

DECISION

**Approving the National Nutrition Strategy
for the 2021-2030 period with a vision to 2045**

THE PRIME MINISTER

Pursuant to the Law on Government Organization dated 19 June 2015; The Law amending and supplementing a number of articles of the Law on Government Organization and the Law on Local Government Organization dated 22 November 2019;

Pursuant to Resolution No. 139/NQ-CP dated 31 December 2017 of the Government promulgating the Government's Action Program to implement Resolution No. 20-NQ/TW dated 25 October 2017 of the Sixth Conference of the 12th Party Central Committee on strengthening the protection, care and improvement of people's health in the new situation;

Pursuant to Resolution No. 50/NQ-CP dated 20 May 2021 of the Government on the Government's Action Program to implement the Resolution of the 13th National Party Congress;

At the request of the Minister of Health.

DECIDED:

Article 1. The National Nutrition Strategy for the 2021-2030 period with a vision to 2045 (hereinafter referred to as the Strategy) is officially approved with the following contents:

I. PRINCIPLES

1. Everyone has the right to equitable access to nutrition and food in order to achieve optimal nutritional status, contributing to improved health.
2. Proper nutrition should be maintained regularly throughout each person's life in order to improve individual and family health, and contribute to improving the quality of health care and protection for the community.
3. The State is responsible for developing mechanisms and policies to promote the implementation of proper nutrition; regulating and allocating resources for nutrition improvement intervention for mothers and children in some severely disadvantaged, remote, ethnic minority, mountainous, and island areas.

II. OBJECTIVES

1. General objective: Implement proper nutrition to improve nutritional status suitable to each target group, locality, region, and ethnic group, contributing to reducing disease burden and improving stature, physical strength, and intelligence of Vietnamese people.

2. Specific objectives and indicators:

a) Regarding the implementation of a diverse, reasonable, and food-safe diet for all ages and all subjects according to life cycle

- The percentage of children 6 to 23 months old receiving appropriate and sufficient diet will reach 65% by 2025 and 80% by 2030.

- The percentage of adults consuming sufficient amount of fruits and vegetables daily will reach 55% by 2025 and 70% by 2030.

- The percentage of households with severe and moderate food insecurity will be reduced to below 8% (in mountainous areas below 25%) by 2025 and below 5% (in mountainous areas below 20%) by 2030.

- The percentage of schools that organize school meals to develop menus meeting Ministry of Health's recommendations on ensuring appropriate nutrition by age and food diversity will reach 60% in urban areas and 40% in rural areas by 2025 and strive to reach 90% and 80%, respectively, by 2030.

- The percentage of hospitals that organize medical examination, counseling, and treatment with nutritional regimens suitable to the nutritional and pathological status of patients will reach 90% for central and provincial levels; 75% for the district level by 2025 and strive to reach 100% for the central and provincial levels; 80% for district level by 2030.

- The percentage of communes that implement nutritional counseling for pregnant women and mothers with children under 2 years old in the basic health service package for primary health care, prevention, and health promotion at Commune Health Station will reach 50% by 2025 and 75% by 2030.

b) Regarding improving the nutritional status of mothers, children, and adolescents

- The percentage of stunting among children under 5 years old will be reduced to below 17% (in mountainous areas below 28%) by 2025 and below 15% (in mountainous areas below 23%) by 2030.

- The percentage of wasting among children under 5 years old will be reduced to below 5% by 2025 and below 3% by 2030.

- By 2030, the average height of 18-year-old youth by gender will increase from 2-2.5 cm for men and 1.5-2 cm for women compared to 2020.

- The percentage of infants receiving early initiation of breastfeeding will reach 75% by 2025 and 80% by 2030.

- The percentage of infants under 6 months old receiving exclusive breastfeeding will reach 50% by 2025 and 60% by 2030.

c) Regarding overweight and obesity control, prevention of chronic non-communicable diseases, related risk factors in children, adolescents, and adults

- The percentage of overweight and obesity is controlled: below 10% among children under 5 years old (below 11% in urban areas and below 7% in rural areas); below 19% among children 5-18 years old (below 27% in urban areas and below 13% in rural areas); below 20% among adults aged 19-64 years (below 23% in urban areas and below 17% in rural areas) by 2025 and remain at that level through 2030.

- The average salt consumption of the population (15-49 years old) will be reduced to below 8 grams/day by 2025 and below 7 grams/day by 2030.

d) Regarding improving micronutrient deficiencies in children, adolescents, and women of reproductive age

- The percentage of anemia in pregnant women will be reduced to below 23% (below 30% in mountainous areas) by 2025 and below 22% (below 25% in mountain areas) by 2030.

