



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

National Nutrition Policy

Ministry of Health

Vientiane, December 2008



Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

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Prime Minister's Office

No: 248/PM
Vientiane Capital, date: 01/12/2008

Prime Minister's Decree on the National Nutrition Policy

- Pursuant to the Law on the Government of the Lao People's Democratic Republic, No 02/NA, dated 06 May 2006
- Pursuant to the Decree of the Prime Minister, No 01/PM, dated 19 January 2006
- Pursuant to the request of the Ministry of Health, No 662, dated 21 October 2008

The Prime Minister of the Lao People's Democratic Republic decrees:

- Article 1: Adopt the National Nutrition Policy, signed by Minister of Health, No 744/MoH, dated 27/11/2008, and promulgate the said Policy nationwide from 02/12/2008.
- Article 2: The Ministry of Health is responsible to coordinate with other Ministries, concerned organizations, and local authorities at all levels in providing guidance and expanding the legislation, such as strategies, action plans, regulations and laws pertaining to nutrition, in order to implement effectively the National Nutrition Policy.
- Article 3: All Ministries, equivalent agencies, local authorities at all levels and all concerned organizations should be aware of, coordinate and jointly implement the National Nutrition Policy pursuant to this Decree.
- Article 4: All regulations that contradict the National Nutrition Policy are declared null and void.
- Article 5: This decree shall come into force on date of signature.

Prime Minister of the Lao People's Democratic Republic

List of abbreviations

CU5	Children under Five Years
CFSVA	Comprehensive Food Security and Vulnerability Assessment
EIA	Environmental Impact Assessment
FAO	Food and Agriculture Organization of the United Nations
GoL	Government of the Lao PDR
ICESCR	International Covenant on Economic, Social and Cultural Rights
IMR	Infant Mortality Rate
LECS	Lao Expenditure and Consumption Survey
LNFC	Lao Front for National Construction
LNMC	Lao National Mekong Committee
LWU	Lao Women's Union
LYU	Lao People's Revolutionary Youth Union
M+E	Monitoring and Evaluation
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MPI	Ministry of Planning and Investment
MoE	Ministry of Education
MoH	Ministry of Health
MoJ	Ministry of Justice
NCHS	National Center for Health Statistics
NCMC	National Commission for Mother and Child
NGPES	National Growth and Poverty Eradication Strategy
NAFRI	National Agricultural Forestry Research Institute
NAFES	National Agricultural and Forestry and Extension Service
NLMA	National Land Management Authority
NNP	National Nutrition Policy
NSC	National Statistics Center
NSEDP	National Socio-Economic Development Plan
PEM	Protein-energy malnutrition
PM	Prime Minister
SAC	School aged children
SIA	Social Impact Assessment
UN	United Nations
UNICEF	United Nation Children Fund
UXO	Unexploded Ordnance
WFP	World Food Program
WHO	World Health Organization
WRA	Women of Reproductive Age

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Chapter I

Introduction

1. Background

The Government of the Lao PDR endorsed the Millennium Declaration at the UN Millennium Summit in September 2000. The Declaration sets out the overall Millennium Development Goals and its specific targets with a view to reducing human poverty and hunger globally by 2015.

Towards the attainment of the Millennium Development Goals, in particular MDG 1, Target 2, the GoL has committed itself to implementing its 'National Growth and Poverty Eradication Strategy' with the ultimate goal of shedding its Least Developed Country Status by 2020. This requires effective cooperation between concerned development sectors in particular health, education, agriculture, environment, industry/trade, social development sectors, and others in order to achieve not only food security at household as well as at national level, but also nutritional well-being.

In December 2000, the GoL signed the International Covenant on Economic, Social and Cultural Rights (ICESCR) and ratified it on February 2007. Article 11.1 of the ICESCR guarantees the "Right to Adequate Food" in order to ensure "the right to an adequate standard of living, including adequate food". All Lao citizens should be able to avail of their "fundamental right to be free from hunger". In order to realize these rights the GoL has synchronized its international obligations with its National Nutrition Policy (NNP).

