Review Article

Malnutrition and poverty alleviation in Vietnam during the last period 1985–2000

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During the 1980s and early 1990s, Vietnam was classified among the group of poor countries in the world, having a relatively high rate of poverty households. Compared to other developing countries, undernutrition among Vietnamese children is still a serious public health problem. On 16 September 1995 the Government of Vietnam ratified the National Plan of Action for Nutrition (NPAN) for the period 1995–2000. Poverty reduction is one of the basic social policies given special attention. In this regard, the Hunger Eradication and Poverty Reduction programme (HEPR) has been executed by Ministry of Labour, Invalid and Social Affairs since 1992 with special emphasis on supports for poor communes and poor households. The present paper will begin by looking at the trends of undernutrition and the achievements of poverty reduction in Vietnam over the past decades. For the past few years the HEPR has achieved great outcomes. Vietnam is evaluated by the international community as one of the countries with the best performance in poverty reduction. The gross domestic product per head in 2000 was 1.8-fold against that in 1990. The percentage of hunger and poor households declined rapidly, from approximately 40% in 1985 to nearly 30% in the early 1990s, to 20% in 1995 and 11% in the year 2000. It has been shown that after 5 years of implementation of the NPAN1 (1995–2000), the nutritional status of people in Vietnam has considerably improved and important nutrition goals (including micronutrient deficiencies, food supply etc.) were achieved by the year 2000. It could be concluded that the HEPR and the NPAN in Vietnam during the last decade have been successfully implemented.

Key words: malnutrition, NPAN, poverty, Vietnam.

Introduction

Vietnam is classified among the group of poor countries in the world, having a relatively high rate of poverty households. The survey in 1993 showed that the population under the 'overall poverty line' was as high as 58%, while as many as 25% were below the so-called 'food poverty line'.[1] It was estimated in 1999 that there were approximately 1000 poor communes in 91 districts of 23 provinces throughout the country. The number of poor households was approximately 420 000 and the number of people needing emergency relief due to natural calamities was approximately 1–1.5 million per year. The percentages of rural population with access to clean water and electricity were as low as 17% and 48%, respectively.[2]

Other key social indicators such as child malnutrition (stunting) are very common in South-East Asia, including Vietnam.[3–6] More than 50% of under-5 children can be classified as stunted (FAO/WHO, 1992).[7] There are multiple reasons for growth retardation, but the direct factors in developing countries are inadequate dietary intake, infections and size at birth.[8–13] Compared to other developing countries, undernutrition among Vietnamese children is still a serious public health problem.[3,6,14] During the last 10 years, much attention has been given to improving the health and nutritional status of Vietnamese people. On 16 September 1995 the Government of Vietnam ratified the National Plan of Action for Nutrition (NPAN) for the period 1995–2000.[15] This was the first policy document on nutrition which confirmed the high commitment of the Government towards improving human nutrition in the country.

This paper will begin by looking at the trends of undernutrition and the achievements of poverty reduction in Vietnam over the past decades. It will then look at what is being done now and at what will be done in the future with particular reference to the development of nutrition policies in Vietnam.

The achievements of poverty reduction and trends of undernutrition over the last decades

Poverty reduction is one of the basic social policies given special attention. Along with the enhancement of reforms and economic renovation, the Vietnamese government has the direction to encourage people to make wealth legitimately in accordance with poverty alleviation; economic growth must go in line with poverty alleviation. In this

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regard, the Hunger Eradication and Poverty Reduction programme (HEPR) has been executed by the Ministry of Labour, Invalid and Social Affairs (MOLISA) since 1992 with special emphasis on infrastructure support for poor communes, financial support for ethnic poor households; building capacity for staff in poverty alleviation, agriculture and aquaculture extension, health care, credit and education for the poor. The Vietnamese government has also approved and put into implementation the National Targeted Programme on Hunger Eradication and Poverty Reduction in the period 1998–2000. Vietnam has also received active support for poverty reduction from the international community as well (poverty reduction and growth facility of the International Monetary Foundation (IMF); structural adjustment credit of World Bank and many others).

For the past few years the HEPR has achieved great outcomes. Vietnam is evaluated by the international community as one of the countries with the best performance in poverty reduction. The gross domestic product (GDP) per head in 2000 was 1.8-fold against that in 1990.[2] The percentage of hunger and poor households (Fig. 1) declined rapidly, from approximately 40% in 1985 to nearly 30% in the early 1990s, to 20% in 1995 and 11% in the year 2000.[1]

