

**Decision No. 226/QĐ-TTg of February 22, 2012, approving the national nutrition strategy for the 2011-2020 period, with a vision toward 2030**

**THE PRIME MINISTER**

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*Pursuant to the December 25, 2001 Law on Organization of the Government;*

*Pursuant to the national strategy for socio-economic development during 2011-2020;*

*At the proposal of the Minister of Health,*

**DECIDES:**

**Article 1.** To approve the national nutrition strategy for the 2011-2020 period, with a vision toward 2030, with the following major contents:

**1. Viewpoints**

a/ Improving the nutritional status is the responsibility of all levels, sectors and citizens;

b/ Balanced and proper nutrition is essential for achieving comprehensive development of Vietnamese people's stature, physical strength and intellect and improved quality of life;

c/ To increase intersectoral coordination in nutrition activities under the leadership and direction of Party committees and administrations of all levels, to mobilize participation of all social organizations and citizens, to prioritize poor, disadvantaged and ethnic minority areas, mothers and children.

**2. Objectives**

**a/ General objectives**

By 2020, the people's diet will be increased in quantity, more balanced in quality and safe and hygienic. Child malnutrition, especially stunting, will be reduced dramatically, contributing to raising the stature and physical strength of Vietnamese. To effectively control overweight and obesity, contributing to reducing nutrition-related non-communicable chronic diseases;

**b/ Specific objectives**

- Objective 1: To further improve the people's diet in terms of quantity and quality.

**Targets:**

+ To reduce the rate of households with per-capita food consumption below 1,800 kcal to 10% by 2015 and 5% by 2020.

+ To increase the rate of households with a balanced diet (with the protein-lipid-glucid ratio

of 14:18:68) to 50% by 2015 and 75% by 2020.

- Objective 2: To improve the nutritional status of mothers and children.

Targets:

+ To reduce the chronic energy deficiency rate among women of reproductive age to 15% by 2015 and under 12% by 2020.

+ To reduce the rate of underweight infants (born under 2,500 grams) to under 10% by 2015 and under 8% by 2020.

+ To reduce the rate of stunted children under 5 to 26% by 2015 and 23% by 2020.

+ To reduce the rate of underweight children under 5 to 15% by 2015 and 12.5% by 2020.

+ To raise the height of five-year-old children by 1.5-2 cm for both boys and girls and of young people by 1-1.5 cm by 2020 from 2010.

+ To keep the rate of obese children under 5 at under 5% in rural areas and under 10% in big cities and maintain such rate by 2020.

- Objective 3: To improve the micronutrient status.

Targets:

+ To reduce the rate of under-5 children with low serum Vitamin A ( $<0.7\mu\text{mol/L}$ ) to under 10% by 2015 and under 8% by 2020.

+ To reduce the rate of anemic pregnant women to 28% by 2015 and 23% by 2020.

+ To reduce the rate of anemic children under 5 to 20% by 2015 and 15% by 2020.

+ By 2015, to reach a rate of households with sufficient daily consumption of iodized salt for disease prevention ( $\geq 20$  ppm) of over 90%, to

maintain the median urinary iodine level in mothers with under-5 children at between 10 and 20  $\mu\text{g/dl}$  by 2015 and to 2020.

- Objective 4: To step by step effectively control overweight and obesity and risk factors of nutrition-related non-communicable chronic diseases among adults.

Targets:

+ To control the rate of overweight and obese adults at under 8% by 2015 and at under 12% by 2020.

+ To keep the rate of adults with high blood cholesterol ( $>5.2$  mmol/L) at under 28% by 2015 and at under 30% by 2020.

- Objective 5: To improve knowledge and practices of proper nutrition.

Targets:

+ The rate of exclusively breastfed infants during the first six months will reach 27% by 2015 and 35% by 2020.

+ The rate of mothers with proper nutrition knowledge and practices for caring sick children will reach 75% by 2015 and 85% by 2020.

+ The rate of young women receiving nutrition and maternal training will reach 60% by 2015 and 75% by 2020.

- Objective 6: To increase capacity and effectiveness of nutrition networks in communities and health establishments.

Targets:

+ By 2015, to assure that 75% and 50% of full-time nutrition officers at provincial and district levels respectively will receive community nutrition training for between 1 and

3 months. The rates will be respectively 100% and 75% by 2020.

+ By 2015, to assure that 100% of full-time nutrition officers at commune level and nutrition collaborators will be trained and updated in nutritional care. This rate will be maintained to 2020.