The NNP is aimed at accelerating the reduction of malnutrition among all ethnic groups and decreasing associated morbidity and mortality risks. In the long-term this will reduce national expenditures associated with malnutrition. It is essential to reach MDG 1, Target 2, in order to reach the other MDG targets.

2. Nutritional status

2.1 The link between nutrition and poverty

Although the national economy of the Lao PDR is rapidly growing and making considerable achievements towards poverty reduction, in remote areas the rate of malnutrition is still very high.

Investments in agro-based industries, hydropower, and mining sectors present economic development potential. However, uncontrolled development in these sectors present an increasing risk to food security as people's access to natural resources and environmental sustainability in general is compromised.

Malnutrition impedes physical and cognitive development and contributes to reduced work capacity, diminished learning ability, increased risk of infection, and greater risk of death. Nutritional gaps still persist between regions, ethnic groups and genders.

Reduction of malnutrition must therefore become a new element in poverty reduction and be considered as a priority in human development, which will support continuous national economic growth while ensuring environmental sustainability.

2.2 Current nutritional and consumption status

Nutritional status is a good reflection of a country's health status. In the Lao PDR, over the last decades - despite robust economic growth - malnutrition levels in children under five years (CU5) have not improved.

The results of the 2006 Multiple Indicator Cluster Survey (MICS III) by MoH, NSC and UNICEF show high levels of protein-energy malnutrition (PEM). By applying the NCHS reference standards, 40% of CU5 are moderately, and 16% are severely stunted. This form of chronic malnutrition can be associated with long-term inadequate food intake and low health status. 37% of CU5 are moderately, and 9% are severely underweight. 6.4% are wasted, which can be caused by short-term inadequate food intake and contraction of infectious diseases, in particular diarrhea. All forms of undernutrition gradually increase after 6 months and peak at the age of 24 months.

WFP's Comprehensive Food Security and Vulnerability Assessment – with data from rural areas as of 2006 - applied the WHO reference standards and disaggregated the nutritional data (PEM) for ethnic groups. It was found that the non-Lao Tai groups in remote upland areas have significantly higher stunting levels, some above 60%.

Protein-energy malnutrition is accompanied by high levels of micronutrient deficiencies such as Vitamin A, iodine and iron. Following MICS III, 37% of women of reproductive age (WRA) and 41% of CU5 are suffering from moderate anemia. 13 % of WRA are found to have low urinary iodine levels (below 10mcg/dl) and are at risk of developing goiter or other iodine deficiency disorders.

The Ministry of Health's National Health Survey from 2000 found that 27% of school-aged children (SAC) have low urinary iodine levels (below 10mcg/dl). This survey also established that 45% of CU5 had serum/plasma retinol levels below 0.7 µmol/l and were suffering from Vitamin A deficiency.

Some case studies have attested vulnerability to and incidences of Vitamin B1 deficiency through blood and breast milk tests. Vitamin B1 deficiency - if left untreated - can result in paralysis and death. With the limited data available, it is not clear whether Vitamin B1 deficiency is a national problem.

Food consumption patterns are varied and there are large differences between ethnic groups, regions and seasons in dietary composition. Food consumption statistics are still very limited. 23% of the population is suffering from food deprivation (daily minimum dietary energy requirements of 2,100 kcal) based on LECS III data from 2002/03.

Local diets are highly staple focused (providing more than 70% of calories), showing an imbalanced and insufficient nutrient intake. Consumption of fat was found to be too low according to WHO guidelines.

For many ethnic groups wild meat, fish and other aquatic animals are the main sources of protein, fat, iron and other fat soluble vitamins. Domestic meat is not yet part of their customary diets; it is mainly consumed during festivals. Vegetable and fruit consumption does not meet dietary guidelines. Availability of and access to wild plant and animal foods is increasingly in decline, a particularly serious problem for poor households whose domestic food production or purchasing power is insufficient to buffer for the loss. In addition, micronutrient supplementation (e.g. Vitamin A, iron) and food fortification schemes have yet to be scaled up.

