

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 µmol/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 ( $\geq 20$  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 responsible 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 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**



