MINISTRY OF HEALTH ---	SOCIALIST REPUBLIC OF VIETNAM Independence - Freedom - Happiness ---
No. 718/QD-BYT	*Hanoi, January 29, 2018*

DECISION

APPROVING NATIONAL ACTION PLAN FOR NUTRITION BY 2020

MINISTER OF HEALTH

Pursuant to the Government's Decree No. 75/2017/ND-CP dated 20/6/2017 on functions, duties, powers and organizational structure of the Ministry of Health;

Pursuant to the Prime Minister's Decision No. 226/QD-TTg dated 22/02/2012 approving national nutrition strategy for 2011 – 2020 period, with a vision towards 2030;

At the request of the Director General of General Department of Preventive Medicine,

HEREBY DECIDES:

Article 1. The national action plan for nutrition by 2020 (enclosed therewith and hereinafter referred to as "Plan") is approved.

Article 2. This Decision takes effect from the date on which it is signed.

Article 3. Head of Office of the Ministry of Health, Chief Inspector of the Ministry of Health, heads of affiliates of the Ministry of Health, heads of Departments of Health and heads of relevant regulatory bodies and units shall implement this Decision.

THE MINISTER OF HEALTH

Nguyen Thi Kim Tien

NATIONAL ACTION PLAN FOR NUTRITION BY 2020

(Promulgated together with Decision No. 718/QD-BYT dated January 29, 2018)

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NATIONAL ACTION PLAN FOR NUTRITION BY 2020

(Promulgated together with Decision No. /QD-BYT dated January , 2018 by the Minister of Health)

PART I. BASES FOR PLAN FORMULATION

I. LEGAL GROUNDS

1. Resolution No. 73/NQ-CP dated 26/8/2016 by the Government approving investment guidelines for target programs for 2016 - 2020 period.

2. Decree No. 63/2012/ND-CP dated 31/8/2012 by the Prime Minister on functions, duties, powers and organizational structure of the Ministry of Health.

3. Decision No. 122/QD-TTg dated 10/01/2013 by the Prime Minister approving national strategy to protect, care, and improve public health during 2011-2020 period, and the orientation towards 2030.

4. Decision No. 226/QD-TTg dated 22/02/2012 by the Prime Minister approving national nutrition strategy for 2011 - 2020 period, with a vision towards 2030.

5. Decision No. 376/QD-TTg dated 20/3/2015 by the Prime Minister approving national strategy for preventing and controlling cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease, bronchial asthma and other noninfectious diseases for 2015 - 2025 period.

6. Decision No. 641/QD-TTg dated 28/4/2011 by the Prime Minister approving general scheme for improvement of Vietnamese people's strength and height for 2011 - 2030 period.

7. Decision No. 1980/QD-TTg by the Prime Minister approving national targets for new rural communes for 2016 - 2020 period.

8. Decision No. 2013/QD-TTg dated 14/11/2011 by the Prime Minister approving Vietnam's population and reproductive health strategy for 2011-2020 period.

9. Decision No. 1340/QD-TTg dated 08/7/2016 by the Prime Minister approving school milk program for improvement of nutritional status and height of preschool and elementary children by 2020.

10. Resolution No. 20-NQ/TW dated October 25, 2017 of the 6th meeting of the 12th Central Committee on enhancement of citizens' health protection, improvement, and care in new situation.

11. Directive No. 46/CT-TTg dated December 21, 2017 by the Prime Minister on enhancement of nutrition in new circumstances.

II. ASSESSMENT OF IMPLEMENTATION OF NATIONAL NUTRITION STRATEGY FOR 2011 - 2015 PERIOD

The Communist Party and the Government have paid special attention to the human factor in social development strategies, viewing humans as the source of innovation and the ultimate target to strive for. To nurture a workforce for industrialization and modernization, health enhancement is imperative, which begins with nutrition improvement. To achieve basic targets for citizen health, on February 22, 2012, the Prime Minister approved the national nutrition strategy for 2011 - 2020 period, with a vision towards 2030. This national nutrition strategy is a document on the guidelines for nutrition in our country, which asserts the strong commitment and effort of the Government towards improvement of the people's nutritional status in social development, Vietnamese people's genetic quality improvement and human strategies.

1. Assessment of achievements regarding nutrition:

In recent years, Vietnam has made many achievements in improvement of the people's nutritional status. The healthcare sector has actively cooperated with relevant sectors in efficient nutritional status improvement and healthcare for citizens, and accomplished great feats. In the 35th annual session of the United Nations, Vietnam was regarded as one of the few countries that had come close to reaching the target of reducing the prevalence of child undernutrition of the Millennium Development Goals. Vietnam is also the second country around the world to ratify the Convention on the Rights of the Child to ensure that children have all the necessary conditions to develop physically and mentally as appropriate to their age and growth rate, in which, nutrition care in the first

1000 days of life and during preadolescence and puberty is the decisive factor in development of height and strength and quality of life of citizens.

The national nutrition strategy has been fully disseminated from the central to local level and to ministries and central authorities across the country. The targets of this strategy have been added to documents of the 11th and 12th National Congresses of the Communist Party and become the targets of socio-economic developments programs at all levels as well as action programs of social mass organizations. Many nutrition programs and projects have received state investment while international cooperation projects are expanded. These developments have facilitated significant improvement of citizens' nutritional status.

Provincial steering committees and direction boards have made much effort in directing and formulating the action program of each province, which is incorporated into operation of central authorities. There is supervision but ministries and central authorities have yet to supervise on a regular basis. Annual summary report preparation and planning are carried out properly at central and local levels while a lack of information sharing and connection persists.

Operation monitoring and assessment are carried out in a systematic, synchronized, subjective and efficient manner. Vietnam's annual nutritional assessment data is highly regarded by WHO.

Some relevant policies have been developed to improve maternal and child nutritional status. However, there is a lack of policies on nutrition for students and the elderly as well as insufficient policies for controlling the risk factors of noninfectious diseases.

Resources have been increased through domestic and international cooperation projects, there is private sector involvement in nutrition, especially active involvement from local governments. Ministries and central authorities have advised the Government and their leaders on formulation and promulgation of many guidelines and policies for assistance for nutrition at all levels. However, advocacy of nutrition operations policies and interdisciplinary cooperation in nutrition operations are not yet efficient.

2. Difficulties and challenges:

Besides the achievements, implementation of the national nutrition strategy for 2011 - 2020 period with a vision towards 2030 approved in Decision No. 226/QD-TTg dated 22/02/2012 leaves some difficulties, challenges and unmet targets. To be specific:

- Stunting prevalence among all children under 5 years of age in the country decreases by only 1,0% a year; remains high at 24,6% in 2015 and varies by region. Stunting prevalence among children under 5 years of age living in the northern highlands and the central highlands is 30,3% and 34,2%, respectively. Moreover, micronutrient deficiency has not improved as expected. Among children under 5 years of age, prevalence of preclinical vitamin A deficiency is 13% and of anemia is 27,8%; while zinc deficiency is very common, reaching 69,4%. As for pregnant women, prevalence of anemia and zinc deficiency is 32,8% and 80,3%, respectively. Child undernutrition, especially stunting and micronutrient deficiency, has greatly affected Vietnamese people's height.

- Prevalence of overweight - obesity, metabolic disorders and nutrition-related risk factors for health is rapidly increasing among both children and adults, especially in

urban areas and large cities. These risk factors contribute significantly to the rise in the burden of noninfectious diseases. It is estimated that, in 2013, 70% of deaths globally are related to nutrition with 11,3 million cases related to diet, 10,4 million cases caused by hypertension and 4,4 million cases attributed to overweight - obesity. As for Vietnam, in 2015, 5,3% of all children are overweighed - obese; the prevalence of overweight - obesity among children under 5 years of age in Ho Chi Minh City has tripled over the past 10 years from 3,7% to 11,5% while the percentage of overweighed - obese school-age children has doubled from 11,6% to 21,9%. Currently, in Vietnam, 1/3 of citizens do not take part in physical activity; more than half of the adult population lack vegetables/fruit in their diet and people consume more than double the WHO-recommended salt intake. It is estimated that 12 million suffer from hypertension, 3 million are diabetes, more than 2 million have chronic respiratory diseases and 125.000 cases of cancer are detected every year in Vietnam.