+ By 2015, 90% of central hospitals, 70% of provincial-level hospitals and 30% of district-level hospitals will have dieticians. By 2020, the rates will be 100%, 95% and 50% respectively.

+ By 2015, 90% of central hospitals, 70% of provincial-level hospitals and 20% of district-level hospitals will provide counseling on and prescribe proper nutritional regimes for certain groups of diseases and target groups, including elderly people, HIV/AIDS and tuberculosis patients. By 2020, the rates will be 100%, 95% and 50% respectively.

+ To assure that 50% and 70% of provinces will be capable to perform nutrition surveillance by 2015 and 2020 respectively. To conduct nutrition surveillance in emergency cases in disaster-prone provinces and provinces with malnutrition rates higher than the national average.

#### c/ Vision toward 2030

By 2030, to strive to reduce the child malnutrition rate below the level of public health significance (stunting rate of under 20% and underweight rate of under 10%), to remarkably raise the stature of Vietnamese. To improve public awareness about and behaviors in proper nutrition for the prevention of nutrition-related chronic diseases, which are on

the rise. To step by step supervise daily food consumption in order to have nutritionally balanced and rational diets, ensuring food safety and hygiene, meeting nutrition needs and contributing to improving the quality of life for all people, especially school children.

### 3. Major solutions

#### a/ Policies

- To further focus on directing the fulfillment of the target to reduce underweight. To soon introduce the target to reduce the rate of stunting as a socio-economic development indicator of the country and each locality. To increase examination and monitoring of the fulfillment of nutrition targets;

- To finalize the intersectoral coordination mechanism, especially for close coordination between the Ministry of Health and the Ministry of Agriculture and Rural Development, the Ministry of Education and Training, the Ministry of Culture, Sports and Tourism and the Ministry of Labor, War Invalids and Social Affairs in implementing solutions for improving the nutritional status. To adopt policies and solutions to involve mass organizations and businesses in the implementation of the national nutrition strategy;

- To elaborate and finalize policies and regulations on nutrition and food. To issue regulations on the production, trading and use of nutritional products for small children; food fortification with micronutrients; and policies on proper maternity leave, breastfeeding promotion; to study and propose policies to support school nutrition, firstly for preschool and primary school children; to encourage

businesses to invest in the production and supply of specialized nutritional products for poor, disadvantaged and ethnic minority areas, especially for pregnant women, under-5 children and children in special circumstances.

b/ Resources

- To develop human resources:

+ To extensively train and effectively employ leading nutritionists, dieticians and food safety specialists.

+ To train nutrition specialists (post-graduates, bachelors and technicians in nutrition and dietetics).

+ To consolidate and develop nutrition workers, especially the network of full-time nutrition workers and nutrition collaborators at the grassroots level. To build capacity to manage nutrition programs for nutrition officers from central to local levels and of related ministries and sectors.

+ To diversify forms of training to meet the society's training needs, prioritizing training for ethnic minority groups, disadvantaged regions and areas and areas with high malnutrition prevalence in appropriate forms (training with selection-based enrolment, training by customers' order or based on market needs); to increase international cooperation in training for the nutrition sector.

- Financial resources:

+ To socialize and diversify financial resources and step by step increase investment in nutrition activities. Funds for implementation include central and local budgets, international support and other lawful funding sources of

which state budget funds shall be allocated mostly to national target programs and projects.

+ To effectively manage and coordinate financial resources, ensuring fairness and equality in nutritional care for all people. To increasingly inspect, supervise and evaluate the effectiveness of budget use.

c/ Nutrition advocacy, education and communication

- To promote advocacy to raise leaders' and managers' knowledge on the importance of nutrition to the comprehensive development of the stature, physical strength and intellect of children;

- To carry out mass communication activities using various forms, methods and contents suitable to each region, area and target group to improve nutrition knowledge and practices, especially for the prevention of stunting, control of overweight and obesity and nutrition-related non-communicable chronic diseases for all people;

- To continue nutrition and physical education in the school system (from preschool to university). To elaborate and implement the school nutrition program (to step by step introduce dietetic menu and provide milk for children in preschools and primary schools). To develop appropriate models for each region, area and target group.

d/ Technical solutions

- To study and elaborate programs, projects and solutions for special intervention to improve the nutritional status and raise the height and physical strength of people which are suitable

to each region and area, prioritizing poor, disadvantaged and ethnic minority areas and other at-risk target groups;

