

NATIONAL NUTRITION STRATEGY

FOR 2011-2020, WITH A VISION TOWARD 2030



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NATIONAL NUTRITION STRATEGY FOR 2011-2020, WITH A VISION TOWARD 2030

HANOI, FEBRUARY 2012

PRIME MINISTER

**SOCIALIST REPUBLIC OF VIETNAM
INDEPENDENCE - FREEDOM - HAPPINESS**

No: 226 /QĐ-TTg

Hanoi, 22 February 2012

DECISION

Ratification of the National Nutrition Strategy for 2011 – 2020, With a Vision toward 2030

THE PRIME MINISTER

Based upon the Government Organization Law dated 25 December 2001; and

Based upon National Socioeconomic Development Strategy 2011 - 2020;

Considering the Minister of Health's request,

DECIDED:

Article 1. “The National Nutrition Strategy for 2011-2020, with a Vision toward 2030” is officially ratified with the following contents:

1. Principles

- a)* Improving nutrition status is the responsibility of each person, including all levels of authority and all sectors.
- b)* Balanced and proper nutrition is essential for achieving comprehensive physical and intellectual development of Vietnamese people and improved quality of life.
- c)* Nutrition activities should involve multiple sectors, under the guidance and leadership of the Party and Government at all levels, with social mobilisation of mass organisations and the general population. Priority should be given to poor, disadvantaged areas and ethnic minority groups, and for mothers and small children.

2. Objectives

a) General objectives

By the year 2020, the diet of Vietnamese people will be improved in terms of quantity, balanced in quality, hygienic and safe; Child malnutrition will be further reduced, especially prevalence of stunting, contributing to improved physical status and stature of Vietnamese people; and obesity/overweight will be managed, contributing to the control of nutrition-related chronic diseases.

b) Specific objectives

1. To continue to improve the diet of Vietnamese people, in terms of quantity and quality

Indicators:

- The proportion of households with low energy intake (*below 1800 Kcal*) will be reduced to 10 % by 2015 and 5 % by 2020.
- The proportion of households with a balanced diet (*Protein:Lipid:Carbohydrate ratio – 14:18:68*) will reach 50% by 2015 and 75% by 2020.

2. To improve the nutrition status of mothers and children

Indicators:

- The prevalence of chronic energy deficiency in reproductive-aged women will be reduced to 15% by 2010 and less than 12% by 2020.
- The rate of low birth weight (*infants born less than 2,500g*) will be reduced to under 10% prevalence by 2015 and less than 8% by 2020.
- The rate of stunting in children under 5 years old will be reduced to 26% by 2015, and to 23% by 2020.
- The prevalence of underweight among children under 5 years old will be reduced to 15% by 2015 and to 12.5% by 2020.
- By 2020, the average height of children under 5 will increase by 1.5 – 2cm in both boys and girls; and height in adolescents by sex will increase by 1-1.5 cm compared with the averages from 2010.
- The prevalence of overweight in children under 5 will be less than 5% in rural areas and less than 10% among urban populations by 2015, and will be maintained at the same rate by 2020.

3. *To improve micro-nutrient status*

Indicators:

- The prevalence of children under five with low serum vitamin A ($<0.7 \mu\text{mol/L}$) will be reduced to 10 % by 2010 and below 8 % by 2020.
- The prevalence of anaemia in pregnant women will be reduced to 28% by 2015 and to 23 % by 2020.
- The prevalence of anaemia among children will be reduced to 20% by 2015 and 15% by 2020.
- By 2015, standardised iodized salt ($\geq 20 \text{ ppm}$) will be regularly available throughout the country, with coverage of more than 90% of households. Mean urinary iodine levels in mothers with children under 5 will be between 10-20 mcg/dl, and these concentrations will be maintained by 2020.

4. *To effectively control overweight and obesity and risk factors of nutrition related non-communicable chronic disease in adults*

Indicators:

- The prevalence of overweight and obesity in adults will be controlled to a rate of less than 8% by 2010 and will increase to no more than 12% by 2020.
- The proportion of adults with elevated serum cholesterol (*over 5.2 mmol/L*) will be less than 28% in 2015 and will remain relatively controlled with less than 30% prevalence in 2020.

5. *To improve knowledge and practices regarding proper nutrition in the general population*

Indicators:

- The rate of exclusive breast feeding (*EBF*) for the first 6 months will reach 27% by 2015 and 35% by 2020.
- The proportion of mothers with proper nutrition knowledge and practices when caring for a sick child will reach 75% by 2015 and 85% by 2020.
- The proportion of adolescent females receiving maternal and nutrition education will reach 60% by 2015 and 75% by 2020.

6. *To reinforce capacity and effectiveness of the network of nutrition services in both community and health care facilities*

Indicators:

- By 2015, the proportion of nutrition coordinators receiving training in community nutrition (*from 1 to 3 months*) will reach 75% among provincial level employees and 50% of those at the district level. By 2020, this proportion will be 100% and 75%, respectively.
- By 2015, 100% of communal nutrition coordinators and nutrition collaborators will be trained and updated on nutrition care practices. Training of all nutrition staff will be maintained in 2020.
- The proportion of central and provincial hospitals with dieticians will reach 90% at central level, 70% at provincial level and 30% at district level by 2015. By 2020, this proportion will be 100%, 95%, and 50% respectively.
- The proportion of hospitals applying nutrition counseling and therapeutic treatment for conditions such as aging health, HIV/AIDS and TB, will reach 90% among central, 70% among provincial, and 20% among district hospitals by 2015. By 2020, the coverage will be 100%, 95% and 50%, respectively.
- The proportion of provinces qualified for performing nutrition surveillance will reach 50% by 2015 and 75% by 2020. Nutrition data will be monitored with particular focus in vulnerable provinces, in emergency situations, and in provinces with high prevalence of malnutrition.

c) Vision to 2030

By 2030, Vietnam aims to reduce child malnutrition below the level of public health significance (stunting rate to be less than 20% and underweight rate to be less than 10%) and to remarkably increase the mean height in adults. In addition, increased awareness about proper nutrition and behavior change should be improved in the general population for the prevention of nutrition related chronic diseases, which are on the rise. Ongoing monitoring and evaluation should be completed among different population groups in order to ensure appropriate and balanced diets. Additionally, adequate food safety controls should be ensured. Meeting these objectives will contribute to the overall goal of all population groups meeting nutrition requirements needed to maximise quality of life, especially for school children.

3. Main approaches

a) Approaches for policy

Leadership and guidance from all levels of the Party and Government should be reinforced in order to achieve the reduction of underweight. Nutrition indicators, particularly

the rate of stunting, should soon be considered a socioeconomic development indicator for the nation, as well as each locality. Monitoring and evaluation of the nutrition indicators should be strengthened in order to determine if the goals are being achieved.

In order to effectively implement interventions for improved nutritional status, a multi-sector cooperation mechanism should be finalised, particularly involving the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Education and Training, Ministry of Culture, Sport and Tourism, Ministry of Labor, Invalids and Social Affairs. In addition, there is a need to establish policies and procedures to mobilise and promote the involvement of mass organisations and industries in implementation of the National Nutrition Strategy.

The legislative framework dealing with issues of food and nutrition should be developed and finalised. Specific areas of focus include: regulations on production, marketing and utilisation of nutrition products for small children, food fortification laws, adequate maternity leave, breast feeding promotion, school nutrition policy focusing on pre-school and primary school children, and encouraging increased production of specialised nutrition products in the private sector to be used specifically among poor and disadvantaged groups, ethnic minority groups, pregnant women, children under 5, and children with special needs.

b) Approaches for developing resources

- Capacity building:
 - Nutrition, dietetics, and food safety professionals should be extensively trained and effectively used.
 - A variety of nutrition specialists should be trained to fill various roles including post-graduate, bachelor, and technician programs in nutrition and dietetics.
 - A staff network for professionals working in the field of nutrition should be developed and reinforced, particularly for those working in local communities. Capacity building of managerial staff should be strengthened from central to local levels, including those in relevant sectors and ministries.
 - The training format should be adapted according to socioeconomic needs and should be designed to meet the education level of its target audience. Priority should be given to people from ethnic minorities, disadvantaged groups, and areas with high prevalence of malnutrition. International cooperation in capacity building for development of nutrition programs should be promoted.