- The percentage of anemia among 10-14 years old female in mountainous areas will be reduced to below 10% by 2025 and below 9% by 2030.

- The percentage of pre-clinical vitamin A deficiency among children 6-59 months old will be reduced to below 8% (below 13% in mountainous areas) by 2025 and below 7% (below 12% in mountainous areas) by 2030.

- The percentage of serum zinc deficiency among children 6-59 months old will be reduced to below 50% (below 60% in mountainous areas) by 2025 and below 40% (below 50% in mountain areas) by 2030.

- The percentage of households using iodized salt meeting the standards for disease prevention or iodized salted seasoning daily will increase to over 80% by 2025 and over 90% by 2030.

d) Regarding enhancing the nutritional response capacity in all emergencies and increasing resources for the implementation of the Strategy

- By 2025, 100% of provinces and cities at risk of being affected by climate change, natural disasters, and epidemics will develop response plans, evaluate and implement specific nutritional interventions in emergencies and will maintain until 2030.

- By 2025, 100% of provinces and cities have an annual local budget allocation to ensure nutrition activities according to the approved plan and maintain until 2030.

3. Vision to 2045: All people achieve optimal nutritional status, control nutrition-related non-communicable diseases in order to contribute to improving health and quality of life.

III. MAIN APPROACHES AND TASKS

1. Complete mechanisms and policies on nutrition

a) Review, develop, supplement, and complete legal provisions on the implementation of reasonable nutrition, especially nutrition interventions in disadvantaged and severely disadvantaged areas, remote, ethnic minorities, mountainous areas, and islands; complete the system of standards and national technical regulations on nutrition for food; develop policies and financial mechanisms including the payment of health insurance for nutrition activities in health facilities and schools; develop regulations on nutrition labeling on the front of prepackaged products, limit advertising for unhealthy foods, especially for children, and impose special consumption taxes on sweetened beverages.

b) Include the target of reducing stunting, wasting, overweight and obesity among children under 5 years old as one of the socio-economic development indicators of the country and each locality.

2. Strengthen intersectoral collaboration and social mobilization

a) Develop and implement an intersectoral collaboration mechanism on nutrition activities from central to local levels; focus on integrating and collaborating with programs and projects related to nutrition.

b) Mobilize organizations, individuals, and communities to participate in the implementation of the Strategy. Encourage social organizations and business communities to participate in the implementation of the Strategy by sponsoring nutrition activities; ensuring nutrition at the workplace; producing nutritional products beneficial to health, strictly complying with regulations on the production and trading of food and nutritional products.

3. Strengthen nutrition communication and education

a) Strengthen communication and advocacy to policy making groups to incorporate nutrition content into strategies, programs and implementation plans at all levels.

b) Implement communication activities with appropriate types, methods and contents for each region and target group in order to improve knowledge and practice of reasonable nutrition, especially prevention of stunting, micronutrient deficiencies, control of overweight, obesity and nutrition-related chronic non-communicable diseases for all groups of the population.

c) Improve the effectiveness of communication, education and counseling on life-cycle-based reasonable nutrition practices. Focus on soft skills training, strengthen the cooperation between schools, families and society to form healthy lifestyles and habits in terms of proper nutrition.

d) Increase the amount of communication and guidance on proper nutrition in the mass media, especially the Vietnam Television, the Voice of Vietnam, local radio and television channels, system of online radio channels, social networks, digital communication platforms.

4. Strengthen and improve the quality of human resources

a) Strengthen and develop nutrition staff to ensure sustainability, especially the network of nutritionists and village health workers at the grassroots level; standardize staff working in clinical nutrition.

b) Develop curriculum framework, standardize training materials on nutrition in the medical school system. Improve teaching and training capacity on nutrition for teachers. Improve the quality of nutrition training and education content in the community, schools and hospitals.

c) Improve capacity for officials of ministries, sectors, organizations, social organizations, NGOs, and religious organizations on integrating nutrition activities into programs and schemes.

5. Strengthen technical expertise in implementing nutrition interventions

a) Improve meal quality, ensure food and nutrition security

- Develop and disseminate nutritional recommendations, nutritional pyramids, reasonable nutritional advices, menus, meals, nutrition and physical activity schemes suitable for all subjects.

- Develop regulations and guidelines on food and nutrition labelling; strengthen education and counseling for people to create demand for diverse, healthy and nutritious foods.

