PRIME MINISTER **-------**	**SOCIALIST REPUBLIC OF VIETNAM** **Independence – Freedom – Happiness** **----------**
No. 02/QD-TTg	*Hanoi, January 5, 2022*

DECISION

APPROVING THE NATIONAL NUTRITION STRATEGY FOR THE 2021 - 2030 PERIOD WITH A VISION TOWARD 2045

THE PRIME MINISTER

Pursuant to the Law on Organization of the Government dated June 19, 2015; the Law on Amendments to the Law on Organization of the Government and the Law on Organization of the Local Government dated November 22, 2019;

Pursuant to the Resolution No. 139/NQ-CP dated December 31, 2017 of the Government promulgating the Government's program of action for implementation of the Resolution No. 20-NQ/TW dated October 25, 2017 from the 6th meeting of the 12th Central Committee on enhancement of people's health protection, care, and improvement in new normal

Pursuant to the Resolution No. 50/NQ-CP dated May 20, 2021 of the Government on action program of the Government for implementation of the Resolution of the 8th National Congress of the Communist Party;

At the request of the Minister of Health.

DECISION:

Article 1. The approval of the national nutrition strategy for the 2021 - 2030 period with a vision toward 2045 (hereinafter referred to as "Strategy") includes the following contents:

I. VIEWPOINTS

1. All people have the right to equally access nutrition and food in order to obtain the maximum nutritional state, improving their health.

2. Proper nutritional implementation needs to be maintained throughout each person's life so as to improve personal health and family health; thus, contributing to the improvement of protection and healthcare of the community.

3. The state is responsible for developing mechanisms and policies to promote proper nutritional implementation; arrange and allocate intervention resources to improve the nutrition for mothers and children in regions with difficulties, remote areas, ethnic minority areas, mountainous areas, and islands.

II. TARGETS

1. General targets: Implement proper nutrition to improve the nutritional state suitable for each person, locality, region, and ethnicity, contributing to the decrease of disease and increase of stature, stamina, and intelligence of Vietnamese.

2. Specific targets

a) Implementation of a varied, appropriate, and food-security diet for all ages and subjects according to the life cycle

- The percentage of children from 6 to 23-month-old that have correct and sufficient diet will reach 65% by 2025 and 80% by 2030.

- The percentage of adults who consume adequate amounts of fruit and vegetables daily will reach 55% by 2025 and 70% by 2030.

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

- The percentage of schools that develop diets that satisfy the recommendation of the Ministry of Health on proper nutrition assurance according to the age and food diversity will reach 60% for urban areas and 40% for rural areas by 2025; strive to reach 90% for urban areas and 80% for rural areas by 2030.

-The percentage of hospitals that provide examinations, advice, and treatments via diet suitable for nutritional status and disease for patients will reach 90% for the central or provincial level; 75% for district level by 2025; 100% for central, provincial level and 80% for district level by 2030.

- The percentage of communes that provide nutritional counseling for pregnant mothers, mothers with children under 2 years old in the basic healthcare service package for primary health care, prevention, and improvement conducted by health stations of communes, wards, or commune-level towns will reach 50% by 2025 and 75% by 2030.

b) Improvement of nutritional status for mothers, children, and teenagers

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

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

- The average height of 18-year-old teenagers will increase by 2 - 2,5cm for males and by 1,5 to 2 cm for females by 2030 compared to those in 2020.

- The percentage of children who are breastfed soon after birth will reach 75% by 2025 and 80% by 2030.

- The percentage of children below 6 months old who are exclusively breastfed will reach 50% by 2025 and 60% by 2030.

c) Control of overweight, prevention of non-infectious chronic diseases, related risk factors in children, teenagers, and adults

- The percentage of overweight will be controlled: below 10% for children below 5 years old (below 11% for urban areas and below 7% for rural areas); below 19% for children from 5 to 18 years old (below 27% for urban areas and below 13% for rural areas); below 20% for adults from 19 to 64 years old (below 23% for urban areas and below 17% for rural areas) by 2025 and maintain such percentages until 2030.

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

d) Reduction of micronutrient deficiency in children, teenagers, and women of childbearing age

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

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

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

- The percentage of children from 6 to 59 months old with low serum zinc levels will be reduced to below 50% (below 60% for mountainous areas) by 2025 and below 40% (below 50% for mountainous areas) by 2030.