- Financial resources:
 - The main approaches to raising financial resources are from social mobilisation and diversification of funding sources, with gradual increase projected toward investment of addressing nutrition issues. Potential funding sources include: state and local government budgets, international aid, and other legal financial supports which the state will allocate to national program and projects.
 - Financial resources should be managed and coordinated effectively, ensuring the equality and equity in nutrition care for all people. Monitoring, supervision and evaluation of the effectiveness of budget utilisation should be strengthened.

c) Approaches for nutrition advocacy, education and communication:

- Communication of health messages should be promoted, to raise awareness on the importance of nutrition in the comprehensive physical and mental health development of children, targeting authorities and managers at all levels.
- Mass media communication should be conducted using various methods and formats, with content appropriate for each region, area or target group to whom it is aimed in order to improve nutrition knowledge and practices. These messages are especially vital in the goals to reduce prevalence of stunting and the control of overweight and obesity and nutrition-related non-communicable diseases in all population groups.
- A focus on nutrition and health education should be continued in the school system, from pre-school onwards. Furthermore, a school nutrition program should be developed and implemented with the gradual introduction of school meals and milk available in pre-schools and primary schools. Appropriate models should be developed according to region and target group.

d) Technical approaches

- Specific food and nutrition interventions should be developed to improve nutritional status of target groups. Priority should be given to poor, disadvantaged and ethnic minority areas, as well as those at risk.
- Proper nutrition care should be given to mothers during prenatal and postnatal periods. Exclusive breastfeeding should be promoted during the first 6 months with appropriate complementary feeding for children 6 months through 2 years of age.
- The Food and Nutrition Surveillance Center should be strengthened at both central and regional level institutions in order to provide systematic monitoring of food consumption and nutritional status trends.

- A network of nutrition services including counseling and rehabilitation should be developed and improved.
- Local food production, processing and utilisation should be promoted and diversified. The Vegetation - Aquaculture - Cage for Animal husbandry (VAC) ecosystem should be further developed, ensuring the production, circulation and distribution of safe foods. Daily consumption of fish, milk and vegetables should be promoted in order to encourage the population toward the goal of increased dietary diversity to meet the ideal Protein:Lipid:Carbohydrate ratio.
- A system to monitor and forecast food insecurity at both national and household levels should be established. Furthermore, a plan to respond to nutrition issues following emergencies should be developed.

e) Approaches for science and technology and international cooperation

- Capacity building and management of scientific research in nutrition and food should be strengthened. Research, development and technology applications should be promoted to develop creation and selection of new breeds of livestock, production and processing of nutritionally fortified foods and specialised products.
- Information technology and database development should be promoted in the areas of food and nutrition.
- The utilisation of evidence-based information should be promoted in policy development, planning, and development of nutrition programs and projects at different levels, with particular focus on the reduction of stunting and micronutrient deficiencies.
- Experiences and advances of nutrition sciences should be applied in the prevention of obesity, metabolic syndrome and nutrition related non-communicable diseases.
- Active cooperation with scientifically advanced countries, institutes, and universities both regionally and globally should be cultivated in order to improve research and training needed to rapidly progress toward advanced science and technology standards and to build up nutrition capacity.
- Comprehensive cooperation with international organisations should be promoted to support the implementation of National Nutrition Strategy (NNS).
- International cooperation projects should be integrated into the activities of the NNS in order to achieve the NNS objectives.

4. Implementation

- a) ***Phase 1 (2011-2015):*** Implementation of key activities for nutrition improvement, focusing on education, training, capacity building and strengthening of policies that support nutrition initiatives, institutionalisation of state direction for nutrition activities, and continuation of National target programs.
- b) ***Phase 2 (2016-2020):*** based on the evaluation of the implementation of phase 1 (2011-2015), phase 2 will involve policy modification, appropriate intervention, and comprehensive implementation of solutions and tasks in order to successfully carry out the objectives of the strategy. Furthermore, the nutrition database will be utilised for planning purposes and to sustain and evaluate implementation of the NNS.

5. Main projects/programs to implement NNS:

a) ***Project for nutrition education, communication and capacity building***

- Responsible agency: The Ministry of Health.
- Cooperating agencies: The Ministry of Education and Training, the Ministry of Information and Communication, Vietnam Television, related ministries, sectors, agencies, and Provincial People's Committees.

b) ***Project for maternal and child malnutrition control, and improved stature***

- Responsible agency: The Ministry of Health.
- Cooperating agencies: Related ministries, sectors, agencies, and Provincial People's Committees.

c) ***Project for micronutrient deficiency control***

- Responsible agency: The Ministry of Health.
- Cooperating agencies: The Ministry of Agriculture and Rural Development, the Ministry of Industry and Trade, the Ministry of Education and Training, the Ministry of Information and Communication, related ministries, sectors, agencies, and Provincial People's Committees.

d) ***Program for school nutrition***

- Responsible agency: The Ministry of Health.
- Cooperating agencies: The Ministry of Education and Training, other related ministries, sectors, agencies, and Provincial People's Committees.

e) Project for overweight/obesity and nutrition-related non-communicable chronic disease control

- The Ministry of Health is responsible, with cooperation from other related ministries, sectors, agencies, and Provincial People's Committees, for the activities in hospitals and the community.
- The Ministry of Education and Training is responsible, with cooperation from the Ministry of Health and other related ministries, sectors, agencies, and Provincial People's Committees, for the activities in school system.

f) Program for household food and nutrition security and nutrition following emergencies

- Responsible agency: The Ministry of Agriculture and Rural Development.
- Cooperating agencies: The Ministry of Health, other related ministries, sectors, agencies, and Provincial People's Committees.

g) Nutrition surveillance project

- Responsible agency: The Ministry of Health.
- Cooperating agencies: The Ministry of Agriculture and Rural Development, the Ministry of Planning and Investment (*GSO*), other related ministries, sectors, agencies, and Provincial People's Committees.

Article 2. The implementation of the National Nutrition Strategy

1. The Ministry of Health shall be the executing body for the National Nutrition Strategy, in cooperation with the following groups: the Ministry of Planning and Investment, the Ministry of Finance, other related ministries, Provincial People's Committees and social-political organisations. The Ministry of Health, along with its partners, will work to develop a plan of action to implement the NNS nationally so that it is in line with relevant strategies, programs and projects. Projects and programs meeting the NNS's objectives will be developed and implemented following approval by the assigned authorities. The Ministry of Health will monitor and regularly provide reports on the status of NNS implementation to the Prime Minister, organise a mid-term review meeting in 2015, and a final review meeting in 2020.
2. The Ministry of Planning and Investment is responsible to allocate funding for NNS from the State budget approved by the National Assembly annually. It is also respon-

sible to raise funds from international and domestic donors to address issues of nutrition.

3. The Ministry of Finance, in cooperation with the Ministry of Planning and Investment, will allocate sufficient budget annually to accomplish approved NNS projects and programs, based on the capacity of State budget, and the plan approved by the National Assembly. It will provide oversight into all expenditures based on current laws and regulations, in order to cooperate with the Ministry of Health and related agencies to develop policies to promote social mobilisation and encourage individual and institutional investment in nutrition.
4. The Ministry of Agriculture and Rural Development is responsible to provide guidance for planning and development of approaches to ensure food security. It will cooperate with line ministries and sectors to implement additional plans of action to ensure national food security. Furthermore, it is responsible to develop policies regarding food security, food processing, VAC ecosystem development, and promotion of safe water supply in rural areas.
5. The Ministry of Education and Training (*MOET*) is responsible for the development of nutrition education and physical exercise programs from preschool through undergraduate education. This program should include: meal management, a school milk program for preschool and primary school children, development of a school nutrition model, and improved development of preschool and school canteen services. MOET will also gradually increase cooperation with the Ministry of Health to promulgate nutrition in the school setting through incorporation of nutrition education in school curriculum in all levels. The Ministry of Education and Training is also responsible to cooperate with the Ministry of Health in planning and training for capacity building to meet the needs of the NNS implementation.
6. The Ministry of Labor, Invalids, and Social Affairs is responsible to cooperate with the Ministry of Health and line ministries to develop and implement policies which support nutrition issues, particularly for the poor and disadvantaged areas.
7. The Ministry of Information and Communication is responsible to cooperate with the Ministry of Health and line ministries to provide guidance and implementation of nutrition information and communication activities, focusing on dissemination of information on proper nutrition. In addition, it will closely monitor advertising compliance with government regulations related to food and nutrition, in cooperation with the Ministry of Health and line ministries.

8. Line ministries, ministerial and governmental agencies will participate in the implementation of NNS within their mandate and assigned responsibilities.
9. The Provincial People's Committees are responsible for the implementation of the National Nutrition Strategy in their respective localities based on the instruction of the Ministry of Health and line ministries/sectors. The committees will develop and implement an annual and 5-year and plan of action for nutrition according to the objectives set forth in the NNS and the socioeconomic development plan for the same period. They will actively mobilise resources, integrate nutrition with other on-going relevant strategies, and integrate nutrition issues in the socioeconomic development plan for their respective provinces. They will regularly supervise the implementation of the NNS in their provinces, and submit annual reports following current regulations.
10. The Vietnam Women's Union is requested, based on technical guidance of the Ministry of Health, to promulgate health and nutrition knowledge to its members and mothers, to advocate for the community support in issues of health and nutrition care in order to provide further improvement of maternal and child nutrition.
11. The Vietnam Fatherland Front, Vietnam General Confederation of Labour, Vietnam Farmer's Association, Ho Chi Minh Youth Union, Association for Elderly People, and other professional associations and social organisations are requested, based on technical guidance of the Ministry of Health, to promulgate health and nutrition knowledge to their members, and to cooperate with the Ministry of Health and relevant agencies in social mobilisation to support implementation of the National Nutrition Strategy.