It has been shown that after 5 years of implementation of the NPAN1 (1995–2000), the nutritional status of people in Vietnam has considerably improved and important nutrition goals (including micronutrient deficiencies, food supply etc.) were achieved by the year 2000.[16] Figure 1 shows that the percentage of poor households is decreasing parallel with the reduction of prevalence of underweight among under-5 children during the last period 1985–2000. It is also demonstrated that the nutritional status of children (height for age indicator) was improving with increasing food production (paddy) per head per year of the country. The average food production per head per year was increased from 300 kg in 1985 to 450 kg in the year 2000;[1] and the prevalence of stunting of the under-5s was decreased (Fig. 2) from 59% (in 1985) to 37.3% in 2000.[17]

A similar picture was observed among children in Hanoi; the nutritional status of the children has been improved (the prevalence of stunting decreased from 58% in 1985 to 38.6% in 1995 and 25.2% in 2000) parallel with positive trends of the average income[14,18] (Fig. 3). It was also stated that after 5 years of implementation of the NPAN (1995–2000), the nutritional status of reproductive-age women was remarkably improved. The prevalence of chronic energy deficiency (CED) among reproductive-age women rapidly decreased: from 48.7% to 27.4% in rural women (Fig. 4).[15]

National Nutrition Strategy 2001–2010

The NPAN (1995–2000) was the first national nutrition strategy (NNS) officially approved in Vietnam. Up to now, several important objectives of the plan have been reached and many nutrition activities have been socialized. On 22 February 2001, the Vietnamese Prime Minister approved the NNS for 2001–2010. This strategy aims to ensure significant improvement of the nutritional status of the population. It will focus on improving nutrition for all families (but primarily children and mothers) and especially on care practices. It will also concentrate on giving access to all ethnic minority groups in the country to adequate dietary intake (quantitatively sufficient and qualitatively balanced). In addition, it will attempt to minimize existing variations

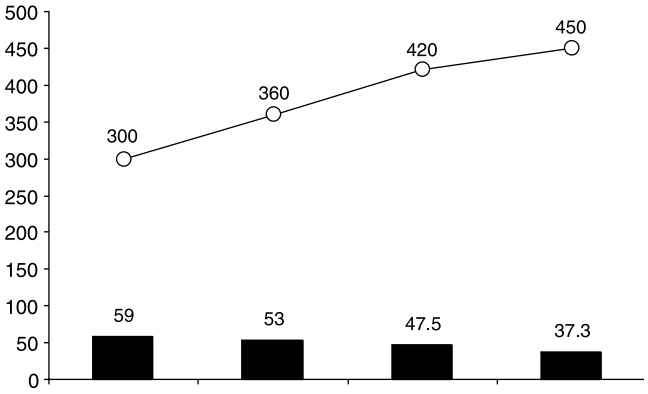

Figure 2. (○) Food production/head per year (kg) and (■) percentage of stunting (%).

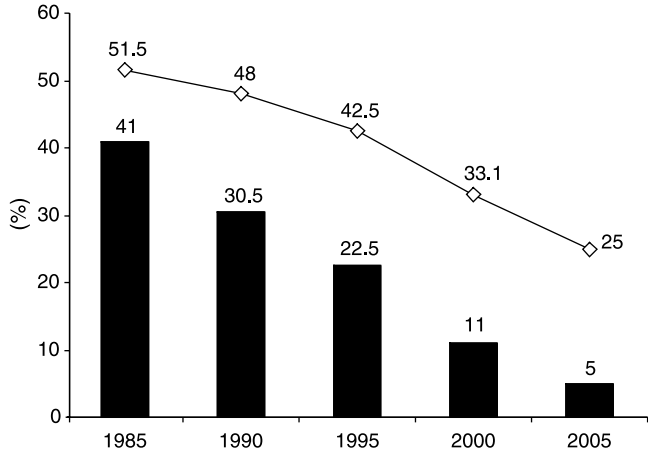

Figure 1. Prevalence of (◇) underweight and (■) percentage of poor households (%).

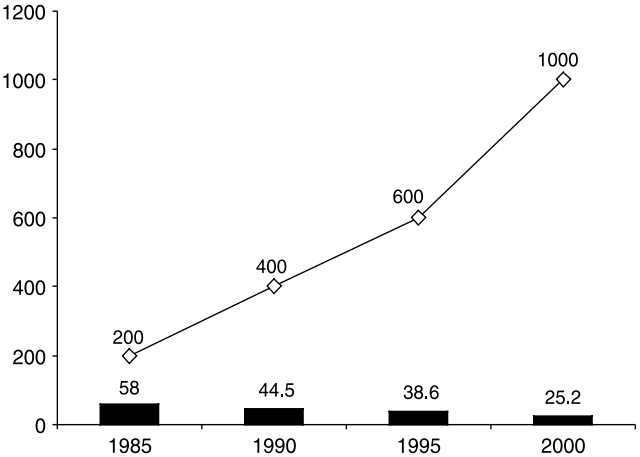

Figure 3. Trends of (◇) income and (■) stunting in Hanoi.