- The percentage of households using iodized salt qualified for preventing diseases or iodized salty seasoning daily will increase to above 80% by 2025 and above 90% by 2030.

dd) Improvement of the nutritional reaction in emergency situations and enhancement of strategy implementation resource

- By 2025, 100% of provinces and cities that are potentially affected by climate change, natural disasters, or epidemics will have their response plans; evaluate and implement special nutritional intervention in emergency situations and maintain such percentage until 2030.

- By 2025, 100% of provinces, cities that are allocated the annual local budget will ensure the nutritional activities according to approved plans and maintain such percentage until 2030.

3. Vision toward 2045: All people will achieve their maximum nutritional status; non-infectious diseases related to nutrition will be controlled, thus contributing to the improvement of health and living quality.

III. MAJOR DUTIES AND SOLUTIONS

1. Complete mechanisms and policies on nutrition

a) Review, develop, amend, and complete regulations of the law on proper nutritional implementation; especially nutritional intervention in regions with difficulties, rural and remote areas, ethnic minority areas, mountainous areas, and islands. Complete the national technical nutritional standard system for food; develop financial mechanisms or policies including the payment of health insurance for nutritional activities in healthcare facilities and schools; develop regulations on nutrition labeling on the front of prepackaged products; limit advertisements for unhealthy foods, especially for children; impose excise tax for on sugary drinks.

b) Include the target to reduce stunted, underweight, or overweight children below 5 years old in the socio-economic development targets of the whole country and each administrative division.

2. Improve the inter-sectorial cooperation and social mobilization

a) Develop and conduct mechanisms of the inter-sectorial cooperation on nutrition work from the centrality to locality; focus on integrating, cooperating with programs or projects related to nutrition.

b) Mobilize organizations, individuals, and communities to participate in implementing the Strategy. Encourage social organizations, industrial communities to participate in implementing the Strategy via sponsorship for nutritional activities; ensure nutrition at workplaces; produce healthy nutritional products, and comply with regulations on production and trading of nutritional products, food.

3. Strengthen communication and education on nutrition

a) Strengthen the communication and mobilization to policy-making groups in order to incorporate nutrition work into strategies, programs, projects, or plans implemented in localities.

b) Organize the implementation of communication activities with types, methods, contents suitable for each region, group of subjects in order to improve knowledge; practice proper nutrition especially in preventing stunting malnutrition, micronutrient deficiency; controlling overweight - obesity and other non-infectious chronic diseases related to nutrition for all people.

c) Improve the efficiency of communication, education, or provision of advice on the practice of proper nutrition according to the life cycle. Focus on providing soft skill education; strengthen the cooperation between schools, families, and society to form a healthy lifestyle and habits of proper nutrition.

d) Increase the amount of time for communication and guidance on proper nutrition in the mass media especially on the Vietnam Television, Voice of Vietnam, Television and Broadcasting Station of provinces, online broadcasting system, social media, and other digital communication platforms.

4. Strengthen and improve the quality of human resources

a) Consolidate and develop nutrition staff; ensure the sustainability, especially of the network of specialized nutritionists and medical staff in rural areas; standardize clinical nutritionists.

b) Develop the curriculum; standardize training documents about nutrition in the medical school system; improve nutritional teaching or training capability for the teaching staff of schools; improve the quality of training and advanced training contents on nutrition work in schools, hospitals, and communities.

c) Improve the capability of officers of ministries, divisions, central authorities, unions, social organizations, non-governmental organizations, religious organizations in terms of integrating nutritional activities into programs or projects.

5. Enhance technical expertise for the implementation of nutritional intervention

a) Improve meal quality; ensure food security and nutrition security

- Develop and disseminate dietary reference intakes, food pyramid, proper nutrition advice, menu, proportion, diet, and physical activities suitable for every subject.

- Develop regulations and provide guidelines for food labeling, nutrition labeling; enhance education and provision of advice for the people in order to create the needs of using varied, healthy, and nutritious food.