Article 3. This decision is in effect from the date of its ratification.

Article 4. Ministers, Heads of Ministry-leveled Institutions, Heads of Government Offices, and related agencies, Chairmen of the People's Committees of provinces are requested to be responsible for the execution of this Decision.

**On behalf of PRIME MINISTER
DEPUTY PRIME MINISTER**

Signed

Nguyen Thien Nhan

**NATIONAL NUTRITION STRATEGY FOR
2011-2020, WITH A VISION TOWARD 2030**

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ABBREVIATIONS

ADB	Asian Development Bank
BMI	Body Mass Index
CED	Chronic Energy Deficiency
EBF	Exclusive Breastfeeding
FAO	Food and Agriculture Organisation
IUGR	Intra Uterine Growth Restriction
MDG	Millennium Development Goal
MOH	Ministry of Health
NGO	Non-governmental Organisation
NIN	National Institute of Nutrition
NNS	National Nutrition Strategy
P:L:C	Protein:Lipid:Carbohydrate ratio
TB	Tuberculosis
UNICEF	United Nation's Children's Fund
VAC	Vegetation - Aquaculture - Cage for Animal husbandry
WHO	World Health Organization

INTRODUCTION

In the last decade, socio-economic development combined with the attention, guidance, and investment from the Party and the Government, the efforts of health sector, and the active involvement of other sectors and the society, have contributed to improvement in household food security. Vietnam has shown remarkable achievement in improving health and nutritional status of the population. The majority of the objectives from the National Nutrition Strategy during the period of 2001 - 2010 have been met or exceeded. Nutrition knowledge and practices in the population have been remarkably improved. The prevalence of undernutrition in children under 5 has continuously and rapidly decreased. During the 35th session of the Standing Committee in Nutrition of the United Nations held in Hanoi in March 2008, UNICEF recognised Vietnam as one of the few countries with reduction of child malnutrition close to the Millennium Development Goals (*MDG*).

However, despite these remarkable achievements in recent years, Vietnam continues to face significant challenges in nutrition. While the rate of stunting in children under 5 remains at a high level, overweight/obesity and nutrition-related non-communicable diseases are on the rise. This dichotomy is referred to as the double burden of nutrition. The challenges in the present context require stronger nutrition and health interventions in the general population, contributing to the achievement of the Millennium Development Goals, which the Vietnamese Government has committed to within the international community.

Investment in nutrition is an investment in building human capacity of high quality to further the industrialisation and modernisation of the country. The National Nutrition Strategy (*NNS*) is an essential tool that cannot be detached from the economic and social development strategies of the country; which work jointly to address the emerging nutrition problems and to continue to improve the nutrition status of Vietnamese people. These strategies are particularly important in addressing the nutrition needs of women and children, thus contributing to increased stature, physical and intellectual status of Vietnamese people.

Part one

THE IMPLEMENTATION OF THE NNS FOR 2001 - 2010

I. ACHIEVEMENTS

As a follow-up to the National Plan of Action for Nutrition 1995-2000, The National Nutrition Strategy for 2001-2010, ratified by the Prime Minister on February 22nd 2001 in Decision 21/2001/QĐ-TTg, was the official document guiding nutrition policy for the Government. It was the foundation to direct all nutrition interventions between 2001- 2010 supported by Government investment, to promote social mobilisation, as well as to guide activities supported by international organisations. Ten years following implementation, with comprehensive approaches and multi-sector cooperation and guidance from the Party and the Government at different levels, the nutrition status of the general population, and particularly that of mothers and children under 5 has significantly improved, and awareness of nutrition issues has increased among Vietnamese people.

1. Achievements in communication, advocacy, and nutrition knowledge and practices

In the decade following initial implementation, advocacy and communication interventions have been diversified and varied in terms of both content and appearance in order to improve awareness of proper nutrition and affect behavior change, particularly among target groups, remote/isolated areas, and ethnic minorities. It appears to have had significant influence on the awareness of different target groups in the community.

The awareness of the importance of nutrition amongst Party and Government authorities at all levels has also remarkably improved. Reduction of malnutrition has become a socioeconomic development indicator both nationally and locally. Reduction of child malnutrition has significant implications for future generations and contributes to annual GDP growth through a healthier working population.

The proportion of mothers with good nutrition knowledge and practices while caring for a child experiencing illness increased from 44.5% in 2005 to 67% in 2009. The proportion of adolescent females receiving education on proper nutrition and maternal health increased to 28% in 2005 and 44% in 2010, meeting the defined NNS objectives.

2. Promulgation of nutrition supportive policies

Over the past 10 years, many documents and policies issued by the Party, the Government and the Ministry of Health to create the legislative framework and orientation for nutrition control, contributing to the achievement of the defined objectives. Reduction of undernutrition has become one of a few health indicators to be included amongst documents reviewed by the National Congress of the Vietnam Communist Party. This indicator has also been evaluated and monitored annually by the National Assembly.

The Vietnam Strategy on social and economic development for 2001 - 2010 includes many important documents supporting nutrition, promulgated by the Government to enable implementation of the NNS. These documents include: The Strategy on protection and care for people's health ratified by Decision 35/2001/QD-TTg dated Mar 19, 2001; National Strategy on Reproductive Health Care; Vietnam Population Strategy; Decree 163/2005/ND-CP dated Dec 12, 2005 on the production and supply of iodized salts; Decision of the Prime Minister No 149/2007/QD-TTg dated September 10, 2007 to ratify the National Strategy on Food Hygiene and Safety period 2006-2010; Decree 21/2006/ND-CP dated Feb 27, 2006 of the Government on the production and marketing of breastmilk substitutes; Decision 63/NQ-CP dated Dec 23, 2009 on national food security; Decree 48/ND-CP dated Sep 23, 2009 on the mechanism and policy to reduce post-harvest loss of agricultural and aquacultural products; Food safety Law; Decision 239/QD-TTg of the Prime Minister dated Feb 9, 2010 to ratify the pre-school compulsory education for 5-year-old children for the period of 2010-2015.

3. Increased investment in nutrition

In recent years, the Party and Government of Vietnam have invested in the control of undernutrition, particularly targeting pre-school children. Since 2000, programs addressing control of child undernutrition have been included amongst National Target Projects on social diseases and dangerous endemics, with an average funding of 100 billion VND per year. As a result of advocacy and communication, local governments at all levels, with support from international organisations, have contributed dozens of billions of VND, in addition to national funding, to support activities to control prevalence of child undernutrition annually.

In addition to investment from the government, nutrition policies and support from international organisations, and governmental and non-governmental organisations, such as UNICEF, WHO, FAO, ADB, the Government of Netherlands, Japan, Australia, have provided increased attention and support for the achievement of the NNS objectives. This support has helped to strengthen nutrition interventions, increasing the effectiveness of implementation of the NNS nationally.

4. Reinforced multi-sector cooperation guidance from the central to local levels

Multi-sector cooperation is a key component of effectively implementing nutrition activities and programs. The Government Decision 21//2001/TTg dated February 22nd, 2001, assigned the Ministry of Health responsibility for developing, providing guidance, coordinating and evaluating the implementation of the NNS, working in collaboration with other ministries, sectors and organisations, as well as with international organisations. The Steering Committee of the NNS has focused on planning, multi-sector and inter-sector approaches, and resource mobilisation for the implementation of the NNS. Amongst other ministries and sectors at central level, there have been focal units to cooperate with the Ministry of Health to achieve the objectives of the NNS; actively developing action plans

to jointly implement the NNS. Many other sectors and agencies have integrated nutrition interventions in their functional activities, such as the Ministry of Education and Training (kindergarten, primary School), the Ministry of Labor, Invalids and Social Affairs, the Ministry of Agriculture and Rural Development, the Vietnam Women's Union, the Farmer's Association, the Youth Union, and the Vietnam Labor Union.

Following ratification of the NNS, provinces established Steering Committees (*Chaired by Vice President of the Provincial People's Committee with the Provincial Health Service as the standing body and the Provincial Preventive Health Center as the focal point*) to develop action plans to implement the NNS, particularly incorporating the indicator of reduction of child undernutrition in the annual socioeconomic development plan for each locality.

Many provinces/cities have further strengthened multi-sector cooperation, signing agreements to confirm the multi-sector commitments and ensuring necessary monitoring and supervision for the effective implementation of those commitments.

5. Reinforced and extended implementation network for the NNS

The network for implementation of activities within the NNS framework has also been reinforced. There is now a department of nutrition and food hygiene and safety in each of the 63 Provincial Preventive Health Centers. The Reproductive Health network has nutrition coordinators in provincial, district and commune levels. There are over 100,000 nutrition coordinators and collaborators which cover all hamlets nation-wide. In addition, the nutrition network incorporated staff from central to local levels of the Ministry of Education and Training, Agriculture and Rural Development, the Farmer's Association, the Women's Union, and others, who have expanded their participation in implementing the NNS. Building and developing the nutrition network are key tasks needed to accomplish the goals of the NNS.