- Develop nutritional agricultural plans and models, and guidelines to ensure food security and meal quality at households.

b) Increase coverage and quality of essential nutrition interventions

- Develop and implement effectively programs, projects and models for essential nutrition interventions such as: nutritional care in the first 1000 days of life (nutrition care for pregnant and lactating women; exclusive breastfeeding for the first 6 months; reasonable complementary feeding and continued breastfeeding for children aged 6 to 23 months); monitor children's growth and development; management and treatment of children with acute malnutrition; prevention of micronutrient deficiency for mothers and children; ensure clean water, personal hygiene and environmental sanitation.

- Implement counseling services, nutrition rehabilitation, intervention models to prevent overweight and obesity, prevention of chronic non-communicable diseases and related risk factors at all levels. Strengthen the implementation of nutrition interventions for the elderly, occupational nutrition.

- Promote the fortification of micronutrients into domestically produced and imported food products. Encourage the use of micronutrients fortified food products. Monitor the enforcement of food regulations requiring fortification of micronutrients.

- Strengthen local food system that is safe, diverse, rich in nutrients and sustainable to meet the needs of all people in all regions, especially in areas affected by natural disasters and epidemics.

- Improve the quality of service delivery through the development and standardization of procedures and technical guidelines for nutrition intervention groups. Include assessment of intervention quality in the annual evaluation criteria of health facilities.

- Integrate nutrition services with other programs such as health, education, socio-economic development in mountainous and ethnic minorities areas, new rural areas, poverty reduction, social protection to ensure increased investment resources for all subjects in need of intervention.

c) Implement school nutrition activities

- Promote and improve the quality of school nutrition education, physical education and athletic activities, integrate into regular school hours, extracurricular activities and develop appropriate communication models.

- Develop communication materials and organize communication for parents on proper nutrition, healthy and safe foods, prevention and control of non-communicable diseases, and increased physical activity for children, student. Put special focus on proper nutrition for pre-pubertal and pubertal periods.

- Develop guidelines, organize school meals to ensure reasonable nutrition according to age, region and ensure food diversity (for schools that organize school meals). Promulgate regulations to limit students' access to unhealthy foods.

- Develop mechanism for collaboration and linkage between schools and families in nutritional care for children and students; inform parents about the nutritional status of children and students in school.

- Maintain periodic deworming in areas with high prevalence of parasitic worms.

d) Implement nutrition activities in hospitals

- Develop and implement professional guidelines on therapeutic nutrition, clinical nutrition, and dietetics at health facilities.

- Organize communication and nutritional counseling for patients and patients' family members at health facilities.

- Implement regulations on nutrition in hospitals such as nutrition and breastfeeding criteria in the Hospital Quality Criteria.

d) Strengthen the implementation of emergency nutrition activities

- Develop a component to ensure nutrition in natural disasters and epidemics response plans of the central government, provinces and cities.

- Improve nutritional response capacity in emergency situations for officials at all levels and relevant departments and agencies.

- Effectively implement emergency nutrition activities in both the community and in hospitals in localities affected by climate change, natural disasters and epidemics.

6. Promote fundamental research and applied research on science and technology in nutrition and food suitable for Vietnamese people. Strengthen technological development and high-tech application models for nutrition.

7. Promote the application of information technology in management, administration, supervision, consulting, statistics, and reporting on nutrition nationwide.

8. Proactively integrate and strengthen international cooperation on nutrition, solving global and regional nutrition issues

a) Proactively and actively participate in global and regional networks and movements on nutrition.

b) Promote international cooperation to take advantage of financial, technical, training, and management skills support in nutrition work with countries and international organizations.

IV. RESOURCES FOR IMPLEMENTATION

1. The State invests and secures financial resources for nutrition activities from the central and local budgets in accordance with the Law on State Budget. In which: Continue to allocate budget for nutrition activities in the National Target Programs (sustainable poverty reduction, new rural area development, socio-economic development in ethnic minority and mountainous areas); prioritize the allocation of the state budget to organize the implementation of the Strategy in areas with severely disadvantaged socio-economic conditions, ethnic minority areas, remote and border areas, islands and areas at high risk of being affected by natural disasters and epidemics. Continue to invest, upgrade research and training facilities on nutrition, strengthen system capacity for the management and implementation of nutrition activities according to regulations.

2. Promote the mobilization of domestic and foreign organizations and individuals to invest in nutrition activities. Develop social mobilization programs for nutrition activities suitable to each target group, locality, region and ethnicity.

3. Based on the objectives and tasks in this Strategy, ministries, central agencies, and localities shall proactively prepare annual budget estimates and submit to competent agencies for approval in accordance with the law on state budget.