- To provide proper nutrition for mothers before, during and after delivery. To promote exclusive breastfeeding during the first six months and appropriate complementary feeding for under-two children;

- To raise nutrition and food surveillance capacity for the central level and regional- and provincial-level hospitals to systematically supervise food consumption and nutritional status trends;

- To develop, and raise the effectiveness of, the network of nutrition services, counseling and rehabilitation;

- To diversify the production, processing and use of locally available food. To develop the eco-model of gardens, fishponds and breeding facilities (VAC), ensuring the production, circulation, distribution and use of safe food. To promote daily consumption of fish, milk and vegetables;

- To establish a system for monitoring and early warning of food insecurity at national and household levels. To develop a plan to promptly respond to emergency cases.

e/ Science and technology and international cooperation

- To raise the nutrition and food scientific research capacity. To encourage research, development and transfer of technologies to select and create new breeds and seeds with appropriate nutrients; to study the production and processing of micronutrient-fortified food,

nutritional products and specialized nutritional products suitable to each target group;

- To promote computerization and develop a database on nutrition and food safety;

- To increasingly use information and scientific evidence in the formulation of nutrition policies, plans, programs and projects at different levels, especially in the prevention of stunting and micronutrient deficiency;

- To apply nutrition experience and scientific achievements in the prevention of obesity, metabolic syndrome and nutrition-related non-communicable chronic diseases;

- To proactively cooperate with advanced countries and institutes and universities in the region and world in the field of research and training in order to quickly access regional and global advanced scientific and technological standards and develop and improve the quality of human resources in the nutrition sector;

- To increase comprehensive cooperation with international organizations to support and promote the strategy implementation;

- To incorporate international cooperation projects into activities of the national nutrition strategy to fulfill the strategy's objectives.

#### 4. Implementation phases

a/ Phase 1 (2011-2015): To implement key activities for nutrition improvement, paying attention to education, training and human resource development and supplementation of policies to support nutrition and institutionalize state direction for nutrition activities. To continue implementing target programs effectively;

b/ Phase 2 (2016-2020): Based on the evaluation of the implementation of phase 1 (2011-2015), to adjust policies and make appropriate interventions for comprehensive implementation of solutions and tasks in order to successfully fulfill the strategy's objectives. To promote the exploitation and use of the nutrition database for planning purposes. To sustain and comprehensively evaluate the strategy implementation.

5. Major programs, plans and projects for the strategy implementation

a/ Project on nutrition communication and education and training

- Responsible agency: The Ministry of Health;

- Coordinating agencies: The Ministry of Education and Training, the Ministry of Information and Communications, Vietnam Television, related ministries, sectors, agencies and organizations, and provincial-level People's Committees.

b/ Project on mother and child malnutrition control and stature improvement

- Responsible agency: The Ministry of Health;

- Coordinating agencies: Related ministries, sectors, agencies and organizations, and provincial-level People's Committees.

c/ Project on micronutrient deficiency control

- Responsible agency: The Ministry of Health;

Coordinating 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 Communications, related ministries, sectors, agencies and organizations, and provincial-level People's Committees.

d/ Program on school nutrition

- Responsible agency: The Ministry of Health;

- Coordinating agencies: The Ministry of Education and Training, related ministries, sectors, agencies and organizations, and provincial-level People's Committees.

e/ Project on overweight, obesity and nutrition-related non-communicable chronic disease control

The Ministry of Health shall assume the prime responsibility for, and coordinate with related ministries, sectors, agencies and organizations, and provincial-level People's Committees in, carrying out activities in hospitals and communities;

- The Ministry of Education and Training shall assume the prime responsibility for, and coordinate with the Ministry of Health, related ministries, sectors, agencies and organizations, and provincial-level People's Committees in, carrying out activities in the school system.

e/ Program on nutrition security and household food improvement and nutrition response in emergency cases

- Responsible agency: The Ministry of Agriculture and Rural Development;

- Coordinating agencies: The Ministry of Health, related ministries, sectors, agencies and organizations, and provincial-level

People's Committees.

g/ Project on nutrition surveillance

- Responsible agency: The Ministry of Health;

- Coordinating agencies: The Ministry of Agriculture and Rural Development, the Ministry of Planning and Investment (the General Statistics Office), related ministries, sectors, agencies and organizations, and provincial-level People's Committees.