Furthermore, advanced training for nutrition specialists has been reinforced. Nutrition departments in medical and non-medical schools have been set up and operate training programs in the field of nutrition. In order to develop a stronger nutrition network from central to local levels, the National Institute of Nutrition has also cooperated with universities to train dietetic technicians, and nutritionists with bachelors, masters and PhD degrees in community nutrition. Currently, a program for a bachelor's degree in nutrition is being developed, with a goal to provide more trained staff to local nutrition programs. Within the framework of the NNS, many technical training courses have been held for multi-sector staff working in nutrition, contributing more effective implementation of nutrition programs.

6. Significant improvement of maternal and child nutrition

During the period from 2001 to 2010, the nutritional status of Vietnamese people in general remarkably improved, as well as that of mothers and children.

Prevalence of underweight (*weight for age*) in children under 5 has been significantly reduced, with a national average of 1.5% annually, from 31.9% in 2001 to 25.2% in 2005 and 17.5% in 2010 (*beyond the NNS objective*). The progress in reduction of malnutrition of Vietnam has been acknowledged and highly appreciated by international organisations.

Stunting rate (low height for age) in children under 5 nationally has also been significantly reduced from 43.3% in 2000 to 29.3% in 2010; however, Vietnam remains among the 36 countries with the highest stunting rates in the world¹.

The prevalence of overweight and obesity in children under 5 nationwide is 4.8% (5.7% in urban and 4.2% in rural), lower than that of the defined objective of the NNS (*less than 5%*).

The rate of low birth weight (*infants born less than 2500g*) is one of major indicators included in the NNS, which the WHO defines as a key nutrition and health indicator. Based on reports from the Nutrition Surveillance system of the NIN in 2009, this rate was estimated at 12.5%.

Chronic Energy Deficiency (*CED*) in women is correlated to significant problems in maternal health and nutrition care and is linked to IUGR. Nationally, the prevalence of CED in women of reproductive age has been decreasing at an average near 1% annually, from 2000-2009. Nutrition surveys conducted by the GSO in 2005 and 2009 revealed the CED rate in reproductive-aged women (*defined as BMI less than 18.5*) decreased from 28.5% in 2000 to 21.9 % in 2005 and 19.6% in 2009. On average, between 2000 and 2009, the rate of reduction was 0.98% per year, nearly meeting the NNS defined objective of 1%.

7. Reduction of Vitamin A and Iodine deficiency and nutritional anaemia in pregnant women

Micronutrient deficiency control is one of key interventions needed to improve nutrition and health status for women and children, particularly in its role in the reduction in the prevalence of stunting. In the past 10 years, over 85% of children between 6-36 months old and over 60% of mothers within one month of delivery have received vitamin A supplementation each year. In addition, vulnerable children including those with pneumonia, measles, or prolonged diarrhoea, are also provided high dose vitamin A supplements. This program of supplementation has been reported to be safe, and has enabled Vietnam to sustainably reduce clinical vitamin A deficiency since 2001.

Since 2005, Vietnam has nearly eliminated iodine deficiency in pregnant women and children. At present, the NNS objective to reduce goiter prevalence in children 8-12 years old has been achieved, however, sustainability of maintaining mean urinary iodine level and iodized salt coverage have not yet met the standard set forth by the NNS. In recent years, qualified iodized salt coverage was reduced from 91.9% in 2005 to 69.5% in 2009.

¹ Based on new WHO standards

Iron deficiency anaemia amongst pregnant women in target areas has been reduced in recent years, with just 18.9% prevalence in 2009, meeting the NNS objective. However, since target areas represent only a fraction of the country due to limitations in external funding for iron and folate supplements, prevalence remains very high at 36.5% nationally.

In addition to direct supplementation of vitamin A, iron, and folate, food fortification methods have been also applied including iodine fortification of salt and iron fortification of fish sauce.

8. Strengthened food hygiene and food safety controls

In the past decade, numerous regulations have been established regarding the management of food hygiene and safety. The National Plan of Action for Food hygiene and safety in 2010 and the National Program for Food hygiene and safety 2006 - 2010 were ratified by the Prime Minister, attempting to move Vietnam in line with regional and international standards, in order to meet the needs for development and integration. Additional legislation regarding food safety was approved in the National Assembly in June 2010, providing an important legal framework to improve the effectiveness of food safety and protect the overall health of the population.

Quality control, inspection, and laboratory systems have been reinforced in the food safety sector. The National Institute for Food hygiene and Safety was established in 2009 as a division of the Ministry of Health. Food laboratories in national and regional research institutes have also been established or upgraded, and food safety management systems in local areas have been strengthened. In order to further promote awareness, the Food Administration has regularly organized “*Food Safety Month*” from April 15th to May 15th, nationally.

The comprehensive movements in organisation, management and implementation from central to local levels have enabled good progress in food hygiene and safety control. In 2009, public food poisoning cases reported decreased by 53.5% compared to cases in 1999, and in the same decade, there was a 31.2% decrease in the total number of individuals who experienced food poisoning, and a 51.4% reduction in deaths related to food poisoning.

9. International Cooperation

Following the orientation, objectives and approaches of the NNS, many bilateral and multilateral international cooperation projects have been implemented in different areas of the country, including projects funded by UNICEF that have provided vitamin A capsules for children, support breastfeeding promotion, goiter control, and nutrition advocacy and nutrition monitoring and evaluation. In addition, numerous projects funded by organisations and governments have helped further NNS objectives, including: the project for “*Local Capacity Building for Effective and Sustainable Implementation of Community-based Nutrition Activities for Women and Children in Ten Disadvantaged Provinces in Vietnam*” funded by the government of the Netherlands in 2005-2008, the project for “*Fortified Fish*

Sauce” funded by GAIN through the World Bank from 2005-2008, the project for “*Complementary food for vulnerable children 6-24 months old in poor areas*”, and the project for “*Child nutrition improvement through Vitamin A supplementation for children 6-60 months old combined with deworming for children 24-60 months old in 18 disadvantaged provinces of Vietnam*” both funded by Japan Fund for Poverty Reduction through the ADB. These projects have contributed remarkably to the improvement of the nutritional status of Vietnamese people.

II. CHALLENGES

1. In the past 10 years, the Party and the Government have increased attention and investment in nutrition programs/activities. However, due to limited budget, sufficient resources to reach the defined NNS objectives have not yet been realised. Many provinces have not yet provided necessary support, including funding to meet nutrition objectives. In addition, international funding for nutrition in Vietnam has been decreasing since 2005.
2. The network for implementing nutrition activities has not been stable and synchronised. There is a high rate of turnover amongst nutrition staff, as well as a general shortage of qualified nutrition staff working in community, school and hospital settings. Furthermore, many new staff have not received formal nutrition training to provide high quality services. Despite measures aimed to increase awareness, attention to nutrition issues amongst local authorities and awareness of community nutrition issues remain limited.
3. Improper nutrition knowledge and practices are still common amongst mothers and family members, especially those living in rural and remote/isolated areas and ethnic groups.
4. In many sites, ensuring food hygiene and safety has not been well implemented, thus affecting the nutrition status of local people.
5. There is a disparity in prevalence of undernutrition among regions (*including underweight and stunting*). Child undernutrition prevalence is very high in Northern Midland and Mountain areas, Central Highlands and North Central and Central Coastal areas compared to the national average and other regions, requiring focused interventions.
6. A number of objectives have not been achieved as expected:
 - Prevalence of stunting (*height for age*) in children under 5 remained high at 29.3% in 2010. In 2010, 28 provinces reported prevalence of stunting greater than national average, amongst those provinces, 12 reported having rates over 35%, which is classified as a high level by WHO.
 - The prevalence of iron deficiency anaemia in pregnant women is high at 36.5% nationally.

- Exclusive breastfeeding rate remains low with 29.3% at 4 months and 19.6% at 6 months, although 93% of children receive some breast milk.
- The coverage of qualified iodized salt has not been sustained following cessation of the project in 2005.

III. SUCCESSES AND FAILURES

1. Causes for achievement of NNS objectives

a) Leadership and guidance of authorities of all levels

The Party, National Assembly, government, relevant ministries and sectors have enacted numerous guidelines and instructions to implement the NNS and nutrition-related issues. In the 35th session of the UN Standing Committee for Nutrition, held on March 2008 in Hanoi, the Government of Vietnam committed to continue to address issue of malnutrition, with a goal to reduce underweight to less than 20% by 2010, and less than 15% by 2015.

Reduction of undernutrition has become a national indicator in the Resolution of the National Party Congress and annual resolutions of National Assembly and People's Council at all levels.

Central and local government is increasing investment in nutrition related issues every year. At the central level, funding has increased from 30 billion VND in 2001 to 122 billion VND in 2010. Local funding has also increased, from 8 VND billion in 2001 to 20 billion VND in 2010.

b) Active involvement of relevant sectors and mass organisations at all levels

During implementation of NNS, many relevant ministries, sectors and mass organisations have developed formats and models directed to target groups and specific tasks, with increased involvement of the population as a result. In addition, some sectors have advised the government regarding the promulgation of nutrition supporting policies and even developed their own action plans for implementation of the NNS. Most of the localities have good multisectoral cooperation for NNS implementation.

c) Policy to implement comprehensive nutrition activities from central to local levels

The Ministry of Health, through their role as the chairing body, and National Institute of Nutrition as the focal point for nutrition activities, have developed proper intervention approaches, an effective implementation mechanism, and close monitoring and supervision.

