

Hanoi, 22nd February 2001

**DECISION OF THE PRIME MINISTER
ON THE RATIFICATION
OF THE NATIONAL NUTRITION STRATEGY**

THE PRIME MINISTER

Based upon the Government Organization Law dated 30th September 1992;
Based upon the People's Health Law dated 30th June 1989;
Considering proposal of the Minister of Health's.

DECIDED

Article 1

The National Nutrition Strategy (2001-2010) is officially ratified with the following principles, objectives and measures:

1. Objectives

a) General objective:

By the year 2010, this strategy aims to ensure the significant improvement of nutritional status of the country's population; it will focus on nutrition and care improvement for all families, primarily children and mothers; it will also concentrate on giving access to all ethnic minority groups in the country to adequate dietary intake (quantitatively sufficient, qualitatively balanced, hygienic and safe). In addition, it will attempt to minimize emerging nutrition-related health problems of concern.

b) Specific objectives:

- **To improve the population's appropriate awareness, understanding and practices on nutrition**

Indicators:

- + The rate of mothers having appropriate nutrition knowledge and applying desirable practices in care of sick children to increase from 20.2% (2000) to 40% by 2005 and 60% by 2010.
- + The prevalence of exclusively breastfeeding in the first 4 months to increase from 31.1% (2000) to 45% by 2005 and 60% by 2010.
- + The prevalence of reproductive-age women being trained on nutrition and to be mother knowledge to increase to 25% by year 2005 and to 40% by 2010.

- **To reduce maternal and child malnutrition prevalence**

Indicators:

- + The prevalence of underweight among children under five to be reduced to 25% by 2005 and 20% by 2010, with a yearly reduction prevalence of 1.5%.
- + The prevalence of stunting at children under five to be reduced by 1.5% per year.
- + The prevalence of low birth weight (<2500 gr.) to be reduced to 7% by 2005 and to 6% by 2010.
- + The prevalence of chronic energy deficiency in reproductive-age women to be reduced by 1% per year nation-wide.
- + The prevalence of overweight in children under 5 to be at 5% or lower.

- **To reduce micro-nutrient deficiencies**

Indicators:

- + The prevalence of active corneal lesions due to Vitamin A deficiency to be maintained below the level of public health significance.
- + The prevalence of under five years old children with low serum vitamin A to be reduced below 8 % by 2005 and below 5 % by 2010.
- + The goiter prevalence among children aged 8-12 to be reduced to below 5% by 2005. Universal salt Iodization is stabilized with more than 90% of households using Iodized salt; urinary iodine level is between 10-20 mcg/dl.
- + The prevalence of anemia in pregnant women to be reduced to 30% by 2005 and to 25 % by 2010 (in areas covered by the programs).

- **To reduce proportion of household with low energy intake**

Indicators:

- + The percentage of households with low energy intake (below 1800 Kcal) to be reduced from 15% in 2000 to less than 10 % by 2005 and under 5% by 2010.

- **To improve food quality and food safety**

Indicators:

- + Reported number of out-breaks of food poisoning (with more than 30 patients/episode) to be reduced by 25% by 2005 and by 35% by 2010 (compared to 1999's data).
- + Mortality due to food poison to be reduced by 10% by 2005 and by 30% by 2010 (compared to 1999's data).
- + Biological contaminants of street food and ready to eat food to be reduced.

2. Proposed strategic solutions and policies.

a) *Nutrition improvement and food hygiene and safety control*

- Promotion for better nutrition awareness and understanding of the population.
- Ensuring of household food security.
- Control of protein energy malnutrition among children and mothers.
- Control of micronutrient deficiencies.
- Control of non-communicable nutrition-related chronic diseases.
- Integration of nutrition activities into Primary Health Care.
- Ensuring of food quality and safety.
- Monitoring, evaluation and surveillance of nutrition situation.
- Piloting of new nutrition models.

b) *Nutrition related policies:*

- Ensuring National Food Security
- Strengthening hunger eradication and poverty alleviation program
- Improving infrastructure and basic services for maternal and child care.
- c) *Policies supporting the nutrition strategy*
 - Incorporation of nutritional objectives into local socio-economic development plans
 - Completion of policies on better nutrition care
 - Community participation of nutrition activities
- d) *Financial investment for the implementation of the strategy.*
 - Investment from the state budget.
 - Maximizing of internal resource and mobilizing of community contribution
 - Strengthening of International cooperation in the field of nutrition

3. Implementation Plan

a) *Period 1 (2001 - 2005):*

- During this period, the essential activities will be implemented to improving nutritional status of the population, particularly nutrition education, training, human resources development and the amendment of nutrition supportive policies.
- Also during this period, implementation of the existing nutrition programs will be continued.

b) *Period 2 (2006-2010):*

- Continuing with the activities of previous period and institutionalization of Government's guidance on nutrition work, sustaining the stability, and evaluating the overall strategy implementation.

Article 2

The MOH is the executing institution for the National Nutrition Strategy (NNS) in cooperation with other ministries such as: the Ministry of Planning and Investment (MPI), the Ministry of Finance (MOF), the Ministry of Agriculture and Rural Development (MARD), the Ministry of Education and Training (MOET), the Ministry of Justice (MOJ), the Ministry of Labor, Invalids and Social Affairs (MOLISA), the Ministry of Trade (MOT), the Ministry of Culture and Information (MOCI), the Ministry of Science, Technology and Environment (MOSTE), the Committee for Protection and Care of Children (CPCC), the National Committee for Population and Family Planning (NCPFP), the General Statistical Office (GSO), and other relevant institutions. They will contribute on planning, implementing, for monitoring and evaluating of the strategy, as well as on yearly reporting to the Prime Minister and organizing a mid-term review meeting in 2005 and a final review meeting in 2010.

The National Institute of Nutrition is in charge of assisting the Ministry of Health in all technical aspects of the NNS. NIN will be responsible for the development of further nutrition plans, monitoring, supervision and for the periodical evaluation of progress in the implementation of this Strategy.

During the implementation of the NNS, it is necessary to focus on capacity building as well as to identify the most efficient investment in order to ensure the sustainability of this strategy.

Article 3

Annually, based on the availability of the state budget and the progress of the strategy's implementation, the MOF and the MPI will allocate national budget (both internal and external sources) to ensure that all of the strategy's activities are carried out toward the set objectives with good results.

Article 4

Ministries, Ministry-leveled Institutions and Agencies belonging to the Government, with specific tasks and functions, are responsible for coordinating with the Ministry of Health to implement the National Nutrition Strategy 2001-2010.

Article 5

This decision is in effect after 15 days from the date of its ratification.

Article 6

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

The Women's Union and related offices are requested to coordinate with the Ministry of Health to implement this Decision

PRIME MINISTER
Mr. PHAN VAN KHAI
(Signed)