## Article 2. Organization of the strategy implementation

1. The Ministry of Health shall assume the prime responsibility for, and coordinate with the Ministry of Planning and Investment, the Ministry of Finance, related ministries and sectors, provincial-level People's Committees and socio-political organizations in, planning and organizing the strategy implementation nationwide, ensuring close association with related strategies, programs and plans; elaborate, submit to competent authorities for approval, and implement projects and plans in line with the strategy's objectives; guide, inspect and review the strategy implementation for regular reporting to the Prime Minister; conduct a preliminary review in late 2015 and a final review in late 2020 of the strategy implementation.

2. The Ministry of Planning and Investment shall arrange funds for the strategy activities under annual budget plans approved by the National Assembly, and raise domestic and overseas funds for nutrition work.

3. The Ministry of Finance shall assume the prime responsibility for, and coordinate with the Ministry of Planning and Investment in, based on the capacity of state budget and annual budget plans approved by the National Assembly, allocating budget funds to implement approved nutrition programs and projects; guide, inspect and supervise the use of funds in accordance with the State Budget Law and current regulations; coordinate with the Ministry of Health and related ministries and sectors in elaborating financial mechanisms and policies to promote socialization, raise non-state budget funds, and encourage organizations and individuals to invest in the nutrition sector.

4. The Ministry of Agriculture and Rural Development shall:

- Assume the prime responsibility for elaborating plans on and solutions to assure food security. Coordinate with related ministries and sectors in implementing plans to assure national food security.

- Assume the prime responsibility, for elaborating policies to assure food security and processing and develop the eco-model of gardens, fishponds and breeding facilities (VAC), and develop and implement programs to supply clean water for rural areas.

5. The Ministry of Education and Training shall:

- Assume the prime responsibility for developing nutrition and physical education programs from preschool to university levels (to increasingly provide meals and milk for preschool and primary school children; build

up school nutrition models; and direct the improvement of the quality of care and education of preschool children and quality of school canteens); step by step introduce nutrition education into school curriculums of all educational levels; coordinate with the Ministry of Health in carrying out nutrition communication and education in schools.

- Assume the prime responsibility for, and coordinate with the Ministry of Health in, planning and organizing the training and development of human resources for performing the tasks of the national nutrition strategy.

6. The Ministry of Labor, War Invalids and Social Affairs shall assume the prime responsibility for, and coordinate with the Ministry of Health and related ministries and sectors in, implementing policies on nutrition support for the poor and inhabitants in disadvantaged areas.

7. The Ministry of Information and Communications shall:

- Assume the prime responsibility for, and coordinate with the Ministry of Health and related ministries and sectors in, directing and organizing activities to provide nutrition information and communication, paying attention to information on proper nutrition.

- Coordinate with the Ministry of Health and related ministries and sectors in controlling advertisements on nutrition and related to food.

8. Ministries, ministerial-level agencies and government-attached agencies shall implement the strategy within their assigned functions and tasks.

9. Provincial-level People's Committees shall implement the strategy in their localities under the guidance of the Ministry of Health and ministries and functional sectors; elaborate and implement annual and five-year action plans on nutrition in line with the national nutrition strategy and their local socio-economic development plans of the same period; proactively and actively mobilize resources for the strategy implementation; integrate the national nutrition strategy in other related strategies in their localities for effective implementation; enhance intersectoral coordination; incorporate nutrition contents into local socio-economic development policies; regularly inspect the strategy implementation in their localities; and make annual reports on the strategy implementation in their localities under current regulations.

10. To request the central Vietnam Women's Union, based on the Ministry of Health's professional guidance and communication orientations, to disseminate health and proper nutrition knowledge for its members and mothers, and mobilize the community to closely coordinate with the health sector in healthcare and nutrition activities to improve maternal and child nutrition.

11. To request the Central Committee of the Vietnam Fatherland Front, Vietnam General Confederation of Labor, Vietnam Farmers Association, Ho Chi Minh Communist Youth Union, Vietnam Association of the Elderly, professional associations and other social organizations, based on the Ministry of Health's professional guidance and communication



orientations, to disseminate proper nutrition knowledge for their members; and closely coordinate with the health sector and related agencies in socializing nutrition activities and fulfilling the objectives and tasks of the strategy.

**Article 3.** This Decision takes effect on the date of its signing.

**Article 4.** Ministers, heads of ministerial-level agencies, heads of government-attached agencies, heads of related agencies and organizations, and chairpersons of provincial-level People's Committees shall implement this Decision.

*For the Prime Minister*  
Deputy Prime Minister  
NGUYEN THIEN NHAN