Nutrition activities have been conducted widely and comprehensively from the central to community levels nation-wide through designated nutrition coordinators and collaborators who have mobilised relevant sectors, mass organisations and communities.

Awareness of proper nutrition and malnutrition control amongst government officials and local communities has been raised as a result of nutrition activities.

d) Socioeconomic development and growth in science and technology create a favourable environment

In the last 10 years, the economy has grown rapidly. The proportion of poor households has been continuously and sustainably reduced. Education, information, and communication systems have developed rapidly. International integration has increased in scope and depth. These achievements have contributed to the improved quality of life and enabled increased access to information and knowledge on health and nutrition topics.

e) Effective support from international organisations, governmental organisations, and mobilisation of external and internal NGOs

International organisations, government organisations and NGOs have provided generous technical and financial support for the implementation of many activities within the NNS, including research, staff training, education, communication, and intervention projects. Resources have been enhanced through domestic and international cooperation. Social mobilisation, especially in the child malnutrition control program, has achieved a high level of efficacy.

2. Potential causes for failure to reach NNS objectives

a) In some localities, Party, government, and community authorities have not given adequate attention to nutrition issues, or not recognised their importance

In some areas, steering committees for NNS implementation and malnutrition control programs have been established, following the instructions of the central government, but they have failed to thoroughly execute the objectives. In addition, nutrition indicators have not been integrated in local annual resolutions and socioeconomic plans. The implementation, monitoring, evaluation and review have been done mostly by the health sector instead. As a result, knowledge and awareness of proper health and nutrition practices are still limited amongst some segments of the population.

b) Resource investment has not met actual needs

Resources invested to address nutrition issues have not yet met the actual needs for comprehensive and synchronised implementation of the NNS nationally. The nutrition network, particularly in the field of dietetics, remains weak due to the inadequate number of trained staff.

The majority of the budget has been allocated for activities to control child malnutrition, focusing on reduction of underweight. Other important nutrition issues such as stunting and micronutrient deficiencies have not yet received due attention. The mobilisation of local resources for NNS implementation has been constrained. Many localities remain passive, depending mostly on funding allocated by the central government. Funding from international sources has not been coordinated and managed effectively, following the national priorities.

c) *Management and operation constraints*

Nutrition related policies have not been synchronised, for example, although the health sector promotes exclusive breastfeeding for 6 months, the labor laws provide only 4 months of maternity leave. Policies and decisions often overlap between different governing bodies, such as food hygiene and safety, production and marketing of nutrition products for infants. The nutrition network has been insufficient and unstable to accomplish the NNS objectives.

The process of planning, determining objectives and budget allocation have not adequately considered local needs and situations. In addition, some evaluation indicators have not been closely monitored.

The role of the health sector has also been lacking in coordination and technical guidance in some localities. Many programs and projects related to nutrition amongst other sectors have not properly focused on technical requirements or the sustainability of interventions.

Multi-sector cooperation for certain activities has not been strong enough, and remains in theory more than in practice. Budget allocation for nutrition activities in other sectors remains limited. In general, there is a lack of united coordination in the framework to achieve the NNS objectives.

IV. LESSONS LEARNT

1. Strong commitment of Party and government authorities at all levels is an essential and prerequisite factor to ensure the success of nutrition activities. Objectives of malnutrition control should be incorporated into the resolution of the Party's Congress and annual resolutions of the National Assembly and local People's Councils.
2. Malnutrition is not only caused by hunger but also by ignorance, therefore education and communication to raise awareness of proper nutrition and affect behaviour change are key interventions that should be maintained.
3. Nutrition activities require more creative approaches based on an analysis of each localities' needs. Local initiatives, proposals and models should be developed, collected, and reviewed in order to provide effective guidance and orientation for implementation.
4. The successes in reduction of child malnutrition in many cities and provinces have provided an example of the important role played by multisector cooperation and mass organisations at different levels.
5. Monitoring and evaluation of nutrition data and food intake should be systematically performed, focusing on vulnerable regions and populations. At the same time, new research should be proposed and conducted in order to identify and assess emerging nutrition problems, thus developing recommendations in a timely to rapidly respond with appropriate interventions.
6. International cooperation should be strengthened, with mobilisation of additional resources in order to increase funding for nutrition programs and projects.

Part two

NATIONAL NUTRITION STRATEGY FOR 2011-2020, WITH A VISION TOWARD 2030

The foundation for the development of the National Nutrition Strategy was based on:

- Documents of the National Congress of the Communist Party XI (2011).
- Conclusion No 43-KL/TW ratified April 1, 2009, by the Politburo detailing the achievements made in three years during the implementation of Resolution No 46/NQ-TW ratified February 23, 2005 by the Politburo (IX) on “*protection, care and improvement of people’s health in the new situation*”.
- Socioeconomic development strategy for 2001-2020.
- Resolution No 37/CP dated June 20, 1996 on the focus for strategy on health care and protection, with defined basic indicators for public health for the year 2020.
- Drafted Strategy for care and protection of public health from 2011-2020, with a vision to 2030.
- Official message No 689/TH signed June 29, 2011 by the government, which agreed to put “*The National Nutrition Strategy for 2011-2020, with a Vision to 2030*” into the Activities of the Government and Prime Minister in 2011.

I. SOCIOECONOMIC CONTEXT AND NUTRITION ISSUES IN THE NEXT DECADE

1. Context - opportunities and challenges:

Vietnam is entering the second decade of 21st century with many opportunities and challenges. The economy continues to grow. Trends of globalisation and economic integration have opened development opportunities in many socioeconomic fields, in particular, the fields of science and technology. The proportion of poor households, particularly those with food insecurity, has been remarkably reduced. The average education level has also improved and the literacy rate has been maintained at a high level.

Vietnam has achieved remarkable improvement in the nutrition status of the population. Maternal and child malnutrition has remarkably and sustainably decreased, and knowledge on proper nutrition has been improved. Food security has been strengthened and the average diet of Vietnamese people has been diversified in quality and quantity. There has already been evidence of improved stature of Vietnamese people.

In addition to the forementioned opportunities, Vietnam also encounters many challenges affecting the nutrition situation and work objectives for the coming years, including:

- a) Globalisation brings new issues to many countries, including Vietnam, raising emerging challenges in nutrition and food safety.
- b) Large scale urbanisation raises issues related to social structure, food production, and biological environment. The process of urban growth leads to increased economic disparity through reduction of land available for agriculture, which provides for the livelihood of the majority of the population. In addition, the urban population show significant changes from traditional dietary behaviors with a diet more rich in fat, carbohydrates and processed products.
- c) Vietnam has been recognised as one among 5 countries badly affected by global climate change. Each year, Vietnam faces many natural disasters including floods, typhoons, and drought, leading to increased risk of serious epidemics and food insecurity.
- d) Population growth has further increased the pressure for development. By 2020, the population of Vietnam is expected to rise to about 150 million people. In order to meet the needs of a growing population, adequate food supply and sufficient health and nutrition services must be secured.
- e) Since the economic status has improved in recent years, when Vietnam is no longer considered as a low-income country, external funding and Official Development Assistance (*ODA*) for nutrition programs/activities from international organisations will continue to decline.
- f) There is a growing challenge presented by the double-burden of nutrition, with high prevalence of undernutrition in mothers and children, combined with rising rates of overweight, obesity, and related chronic diseases.

2. Nutrition issues forecasted for 2020

The following issues should be given increased attention, investment, and guidance to address nutrition problems in the coming decades.

- a) Child malnutrition remains at a high level by WHO classification, with significant regional disparity. In particular, the stunting rate, a measure of height according to age, remained high at 29.3% in 2010 and significantly varied amongst different regions. Nationally, there are 12 provinces with prevalence of stunting greater than 35%, mostly in 3 regions: Central Highlands, Central Coastal, and Northern Midland and Mountain areas.
- b) Micronutrient deficiencies, especially in mothers and children, are still common, including anaemia in pregnant women (36.5%), and in children under 5 (29.2%). Sub-clinical vitamin A deficiency and iodine deficiency are still problems of public health significance, particularly in the Central Highlands, Northwest and Central Coastal areas.
- c) Vietnam is currently encountering the double burden of nutrition. In recent years, the rate of malnutrition has remained high, and in addition, the prevalence of overweight, obesity and nutrition-related chronic diseases has also increased, leading to a new

pattern of morbidity and mortality in Vietnam. Overweight and obesity is now estimated in 4.8% of children and 6.6% of adults.