- School nutrition, nutrition for workers, nutrition for patients, nutrition for the elderly, etc. have not received due attention. School meals of children and students and meals of shift workers have yet to meet energy and nutrient content requirements.

- Risk of food shortage posed by acts of god, storms, flooding and drought is present in many regions. Annual per capita food supply has increased from 445 kg to 513 kg; however, seasonal hunger due to insufficient production resources, acts of god and the effects of climate change greatly affects the socio-economic situation in multiple localities across the country.

- Vietnamese people have limited strength and height: height development in children is influenced by many factors, more than half of which involve nutrition assurance and physical exercise together with genetics, psychology, health, etc. The height of both Vietnamese men and women increases very slowly over the past few years and is lower than the average height for age of most Asian countries. From 1993 to now, average height of Vietnamese youths has increased only by 3 cm, reaching 164 cm in men and 153 cm in women, which are far below target. Serious intervention measures must be taken in order to improve Vietnamese citizens' height, especially nutrition in the first years of life, and nutrition and physical exercise during preadolescence and puberty.

3. Causes of abovementioned difficulties:

- Party executive committees and governments of some localities have not fully understood the importance of nutrition, paid attention to nutrition or regarded nutrition as a political task of priority in socio-economic development of their localities. Interdisciplinary cooperation in nutrition assurance for people has many problems while operation and resources of central authorities, regulatory bodies and mass organizations are not properly integrated, especially in localities.

- Resources for nutrition fall short of requirements and are mainly directed towards prevention and control of wasting in children under 5 years of age. Many crucial nutrition matters decisive to development of citizens’ height and strength such as nutrition care in the first 1000 days of life, nutrition for pregnant and breastfeeding women, stunting prevention and control, prevention and control of micronutrient deficiency, balanced diet in households, etc. are not well taken care of.

- Awareness raising and behavioral change concerning nutrition are not without limitations. Most citizens have not fully understood about nutrition or proper nutrition for each population group and/or lack knowledge of childcare in first years of life while family meals, school meals and meals for shift workers are not nutritionally balanced.

- The nutrition network has limited capacity and lacks the necessary knowledge and equipment to encourage and help citizens to change unhealthy eating habits.

Besides the abovementioned causes, our country is also facing many issues such as globalization, urbanization, especially the adverse effects of climate change and rapid aging population, which widen the gap between the rich and the poor and the difference in the living conditions and nutritional status between regions. Despite improvement in food security and people's meals, the risk of food insecurity exists and threatens disadvantaged areas, poor areas and areas suffering from abnormal acts of god. While some regions, especially remote and isolated areas, cannot afford sufficient and balanced meals, an increasing number of urban residential groups enjoy unhealthy diet. Citizens, especially the youth, tend to consume many saturated fats, sugar and processed food. Change in lifestyle and unbalanced meals in some households increase the dual burdens of undernutrition and overweight - obesity/noninfectious diseases.

4. Global nutrition goals and Vietnam's commitments:

In the 70th session of the United Nations General Assembly, Vietnam is one of the 154 countries that ratified the 2030 Agenda for Sustainable Development, which includes the goal to "End hunger, achieve food security and improved nutrition and promote sustainable agriculture".

Vietnam is also one of the 59 participating states of the Scaling Up Nutrition Movement (The SUN Movement). This is a large and important movement that connects governments, United Nations entities, social organizations, enterprises and sponsors to put an end to all sub-forms of undernutrition around the world. The SUN movement was launched by United Nations entities, led by UNICEF, in 2010 and Vietnam officially became one of its participants in January 2014. On 16/02/2017, in the meeting between the Vietnamese Government, the Assistant Secretary-General of the United Nations and the Director of the SUN Movement Secretariat, Deputy Prime Minister Vu Duc Dam gave direction on enhancement of nutrition operations and launching of the SUN Movement in Vietnam.

Vietnam has also signed the ASEAN Leaders' Declaration on Ending All Forms of Malnutrition, which includes commitments to execute ASEAN action plans and achieve ASEAN goals for nutrition and health, in November 2017 in the Philippines.

Resolution No. 20-NQ/TW dated October 25, 2017 of the 6th meeting of the 12th Central Committee on enhancement of citizens' health protection, improvement, and care in new situation sets the following targets, which are to be achieved by 2030: Vietnamese people's average age is 74, number of healthy life years is 68; prevalence of stunting among children under 5 years of age is less than 15%; prevalence of obesity among adults is less than 10%; and average height is 168,5cm for 18-year-old men and 157,5cm for 18-year-old women. The Resolution directs Party executive committees and local governments to focus on directing citizens' health protection, improvement, and care,

regard these tasks as of political importance and assign regulatory bodies and local governments to perform them. For nutrition tasks, focus on raising awareness, changing behaviors and highlighting responsibility of the whole political system, the society and each citizen; develop and launch schemes and programs for improvement of Vietnamese people's health and height, especially for those living in rural areas, in mountainous areas and on islands, in a synchronized manner; give recommendations, disseminate diet and serving size suitable for each population group, ingredient sources and Vietnamese people's palate. Execute programs for supplementing necessary micronutrients for pregnant women, breastfeeding women, children and the elderly. Carry out activities for prevention and control of noninfectious diseases related to nutrition in a synchronized manner.

To achieve the nutrition targets set in Resolution No. 20-NQ/T of the 6th meeting of the 12th Central Committee on enhancement of citizens' health protection, improvement, and care in new situation, the Prime Minister has requested ministries, central authorities and local governments to focus on directing proper performance of key tasks according to the Prime Minister's Directive No. 46/CT-TTg dated December 21, 2017 on enhancement of nutrition in new circumstances.

III. VIEWPOINTS REGARDING PLAN FORMULATION

1. Balanced and proper nutrition is an important factor for comprehensive development of height, strength and intellect of Vietnamese people and improvement of quality of life.

2. Nutrition status improvement is the responsibility of governments at all levels, regulatory bodies and all citizens. Enhance interdisciplinary cooperation in nutrition operations under the leadership of Party executive committees and local governments, encourage the participation of social organizations and each citizen. Investment in nutrition operations shall be mobilized from various sources, in which, state budget shall cover nutrition operations in poor areas and disadvantaged areas, during natural and man-made disasters, and for mothers and children. Boost private sector involvement in nutrition operations.

3. Ensure nutrition care in the first 1000 days of life, starting from the time of conception until 2 years of age, to prevent stunting effectively.

PART II. CONTENT OF NATIONAL ACTION PLAN FOR NUTRITION BY 2020

I. OBJECTIVES

1. Objective 1: Improve maternal and child nutritional status

Targets:

- Reduce prevalence of stunting among children under 5 years of age to less than 21,5% for the northern highlands and less than 28% for the central highlands;

- Reduce prevalence of wasting among children under 5 years of age to less than 5%;

- Reduce prevalence of chronic energy deficiency among women of reproductive age to less than 12%;

- Reduce prevalence of low birth weight (<2500 gram) to less than 8%;

- Increase rate of exclusive breastfeeding for the first 6 months to 35%.