- Develop plans, nutritional agriculture models, and guidelines for food security and meal quality at households.

b) Increase the coverage and enhance the quality of essential nutritional interventions

- Develop and effectively implement programs, projects, and models of essential nutritional intervention such as: nutrition care in the first 1000 days of life (nutrition care for pregnant and breastfeeding women; exclusively breastfeeding for the first 6 months; proper additional meal and continuation of breastfeeding for children from 6 to 23 months old); monitor the children's growth and development; manage and treat children with acute malnutrition; prevent micronutrient deficiency in mothers and children; ensure clean water, personal and environmental hygiene.

- Provide services of counseling, nutrition recovery, intervention models against obesity, prevention of non-infectious chronic diseases, and related risk factors at all levels. Strengthen the implementation of nutritional intervention for elderly people and occupational nutrition

- Promote the fortification of domestic or imported food products. Encourage people to use fortified foods. Supervise the implementation of regulations on mandatory food fortification.

- Strengthen the in-place food systems that are safe, diverse, nutritious, and sustainable in order to meet the needs of every subject in every region, especially areas affected by natural disasters and epidemics.

- Improve the service provision quality by constructing, standardizing technical procedures, guidelines for groups of nutritional intervention. Incorporate the evaluation of the quality of nutritional intervention into the annual evaluation target of healthcare facilities.

- Integrate nutritional services into other programs in terms of healthcare, education, social-economic development of mountainous areas and ethnic minority areas, new rural areas, poverty reduction, social protection in order to increase investment resources for every subject that needs interventions.

c) Implement nutritional activities at schools

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

- Develop communication documents and organize communication activities for parents of students about proper nutrition, healthy and safe food, prevention of non-infectious diseases, and enhancement of physical activities for children, students. Pay special attention to proper nutrition for children in pre-puberty or puberty.

- Develop guidelines and organize school meals in a manner of nutrition assurance according to age, region, and food diversity assurance (for schools that provide meals for students). Promulgate regulations in order to prevent students from approaching unhealthy food.

- Develop mechanisms for cooperation and connection between the school and families in nutrition care for children, students; inform parents about the nutritional status of children, students in the school.

- Maintain regular deworming in areas with high prevalence of worms and helminths.

c) Implement nutritional activities at hospitals

- Develop and implement specialized guidelines for nutritional treatment, clinical nutrition, and dietetics at facilities that provide examination and treatment.

- Organize communication activities and provide nutritional counseling for patients, their families at healthcare facilities.

- Implement regulations on nutrition in hospitals such as nutrition targets and breastfeeding in the criteria for hospital quality.

dd) Strengthen the implementation of emergency nutritional activities

- Develop and incorporate nutrition assurance content into the response plan for natural disasters, epidemics of the central and provinces, cities.

- Improve the nutritional response capability in emergency situations of officers of all levels and related divisions, central authorities.

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

6. Promote basic research and technology application research on nutrition and food suitable for Vietnamese. Enhance technical development; research high technology application model serving nutrition purposes.

7. Promote the application of information technology in management, operation, supervision, counseling, statistic, and report of nutrition work nationwide.

8. Actively integrate and strengthen international cooperation on nutrition; resolve regional and global nutrition problems.

a) Actively participate in the nutrition network or movements regional or global.

b) Promote international cooperation to utilize the support for finance, technique, training, and management skills in terms of nutrition work with other countries, international organizations.

IV. IMPLEMENTATION RESOURCE

1. Central and local government budgets will provide funding for nutritional activities in accordance with the Law on the State Budget. To be specific: continue to provide funding for nutritional activities in national target programs (stable poverty reduction, new rural area construction, socio-economic development in ethnic minority areas and mountainous areas); prioritize funding for implementation of the Strategy in areas with socio-economic difficulties, ethnic minority areas, remote areas, borders, islands, and areas with high potential to be affected by natural disasters, epidemics. Continue to invest, upgrade facilities of research and nutritional training; enhance the capability of the management system, and implement nutritional activities in accordance with regulations.

2. Encourage domestic and foreign organizations and individuals to make investment in nutritional activities. Develop nutritional private investment activities suitable for each subject, locality, region, and ethnicity.

3. Ministries, central authorities, and localities shall rely on the targets and duties of this strategy to form the annual estimated budget and present it to the competent authority for approval in accordance with regulations of the law on the state budget.