- d) The role of school nutrition's ability to influence children's height and growth, particularly for children who were stunted in early childhood has not received adequate attention and investment,
- e) Clinical nutrition and dietetics departments in hospitals have not been given adequate focus and resources and have been deeply affected by the transition from subsidized to market economy. Therefore, the system should be re-established and developed to meet the needs of nutrition care particularly for aging people and other target groups including HIV/AIDS and TB patients.
- f) The implementation network for nutrition activities has not yet been synchronised. There remains a shortage of quality nutrition staff in sufficient numbers to serve in community and hospital settings.

II. VISION FOR THE YEAR 2030

By 2030, Vietnam aims to reduce child undernutrition to a level below public health significance (*prevalence of stunting < 20% and underweight < 10%*) and to remarkably increase adult height. Knowledge of proper nutrition practices should be effectively communicated for the prevention of nutrition-related chronic diseases, which are on the rise. Food intake amongst different population groups should be monitored, particularly in school children, to ensure appropriate and balanced diets. Furthermore, food safety should be strengthened to help maintain nutritional gains. These strategies will help to ensure that nutrition requirements are met and contribute to improvement in quality of life.

III. PRINCIPLES AND DIRECTIONS

1. Principles

- a) Improving nutritional status is the responsibility of all people, amongst all authority levels and sectors.
- b) Balanced and proper nutrition is an essential factor to achieve comprehensive physical and intellectual development and improved quality of life .
- c) Nutrition activities should involve multi-sector collaboration, under the guidance and leadership of the Party and Government at all levels, with social mobilisation of mass organisations and the general population. Priority should be given to poor, disadvantaged areas and ethnic minority groups, as well as to mothers and small children.

2. Directions

- a) Nutrition-related health problems should be comprehensively addressed, with a focus on reduction of child malnutrition, in particular, the reduction of child stunting through early nutrition interventions for women of reproductive age, pregnant women and children, in order to improve average height amongst adults in Viet Nam.

- b) Nutrition activities should be implemented at the national level with specific approaches targeted to regions, localities, and target groups, and closely linked with other health programs.
- c) Advocacy and communication are key approaches to incorporate nutrition as a socio-economic development indicator in the resolution of the Party, National Assembly and local People's Council.
- d) Social mobilisation, international cooperation and utilisation of other investments should be strengthened to successfully implement the NNS.

IV. OBJECTIVES

a) General objectives

By the year 2020, the average diet of Vietnamese people will be improved in quantity, balanced in quality, hygienic and safe; Child malnutrition will be further reduced, especially the prevalence of stunting, contributing to improved nutrition status and stature of Vietnamese people; and obesity/overweight will be managed, contributing to the control of nutrition-related chronic diseases.

b) Specific objectives

1. To continue to improve the diet of Vietnamese people, in terms of quantity and quality

Indicators:

- The proportion of households with low energy intake (*below 1800 Kcal*) will be reduced to 10 % by 2015 and 5 % by 2020.
- The proportion of households with a balanced diet (*Protein:Lipid:Carbohydrate ratio – 14:18:68*) will reach 50% by 2015 and 75% by 2020.

2. To improve the nutrition status of mothers and children

Indicators:

- The prevalence of chronic energy deficiency in reproductive-aged women will be reduced to 15% by 2010 and less than 12% by 2020.
- The rate of low birth weight (*infants born less than 2,500g*) will be reduced to under 10% prevalence by 2015 and less than 8% by 2020.
- The rate of stunting in children under 5 years old will be reduced to 26% by 2015, and to 23% by 2020.
- The prevalence of underweight among children under 5 years old will be reduced to 15% by 2015 and to 12.5% by 2020.
- By 2020, the average height of children under 5 will increase by 1.5 – 2cm in both boys and girls; and height in adolescents by sex will increase by 1-1.5 cm compared with the averages from 2010.

- The prevalence of overweight in children under 5 will be less than 5% in rural areas and less than 10% among urban populations by 2015, and will be maintained at the same rate by 2020.

3. To improve micro-nutrient status

Indicators:

- The prevalence of children under five with low serum vitamin A ($<0.7 \mu\text{mol/L}$) will be reduced to 10 % by 2010 and below 8 % by 2020.
- The prevalence of anaemia in pregnant women will be reduced to 28% by 2015 and to 23 % by 2020.
- The prevalence of anaemia among children will be reduced to 20% by 2015 and 15% by 2020.
- By 2015, standardised iodized salt ($\geq 20 \text{ ppm}$) will be regularly available throughout the country, with coverage of more than 90% of households. Mean urinary iodine levels in mothers with children under 5 will be between 10-20 mcg/dl, and these concentrations will be maintained by 2020.

4. To effectively control overweight and obesity and risk factors of nutrition related non-communicable chronic disease in adults

Indicators:

- The prevalence of overweight and obesity in adults will be controlled to a rate of less than 8% by 2010 and will increase to no more than 12% by 2020.
- The proportion of adults with elevated serum cholesterol (*over 5.2 mmol/L*) will be less than 28% in 2015 and will remain relatively controlled with less than 30% prevalence in 2020.

5. To improve knowledge and practices regarding proper nutrition in the general population

Indicators:

- The rate of exclusive breastfeeding (*EBF*) for the first 6 months will reach 27% by 2015 and 35% by 2020.
- The proportion of mothers with proper nutrition knowledge and practices when caring for a sick child will reach 75% by 2015 and 85% by 2020.
- The proportion of adolescent females receiving maternal and nutrition education will reach 60% by 2015 and 75% by 2020.

6. To reinforce capacity and effectiveness of the network of nutrition services in both community and health care facilities

Indicators:

- By 2015, the proportion of nutrition coordinators receiving training in community nutrition (*from 1 to 3 months*) will reach 75% among provincial level employees and 50% of those at the district level. By 2020, this proportion will be 100% and 75%, respectively.
- By 2015, 100% of communal nutrition coordinators and nutrition collaborators will be trained and updated on nutrition care practices. Training of all nutrition staff will be maintained in 2020.
- The proportion of central and provincial hospitals with dieticians will reach 90% at central level, 70% at provincial level and 30% at district level by 2015. By 2020, this proportion will be 100%, 95%, and 50% respectively.
- The proportion of hospitals applying nutrition counseling and therapeutic treatment for conditions such as aging health, HIV/AIDS and TB, will reach 90% among central, 70% among provincial, and 20% among district hospitals by 2015. By 2020, the coverage will be 100%, 95% and 50%, respectively.
- The proportion of provinces qualified for performing nutrition surveillance will reach 50% by 2015 and 75% by 2020. Nutrition data will be monitored with particular focus in vulnerable provinces, in emergency situations, and in provinces with high prevalence of malnutrition.

V. STRATEGIC APPROACHES**1. Legislative approaches**

- Leadership and guidance of the Party and Government at all levels should be reinforced to achieve the reduction of underweight in children. Nutrition indicators, particularly stunting rate, should soon be adopted as a national socioeconomic development indicators as well as for each locality. Monitoring and evaluation of the success in achievement of nutrition indicators should be strengthened.
- Multi-sector cooperation should be finalised for the implementation of interventions to improve nutrition, particularly between the Ministry of Health, the Ministry of Agriculture and Rural Development, the Ministry of Education and Training, the Ministry of Culture, Sport and Tourism, and the Ministry of Labor, Invalids and Social Affairs. Legislation and solutions are needed to mobilise and promote the involvement of mass organisations and industries in the implementation of the NNS.
- A legislative framework should be developed and finalised to deal with food and nutrition issues, including: regulations on production, marketing and utilisation of nutrition products for young children, food fortification laws, appropriate maternity leave, breastfeeding promotion, school nutrition policy focusing on pre-school and primary school children, encouraging increased production of specialised nutrition products in the private sector for poor, disadvantaged, minority groups, pregnant women, children under 5, and children with special needs.

2. Resource development

- ***Capacity building:***

- Leading experts in nutrition, dietetics and food safety should be extensively trained and effectively used.
- Nutrition specialists should be trained in all levels of education including: post-graduate, bachelor, and dietetic technicians.
- A staff network for nutrition professionals, particularly those working in the community, should be developed and reinforced. Management capacity of nutrition activities should be strengthened for staff from central to local levels, including those in relevant sectors/ministries.
- The training format should be diversified according to social needs of the targeted audience. Priority should be given to training staff in areas with large populations of ethnic minorities, disadvantaged areas, and areas with high prevalence of malnutrition, with consideration of appropriate training design. International cooperation in capacity building for nutrition should be promoted.

- ***Financial resources:***

- Social mobilisation, diversification of funding sources and gradually increased investment in nutrition are considered primary approaches to raising financial capital. Funding sources include: state and local government budgets, international aid and other legal financial support, including additional funds allocated to state budget from national programs and projects.
- Financial resource should be managed and coordinated effectively, ensuring equality and equity in nutrition care for all people. Monitoring, supervision and evaluation of the effectiveness of budget utilisation should be strengthened.