2. Objective 2: Improve micronutrient deficiency in citizens

Targets:

- Reduce prevalence of low serum retinol among children under 5 years of age to less than 11%;

- Reduce prevalence of anemia among all pregnant women to less than 23% and among pregnant women in mountainous areas to less than 25,5%;

- Reduce prevalence of anemia among children under 5 years of age to less than 15%;

- Ensure more than 90% of households consume adequate iodized salt for disease prevention, and median urinary iodine excretion of mothers with children under 5 years of age is from 10 to 20 µg/dl.

3. Objective 3: Improve Vietnamese people's height

Targets:

- Increase the height of male and female children by 1,5 cm - 2,0 cm compared to 2010;

- Increase the height of adults by 1,0 - 1,5 cm compared to 2010.

4. Objective 4: Improve quantity and quality of people's meals, gradually control overweight - obesity and risk factors of some nutrition-related noninfectious chronic diseases in adults

Targets:

- Reduce number of households whose food energy intake per capita is less than 1.800Kcal to under 5%;

- Maintain prevalence of overweight - obesity among children under 5 years of age at under 5% in rural areas and under 10% in large cities;

- Maintain prevalence of overweight - obesity among adults at under 12%;

- Reduce average salt intake of adults to under 7 gram/person/day.

5. Objective 5: Enhance capacity and performance of nutrition networks in the community and healthcare establishments

Targets:

- Ensure 100% of officials in charge of nutrition of provinces receive training and obtain a nutrition certificate;

- Ensure 100% of officials in charge of nutrition of districts and communes and nutrition collaborators participate in training and refresher courses in nutrition;

- Ensure 100% of central-level hospitals, 95% of provincial-level hospitals and 50% district-level hospitals have officials who are in charge of nutrition and dietetics, give advice and prepare nutritious menus for treatment of some disease groups and certain populations;

- Ensure 100% of provinces perform nutrition monitoring task according to regulations; 100% of nutrition emergencies due to natural and man-made disasters are promptly evaluated and intervened.

II. SOLUTIONS

1. Solutions concerning policies

a) Formulate, complete and implement policies and regulatory requirements pertaining to nutrition and food

- Implement the Prime Minister's Directive No. 46/CT-TTg dated December 21, 2017 on enhancement of nutrition in new circumstances.

- Disseminate and implement the Children Law, the Government's Decree No. 100/2014/ND-CP on trade in and use of nutritious products for infants, feeding bottles and teats, Decree No. 09/2016/ND-CP providing for fortification of food with micronutrients and other legislative documents related to nutrition and facilitation of breastfeeding;

- Research, propose and amend policies on health insurance to allow health insurance to cover advice on and treatment for children suffering from severe acute malnutrition; policies on nutrition for children with terminal illness, inherited metabolic diseases and rare diseases; regulations on operation of breastmilk banks; and regulations on proper nutrition and physical activity in school;

- Review, amend and complete regulations and policies to control advertising of unhealthy food and products, especially products for children and pregnant women; policies for reduction of salt in servings and limited consumption of fizzy drinks and convenience food; and regulations on Nutrition Facts labels and health warnings on unhealthy food;

- Propose and amend policies supporting and ensuring food security for poor areas and disaster-prone areas; policies encouraging enterprises to invest in production and provision of nutritious products for specific population groups to poor areas, disadvantaged areas and ethnic minority areas, especially for pregnant women, children under 5 years of age and disadvantaged children.

b) Add stunting prevalence reduction to national and local socio-economic development objectives.

c) Strengthen steering committees for action plan for nutrition by integrating the tasks and operation of people's healthcare committees at all levels. Formulate mechanisms for interdisciplinary cooperation and private sector involvement to boost investment in nutrition operations. Provide policies and solutions encouraging social organizations and enterprises to implement the Plan.

2. Solutions concerning communication and social mobilization

a) Employ communication networks of from central to local government to encourage governments at all levels, regulatory bodies, mass organizations and people to follow policies, guidelines and recommendations pertaining to nutrition.

b) Research, formulate and provide documents and programs promoting and providing advice on health and nutrition suitable for each means of communication and target group, focusing on raising awareness and practice of proper nutrition of women, children, the elderly, caregivers, students, student's parents, teachers, workers and patients.

c) Increase direct communication with population groups and areas with high stunting prevalence such as remote and isolated areas, ethnic minority areas, and poor and near-poor agricultural households.

d) Utilize models promoting children's right to participation when raising their awareness of nutrition.

dd) Effectively do social marketing to prevent micronutrient deficiency in citizens.

e) Encourage individuals, organizations and enterprises to produce and provide safe food.

3. Technical solutions

a) Focus on nutrition care in the first 1000 days of life, including proper nutrition care for mothers before, during and after childbirth; exclusive breastfeeding for the first 6 months; appropriate complementary feeding for children under 2 years of age; monitoring of child growth and development; and assurance of clean water, personal hygiene and environmental hygiene.

b) Make nutrition interventions for those at high risk as follows:

- Provide Vitamin A capsules for children and mothers after childbirth; multinutrient supplement for children; iron/multinutrient supplement for adolescent girls, women of reproductive age, and pregnant and breastfeeding women; and zinc supplement for children suffering from diarrhea;

- Treat acute child undernutrition and provide nutrition support for areas suffering from natural and man-made disasters;

- Deform children and women on a regular basis according to guidelines from the Ministry of Health.

c) Research and develop effective intervention programs, projects and solutions to help improve people's nutritional status and strength, prioritizing poor and disadvantaged areas, ethnic minority areas, poor and near-poor agricultural households, and other at-risk groups.

d) Boost micronutrient fortification of domestic commercial products and imported products, focusing on Vitamin A-fortified cooking oil, iron- and zinc-fortified wheat flour and iodized salt. Encourage citizens to use micronutrient-fortified products.

dd) Carry out suitable nutrition operations in schools:

- Provide information and advice on behavioral change concerning nutrition need, proper nutrition and increase of physical activity for students and their parents. Establish cooperation between the school and the family in educating and instructing preadolescent and adolescent students to ensure proper diet and physical activity for good height and strength development.

- Provide guidelines on provision of balanced meals to students of semi-boarding and boarding schools and organize performance of this task. Provide regulations limiting access to food unhealthy for students;

- Provide guidelines for increase of physical activity, regular and effective maintenance of physical activity in curricula and extracurricular activities, increase of physical activity via physical recreation at school and reduction of sitting time;

- Monitor student's nutritional status, regularly deworm in areas with high worm infection prevalence.

e) Improve quantity and quality of people's meals:

- Formulate plans and guidelines for food security assurance, especially in vulnerable areas; promote on-site food production models to ensure quality of home meals;

- Develop and disseminate instructions on appropriate diets and physical activity to people and specific population groups.

g) Enhance quality of services of nutrition advice, nutritional recovery and prevention of overweight - obesity and noninfectious diseases at all service levels.

h) Formulate and adopt technical guidelines for nutrition therapy and clinical nutrition at healthcare establishments.

i) Build capacity of nutrition monitoring systems, complete tools and indicators for database monitoring and management and information provision supporting formulation and implementation of the Plan; enhance capacity for monitoring in case of emergency.

k) Regularly monitor, supervise, investigate and survey to assess progress and results of implementation of the Plan.

4. Solutions concerning resources

a) Human resource development

- Strengthen and develop officials in charge of nutrition, especially full-time nutrition officials and collaborators at grassroots level;

- Improve professional and managerial capacity for nutrition operations and programs of officials of from central to local government and relevant ministries and central authorities. Encourage participation of social work collaborators of regulatory bodies and socio-political mass organizations at all levels;

- Provide training for advanced nutrition officials and nutrition and dietetics officials in hospitals; organize clinical nutrition departments in hospitals;

- Provide training for reporters, editors and officials in charge of communication and education at all levels to improve capacity for disseminating the national nutrition strategy and activities of the Plan to all citizens;

- Formulate training documents related to nutrition care in the first 1000 days of life, nutrition and physical activity for noninfectious disease prevention, nutrition advice and clinical nutrition and other relevant technical guidelines.

b) Funding sources of the Plan include:

- Funding from state budget prioritized for nutrition operations in disadvantaged areas, ethnic minority areas and areas suffering from natural disasters and nutrition care for children, pregnant women and the poor;

- ODA and aid from foreign governments;

- Health insurance fund, private funding and other legal funding sources.