V. IMPLEMENTATION ARRANGEMENT

1. Ministry of Health

a) Assume the primary responsibility for developing the Action plan for the implementation of the Strategy for the health sector; provide guidance and organize the implementation of the Strategy nationwide. Monitor, inspect,

synthesize annually and report to the Prime Minister on the Strategy implementation progress and results. Organize a preliminary review by the end of 2025 and a full review of the implementation of the Strategy by the end of 2030.

b) Assume the primary responsibility for cooperating with ministries, sectors, organizations, and Provincial People's Committees to formulate and organize the implementation of intervention programs, projects, and schemes such as implementing proper nutrition and meal, improving maternal and child nutrition, nutritional care for the first 1000 days of life, prevention of micronutrient deficiencies, school nutrition, nutrition for the elderly, occupational nutrition, nutrition for prevention of risk factors and chronic non-communicable diseases, dietetics in hospitals, nutrition in emergency situations; other programs and projects on nutrition and food security.

c) Research, develop, finalize to promulgate according to authority or submit to competent authorities for the promulgation of legal documents and policies to promote nutrition work such as implementing nutrition interventions early, within a short time, in emergency situations; ensure human resources and appropriate remuneration for nutrition staff. Complete the intersectoral collaboration mechanism on nutrition work from central to local levels.

d) Research and complete fundamental scientific expertise on nutrition; develop communication and health education materials, guidelines on proper nutrition, healthy foods, and diets suitable for each age group, locality, region, ethnicity, and form of organization in community, hospital.

đ) Research solutions and intervention models for the prevention and control of nutrition-related diseases, develop techniques and tools for monitoring nutritional indicators.

2. Ministry of Education and Training

a) Promote communication, nutrition education, increase physical education, and sports in schools.

b) Strengthen the collaboration between schools and families in educational activities, provide guidance for the practice of appropriate nutrition and physical activities for children and students.

c) Assume the primary responsibility for collaborating with the health sector to implement, monitor activities on proper nutrition in schools, school meals, food safety, assess the nutritional status of students, manage the school canteen, increase physical activities for children and students; do not advertise and sell alcoholic beverages, sweetened beverages and other unhealthy foods in and around schools as per regulations.

d) Direct and promote the implementation of activities related to reasonable nutrition for students in the School Health Program for the 2021-2025 period and the Project on Ensuring reasonable nutrition and increasing physical activity for children, students to improve their health and prevent cancer, cardiovascular

disease, diabetes, chronic obstructive pulmonary disease and asthma for the 2018-2025 period.

3. Committee for Ethnic Minority Affairs

a) Direct and promote the implementation of nutrition activities in the Socio-economic development program in ethnic minority and mountainous areas for the 2021-2030 period.

b) Monitor, supervise and evaluate the implementation of nutrition activities in programs, schemes, and projects for ethnic minorities and mountainous areas.

4. Ministry of Labor - Invalids and Social Affairs

a) Assume the primary responsibility for directing the implementation of policies for social protection beneficiaries according to legal regulations associated with the goal of ensuring nutrition.

b) Strengthen the integration and implementation of nutrition-related activities for mothers and children in ongoing programs and projects such as the National Target Program for Sustainable Poverty Reduction for the 2021-2025 period.

c) Assume the primary responsibility for collaborating with relevant agencies to promote propaganda and direct the implementation of a reasonable diet for employees, especially female workers, female workers who are pregnant and raising young children, workers in industrial area, workers doing laborious, hazardous, dangerous and highly laborious, hazardous and dangerous jobs.

5. Ministry of Agriculture and Rural Development

a) Assume the primary responsibility for implementing food security assurance and household food meeting nutritional needs.

b) Integrate nutrition goals into food and agriculture policies in transforming and developing a transparent, responsible, and sustainable food system; in ongoing programs such as the National Target Program on new rural areas development for the 2021-2025 period, and the Zero Hunger Program.

c) Integrate nutrition response activities in the National Plan for preparedness and respond to natural disasters to be ready to provide food and ensure nutrition for areas vulnerable to climate change and natural disasters.

6. Ministry of Information and Communications

a) Assume the primary responsibility for collaborating with relevant ministries and sectors in directing and organizing communication activities on nutrition, focusing on communication activities to raise awareness and practice of reasonable nutrition on communication channels.

b) Collaborate with the Ministry of Health and related ministries and sectors in controlling the advertisement of nutrition and food.

7. Ministry of Culture, Sports and Tourism

a) Collaborate with the Ministry of Health and relevant ministries and sectors in directing the implementation of the Strategy integrated with the Overall project on the development of physical strength and stature of Vietnamese people for the 2011-2030 period.

b) Direct the integration of physical activities and ensuring proper nutrition with mass movements and cultural and sports activities in the community; strengthen propaganda on the benefits of recreational sports activities for health.