3. Approaches on advocacy, nutrition information, education and communication:

- Advocacy to support increased communication and awareness of the importance of nutrition in the comprehensive development of children's physical and mental health should be promoted, targeting authorities and managers at all levels.
- Mass media communication activities should be conducted with various methods, formats and contents specific to each region, area and target group, in order to improve nutrition knowledge and practices, especially those related to the prevention of stunting and control of overweight/obesity and nutrition-related non-communicable diseases in all segments of the population.
- Nutrition and physical education programs should be enhanced in the school system from pre-school through undergraduate levels, and a school nutrition program should be developed and implemented with gradual introduction of school meals and school milk in pre-schools and primary schools. Appropriate models should be developed based on the region and targeted group.

4. Technical approaches

- Specific food and nutrition intervention programs and projects should be developed to improve the nutritional status of target groups. Priority should be given to poor, disadvantaged, and ethnic minority areas, as well as those at risk.
- Proper nutrition care should be given to mothers throughout pregnancy and post-delivery. Exclusive breastfeeding in the first 6 months should be promoted, with education on appropriate complementary feeding for children under 2 years of age.
- Strengthening the food and nutrition surveillance centers at both the central and regional level institutions is vital to accurately monitor changing trends in food consumption and nutritional status in a systematic way.
- A network of nutrition services, including counselling and rehabilitation should be developed and strengthened.
- Production of locally available food commodities, as well as processing and distribution should be promoted and diversified. The VAC ecosystem should be strengthened and expanded, ensuring sufficient production, circulation and distribution of safe foods. Daily consumption of fish, milk, and vegetables should be promoted.
- A system to monitor and forecast food insecurity at both national and household levels should be established, as well as a plan of rapid response to address nutrition issues following emergencies.

5. Approaches for science and technology and international cooperation

- Strengthening capacity building and management systems for scientific research in the field of food and nutrition will enable increased knowledge and analysis of nutrition issues.
- Research, development and application of technology should be promoted to increase new breed selection and creation, production and processing of nutritious foods, fortified foods and specialised products.
- Information technology and database development should be promoted in areas of food and nutrition.
- The utilisation of evidence-based information in policy development, planning and nutrition programs and projects at different levels should be promoted, especially aimed at the prevention of stunting and micronutrient deficiencies.
- Advances in nutrition sciences related to the prevention of obesity, metabolic syndrome and nutrition related non-communicable diseases should be applied in educational curriculum and practice.
- Active cooperation in areas of research and education with scientifically advanced countries, institutes and universities, both regionally and globally, will further assist Viet Nam in rapidly scaling-up advanced science and technology standards and nutrition capacity.

- Comprehensive cooperation with international organisations should be promoted to support the implementation of the NNS. International cooperation projects should be integrated into activities of the NNS to achieve the NNS objectives.

VI. PROJECTS AND PROGRAMS TO IMPLEMENT THE NNS

1. Project for Nutrition education, communication and capacity building:

- **Objectives:** Improve awareness and knowledge of proper nutrition, leading to changed behaviors and healthier lifestyles, Strengthen the network of services and improve capacity of nutrition staff in different levels and sectors, Develop nutrition supportive policies, and Reinforce multi-sector cooperation
- **Target groups and scope of activities:** All people should be targeted, but with priority given to nutrition staff working in areas with high prevalence of undernutrition, ethnic minority areas, and socioeconomically disadvantaged areas
- **Activities:**
 - Annually, communication campaigns should be implemented in order to raise the awareness of nutrition activities.
 - Programs on should be specifically designed, developed, and implemented to address issues of nutrition communication, control and prevention of stunting in children, and control and prevention of overweight and obesity and nutrition-related non-communicable diseases.
 - Implement communication activities in communities and in schools, focusing on malnutrition control, control and prevention of overweight and obesity, and nutrition-related non-communicable diseases. Participation of communities, family members, teachers and children should be encouraged.
 - Establish nutrition groups for pregnant women to share experiences on nutrition care in order to provide support for women and help to increase nutrition knowledge and practices, encouraging healthy fetal growth.
 - Develop and strengthen networks providing nutrition services, including counseling and rehabilitation.
 - Continuing education courses should be regularly organised to maintain high capacity of nutrition workers related to all ministries, sectors, localities with high prevalence of undernutrition, ethnic minority areas, and socioeconomically disadvantaged areas.
 - Training modes should be expanded according to needs and desired outcomes, location, and access to technology.
 - New mechanisms and policies should be developed to aid in promotion of training and credibility of experts in nutrition, dietetics, and food safety.
- **Responsible agency:** The Ministry of Health

- **Cooperating agencies:** The Ministry of Education and Training, the Ministry of Information and Communication, Vietnam Television, other related ministries, sectors, agencies, and Provincial People's Committees
- 2. Project for maternal and child malnutrition control, focused on reduction of stunting, improvement of height, and proper health and nutrition for pregnant women.**
- **Objectives:** To improve nutritional status of mothers, children under 5, women of reproductive age, and adolescents, contributing to increased height and physical status of Vietnamese people
 - **Target groups and scope of activities:**
 - Target groups: Pregnant women and lactating mothers, children under 5, women of reproductive age, and adolescents
 - Scope: Comprehensive implementation of nutrition interventions for mothers and children, nationwide, at health facilities in all levels and communities, with priority given to poor areas
 - **Activities:**
 - Implement nutrition counseling activities providing information on: diet, resting regime, and supplementation of iron/multiple micronutrient tablets to prevent iron deficiency anaemia during gestation.
 - Support and promote exclusive breastfeeding for the first 6 months in infants, with appropriate complementary feeding for children under 2 years of age.
 - Provide nutritional products for severely undernourished children who are cared for in hospitals at national, provincial/municipal, district and commune levels.
 - Develop and disseminate a standard protocol of treatment for severe malnutrition in pediatric facilities in provincial/municipal, district, and commune levels.
 - Develop and maintain nutrition groups to create a platform for women to share experiences related to good nutrition care in order to improve knowledge and nutrition practices to improve nutritional status of newborns and young children.
 - Provide health care and proper nutrition for pregnant women, contributing to control and prevention of stunting and improved growth.
 - Monitor nutritional status of children under 5, with particular focus on children under 2 years old, in combination with nutrition and health counseling.
 - Develop plans to produce and distribute nutritional products designed for people at risk for poor nutrition, including: mothers, children, areas affected by natural disasters, and other targeted groups.
 - **Responsible agency:** The Ministry of Health
 - **Cooperating agencies:** Related ministries, sectors, agencies, and Provincial People's Committees

3. Project for micronutrient deficiency control:

- **Objectives:** Gradually increase the level of vitamins and minerals consumed and absorbed to be adequate to meet daily needs through diversified approaches. Priority should be given to interventions addressing vitamin A, iron and iodine deficiencies, and in the areas and population groups at high risk
- **Target groups and scope:** All people should be targeted, but with attention paid to high risk groups and priority for disadvantaged areas
- **Activities:**
 - Vitamin A deficiency control: Supplementation of high dose vitamin A capsules for children from 6 to 36 months, twice a year, for women within one month of giving birth and children under 5 years old with risk factors for vitamin A deficiency, including: malnutrition, diarrhoea, measles, acute respiratory infection, and children under 6 months old not receiving breastfeeding.
 - Iron deficiency anaemia control: Supplementation of iron and folic acid for pregnant women, women of reproductive age, and adolescents. Periodic deworming of children between 2 and 5 years of age and women of reproductive age, according to the guidelines for diagnosis and treatment written by the Ministry of Health.
 - Iodine deficiency control: Promotion of the use of iodized salt, Monitor production and importation of iodized salt, and Develop a policy to provide supplementation for poor and disadvantaged regions, which have no access to iodized salt.
 - Micronutrient fortified food: Fortification of flour, fish sauce, condiments, oil, and other foods to increase micronutrient levels.
- **Responsible agency:** The Ministry of Health
- **Cooperating agencies:** The Ministry of Agriculture and Rural Development, the Ministry of Industry and Trade, the Ministry of Education and Training, the Ministry of Information and Communication, other related ministries, sectors, agencies, and Provincial People's Committees

4. Program for School Nutrition:

- **Objective:** Reduce undernutrition and improve nutrition status of children in the school system
- **Target groups and scope:** Teachers and children in kindergartens and primary schools throughout the country
- **Activities:**
 - Provide nutrition and physical education for children from kindergarten through university in order to accomplish objectives.
 - Develop models of nutrition programs in schools and disseminate standardised menus in school systems in accordance with regional conditions.

- Provide and enhance the nutrition infrastructure allowing for the availability of meals and milk in kindergartens and primary schools.
- Train nutrition staff in schools to provide healthier lunches for school children.
- Develop and disseminate dietary programs for children in kindergartens and primary schools.
- Develop regulations regarding provision of lunch for children in schools.
- **Responsible agency:** The Ministry of Health
- **Cooperating agencies:** The Ministry of Education and Training, other related ministries, sectors, agencies, and Provincial People's Committees.