5. Solutions concerning science, technology and international cooperation

a) Enhance international cooperation to launch global nutrition ideas and movements in Vietnam; effectively cooperate with United Nations entities, other countries and international organizations.

b) Proactively and actively cooperate with developed countries and leading institutes and schools in the region and around the world in research and training to quickly reach regional and global science and technology standards, develop nutrition workforce and improve quality thereof.

c) Build capacity for scientific research on nutrition and food. Promote research on and development and transfer of technology for selection and production of new varieties with suitable nutrient content; research on and production and processing of food fortified with micronutrients, nutritious products and food for specific population groups for physical and intellectual improvement development, health and disease prevention.

d) Boost application of information technology in management and provision of information on nutrition and food.

III. ACTIVITY CONTENT

1. Enhance policy formulation and interdisciplinary cooperation to promote and support nutrition operations

a) Expected outcome 1: Formulate and implement policies and regulatory requirements pertaining to nutrition and food

Outcome 1.1: Implement approved legislative documents related to/supporting nutrition

Activities:

- Assess implementation of the national nutrition strategy for 2011 - 2020 period.

- Formulate guidelines for and organize implementation of nutrition care tasks provided for in the Children Law.

- Organize implementation of the Government’s Decree No. 100/2014/ND-CP on trade in and use of nutritious products for infants.

- Organize implementation of Decree No. 09/2016/ND-CP providing for fortification of food with micronutrients.

- Organize implementation of legal documents related to nutrition and breastfeeding encouragement; the school milk program and scheme for improvement of Vietnamese people’s height and fulfillment of nutrition-related hospital quality assessment criteria.

- Inspect and supervise implementation of relevant legislative documents on nutrition operations.

Outcome 1.2: Improve capacity for adoption of nutrition-related policies of relevant members

Activities:

- Form policy advocacy groups and provide training in advocacy of policies for investment in nutrition at all levels.

- Hold conferences and seminars on specific topics to enhance advocacy of policies for investment in nutrition.

- Organize supervision of technical assistance provided for nutrition-related policy advocacy groups of ministries, central authorities and provincial governments.

Outcome 1.3: Continue to formulate new nutrition-related policies to respond to emerging and urgent nutrition issues

Activities:

- Develop policies where health insurance covers advice on and treatment for children suffering from severe acute malnutrition in the community and the hospital.

- Formulate policies on nutrition for children with terminal illness, inherited metabolic diseases and rare diseases.

- Formulate regulations on operation of breastmilk banks.

- Formulate policies on assistance for school meals, regulations on proper nutrition and physical activity in school and regulations on operation of school cafeterias to ensure that only healthy food and beverages are provided for students.

- Amend and complete regulations and policies to control advertising of unhealthy food and products, especially products for children and pregnant women; policies for reduction of salt in servings and limited consumption of fizzy drinks and convenience food; and regulations on Nutrition Facts labels and health warnings on unhealthy food.

- Formulate nutrition assistance policies applicable to at-risk groups and people living in mountainous areas and disadvantaged areas (the Northwest, the central highlands and the Mekong delta).

- Continue to develop policies on food security support and assurance for poor areas and disaster-prone areas; hunger eradication, poverty reduction and nutritional status improvement.

- Formulate mechanisms and policies encouraging enterprises to invest in production and provision of nutritious products for specific population groups to poor areas, disadvantaged areas and ethnic minority areas, especially for pregnant women, children under 5 years of age and disadvantaged children.

- Formulate and effectively adopt recommendations on meals at workplaces for workers of each sector.

b) Expected outcome 2: Formulate mechanisms for interdisciplinary cooperation and private sector involvement to boost investment in nutrition operations.

Outcome 2.1: Establish mechanisms for interdisciplinary cooperation in nutrition operations direction and cooperation.

Activities:

- Establish a central-level group for directing the SUN movement and mechanisms for effective interdisciplinary cooperation in nutrition programs.

- Cooperate in nutrition tasks and solutions according to the Government's action plan on implementation of Resolution No. 20-NQ/TW of the 6th meeting of the 12th Central Committee on enhancement of citizens' health protection, improvement, and care in new situation, ASEAN Leaders' Declaration on Ending All Forms of Malnutrition and the Zero Hunger program.

- Strengthen steering committees for action plan for nutrition by integrating the tasks and operation of people's healthcare committees at all levels.

- Hold seminars encouraging leaders and Party executive committees of provinces/cities to pay attention to directing and investing in performance of the Plan's tasks.

- Hold summits on the SUN movement in Vietnam and strategy/ies for nutrition in the first 1000 days of life.

- Provide ministries, central authorities and provincial governments with support and guidance for formulation of action plans for nutrition by 2020.

- Organize periodic meetings and share nutrition information in Nutrition Cluster of health partners.

Outcome 2.2: Privatize nutrition activities.

Activities:

- Establish SUN Business Network.

- Build models of private sector involvement in nutrition operations in facilitation of citizen's out-of-pocket payment of services related to nutrition advice and care.

- Develop policies and organize communications activities to increase enterprise's responsibility for fulfillment of the Plan's objectives.

- Formulate policies and organize mobilizing activities to boost assistance from enterprises, charities and aid organizations for reduction of poverty, hunger and undernutrition prevalence in poor areas and areas affected by climate change.

2. Improve maternal and child nutritional status

a) Expected outcome 1: Strengthen network of and training for officials in charge of undernutrition prevention

Outcome 1.1. Strengthen nutrition operations network

Activities:

- Strengthen and add more members to steering committees for undernutrition prevention at all levels.

- Build capacity of personnel in charge of nutrition of all levels and recruit more.

- Review and assign more personnel to ensure every village has at least one nutrition collaborator.

Outcome 1.2. Improve capacity of officials of the network

Activities:

- Develop and provide grassroots healthcare and preventive healthcare networks with guidelines for technical criteria for nutrition and noninfectious disease prevention

- Organize training for nutrition officials at provincial level.

- Organize training for personnel in charge of nutrition at district level.

- Organize training for personnel in charge of nutrition at commune level and nutrition collaborators.

Outcome 1.3. Enhance nutrition training before start of healthcare practice in colleges and universities

Activities:

- Review, compile, update and disseminate nutrition curricula to training institutions providing nutrition-related programs.

- Provide undergraduate programs in community nutrition, nutrition and dietetics and food safety.

Outcome 1.4. Improve capacity for interdisciplinary nutrition operations

Activities:

- Develop training programs and documents and provide training in nutrition knowledge for officials of Departments of Education and Training and district-level education authorities.

- Provide school health officials with training in nutrition-related matters (including nutritional status assessment, school meals, physical activity and prevention of overweight - obesity and noninfectious diseases) on an annual basis.

- Provide training in nutrition knowledge, skills for nutrition communication and nutrition interventions for nutrition officials of ministries, central authorities and mass organizations at central level.

b) Expected outcome 2: Provide nutrition interventions for those at high risk.

Outcome 2.1. Provide micronutrients for those at high risk

Activities:

- Provide Vitamin A capsules for children from 6 to 36 months of age, children from 6 to 60 months of age living in provinces with high stunting prevalence, children under 6 months of age not breastfed, children under 5 years of age suffering from undernutrition, diarrhea, measles and/or acute respiratory infection, and women within 1 one month after childbirth.

- Provide iron/multinutrient supplement for pregnant and breastfeeding women.