V. IMPLEMENTATION

1. Ministry of Health shall:

a) Take charge and develop the plan for implementation of the Strategy in terms of medical sector; provide guidelines and organize the implementation of the Strategy nationwide. Supervise, inspect, and annually recapitulate and report to the Prime Minister on the performance and result of the Strategy. Organize preliminary activities by the end of 2025 and sum up the Strategy by the end of 2030.

b) Take charge and cooperate with ministries, central authorities, unions, People's Committee of provinces, centrally affiliated cities in developing and organizing the implementation of intervention programs, projects such as the implementation of proper nutrition and proportion; improvement of nutrition for mothers and children; nutritional care for the first 1000 days of life; prevention of micronutrient deficiency; nutrition for elderly people, school nutrition, occupational nutrition, nutrition for prevention of risk factors and non-infectious chronic diseases, nutritional diet at hospitals, nutrition in emergency situations; other programs or projects related to nutrition and food security.

c) Research, develop, and complete the above contents in order to promulgate them according to its entitlement; or present to authorities competent to promulgate legal documents, policies so as to promote nutritional work such as early nutritional

intervention or nutritional intervention in a short period of time or emergency situations; ensure the human resources and benefits suitable for nutritionists. Complete mechanisms of the inter-sectorial cooperation related to nutritional works from the centrality to locality.

d) Research and complete basic scientific expertise in nutrition; develop communication documents; provide health education, guidelines for proper nutrition, healthy food, and diet suitable for every age, locality, region, ethnicity, and method of organization at the community or hospitals.

dd) Research methods, models of intervention against diseases related to nutrition; develop techniques, tools for supervision of nutritional targets.

2. Ministry of Education and Training shall:

a) Promote communication and nutritional education; intensify physical activities and sports in schools.

b) Strengthen the cooperation between schools and families in educational activities, practical guidelines for nutrition, and physical activities suitable for children and students.

c) Take charge and cooperate with the health sector in organizing the implementation and supervision of proper nutritional activities in schools, school meals, food security, evaluation of students' nutritional status, cafeteria management, and intensification of physical activities for children and students; do not advertise or trade alcoholic drinks, sugary drinks, and other unhealthy foods in schools and near schools in accordance with regulation.

d) Direct and promote the implementation of activities related to proper nutrition for students in the school health program for the 2021 - 2025 period and proper nutrition assurance project, and enhancement of physical activities for children and students for the improvement of health, prevention of cancer, cardiovascular diseases, diabetes, chronic obstructive pulmonary diseases, and asthma for the 2018 – 2025 period.

3. Committee for Ethnic Affairs shall:

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

b) Supervise and evaluate the performance of nutritional activities in programs, projects for ethnic minority areas and mountainous areas.

4. Ministry of Labor – War Invalids and Social Affairs shall

a) Take charge and strengthen the implementation of policies for social protection subjects in accordance with regulations of the law and in association with nutritional target assurance.

b) Strengthen the integration for the implementation of nutritional activities for mothers and children in ongoing programs, projects such as the national target program for sustainable poverty reduction for the 2021 - 2025 period.

c) Take charge and cooperate with related agencies in promoting the propagation and directive of the implementation of proper nutrition for workers, especially female workers, pregnant female workers, workers raising children, workers at industrial zones, workers doing heavy, hazardous, and dangerous occupations or jobs (or particularly heavy, hazardous, and dangerous occupations or jobs).

5. Ministry of Agriculture and Rural Development shall:

a) Take charge and implement the assurance of food security or household food that satisfies the nutritional requirements.

b) Integrate nutritional targets into policies on food and agriculture in the implementation of transition and development of the food system in a manner of transparency, responsibility, and sustainability; or integrate nutritional targets into ongoing projects such as the national target program for new rural area construction for the 2021 - 2025 period, program of no more hunger.

c) Integrate nutritional responses into the prepared national plan against natural disasters in order to be ready to provide food and ensure the nutrition for areas vulnerable to climate change and natural disasters.

6. Ministry of Information and Communications shall:

a) Take charge and cooperate with related ministries and central authorities in directing and organizing communication activities on nutrition; focus on communications activities in order to improve the knowledge and practice proper nutrition on traditional information channels.

b) Cooperate with the Ministry of Health and related ministries, central authorities in management advertisement for nutrition and food.

