



## CHAPTER 15

# On the Fast Track

## Driving Down Stunting in Vietnam

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VIETNAM HAS MADE dramatic progress in improving nutrition over the past three decades. Following the introduction of Vietnam's Doi Moi ("renovation") economic policies in 1986, the country's economic performance began to improve rapidly. By the 1990s, Vietnam was among the fastest growing economies in the world. From one of the five poorest countries in the world in 1984, Vietnam rose to a rank of 167 out of 206 by 1999.<sup>1</sup> As the country transitioned to a market-oriented economy, rapid economic growth was accompanied by a similarly dramatic decline in the poverty rate, which fell from nearly 75 percent of the population in 1984, to 58 percent in 1993, and down to 37 percent by 1998.<sup>2</sup> Economic growth enabled the country to provide improved health services, which contributed directly to reductions in child malnutrition.<sup>3</sup>

Major progress was made in reducing stunting rates among Vietnamese children under five, particularly in the mid-1990s, when stunting prevalence decreased from 50 percent to 34 percent (1993–1998).<sup>4</sup> Significant changes were made in the health sector as part of the country's economic

reforms in this period, including legalization of private medical practice, liberalization of the pharmaceutical industry, and deregulation of retail sales of drugs and medicines, all of which contributed to improvements in health services.<sup>5</sup> A range of nutrition and health policy initiatives introduced by the National Institute for Nutrition in the 1990s likely had an impact on child malnutrition too. Programs to improve the energy and protein content of diets, breastfeeding promotion efforts, salt iodization, increased child immunization efforts, increased availability of oral rehydration therapy, reduced costs of drugs and medical care, and increased health insurance coverage of school children all likely played a role.<sup>6</sup>

Vietnam's rapid economic growth continued throughout the 2000s, and by 2014, it ranked as the world's 55th richest nation. Great strides were made in poverty reduction as well, with the poverty rate reduced to just 2 percent by 2012.<sup>7</sup> However, despite these achievements, the substantial reductions in stunting prevalence achieved in the 1990s were not sustained in the new decade. The decline



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*To help raise its relatively low rate of exclusive breastfeeding, Vietnam adopted several measures designed to make breastfeeding easier.*

in malnutrition was much less than expected, given increased household incomes, food price declines, and increased agricultural production throughout the country.<sup>8</sup> In terms of nutrition outcomes, the prevalence of underweight in children under five was reduced significantly, from 32 percent to 18 percent between 2000 and 2010, but stunting prevalence was only marginally reduced, from 35 percent to 30 percent, during that period.<sup>9</sup> Despite improvements in many health indicators over this time, child malnutrition rates lagged behind, indicating the need to focus particular attention on reducing stunting.<sup>10</sup>

After this slowdown, progress on reducing stunting prevalence resumed at a rapid pace in 2010. Stunting prevalence dropped from 29 percent to 19 percent between 2010 and 2013.<sup>11</sup> Although little research has looked at what is driving these rapid

changes, this chapter examines key factors that have likely contributed to this accelerated progress.

## Successes in Nutrition-Relevant Policy and Programming

At least three achievements have likely contributed to the reduction in child stunting: prioritization of nutrition by the national government, policies designed to improve infant and child feeding practices, and efforts to reduce micronutrient deficiencies.

### Prioritizing Nutrition at a National Level

Vietnam's commitment to reducing malnutrition was strengthened by a series of events between 2006 and 2012. Internally, the first-ever review of the National Nutrition Strategy was conducted in 2007

to evaluate progress and inform future strategy. A Plan of Action to Accelerate the Reduction of Child Stunting in Vietnam was drafted in a coordinated effort to target the country's child stunting problems. At the same time, the country hosted several high profile international events, including the launch of the *Lancet* Series on Maternal and Child Undernutrition and the United Nation's Standing Committee for Nutrition (SCN) Annual Conference.<sup>12</sup>

These events set the stage for an increased focus on nutrition for Vietnam both within the country and internationally. The development of the new National Nutrition Strategy in 2011–2012 put the spotlight on reducing stunting and on development of specific targets for reductions in stunting and underweight by 2030. Vietnam also was one of the few countries to incorporate the World Health Organization's new indicators into its National Nutrition Surveillance System. These indicators emphasize infant and young child feeding and support better monitoring of key nutrition outcomes. While highlighting Vietnam's commitment globally, these events also served to bring the country's National Assembly into the nutrition discussion and to promote the critical importance of nutrition issues within the Ministry of Health.<sup>13</sup>

### Implementing Policies to Improve Infant and Young Child Feeding

Beyond the new nutrition strategy, Vietnam also reinforced its emphasis on nutrition with a series of nutrition-sensitive policies. Despite a relatively robust public health system and high usage of health services, little specific action had been taken to improve infant and child feeding practices through education and support to mothers. Beginning in 2010, Vietnam began to promote breastfeeding and to enact policies aimed at increasing knowledge about the importance of breastfeeding and feeding practices for infants and young

children.<sup>14</sup> The 2011–2020 National Nutrition Strategy incorporates infant and young child feeding as a critical area for improving nutrition and pays specific attention to reducing stunting and underweight alongside reducing obesity. Vietnam also developed a National Infant and Young Child Feeding Action Plan to put the strategy into practice.