- Provide iron/multinutrient supplement for women of reproductive age and adolescent girls on a weekly basis.

- Provide multinutrients for children, prioritizing children under 2 years of age.

- Provide zinc for children suffering from diarrhea according to the treatment regimen approved by the Ministry of Health.

Outcome 2.2. Provide treatment for acute child undernutrition and nutrition support for areas struck by natural disasters

Activities:

- Manage and provide treatment packages for children under 5 years of age suffering from acute undernutrition according to Guidelines for diagnosis and treatment of acute undernutrition in children from 0 to 72 months of age (Decision No. 4487/QD-BYT dated 18/8/2016 by the Ministry of Health) in healthcare establishments and the community.

- Assist with nutritional recovery of children under 5 years of age suffering from other subforms of undernutrition (moderate acute malnutrition and stunting/wasting).

- Provide nutritional supplements for mothers and children living in areas affected by natural disasters and food insecurity.

c) Expected outcome 3: Monitor child development and growth

Outcome 3.1. Provide child growth monitoring tools

Activities:

- Provide equipment for monitoring of child nutritional status, including weighing scales, height/length measurement scales, MUAC measuring tapes and infant weighing scales.

- Provide the growth chart of children under 2 years of age.

Outcome 3.2: Monitor child development and growth

Activities:

- Monitor newborn’s weight.

- Monitor development and growth of children under 2 years of age.

- Monitor development and growth of children under 5 years of age.

d) Expected outcome 4: Raise the awareness of mothers and caregivers of children

Outcome 4.1. Launch nutrition communication campaigns.

Activities:

- Launch a communication campaign for micronutrient day on June 1 and 2.

- Launch a communication campaign for nutrition and development week from 16 to 23 October.

- Launch a communication campaign for breastfeeding week from 1 to 7 August.

Outcome 4.2. Formulate technical documents and communication documents

Activities:

- Compile, print and publish 01 set of documents used to mobilize investment in resources for nutrition interventions in the first 1000 days of life.

- Review, standardize and expand communication documents proven effective as suitable for each locality, especially mountainous areas and ethnic minority areas. Compile, design, print/produce and distribute documents used to encourage behavioral change in target groups (topic-focused and for each target group).

- Formulate teaching documents on advanced nutrition.

- Complete technical guidelines for nutrition officials at all levels.

- Formulate nutrition operations guidelines for networks of village health workers/collaborators.

- Formulate and broadcast 03 communication documents in languages of ethnic minorities with sparse population on central television channels, regional channels and local channels of provinces with high stunting prevalence.

Outcome 4.3: Carry out direct communications activities.

Activities:

- Organize group discussions and nutrition practice in communes/villages for mothers (caregivers) of undernourished children under 2 years of age and 5 years of age.

- Hold group discussions and provide nutrition instructions in communes/villages for pregnant and breastfeeding women.

- Give advice and maintain nutrition counseling clinics.

Outcome 4.4. Raise the awareness of nutrition via mass media.

Activities:

- Develop and broadcast reports (including news reports and educational programs) on different nutrition topics on television and radio. Develop and broadcast a “1000 golden days” segment on television and Voice of Vietnam on a weekly basis.

- Produce articles spreading knowledge about and providing instructions on proper nutrition to post on the website of National Institute of Nutrition and provide information, images and articles for some online newspapers. Proactively provide nutrition information for press collaborators to publish articles promoting nutrition in newspapers/magazines.

- Publish the “Proper Nutrition and Health” periodical.

d) Expected outcome 5: Conduct research on and build models of nutrition for specific population groups

Outcome 5.1. Research on and develop products for specific population groups.

Activities:

- Research on and develop nutritional recovery products for children and nutritious products for overweighed/obese children.

- Research and develop micronutrient supplements for mothers and children.

Outcome 5.2. Build exemplary nutrition models and nutrition clubs.

Activities:

- Build region-specific child undernutrition prevention models. Evaluate, prepare summary reports on and adopt models proven effective widely.

- Build undernutrition prevention models for areas with large number of female workers (industrial parks, export-processing zones, remote and isolated areas, etc.).

- Establish clubs promoting improvement of maternal and child nutritional status.

- Build models promoting children's right to participation when raising their awareness of nutrition such as children's forums, children's councils, children's right to participation clubs and activities initiated by children.

- Promote interdisciplinary cooperation in nutritional interventions for specific population group with Vietnam General Confederation of Labour, Ho Chi Minh Communist Youth Union, Vietnam Women's Union, Ministry of Education and Training, etc.

e) Expected outcome 6: Improve nutritional status of school-age children

Outcome 6.1. Increase knowledge and practice about proper nutrition and food safety for students.

Activities:

- Develop communication documents, textbooks, healthy eating pyramid and a website about nutrition need, proper nutrition and physical activity increase, especially for preadolescent and adolescent children.

- Organize communications activities in schools, give advice on prevention of undernutrition, overweight, obesity and anemia to students and their parents.

- Provide training in raising awareness of proper nutrition and food safety in schools and residential areas for members of clubs, young propagation teams and young broadcasting teams.

- Hold competitions and forums about raising children's awareness of nutrition and food safety for children and officials in charge of children.

Outcome 6.2. Provide guidelines for and organize provision of balanced meals to semi-boarding/boarding students.

Activities:

- Complete recommendations on school meals and expand the school meal project via the balanced menu planning software.

- Continue to launch the school milk program effectively.

- Formulate and implement regulations on beverages and food sold in school cafeterias.

Outcome 6.3. Increase physical activity of students.

Activities:

- Formulate guidelines on physical activity increase.

- Provide space, facilities and equipment for physical training and sports for students of educational institutions according to regulations.

- Maintain physical exercise at the start and in the middle of a study session, ensure number of hours spent on physical exercise in curricula. Organize diverse extracurricular physical activities, increase physical activity via physical recreation at school and reduce sitting time.

Outcome 6.4. Improve capacity of school health officials.

Activities:

- Formulate 01 set of guidelines on matters related to nutritional status of school-age children for health officials of communes and schools.

- Provide training in identification of issues related to nutritional status of school-age children, methods for assessment of nutritional status of students, school meals and education on nutrition and food safety.

Outcome 6.5. Monitor and assess nutritional status of students.

Activities: measure student's weight and height and assess student's nutritional status.

Outcome 6.6. Maintain periodic deworming for children living in areas with high worm infection prevalence.

Activities: Deworm school-age children living in areas with high worm infection prevalence on a periodic basis.

3. Improve micronutrient deficiency

a) Expected outcome 1: Enhance micronutrient deficiency prevention and treatment services for specific population groups

Outcome 1.1: Raise the community's awareness of and mobilize resources for prevention of micronutrient (iodine, iron, Vitamin A, folic acid, zinc) deficiency.

Activities:

- Hold conferences and seminars with ministries, central authorities, mass organizations and Vietnamese and foreign organizations to mobilize support and resources for prevention of anemia and micronutrient deficiency.

- Encourage Vietnamese and foreign organizations to support and launch the micronutrient deficiency prevention program.

Outcome 1.2: Provide micronutrient supplement for those at risk according to guidelines *(see part 2. Improvement of maternal and child nutritional status)*

Outcome 1.3: Effectively do social marketing concerning iron/folic acid pills for pregnant women and women of reproductive age living in non-prioritized areas.

Activities:

- Provide training in social marketing activities concerning anemia prevention for nutrition officials of provinces, districts and communes.

- Raise the awareness of anemia prevention at central and local levels via mass media using social marketing.

- Supervise programs for social marketing for micronutrient supplements to inspect compliance and coverage and support communication.

Outcome 1.4: Deworm children under 5 years of age, pregnant women and women of reproductive age who are not pregnant in prioritized areas according to guidelines of the Ministry of Health on a periodic basis.