7. Ministry of Culture, Sport, and Tourism shall:

a) Cooperate with the Ministry of Health and related ministries, central authorities in directing and organizing the implementation of the Strategy integrated with the general project for the development of stamina and stature of Vietnamese for the 2011 - 2030 period.

b) Direct and integrate physical activities and proper nutrition assurance into the mass movements, sports, and culture of the community; intensify the propagation of the healthy benefits of mass sports activities.

8. Ministry of Industry and Trade shall:

a) Review, amend, and supplement mechanisms or policies to promote research, production, brand development, commercial promotion, development of the market of fortified food and healthy food.

b) Enhance the management of production or trading of unhealthy food under its management.

9. Ministry of Science and Technology shall:

a) Direct and enhance the allocation of budget for the implementation of science and technology duties on nutrition and food.

b) Cooperate with related ministries and central authorities in developing, amending, and supplementing for the completion of the national standard system for food, dietary supplements, fortified foods, and legal documents on nutritional food labeling.

10. The Ministry of Planning and Investment shall cooperate with the Ministry of Health in providing guidelines for the incorporation of specific nutritional targets into the socio-economic development plan of the nation and each locality.

11. Ministry of Finance shall:

a) Take charge and cooperate with the Ministry of Health based on the state budget-balancing capability in allocating budget for ministries, central authorities for the implementation of the Strategy for the assigned tasks in accordance with the Law on the State Budget and the budget decentralization.

b) Cooperate with the Ministry of Health and related ministries, central authorities in developing financial mechanisms or policies in order to promote the private investment; mobilize capital resources other than the state budget; encourage organizations or individuals to invest in the field of nutrition.

12. The Ministry of Home Affairs shall cooperate with the Ministry of Health and related ministries, central authorities in imposing mechanisms, policies, solutions in order to improve the quality of human resources for state management of nutrition at ministries, central authorities, and localities.

13. The Viet Nam News Agency, Vietnam Television, Voice of Vietnam, and mass communication agencies shall focus on increasing the broadcast time or the number of appropriate articles on the special column of online newspapers in order to improve the

quality of propagation and education on proper nutrition; and promoting the propagation for the implementation of the Strategy.

14. Social-economic organizations or associations shall cooperate with the sectors of health, education, agriculture and related ministries, central authorities, and local governments in participating in the implementation of the Strategy within their functions, duties, and entitlements; participate in the propagation and dissemination of knowledge for their members and communities on nutrition works; mobilize resources for the implementation of related contents, duties, and solutions of the Strategy; uphold the role of supervision, social criticism and propose appropriate policies to ensure the efficiency of implementation of the Strategy and other nutritional action programs.

15. People's Committee of provinces and centrally affiliated cities shall:

a) Develop and organize the implementation of the nutritional action plan and other intervention programs, projects in their area in accordance with the national nutrition strategy and local socio-economic development plan. Supervise and annually evaluate the nutritional status of the people; incorporate specific nutritional targets into the local socio-economic development target system.

b) Allocate the budget in accordance with the law on the state budget in order to achieve the targets of the Strategy; prioritize areas with difficulties, remote areas, mountainous areas, ethnic minority areas. Integrate the efficient implementation of the national strategy on nutrition into other related strategies, programs, projects in their area. Any financial difficulties that arise during the implementation of nutritional activities should be reported to the Ministry of Health. The Ministry of Health shall recapitulate and propose to the Prime Minister for consideration for financial support in accordance with regulations.

c) Mobilize resources and promote private investment according to their conditions in order to implement the Strategy; allocate resources for the implementation of nutritional works in accordance with regulations.

d) Organize the implementation, supervision, urge, inspection, and evaluation of the performance of the Strategy in their area.

Article 2. This Decision comes into force as of its date of signing.

Article 3. Ministers, directors of ministerial agencies, directors of Government's affiliates, chairmen of the People's Committees of provinces, centrally affiliated cities, and related organizations, individuals shall implement this Decision./.

PP. PRIME MINISTER
DEPUTY PRIME MINISTER

Vu Duc Dam