Because many mothers were turning to breast-milk substitutes as a result of their work schedules, in 2012 Vietnam's National Assembly voted to extend paid maternity leave from 4 to 6 months in an effort to reduce this important barrier to breastfeeding. The National Assembly also expanded the country's ban on advertising of breast-milk substitutes, which was a critical step in reducing misinformation about the benefits of infant formula. Although Vietnam remains one of the countries with the lowest prevalence of exclusive breastfeeding in the region, the rate of exclusive breastfeeding for infants under 6 months increased significantly between 2011 and 2014, from 17 percent (where it had been stalled since 2006) to 24 percent.<sup>15</sup> Other recent reforms reflecting the government's focus on improving infant and young child feeding practices include the introduction of new hospital certification criteria (2013), a new national breastfeeding code (2014), and a decree on providing lactation spaces in workplaces to make them more breastfeeding-friendly (2015).

### Reducing Anemia

Vietnam has also made strides in reducing the prevalence of anemia in both women and children over the last decade.<sup>16</sup> The government prioritized the control and prevention of micronutrient deficiencies in both its 2001–2010 National Nutrition Strategy as well as the current strategy and targeted the prevention of iron deficiency in particular, which has likely contributed to the progress in combatting anemia. With a focus on reducing

child malnutrition, the National Plan of Action for Nutrition targeted the prevention of iron, vitamin A, and iodine deficiencies through a range of activities, including supplementation, diet diversification, and food fortification. Although national data on vitamin and mineral deficiencies are limited, Vietnam is currently on course to meet the World Health Assembly's 2025 anemia target and may even exceed its target of 6.7 percent prevalence by 2025.<sup>17</sup>

Despite the progress shown in reducing anemia, micronutrient deficiencies are still a problem in the country, with much of the population at risk for zinc, vitamin A, folate, and vitamin B12 deficiencies, and the 6–17 month age group particularly at risk.<sup>18</sup> The low micronutrient and protein content of complementary foods typically fed to this age group, including rice flour and rice porridge, point to the importance of improving child feeding practices.<sup>19</sup> To develop interventions that target existing deficiencies, better national data on vitamin and mineral deficiencies are needed.

In addition to specific interventions to improve food diversity and quality, food fortification of everyday products—such as rice, soy sauce, and fish sauce—is also being explored in Vietnam to address some of these critical micronutrient deficiencies. A 2003 Ministry of Health decree set voluntary fortification standards for a number of staple foods and condiments, which prompted various initiatives to assess the feasibility of fortification in Vietnam.<sup>20</sup> Currently, the government is working to mandate fortification of salt and wheat flour to better address some key micronutrient deficiencies.<sup>21</sup>

## Remaining Challenges

Vietnam still faces nutrition challenges related to inequities between groups and rising rates of obesity and overweight.



Panos/J. Visser

*Vietnam is exploring the idea of fortifying everyday foods like fish to help address micronutrient deficiencies.*

## Inequities

Inequities persist between key vulnerable groups (rural, poor, and minority populations) and the nonpoor, in terms of both poverty and nutrition.<sup>22</sup> Ethnic minorities make up only 15 percent of the population in Vietnam but account for nearly half the remaining poor in the country.<sup>23</sup> Similarly, children of rural households, poor households, and ethnic minority backgrounds are significantly more likely to be malnourished. Across the 63 provinces, the prevalence of stunting ranges from 7 percent to 40 percent, suggesting that the improvements taking place in the country are still failing to reach the rural poor and minorities.<sup>24</sup> Improving nutrition policy



implementation at the local level and addressing these inequities is critical to reducing malnutrition in these vulnerable groups.<sup>25</sup>

As the central government has begun to decentralize, turning more authority over to the provinces to fund and carry out district- and commune-level activity, Vietnam has experienced difficulties in translating national policy into service provision and action at the local level.<sup>26</sup> While planning at local levels should theoretically allow for tailoring of targeted plans and specific nutrition actions to local contexts, the current top-down approach does not allow for provincial-level decision making on goals, priorities, or funding decisions.<sup>27</sup> Some evidence suggests that the relatively unsuccessful decentralization process is actually increasing inequities between provinces, through inadequate targeting of interventions and insufficient budgets.<sup>28</sup> Decisions are still made within the largely centralized ministerial structure in Hanoi. To achieve further success in reducing malnutrition in Vietnam, it will be critical to build capacity for subnational planning and implementation of nutrition policy—through data-driven processes that can be tailored to local contexts.<sup>29</sup> A strategic multi-year approach to nutrition policy could potentially strengthen the subnational planning process and address the difficulty of translating national policy into action at the local level.<sup>30</sup>

### Rising Obesity and Overweight

With Vietnam's rapid economic development and urbanization, overweight and obesity problems have begun to emerge alongside the country's undernutrition challenges. This dual burden of

malnutrition can be seen in children, adolescents, and adults, with higher prevalence of overweight in urban areas.<sup>31</sup> At the national level, prevalence of overweight and obesity among adolescents was 6 percent and 1 percent, respectively, in 2013. In Ho Chi Minh City, however, prevalence has been found to be much higher, and was already at 18 percent and 3 percent, respectively, by 2010.<sup>32</sup> As Vietnam continues its battle against undernutrition, it will need to acknowledge the emerging public health challenge of overweight and obesity and ensure that its nutrition policies address the dual burden of malnutrition.

### Conclusion

Vietnam has firmly established malnutrition on the national agenda. Nutrition successes have been achieved in a rapidly changing environment, providing an example of the progress that can be made with a harmonized approach, key nutrition-sensitive legislation, and coordinated development-partner initiatives complemented by socioeconomic development. With its National Assembly enacting nutrition-relevant policies and laws and the National Institute for Nutrition putting nutrition-specific initiatives into place, Vietnam has made tackling malnutrition a priority. Rapid acceleration in the reduction of stunting over the last four years shows that Vietnam's approach works. Sustaining this progress now depends on improving subnational nutrition planning and implementing targeted nutrition interventions, while addressing existing inequities and the growing challenge of obesity.