Activities:

- Deworm children under 5 years of age, women of reproductive age and pregnant women according to guidelines of the Ministry of Health on a periodic basis.

- Monitor and supervise performance of this task.

Outcome 1.5. Ensure iodized salt provision and increase the community's knowledge about prevention of iodine deficiency disorders.

Activities:

- Purchase and provide test kits for iodized salt production facilities and provincial-level laboratories.

- Inspect internal and external inspection of production and provision in iodized salt production facilities according to the Government's Decree No. 09/2016/ND-CP dated January 28, 2016 providing for fortification of food with micronutrients.

- Raise the awareness of prevention of iodine deficiency disorders via mass media.

- Organize training in prevention of iodine deficiency disorders for health officials.

- Inspect and assess iodine deficiency in at-risk groups on a periodic basis.

- Build and upgrade laboratories performing tests for iodine deficiency.

Outcome 1.6. Complete tools and build capacity for intervention in and prevention of anemia and micronutrient deficiency.

Activities:

- Formulate and launch plans to ensure that micronutrient supplements for pregnant women contain WHO-recommended micronutrient amounts (especially for iron and folic acid).

- Formulate documents and distribute guidelines on micronutrient deficiency prevention.

- Develop and test micronutrient deficiency prevention models in the northern highlands and the central highlands.

- Research on and test fortified foods (fortified with Vitamin D, calcium, zinc, folic acid, etc.) in the community.

- Research, build, test and pilot models of micronutrient deficiency prevention in schools (at different educational stages) in cities, industrial parks with large number of female workers, disadvantaged areas (mountainous areas) and deltas.

- Produce and distribute powdered micronutrient supplement used for prevention of child micronutrient prevention.

b) Expected outcome 2: Boost micronutrient fortification of domestic commercial products and imported products (focus on Vitamin A-fortified cooking oil, iron- and zinc-fortified wheat flour and iodized salt)

Outcome 2.1. Improve technical capacity and equipment of laboratories performing micronutrient tests.

Activities:

- Provide necessary technical support for production facilities to implement the decree on food fortification and inspect such implementation.

- Upgrade equipment, carry out periodic maintenance of laboratories performing micronutrient tests and build capacity of officials of these laboratories.

- Develop and apply micronutrient analysis technologies to new equipment.

Outcome 2.2. Comply with regulations on food fortification

Activities:

- Develop technical regulations on food fortification in consistency with WHO recommendations.

- Incorporate this task into inspection of quality of food requiring fortification.

c) Expected outcome 3: Increase food diversification

Outcome 3.1. Carry out diverse activities promoting consumption of micronutrient-rich food and food diversification.

Activities:

- Develop and integrate multimedia communication strategies and social marketing activities to raise awareness and promote micronutrient deficiency prevention (focus on food diversification appropriate to each age group and physical state) related to the first 1000 days of life.

- Formulate and distribute documents promoting guidelines on food diversification and micronutrient deficiency prevention.

4. Improve quantity and quality of people's meals

a) Expected outcome 1: Ensure household food security

Outcome 1.1. Formulate plans and guidelines for food security assurance, especially in vulnerable areas.

Activities:

- Research on serving, food availability and food selection and consumption habits of population groups in each area and region.

- Formulate guidelines on assurance of food security and nutrition security in disadvantaged areas and areas affected by climate change.

- Develop and launch long-term plans and area-specific plans to reduce risk to food security.

- Formulate and adopt guidelines on high-tech, organic and clean agricultural production for provision of safe and nutritious food.

- Monitor food security, with a focus on households in poor areas and areas affected by climate change and natural disasters.

Outcome 1.2: Promote production models to create readily available food sources for family meals.

Activities:

- Formulate guidelines on creation of readily available and diverse food sources in households for special population groups and families with children under 5 years of age.

- Provide instructions and assistance for poor households to self-produce food for nutritious and balanced meals.

- Carry out activities ensuring household nutrition security using the VAC model; Provide training in enhancement of household food security for people.

b) Expected outcome 2: Develop and disseminate scientific grounds to give instructions on balanced diet to people.

Outcome 2.1: Complete scientific grounds for nutrition.

Activities:

- Conduct basic analyses, consolidate databases and publish the Vietnamese food composition table to provide the basis for balanced diet creation.

- Formulate and disseminate guidelines on proper nutrition, recommended diet and physical activity applicable to Vietnamese people (by age group, type of work, physiological and health condition).

- Disseminate the healthy eating pyramid for 2016 - 2020 period to district- and commune-level governments and relevant regulatory bodies.

5. Control overweight - obesity and risk factors of some noninfectious chronic diseases related to nutrition.

a) Expected outcome 1: Control child overweight - obesity

Outcome 1.1: Raise people's awareness of the increasing prevalence of child overweight - obesity and risks.

Activities:

- Complete technical documents and communication documents used for prevention of child overweight - obesity.

- Incorporate communication about prevention of child overweight - obesity into communication about undernutrition prevention and annual communication campaigns.

Outcome 1.2. Create diets for overweight - obesity prevention.

Activities:

- Formulate guidelines on diets for prevention of child overweight - obesity.

- Create diets and give advice to control overweight/obesity in overweighed/obese children.

b) Expected outcome 2: Perform some tasks of the national strategy for preventing and controlling cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease, bronchial asthma and other noninfectious diseases for 2015 - 2025 period.

Outcome 2.1. Formulate and promulgate guidelines and improve capacity of nutrition officials at all levels.

Activities:

- Formulate, promulgate and disseminate national guidelines on proper nutrition (lipids, increase in vegetables and fruit consumption, use of sugar, salt, alcohol and beverages) and physical activity suitable for different population groups to prevent overweight - obesity and noninfectious diseases in people.

- Formulate guidelines on prescribing diets and physical activity for treatment of obesity and noninfectious diseases in healthcare establishments and communities.

- Provide training in assessing, advising on and prescribing diets and physical activity for nutrition officials and health workers to prevent and manage noninfectious diseases in communities and healthcare establishments.

Outcome 2.2. Make interventions.

Activities:

- Formulate communication documents, organize activities to raise the awareness of proper nutrition and physical activity for prevention of overweight - obesity and noninfectious diseases via mass media, via social networks and in communities, prioritizing raising awareness of salt reduction; integrate these tasks with campaigns and programs communicating about nutrition and noninfectious disease prevention.

- Build and adopt models in the community to provide physical activity and nutrition advising services for citizens and patients who would like to use these services.

- Establish nutrition and physical activity counseling clinics in provincial preventive medicine centers and district-level medical centers for prevention and management of noninfectious diseases.

- Inspect and supervise activities concerning proper nutrition and increase in physical activity for prevention of overweight - obesity and noninfectious diseases at all healthcare levels.

c) Expected outcome 3: Create and employ tools assisting counseling for and treatment of nutrition-related diseases

Outcome 3.1. Conduct research.

Activities:

- Conduct research on proper diet and physical activity for chronic disease prevention.

- Conduct research on application of some biologically active products used for cholesterol reduction, oxidation prevention, control of high blood sugar levels and cancer cells, salt substitutes in the community and convenience food with low sugar, salt and trans fats.

Outcome 3.2. Create assisting tools.

Activities:

- Create tools for assessment of and guidance on nutrition and physical activity counseling in communities and schools (energy cards, software for diet and physical activity management).

- Develop standards and use logos for healthy food.

d) Expected outcome 4: Improve operational capacity of nutrition - dietetics departments of central, provincial and district-level healthcare establishments

Outcome 4.1. Complete legal grounds and technical guidelines.

Activities:

- Amend Circular 08 providing guidelines for operations of nutrition - dietetics departments of healthcare establishments.

- Develop capacity standards of nutrition - dietetics departments and officials of healthcare establishments.