5. Project for overweight and obesity and nutrition-related, non-communicable, chronic disease control.

- **Objective:** To control the increase in prevalence of overweight and obesity and nutrition related non-communicable diseases amongst target groups
 - **Target groups and scope of activities:**
 - Target groups: All of the population, with focus given to preschool and school children
 - Scope: Implementation nationwide, with focus on large, urban areas
 - **Activities:**
 - Develop nutrition interventions to encourage a healthy lifestyle, including physical activity to prevent overweight and obesity.
 - Implement clinical nutrition activities in hospitals, including: software development for calculation of dietary intakes, and establishment of therapeutic menus for diabetes, hypertension, and other diseases.
 - Develop clinics and counseling facilities in hospitals to provide services for the prevention and control of overweight and obesity and nutrition related non-communicable chronic diseases.
 - Promote research and development of nutritional products for different target groups in controlling overweight and obesity and nutrition related non-communicable chronic diseases.
 - Develop a model to prevent overweight and obesity in schools and communities.
- Responsible and cooperating agencies:
- The Ministry of Health is responsible for activities in hospitals and communities, cooperating with other related ministries, sectors, agencies and Provincial People's Committees.
 - The Ministry of Education and Training is responsible for activities in school system, cooperating with the Ministry of Health and other related ministries, sectors, agencies, and Provincial People's Committees.

6. Program for food and nutrition security and nutrition in emergencies:

- **Objectives:** To ensure household food and nutrition security
- **Target groups and scopes of activities:**
 - Target groups: Households throughout the country
 - Scope: Nationwide, with priority given to disadvantaged areas, ethnic minorities, and areas with high prevalence of undernutrition
- **Activities:**
 - Develop a model for economic development that also generates local food sources, in order to ensure food security that is appropriate for each region.
 - Research and disseminate information regarding post-harvest technology, with special regards to household scale.
 - Develop an early warning surveillance system to identify risks of food and nutrition insecurity, as well as a food price variability surveillance system.
 - Develop a plan of action for timely response in emergency situations.
- **Responsible agency:** The Ministry of Agriculture and Rural Development
- **Cooperating agencies:** The Ministry of Health, other related ministries, sectors, agencies, and Provincial People's Committees.

7. Nutrition surveillance

- **Objectives:** Promote capacity building in the nutrition surveillance network from central to local levels in order to monitor the implementation of the strategy and forecast emerging nutrition problems.
- **Target groups and scope of activities:** The food and nutrition surveillance network from central to local levels
- **Activities:**
 - Consolidate and strengthen the focal point of nutritional status in the surveillance system throughout the country.
 - Strengthen the capacity for food and nutrition surveillance amongst central level, regional institutions, provinces, and cities, in order to systematically monitor changes in food consumption and nutrition status.
 - Develop a national, “Food and nutrition balanced table” program.
- **Responsible agency:** The Ministry of Health
- **Cooperating agencies:** The Ministry of Agriculture and Rural Development, the Ministry of Planning and Investment (GSO), other related ministries, sectors, agencies, and Provincial People's Committees

VII. IMPLEMENTATION

1. Organisation

- a) The central level steering committee will hold primary responsibility for implementation of the NNS. The committee shall be chaired by the minister of the Ministry of Health, the vice minister from the MOH shall be the deputy chairman, and members of the committee shall be comprised of leaders of related ministries, including: Planning and investment, Finance, Education and training, Agriculture and rural development, Labor, invalids, and social affairs, Information and communication, Trade, Science and technology, and the Vietnam women's union, Central communist youth union of Ho Chi Minh, and other relevant sectors and mass organisations. The steering committee shall have the responsibility to guide, supervise and promote implementation of the NNS.
- b) The Ministry of Health has been designated by the government as the executing body responsible for coordination of activities with other ministries, sectors, mass organisations and localities to implement the activities of the NNS.
- c) The National Institute of Nutrition is the standing body, which shall assist the central steering committee with technical aspects, monitoring, supervision, and routine evaluation of NNS implementation.
- d) The steering committee for the NNS shall be established in each administrative level. In local levels, it will be chaired by the vice president in charge of cultural-social development with members from the health sector, and standing committee members, including those from the ministries of Planning and investment, Finance, Education and training, Agriculture and rural development, Labor, invalids, and social affairs, Information and communication, Trade, Science and technology, and other relevant sectors and mass organisations.
- e) Throughout implementation of the NNS, there should be a focus on capacity building, combined with a clearly defined plan for resource investment, ensuring successful implementation of the NNS.

2. Specific roles of relevant ministries, sectors, and mass organisations

- a) The Ministry of Health is the executing body for the National Nutrition Strategy in cooperation with the following groups: the Ministry of Planning and Investment, the Ministry of Finance, other related ministries, Provincial People's Committees and social-political organisations. The Ministry of Health, along with its partners, will work to develop a plan of action to implement the NNS nationally so that it is in line with relevant strategies, programs and projects. Projects and programs meeting the NNS's objectives will be developed and implemented following approval by the assigned authorities. The Ministry of Health will monitor and regularly provide reports on the status of NNS implementation to the Prime Minister, organise a mid-term review meeting in 2015, and a final review meeting in 2020.

- b) The Ministry of Planning and Investment is responsible for allocating funding for the NNS from the State budget approved by the National Assembly annually. It is also responsible for raise funds from international and domestic donors to address issues of nutrition.
- c) The Ministry of Finance, in cooperation with the Ministry of Planning and Investment, will allocate sufficient budget annually to accomplish approved NNS projects and programs, based on the capacity of State budget, and the plan approved by the National Assembly. It will provide oversight into all expenditures based on current laws and regulations, in order to cooperate with the Ministry of Health and related agencies to develop policies to promote social mobilisation and encourage individual and institutional investment in nutrition.
- d) The Ministry of Agriculture and Rural Development is responsible to provide guidance for planning and development of approaches to ensure food security. It will cooperate with line ministries and sectors to implement additional plans of action to ensure national food security. Furthermore, it is responsible to develop policies regarding food security, food processing, VAC ecosystem development, and promotion of safe water supply in rural areas.
- e) The Ministry of Education and Training (*MOET*) is responsible for the development of nutrition education and physical exercise programs from preschool through undergraduate education. This program should include: meal management, a school milk program for preschool and primary school children, development of a school nutrition model, and improved development of preschool and school canteen services. MOET will also gradually increase cooperation with the Ministry of Health to promulgate nutrition in the school setting through incorporation of nutrition education in school curriculum in all levels. The Ministry of Education and Training is also responsible to cooperate with the Ministry of Health in planning and training for capacity building to meet the needs of the NNS implementation.
- f) The Ministry of Labor, Invalids, and Social Affairs is responsible to cooperate with the Ministry of Health and line ministries to develop and implement policies which support nutrition issues, particularly for the poor and disadvantaged areas.
- g) The Ministry of Information and Communication is responsible to cooperate with the Ministry of Health and line ministries to provide guidance and implementation of nutrition information and communication activities, focusing on dissemination of information on proper nutrition. In addition, it will closely monitor advertising compliance with government regulations related to food and nutrition, in cooperation with the Ministry of Health and line ministries.
- h) Line ministries, ministerial and governmental agencies will participate in the implementation of NNS within their mandate and assigned responsibilities.
- i) The Provincial People's Committees are responsible for the implementation of the National Nutrition Strategy in their respective localities based on the instruction of the

Ministry of Health and line ministries/sectors. The committees will develop and implement an annual and 5-year plan of action for nutrition according to the objectives set forth in the NNS and the socioeconomic development plan for the same period. They will actively mobilise resources, integrate nutrition with other on-going relevant strategies, and integrate nutrition issues in the socioeconomic development plan for their respective provinces. They will regularly supervise the implementation of the NNS in their provinces, and submit annual reports following current regulations.

- j) The Vietnam Women's Union is requested, based on technical guidance of the Ministry of Health, to promulgate health and nutrition knowledge to its members and mothers, to advocate for the community support in issues of health and nutrition care in order to provide further improvement of maternal and child nutrition.
- k) The Vietnam Fatherland Front, Vietnam General Confederation of Labour, Vietnam Farmer's Association, Ho Chi Minh Youth Union, Association for Elderly People, and other professional associations and social organisations are requested, based on technical guidance of the Ministry of Health, to promulgate health and nutrition knowledge to their members, and to cooperate with the Ministry of Health and relevant agencies in social mobilisation to support implementation of the National Nutrition Strategy.

3. Cooperative mechanism

- The Ministry of Health shall be the focal point, assisting the government to manage the NNS through coordination, direction, supervision, monitoring, and evaluation, periodically reporting on progress and operational results within the government.
- Other relevant ministries, sectors, localities, political and social organisations are responsible for submitting an annual report to the MOH, who will review and report to the Prime Minister, on their progress and operational results in achieving the NNS objectives.

4. Planning

- **Phase 1 (2011-2015):** Implementation of key activities for nutrition improvement, focusing on education, training, capacity building and strengthening of policies that support nutrition initiatives, institutionalisation of state direction for nutrition activities, and continuation of National target programs.
- **Phase 2 (2016-2020):** based on the evaluation of the implementation of phase 1 (2011-2015), phase 2 will involve policy modification, appropriate intervention, and comprehensive implementation of solutions and tasks in order to successfully carry out the objectives of the strategy. Furthermore, the nutrition database will be utilised for planning purposes and to sustain and evaluate implementation of the NNS.

