR (2022). OHCHR and the right to health. Retrieved March 28, 2022, from <https://www.ohchr.org/en/health>
16. OHCHR. (2000). CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), Retrieved March 22, 2022, from www.refworld.org/pdfid/4538838d0.pdf.
17. OHCHR. (2020). Human rights and access to covid-19 vaccines. Retrieved March 21, 2022, from https://www.ohchr.org/sites/default/files/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf
18. Prime Minister of Vietnam. (2020). Directive No. 15/CT-TTg of the Prime Minister on drastically implementing the peak period of COVID-19 epidemic prevention and control. Retrieved March 21, 2022 from <https://vanban.chinhphu.vn/default.aspx?pageid=27160&docid=199574>
19. Riedel, E. (2014). The Human Right to Health: Conceptual Foundations, Retrieved March 20, 2022, from https://saudeglobaldotorg1.files.wordpress.com/2014/06/01_453_riedel.pdf.
20. Salazar, S. (1998). Intellectual Property And The Right To Health. Retrieved March 31, 2022, from www.wipo.int/edocs/mdocs/tk/.../wipo_unhchr_ip_pnl_98_3.pdf
21. Sirohi, N. (2021). Right to equitable access to COVID-19 vaccination — if not now, then when?. Retrieved March 30, 2022, from <https://www.orfonline.org/expert-speak/right-equitable-access-covid19-vaccination-if-not-now-then-when/>
22. Tran, L.T.T, Manuama, E., Vo, D., Nguyen, H., Cassim, R., Pham, M., Bui, S. (2021). The COVID-19 global pandemic: a review of the Vietnamese Government response, *Journal of Global Health Reports*, Vol. 5, 2021. Retrieved March 21, 2022, from <https://www.joghr.org/article/21951-the-covid-19-global-pandemic-a-review-of-the-vietnamese-government-response>
23. United Nations. (1948). The [Universal Declaration of Human Rights](https://www.un.org/en/about-us/universal-declaration-of-human-rights). Retrieved March 22, 2022, from <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
24. United Nations. (2015). Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Retrieved March 20, 2022, from http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session29/Documents/A_HRC_29_33_ENG.DOCX
25. WHO. (2006). Constitution Of The World Health Organization. Retrieved March 26, 2022, from http://www.who.int/governance/eb/who_constitution_en.pdf.

26. Yamin, A.E. (2005). The Right to Health Under International Law and Its Relevance to the United States. Retrieved March 30, 2022 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449334/#r11>