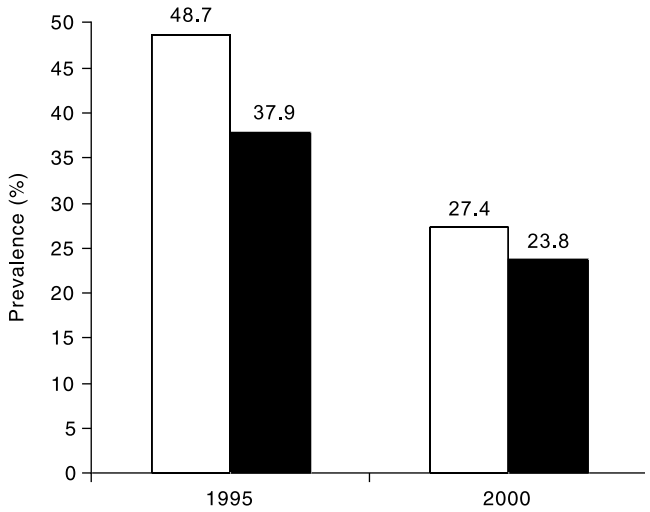

Figure 4. Prevalence of chronic energy deficiency of reproductive-age women (%). (□), rural; (■), urban.

in dietary intake between regions and to minimize non-communicable nutrition-related chronic diseases.

Main orientation of the National Nutrition Strategy 2001–2010

These are stated as follows.

(1) Solving nutrition-related health problems will be a key issue of this NNS for 2001–2010.

(2) Improved nutrition activities should be implemented in every household in all communities, based on transferring nutrition understanding and desirable practices to every family member.

(3) Improved nutrition activities should be highly socialized and long-term. There is a need for further developments in the training of nutritionists and in fostering more effective multi-sectoral activities from the central to the community level.

(4) Interventions need to be planned and carried out carefully with attention to contents and practical/specific measures (processes) tailored to the needs of each region/locality.

(5) Increases in international cooperation in the implementation of this NNS are desirable.

Policies supporting the National Nutrition Strategy

Incorporation of nutritional objectives into local socio-economic development plans. The integration of nutrition objectives in national socioeconomic development plans at the local level should call for the components of this nutrition strategy to be adopted by all authorities, so that they are introduced into pertinent regulations and are implemented. Nutrition indicators proven to be representative of socioeconomic development should be used to measure the attainment of these objectives set by the Party and the authorities. Every commune, district and province should integrate these activities into their annual plans to reduce maternal and child malnutrition, to alleviate food shortages and to ensure food safety. Each locality should have its specific plans and their implementation should be monitored.

Policies to support better nutrition outcomes. The National Plan of Action for Nutrition 2001–2005 that will complement this Strategy must be officially implemented by the Government and be integrated into national development plans at all levels.

Regulations will be needed to support pre- and postnatal maternal leave, as well as pregnant and lactating mothers in an effort to promote better breast-feeding and infant care.

Laws and regulations will be needed to enforce food fortification to control micronutrient deficiencies. Laws and regulations will also be needed to enforce food quality and safety.

Efforts will continue to implement, amend and complete the policies on care and protection of children and women, on health and nutrition care for the poor and on social welfare. A policy will be needed to explicitly support nutrition collaborators at a grassroots level.

Socialization of strengthened nutrition activities. Social mobilization for nutrition needs to be considered a priority. It is to be a strategic multisectoral policy that mobilizes all the related sectors and social groups. Nutrition activities must be supported by the local authorities. Multisectoral collaboration is the key to nutrition socialization. In order to have an effective collaboration, the government needs to assign specific responsibility to each sector, whereas each sector should take into consideration the objectives of improving the nutritional status in their plans. Local authorities at different levels must consistently support plans and the mobilization of all social groups involved. Each family and each citizen should be aware of nutrition actions and become involved.

It is necessary to also organize activities that involve the whole population such as Micronutrient Day, Nutrition and Development Week, Maternal Care and Malnutrition Control Day, Breast-feeding Week, Club of Communes with Prevalence of Malnutrition Below 30%, Food Safety and Hygiene Month of Action, Universal Iodized Salt Day.

Conclusions

It could be concluded that the HEPR and the NPAN in Vietnam during the last decade have been successfully implemented. Thanks to NPAN, much attention was paid to nutrition objectives. The authorities at all levels have integrated the nutrition goals and the reduction of malnutrition, as well as the eradication of poverty into the national socioeconomic and cultural development plan of the country. In the 21st century, great challenges remain. In this new era, stronger efforts are needed to develop and implement a truly sustainable growth. In it, this nutrition strategy plays a central role. This nutrition strategy is comprehensive, ensures appropriate dietary intake for all households in the population, and strives to eradicate poverty and malnutrition as a means of improving the quality of the population's living standards.

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