8. Ministry of Industry and Trade

a) Review, amend, and supplement mechanisms and policies to promote research, production, brand development, trade promotion, market development of food products fortified with micronutrients and healthy food.

b) Strengthen the management of production and trading of products that are not beneficial to health within jurisdiction.

9. Ministry of Science and Technology

a) Direct and strengthen the allocation of funds and budgets for the implementation of scientific and technological tasks in nutrition and food.

b) Collaborate with relevant ministries and sectors in formulating, amending, supplementing, and completing the system of national standards and technical regulations for food, nutritional supplements, complementary foods, fortification of micronutrients, legal documents on food nutrition labeling.

10. The Ministry of Planning and Investment shall assume the primary responsibility for collaborating with the Ministry of Health to guide the inclusion of specific nutritional indicators in national and local socio-economic development plans.

11. Ministry of Finance

a) Assume the primary responsibility for collaborating with the Ministry of Health, based on the ability to balance the state budget, to allocate funds to ministries and central agencies to implement the Strategy for assigned tasks in accordance with the Law on State Budget and budget decentralization.

b) Collaborate with the Ministry of Health and relevant ministries and sectors in formulating financial mechanisms and policies to promote socialization, mobilize capital sources outside the state budget, and encourage organizations and individuals to invest in nutrition.

12. The Ministry of Home Affairs shall collaborate with the Ministry of Health, relevant ministries, and sectors in proposing mechanisms, policies, and solutions to improve the quality of human resources to serve the state management of nutrition in the ministries, sectors, and localities.

13. Vietnam News Agency, Vietnam Television Station, Voice of Vietnam Radio and other mass media agencies focus on increasing the broadcasting time and the number of appropriate articles; improve the quality of propaganda and

education on reasonable nutrition in specialized pages and categories; promote propaganda on the organization and implementation of the Strategy.

14. Socio-political organizations and associations are requested to collaborate with the health sector, education sector, agriculture sector, relevant ministries, sectors, and local authorities in organizing the implementation of the Strategy within the scope of functions, tasks and authority; participate in propagating and disseminating knowledge to members and the community about nutrition work and mobilizing resources to implement relevant contents, tasks and solutions of the Strategy; promote the role of supervision, social criticism, and policy proposals to ensure the effective implementation of the Strategy and nutrition action programs.

15. Provincial People's Committees

a) Develop and organize the implementation of the Nutrition Action Plan and nutrition intervention programs, projects and schemes in the area in accordance with the National Strategy on nutrition and local socio-economic development plan. Monitor and evaluate the nutritional status of the people annually, and integrate specific nutritional criteria into the local socio-economic development indicator system.

b) Allocate funds in accordance with the law on state budget to implement the objectives of the Strategy, in which priority is given to disadvantaged and severely disadvantaged areas, remote, mountainous and ethnic minorities areas where available. Integrate the effective implementation of the National Nutrition Strategy with other relevant strategies, programs, schemes and projects in the area. In case of having difficulty in funding for nutrition activities, it is requested to report to the Ministry of Health to summarize and propose the Prime Minister consider providing financial support according to regulations.

c) Mobilize resources, promote socialization in accordance with local conditions to implement the Strategy; allocate sufficient human resources to carry out nutritional work as per regulations.

d) Organize, monitor, supervise, inspect, and evaluate the implementation of the Strategy in the area.

Article 2. This Decision takes effect on the date of its signing.

Article 3. Ministers, heads of ministerial-level agencies, heads of the government agencies, chairpersons of Provincial People's Committees and related organizations and individuals shall be responsible for the implementation of this Decision./.

Recipients:

- Secretariat of the Party Central Committee;
- National Assembly Standing Committee;
- Prime Minister, Deputy Prime Ministers;
- Ministries, ministerial-level agencies, governmental agencies;
- Provincial People's Councils and People's Committees;
- Office of the Central Party and its committees;
- Office of the General Secretary;
- Office of the President;
- Office of the National Assembly;
- Ethnic Council and committees of the National Assembly;
- State Audit;
- The Central Committee of the Vietnam Fatherland Front;
- Central body of unions;
- Government Office: Minister-Chairman, Vice Chairmen, Assistant to PM, General Director of Web portal, departments, units;
- File: Admin; Science, Education, Culture, and Social Department (3).

**PP. PRIME MINISTER
DEPUTY PRIME MINISTER**

(signed)

Vu Duc Dam