According to the MICS III survey only 26% of the children in Laos are exclusively breastfed from 0-5 months. In addition, the quality of breast milk is often compromised due to stark food avoidance behavior. After delivery 81% of mothers follow cultural specific food taboos (restricting the consumption of meat, egg, fat, etc). As many as 25% of women take four months to revert to their normal diets, with others reverting even later. They are thereby depriving themselves and their children of essential nutrients. Yet, irrespective of these taboos, in rural areas the nutrient content of daily diets (and of breast milk) is anyway often inadequate due to low dietary diversity. Nutrient losses due to improper food preparation (water soluble vitamins such as those of the Vitamin B complex but also minerals such as iron) further aggravate the situation.

Nutrient absorption by the body is often hampered by parasitic infection, found among 54% of children between 2 and 5 years (MICS III).

Other forms of malnutrition – such as obesity – exist in urban areas. The long-term implications of unbalanced dietary and lifestyle practices are increasingly becoming evident in the form of chronic diseases such as cardiovascular diseases, cancer, or diabetes. Alcohol and tobacco are increasingly consumed, which can have a direct impact on health and nutrition through problems including intra-uterine growth retardation, low birth weight, and associated risk of death.

2.3 Constraints

Previous efforts by the GoL to reduce malnutrition have been constrained and challenged by the following factors:

- Lack of policy and programming on nutrition;
- Limited investments in nutrition programming and surveillance;
- Lack of institutionalization of nutrition within the GoL (lack of a Nutrition Institute or Nutrition Center) and low nutrition capacity (few and untrained staff);

- Lack of active nutrition networking between relevant development sectors, such as health, agriculture, environment, education, industry/trade, and others;
- Narrow concept of food security with a disproportionately strong focus on calorie and rice intake; neglecting the importance of dietary diversity as well as an adequate intake of fat, protein and micronutrients (especially from vegetables and fruits);
- Difficulties in working effectively with the diverse food cultures (knowledge, beliefs, and practices – including food preparation) of the various ethnic groups;
- Lack of success in community-based nutrition education due to inappropriate training materials, barriers in language and traditional food cultures hampering behavioral changes;
- Inadequate management of natural resources resulting in reduced availability of viable wild food resources and unsustainable agricultural production;
- Limited access to and availability of arable and suitable agricultural land which is free of contamination by unexploded ordnance (UXO);
- Adverse impacts on food and nutrition security through failure to fully realize the “Right to Adequate Food”, mainly as a consequence of the inadequate management and enforcement of certain development policies and GoL regulations (e.g. on illegal trade in wildlife);
- Development policies and strategies do not pay adequate attention to the issue of nutrition; there is a low level of nutrition advocacy.

3. Causes of malnutrition and need for developing a National Nutrition Policy

3.1 Causes of malnutrition can be classified into three causal levels:

3.1.1 Immediate causes at individual level

- Inadequate nutrient intake (through inadequate quantity and quality of food intake) mainly due to inappropriate nutritional knowledge, beliefs and practices (in particular food taboos after delivery as well as inappropriate breastfeeding and complementary feeding practices);
- High frequency of food and vector borne diseases (such as infection with parasites, malaria, or diarrheal diseases) which are impeding food utilization and increasing nutritional needs.

3.1.2 Underlying causes at community level

- Low and unstable levels of household food security (including access to and availability of market, domestic and wild foods) coupled with decreased levels of self-help capacity, limited access to land, and sudden livelihood changes;
- Poor mother and child care practices, inappropriate nutritional knowledge and cultural adherence to stark food avoidance behavior;

- Poor environmental health including limited access to safe water, poor hygiene/sanitation (especially the lack of permanent latrines) together with limited access to as well as provision and usage of health services.

3.1.3 Basic causes at national level

- Lack of policy and legislation on nutrition;
- Lack of a national Nutrition Program;
- Limited national and international investments in nutrition coupled with low support from the private sector;
- Lack of institutionalization of nutrition within the GoL;
- Lack of scientific research and understanding of the central role of nutrition to development.

3.2 Need for developing a National Nutrition Policy

There is a need to develop a comprehensive National Nutrition Policy in order to:

- Serve as a reference for establishing action plans for nutrition and to mitigate adverse impacts on nutrition, especially among Non-Lao Tai ethnic groups;
- Complement other development strategies, notably with regard to food security;
- Attract financial support from national and international development partners as well as the private sector;
- Initiate the coordination of all sectors linked to nutrition.