- Formulate treatment regimens, therapeutic diet guidelines, guidelines on screening and assessment of patient's nutritional status and guidelines on food and nutrition assurance in healthcare establishments.

Outcome 3.2. Adopt nutrition operation models in healthcare establishments.

Activities:

- Build nutrition department models in some hospitals.

- Provide short training courses in clinical nutrition and dietetics and food safety management for nutrition officials of healthcare establishments.

6. Monitor, supervise and assess

a) Expected outcome 1: Improve operational capacity of nutrition supervision systems nationwide

Outcome 1.1. Maintain and improve nutrition supervision systems

Activities:

- Formulate documents on and organize training in monitoring and assessment of each province's nutrition situation (including food consumption; undernutrition, overweight - obesity and risk factors of noninfectious diseases; nutrition in the first 1000 days of life and nutrition in emergency situation) for officials of nutrition departments of provincial preventive medicine centers.

- Improve monitoring tools and employ nutrition monitoring figures on a regular basis to support communication and plan formulation in provinces and districts.

Outcome 1.2. Integrate new monitoring indicators to assess fulfillment of the Plan's objectives.

- Develop targets for integrated monitoring of micronutrient deficiency and use of multinutrient products in populations.

- Develop targets for monitoring and assessment of overweight - obesity, risk factors of noninfectious diseases and relevant factors for periodic inspections and specialized inspections.

- Develop a system for monitoring and assessment of student's nutritional status.

- Develop a system for monitoring and provision of annual data on food consumption in front-line communes of some representative provinces of ecoregions.

Outcome 1.3. Build capacity for monitoring of nutrition in emergencies and information technology application.

Activities:

- Build capacity of interorganizational coordinating teams for nutrition in emergencies.

- Formulate, promulgate and disseminate guidelines on procedures for response, situation assessment and nutrition interventions during natural disasters and refresher training in nutrition in emergencies for provinces.

- Establish a system for management and monitoring of the impact of natural and man-made disasters on maternal and child nutritional status.

- Continue to research and apply information technology (SMS, USSD) to nutrition monitoring.

b) Expected outcome 2: Assess implementation of the Plan and the national nutrition strategy

Outcome 2.1. Conduct the 2019 general nutrition survey

Activities:

- Develop tools for assessment of the national nutrition strategy's targets.

- Conduct the general nutrition survey.

- Hold a conference to announce the results and summarize implementation of the Plan and the national nutrition strategy in 2020; and propose the strategy for the following period.

IV. MONITORING AND ASSESSMENT

1. Carry out monitoring, supervising and assessing activities on an annual and ad hoc basis and supervise specific points from central to local healthcare levels.

2. Prepare preliminary and summary reports on the Plan according to the given schedule.

3. Make assessments via reporting systems of units involved in Plan implementation based on indicators applicable nationwide.

4. In 2019, conduct a general nutrition survey to provide basic information for assessment of the progress and results of Plan implementation.

5. Summarize Plan implementation in 2020.

V. IMPLEMENTATION

1. Central level

1.1. Ministry of Health:

a) General Department of Preventive Medicine shall:

- Act as the body in charge of directing and managing implementation of the Plan.

- Take charge and cooperate in monitoring and assessing progress and results of implementation of the Plan.

- Take charge of formulating plans, programs and policies and organizing activities related to nutrition for prevention of noninfectious chronic diseases.

- Propose the national nutrition strategy for 2020 - 2030 period.

b) National Institute of Nutrition shall:

- Take charge and cooperate in formulating plans, programs and projects for implementation of the national nutrition strategy; providing guidelines for implementation of the Plan after it is approved and organizing such implementation.

- Provide direction and guidance on nutrition activities in the community for provinces.

- Research, adopt and assess solutions, develop targets and objectives of the national nutrition strategy.

- Monitor and assess progress and results of implementation of the Plan and propose a plan for the following period.

Cooperate in plan formulation and education on nutrition.

- Cooperate with programs and projects for maternal and child care and protection, noninfectious disease prevention, school health and iodine deficiency prevention in carrying out activities and assessing targets of the national nutrition strategy.

c) Maternal and Child Health Department shall:

- Direct Centers for Reproductive Health Care, provide guidelines for reproductive health care (including nutrition for women and children under 5 years of age) for provinces/cities.

- Take charge of formulation of legislative documents on nutrition care for mothers and children.

d) Medical Services Administration shall:

- Take charge of formulation of policies, plans, programs and projects concerning nutrition therapy in healthcare establishments.

- Take charge of provision of direction and guidance on nutrition therapy in healthcare establishments.

- Take charge of monitoring nutrition therapy in healthcare establishments.

e) Vietnam Food Administration shall:

- Take charge and cooperate with relevant units and local governments in formulating documents, policies and regulations on nutritious products and Nutrition Facts labels.

- Cooperate with relevant units in formulating legislative documents on food safety to reduce risk factors of overweight - obesity and noninfectious diseases and prevent food quality issues.

- Take charge of cooperation in and inspection of compliance with food safety regulations.

g) Health Environment Management Agency shall:

- Provide guidelines for and organize activities related to clean water, hygiene and hand washing with soap to reduce risk factors of undernutrition.

- Cooperate with relevant units in formulating legislative documents on hygiene and clean water.

- Cooperate with General Department of Preventive Medicine and Maternal and Child Health Department in nutrition operations and physical activity in schools.

h) Administration of Science Technology and Training shall:

- Provide direction and orientation for scientific research concerning nutritional solutions and food.

- Provide orientation and direction for development of curricula and documents for universities training officials in charge of nutrition and food.

i) National Center for Health Communication and Education shall:

- Cooperate with National Institute of Nutrition and relevant units in preparing content of communication messages, developing communication documents and printing and distributing them to the community and healthcare system;

- Build communication capacity of officials in charge of health communication and education at central level and assist provincial health communication and education centers with building capacity for nutrition communication in their provinces;

- Provide provincial health communication and education centers with direction and guidelines on raising awareness of prevention of nutrition-related diseases.

- Integrate and organize training and refresher courses in nutrition and food and prevention of related diseases for those in charge of health communication and education in the healthcare sector and formulate guidelines for direct communication skills.

k) Department of Personnel and Organization shall:

- Provide local governments with guidance on strengthening nutrition networks, amending policies to improve training and recruiting officials in charge of nutrition at all levels in communities and healthcare establishments.

- Take charge of formulation of documents on organization, personnel and standards of nutrition officials.

- Provide guidelines for relevant documents.

l) International Cooperation Department shall:

- Take charge of mobilizing and directing international resources to provide assistance in terms of finance, experts, training and sharing of experience in technology and nutrition operations.

- Monitor and assess international cooperation related to nutrition.

m) Department of Legal Affairs shall:

- Take charge of formulating documents, decrees and policies related to nutrition.

- Cooperate in developing and completing relevant policies and legislative documents.

n) Department of Communications, Emulation and Commendation shall:

- Take charge and cooperate with General Department of Preventive Medicine, National Institute of Nutrition and relevant units in providing nutrition information for press agencies.

- Cooperate with National Institute of Nutrition and relevant units in supervising and assessing implementation of the Plan and propose bodies and individuals launching the Plan effectively for commendation.

- Cooperate with mass organizations, professional associations and mass media in encouraging leaders of the Communist Party and governments at all levels to support policies and resources for nutrition. Enhance communication and education to raise people's awareness and change people's behaviors concerning proper nutrition.

o) Department of Planning and Finance shall:

Take charge of formulating funding plans, searching for domestic and foreign funding sources and proposing funding plans of activities of the national nutrition plan to competent authorities for approval.

p) National Hospital of Endocrinology shall formulate annual iodine deficiency prevention plans and organize iodine deficiency prevention throughout the country.

q) Central-level specialized hospitals shall:

- Organize nutrition-related activities.