4. Legislation related to the National Nutrition Policy

Legislation associated with nutritional issues includes the following:

Law on the Governance of the Lao PDR, Law on Food, Law on Hygiene, Law on Disease Prevention and Health Promotion, Law on Women's Development and Protection, Law on Education, Law on Forestry, Law on Land, Law on Water and Water Resources, Law on Wildlife and Aquatic Animals, Law on Electricity, Law on Environmental Protection, Law on Agriculture, Law on Mining, Law on Promotion and Management of Foreign Investment, Law on Promotion and Management of Domestic Investment, Law on Industrial Processing, Law on State Property, and others.

5. Funding

The funding for the effective implementation of the National Nutrition Policy should be derived from: Government of Lao PDR (central and local level), international development partners, international and national private sector actors and charitable foundations.

Chapter II

Objectives, terms, priority areas, and scope of application

1. General objective

The National Nutrition Policy serves as a legally binding document to substantially reduce levels of malnutrition, especially of vulnerable groups, and to mainstream nutrition in National Socio-Economic Development Plans (NSEDPs) in line with the implementation of the National Growth and Poverty Eradication Strategy (NGPES).

2. Specific objectives

The National Nutrition Policy formulates ten specific objectives as follows:

- 1) Improve nutrient intake;
- 2) Prevent and reduce food and vector borne diseases;
- 3) Improve food access and food availability;
- 4) Improve mother and child care and education in nutrition and health;
- 5) Improve environmental health;
- 6) Improve nutrition programming with participatory management and M+E;
- 7) Make nutrition central in socio-economic development;
- 8) Priority investment in nutrition;
- 9) Strengthen the nutritional capacity within all levels and sectors of the GoL;
- 10) Facilitate action-oriented research and information systems.

3. Definition of terms

- **Nutrition** is defined as the “consumption of nutritional, useful and safe food in order to enhance the physical growth, regulating and mental development of the body” (Food Law, Article 4).
- **Malnutrition** is a broad term commonly used as an alternative to undernutrition but technically it also refers to overnutrition. People are malnourished if their diet does not provide adequate calories, protein, and micronutrients for growth and maintenance or they are unable to fully utilize the food they eat due to illness (undernutrition). They are also malnourished if they consume too many calories (overnutrition).
- **A micronutrient** is a substance, such as a vitamin or mineral that is essential in minute amounts for proper growth and metabolism of a living organism.

- **Food** is defined as “any substance which the human consumes and drinks in fresh, cooked, raw or processed form, except drugs” (Food Law, Article 2).
- **Food security** is achieved when adequate food (in terms of quantity, quality, safety, socio-cultural acceptability) is available and accessible and satisfactorily used and utilized by all individuals in all regions, at all times to live a healthy and active life.

4. Priority areas in nutrition

The ten objectives of the NNP will be tackled in 5 priority areas

- 1) Food and nutrition
- 2) Care and education
- 3) Environmental health
- 4) Nutrition surveillance
- 5) Nutrition advocacy

5. Scope of application

This National Nutrition Policy is targeting all people in the Lao PDR, but with special focus on the malnourished, the vulnerable and Non-Lao Tai ethnic groups in remote rural areas.

Chapter III

Targets, strategic principles, roles and responsibility of Ministries and equivalent organizations

1. Targets by 2020

Types of malnutrition (PEM and micronutrient deficiencies)	2006 (%)	2015 (%)	2020 (%)
Stunting (CU5)	40	34	28
Wasting (CU5)	6	4	2
Underweight (CU5)	37	22	15
Anemia (CU5)	41	30	20
Anemia (WRA)	37	25	15
Iodine deficiency (SAC)	27*	17	10

Iodine deficiency (WRA)	13	9	5
Vitamin A deficiency (CU5)	45*	30	20

*Source: NHS, 2000.

These targets support the health targets for 2020, which are to reduce infant mortality under 1 to 20/1,000 (70/1,000 in 2005) and under 5 to a level of 35/1,000 (98/1,000 in 2005).

By 2009, nutrition should be mainstreamed in the next National Socio-Economic Development Plan (NSED) and added as a new sector in the implementation of NGPES (National Growth and Poverty Eradication Strategy).

2. Strategic principles

For the successful implementation of the policy the following strategic principles will be applied:

- **Decentralization:** bottom-up planning supported by increased implementation at provincial and district level;
- **Prioritized targeting:** focus on immediate needs and vulnerabilities
 - **Rural:** Those groups living in remote upland areas with high levels of stunting
 - **Urban:** Those groups with low educational status
 - **In transition:** Those groups who have recently been resettled, who have been relocated from the uplands to the lowlands, and/or whose wild food resources have been destroyed
 - **Women of reproductive age:** Women of reproductive age (focus will be women experiencing pregnancy, puerperium, and lactation) and children (focus will be children under 2 years, children under five years, and school age children)
- **Integration and effective cooperation:** integrating nutrition interventions into all relevant sectors;
- **Institutionalizing nutrition within GoL:** establishing coordination mechanisms for planning, implementation, management and M+E of the nutrition program;
- **Capacity building and cultural sensitivity:** providing technical skills and acknowledging cultural identity;
- **Empowerment of women and vulnerable groups:** ensure that women and vulnerable groups play an active decision-making role in the planning and implementation of nutrition interventions;
- **Sustainability and resilience:** sustainable production, harvest and consumption of nutritive plant and animal foods;

- **Prevention and treatment:** provide continued sufficient and adequate support for preventive and curative interventions;
- **Principle of ‘no-harm’:** control of adverse impacts on nutrition from other development sectors;
- **Accountability for nutrition:** ensure the signing of agreements between national or foreign investors and the GoL - particularly in the fields of agro-based industries, hydropower and mining - are in line with the recommendations of environmental and social impact assessments (EIA, SIA);
- **Nutrition surveillance:** establishing and strengthening participatory monitoring and evaluation systems.

3. Roles and responsibilities of Ministries and equivalent organizations accountable for nutrition

3.1 Health Sector

- MoH as the lead agency for the GOL on nutrition in coordination with National Science Council/Prime Minister’s Office;
- Develop a National Nutrition Strategy and National Plan of Action on Nutrition;
- Establish a Nutrition Centre or Nutrition Institute;
- Facilitate and coordinate the implementation of nutrition activities;
- Mobilize national and international funds to implement the nutrition program;
- Build and upgrade capacity in nutrition for technical staff at all administrative levels;
- Advocate for nutrition and increase public awareness of nutrition;
- Increase public awareness of the adverse impact on nutrition of tobacco and alcohol consumption;
- Focus on food quality control and food safety;
- Conduct surveys and operational research with appropriate indicators and dissemination of findings;
- Establish an inter-sectoral nutrition surveillance system together with other GoL key stakeholders;
- Report to the GoL (through NCMC) on the implementation of the nutrition program;
- Develop nutrition legislation in cooperation with the Ministry of Justice.

3.2 National Science Council at the Prime Minister’s Office

- Supervise and establish a National Nutrition Council with the Ministry of Health and in cooperation with other relevant sectors;

- Incorporate findings of scientific research into GoL actions plans leading to the improvement of the national nutrition status;
- Facilitate the coordination of the technical cooperation of all relevant Ministries and equivalent organizations on nutrition;
- Promote, coordinate, and monitor nutrition-related interdisciplinary scientific research activities;
- Supervise and facilitate the establishment of a Nutrition Information Unit in the Nutrition Center in cooperation with other relevant sectors.

3.3 Planning and Investment Sector

- Review and approve nutrition and related development strategies and plans to be incorporated into national socio-economic development plans;
- Advocate for nutrition and fundraise from the national budget, international donors and the private sector to implement the nutrition program;
- Manage, monitor and evaluate the nutrition program in collaboration with MoH and other key GoL stakeholders;
- Develop directions for the nutrition program by forecasting development trends;
- In cooperation with the Ministry of Justice, enforce State laws and regulations to ensure national or foreign direct investments (especially in the fields of mining, hydropower and agro-based industries) and other development programs or projects will not have adverse impacts on nutrition.