- Provide direction and guidance on organization of nutrition operations in localities on the basis of effective cooperation between healthcare establishments and preventive medicine establishments and on improvement of performance of grassroots healthcare.

r) Institutes of Hygiene and Epidemiology, Pasteur Institutes and Institute of Hygiene and Public Health of Ho Chi Minh City shall:

- Organize programs and plans for nutrition operations as assigned.

- Direct healthcare activities, provide training for lower level healthcare services and organize nutrition operations in communities in provinces/cities under their management.

- Participate in scientific investigation and research and international cooperation in nutrition.

- Provide services concerning early detection and management of and advice on nutrition-related diseases.

- Take charge of information consolidation and management, direction and supervision in provinces/cities under their management; produce statistics, prepare reports and collect data via regular channels and relevant research and investigation.

s) Training institutions shall:

- Adopt nutrition operations curricula as assigned.

- Take charge of providing undergraduate nutrition and dietetics programs the graduates of which are to work in hospitals.

1.2. Relevant ministries, central authorities and organizations:

a) Ministry of Planning and Investment shall:

- Cooperate with the Ministry of Finance and Ministry of Health in allocating funding for the Plan according to capacity for budget balancing in the mid-term plan and annual plan.

- Mobilize domestic and foreign sponsorships for nutrition operations.

b) Ministry of Finance shall:

- According to state budget capacity and budget plan annually distributed by the National Assembly, take charge and cooperate with the Ministry of Planning and Investment in allocating funding from state budget for nutrition programs, schemes and projects after they are approved; provide guidelines for, inspect and monitor use of such funding in compliance with the Law on State Budget and existing regulations.

- Cooperate with the Ministry of Health and relevant ministries and central authorities in developing financial policies and mechanisms encouraging private sector involvement, mobilizing non-state funding and encouraging organizations and individuals to invest in nutrition.

c) Ministry of Agriculture and Rural Development shall:

- Direct enhancement of activities pertaining to nutrition of the Zero Hunger program and provide local governments with guidelines for production development to ensure food security in all situations;

- Integrate nutrition response activities into the national nutrition plan to prepare for natural disasters. Cooperate with the Ministry of Health in nutrition operations to reduce the prevalence of undernutrition and micronutrient deficiency among children and women of reproductive age, especially in remote and isolated areas, disadvantaged areas and areas affected by climate change.

- Direct proper implementation of the national target program for new rural development, which includes content on nutrition interventions for stunting prevalence reduction, clean water and rural environment hygiene.

d) Ministry of Education and Training shall:

- Cooperate with the Ministry of Health in programs for training and development of nutrition workforce.

- Integrate programs for raising awareness and changing behaviors concerning proper nutrition and physical activity for children and students in schools to ensure comprehensive child development;

- Closely cooperate with schools and families to educate on nutrition and physical activity appropriate to children and students, especially preadolescent and adolescent children;

- Provide balanced school meals, launch the school milk program, increase physical activity of children and students; not advertise and trade alcoholic drinks, fizzy drinks and unhealthy food in schools;

- Cooperate with the healthcare sector in monitoring nutritional status, make nutrition interventions and provide healthcare for children and students in schools.

dd) The Ministry of Labor - War Invalids and Social Affairs shall:

- Take charge in directing provision of benefits to social protection beneficiaries per the law, focusing on disadvantaged children, children of poor households, ethnic minority children, and children living in border communes, in mountainous areas, on islands and in communes with exceptional socio-economic difficulties;

- Take charge and cooperate with relevant regulatory bodies in raising the awareness of proper nutrition and focusing on directing provision thereof for workers, especially female workers and workers of industrial parks.

- Further develop and implement regulations ensuring children's rights and providing nutrition-related support for comprehensive development of and care for children.

e) The Ministry of Industry and Trade shall:

- Take charge and cooperate with relevant ministries and central authorities in formulating and promulgating policies and legislative documents on food safety and micronutrient fortification intra vires; regulations on control of fizzy drinks, convenience food and Nutrition Facts labels; and policies and regulations related to import of nutritious products for children and adults with rare diseases.

- Cooperate with relevant ministries and central authorities in formulating and promulgating policies encouraging enterprises to invest in production and provision of nutritious products for specific population groups to poor areas, disadvantaged areas and ethnic minority areas intra vires; and policies encouraging private sector involvement in production and provision of nutritious products.

- Tighten control over production and trade of unhealthy products under its management.

g) The Ministry of Information and Communications shall:

- Take charge and cooperate with the Ministry of Health and relevant ministries and central authorities in organizing nutrition promotion activities.

- Cooperate with the Ministry of Health and relevant ministries and central authorities in food advertising management.

h) The Ministry of Culture, Sports and Tourism shall:

- Take charge and cooperate with the Ministry of Health and relevant ministries and central authorities in directing implementation of the general scheme for improvement of Vietnamese people's strength and height for 2011 - 2030 period according to the Prime Minister's Decision No. 641/QD-TTg dated April 28, 2011.

- Direct incorporation of physical activity and proper nutrition assurance into mass movements and sports and cultural activities in the community; boost communication about the benefits of physical training and sports to health, and avoid advertising unhealthy nutritious products according to regulations.

g) Socio-political organizations and associations:

- Central Committee of Vietnam Fatherland Front, Committee for Ethnic Minority Affairs, Vietnam General Confederation of Labour, Vietnam Farmer's Union, Ho Chi Minh Communist Youth Union, Vietnam Association of the Elderly, professional associations and other social organizations shall, based on their respective professional orientations and communication content from the Ministry of Health, organize dissemination of knowledge about proper nutrition, on-site food production, and home meal improvement to their members; closely cooperate with the healthcare sector and relevant regulatory bodies in privatizing nutrition work and fulfilling the objectives and tasks of the Plan.

- Central Committee of Vietnam Women's Union shall closely cooperate with the healthcare sector and People's Committees at all levels in disseminating knowledge about proper nutrition to its members and mothers; encourage its members and the community to actively participate in nutrition care activities, especially nutrition care in the first 1.000 days of life and home meals, to ensure proper nutrition.

h) Ministries, ministerial-level agencies and Governmental agencies shall organize implementation of the Plan within their competence.

2. Provinces and cities

a) People's Committees of provinces and central-affiliated cities shall:

- Direct formulation and implementation of the Plan and programs in their provinces/cities, allocate adequate funding, workforce and facilities for implementation of the Plan in their provinces/cities to resolve issues concerning child undernutrition, nutrition in the first 1.000 days of life, nutrition in noninfectious disease prevention and nutrition for groups at high risk;

- Propose adding nutrition targets to socio-economic development targets of their provinces/cities to People's Councils;

- Direct enhancement of capacity building for health officials and officials in charge of nutrition at grassroots level;

- Boost private sector involvement in resource mobilization and interdisciplinary cooperation to educate and encourage people to have healthy diet and achieve local nutrition targets.

- Inspect, supervise and report on progress and results of implementation of the Plan.

b) Departments of Health shall:

- Based on the nutrition situation and actual capacity of their provinces/cities as well as orientations of the national nutrition strategy for 2011 - 2020 period with a vision towards 2030, develop and propose an action plan for nutrition by 2020 to People's Committees of their provinces/cities for approval.

- Direct healthcare units in their provinces/cities to carry out assigned nutrition activities.

- Mobilize all resources, organize implementation of their action plans and report on the progress of such implementation to People's Committees of their provinces/cities and the Ministry of Health on a regular basis.

- Monitor and report on progress of implementation of the national nutrition strategy in their provinces/cities.

VI. FUNDING

1. Central and local government budgets.

2. Funding mobilized from the community and Vietnamese organizations.

3. Assistance mobilized from international organizations.

4. Other legal funding sources.