3.4 Agriculture and Forestry Sector and associated Research Institutes (NAFRI, NAFES)

- Expand the concept of and strategies for food security to encompass also nutrition security (with focus on dietary diversity);
- Plan and ensure food production at national level according to nutritional needs,
- Increase support for stable food security at household level;
- Encourage sustainable planning, usage and management of biodiversity resources for increased household food security;
- Facilitate the implementation of operational research in agriculture and forestry related to nutrition;
- Manage and promote safe food production (e.g. usage of pesticides and other chemicals);
- Build capacity in nutrition for technical staff at all administrative levels;
- Monitoring and evaluation of activities related to food security in cooperation with other key GoL stakeholders.

3.5 National Land Management Authority

- Promote and implement the Law on Land and related regulations and expand to full coverage the correct allocation and titling (registration) of land to mitigate adverse impacts on nutrition.

3.6 Water Resource and Environment Agency, Committee for Forest Conservation and Committee for Water and Natural Resources

- Manage natural resource exploitation while focusing on the reduction of environmental contamination and mitigating adverse effects on nutrition;
- Promote and enforce environmental regulations for stable household food security (e.g. arresting illegal wildlife trade).

3.7 Energy and Mining Sector, National Energy Committee and Lao National Mekong Committee

- Develop social safeguard procedures under the “user pays” principle for mining and hydropower schemes with regard to adverse impacts on nutrition;
- Expand environmental and social impact assessment procedures with regard to long-term effects on nutrition;
- Prevent adverse impacts on nutrition due to mining and hydropower development.

3.8 Educational Sector

- Develop and incorporate nutrition into existing formal school curricula and into the non-formal education system;
- Improve teachers’ knowledge on nutrition;
- Increase nutrition awareness, campaigning and advocacy for the mobilization and propagation of nutritional messages (at all administrative level as well as for all staff members of MoE);
- Monitor and evaluate teaching skills and materials in nutrition;
- Assess the nutritional status of school children in collaboration with relevant agencies.

3.9 Industrial and Commercial Sector

- Manage and promote the production, transfer and distribution of food products to all regions;
- Manage the import and export of food products and maintain food stocks according to national regulations and needs;
- Build capacity in nutrition comprehension for technical staff at all administrative levels;

- Monitor and evaluate food quality, hygiene, and safety according to international standards in cooperation with MoH and other relevant institutions.

3.10 Information and Cultural Sector

- Manage and support of the mass media with the aim of disseminating information on nutrition and its relation to other development sectors and policies;
- Facilitate research on the different food cultures of the various ethnic groups in cooperation with the Lao Front for National Construction.

3.11 Labor and Social Welfare Sector

- Develop a National Natural Disaster Preparedness Plan in cooperation with the Ministry of Defense;
- Mobilize funds and allocate budget for the implementation of charitable activities to provide food.

3.12 Financial Sector

- Allocate the necessary budget to ensure that the implementation of the National Nutrition Policy will reach its targets;
- Ensure financial management in compliance with State laws and regulations in the financial sector;
- Enable the reinvestment of economic revenues into the nutrition program (in cooperation with MPI).

3.13 Mass organizations (Lao Women’s Union, Lao People’s Revolutionary Youth Union, Lao Federation of Trade Unions and Lao Front for National Construction)

- Include nutrition in their action plans;
- Mobilize the dissemination of nutrition information to villages (with special focus on non Lao-Tai ethnic groups).

3.14 Ministry of Foreign Affairs

- Coordinate and facilitate international and national multi-sectoral cooperation;
- Advocate for nutrition and mobilize national and international funds.

3.15 National Commission for Mother and Child

- Establish a National Committee on Nutrition;
- Support MoH in leading the nutritional activities in all relevant sectors;
- Support the implementation of the nutrition program at both central and local level;
- Mobilize national and international funds to implement the nutrition program;
- Manage, monitor and evaluate the nutrition program together with MoH.

Chapter IV Implementation

- 1) The Ministry of Health as lead body, in coordination with relevant key sectors, shall disseminate the National Nutrition Policy and shall cooperate with relevant key sectors to continue to draft the National Nutrition legislation.
- 2) Various Ministries, ministry equivalent organizations, Provinces, Capital and Districts shall successfully implement the National Nutrition Policy through effective coordination.

Minister of Health