



Landscape Analysis on Childhood Overweight and Obesity: **Vietnam**



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Table of Contents

1. Executive summary	6
1.1 The extent of the problem	6
1.2 Policies and interventions	7
1.3 Recommendations	7
2. Introduction	9
2.1 Overweight in childhood	9
2.2 Food environments and systems-wide approaches	9
2.3 Vietnam overview	11
2.4 Objectives	11
3. Methods	13
3.1 Desk review	13
3.2 Key stakeholder interviews	13
4. Landscape analysis findings	15
4.1 Extent of childhood overweight in Vietnam	15
4.2 Risk factors for overweight in early childhood	17
4.3 Risk factors for overweight and obesity in later childhood	19
4.4 Policies and programs that influence the risk factors for childhood overweight and obesity in Vietnam	21
4.5 Policy analyses	26
5. Recommendations	32
6. Conclusions	35
7. References	36
8. Appendices	39
8.1 Appendix 1: Key stakeholder interview participants	39
8.2 Appendix 2. Variables and their Rating Scales	41
8.3 Appendix 3: Details on government decisions and directives related to childhood overweight and obesity	45



List of tables and figures

Figure 1: A systems approach to maternal and child nutrition	10
Figure 2: Trends in overweight and obesity amongst children in Vietnam aged under 5 years and 5-19 years.	15
Figure 3: Trend in food energy (kilocalories) supply per person per day.	20
Figure 4: A systems approach to maternal and child nutrition	32
Table 1: Overweight and obesity amongst children in Vietnam aged under 5 years and 5-19 years in 2020	16
Table 2: Progress and risk level of overweight and obesity in children aged 0 to 19 years old in Vietnam	16
Table 3: Risk factors for the development of overweight and obesity amongst young children aged 0 – 5 years in Vietnam	18
Table 4: Risk factors for the development of overweight and obesity amongst older children in Vietnam	19
Table 5: Environments and policies that influence risk factors for overweight and obesity	22
Table 6: Environments and policies that influence risk factors for childhood overweight and obesity	24
Table 7: Priority actions recommended by interviewees	33



List of Acronyms

BMI	Body Mass Index
BMIZ	BMI-for-age Z-score
CDC	Centers for Disease Control and Prevention
FBDGs	Food-Based Dietary Guidelines
GAIN	Global Alliance for Improved Nutrition
GDA	Guideline Daily Amount
GDP	Gross Domestic Product
GDPM	General Department of Preventive Medicine
GSHS	Global School-Based Student Health Survey
HFSS	High in Fat, Salt, and Sugar
IYCF	Infant and Young Child Feeding
MoET	Ministry of Education and Training
MoF	Ministry of Finance
MoH	Ministry of Health
MoIT	Ministry of Industry and Trade
MoPI	Ministry of Planning and Investment
MOLISA	Ministry of Labour - Invalids and Social Affairs
NCD	Non-Communicable Disease
NIN	National Institute of Nutrition
NPS	Nutrient Profiling Scheme
NSO	National Statistics Office
SSB	Sugar Sweetened Beverage
WaSH	Water, Sanitation and Hygiene
WHO	World Health Organization
WHZ	Weight-for-Height Z-score

1

Executive summary

The prevalence of childhood overweight and obesity is high in Vietnam and is also rising rapidly. This landscape analysis considers the extent of childhood overweight and obesity in the country, the level of risk factors for weight gain amongst children, and the policies, programs, and actions that might be strengthened or initiated to help to tackle the problem of childhood overweight and obesity in Vietnam.

1.1 The extent of the problem

According to the most recent national survey, the prevalence of childhood overweight and obesity in Vietnam is very high; with the prevalence of overweight at 7.4% amongst infants and children aged under aged 5 years, and at 19.0% amongst children and adolescents aged 5-19 years. This prevalence has increased rapidly in the last decade, with a 5.7% annual growth rate in the prevalence of overweight amongst children under the age of 5 years, and an 8.4% annual growth rate amongst children and adolescents aged 5-19 years. A similarly high prevalence and trend was observed in the prevalence of childhood obesity. The prevalence of childhood overweight and obesity was higher amongst boys and children living in urban areas.

While the prevalence of many risk factors was considered moderate to low, it is still worrying that over one third of Vietnamese children report drinking at least one sugary drink per day. Physical activity amongst children is also insufficient and sedentary behaviors are too high.

Despite the rising problem of childhood overweight and obesity in Vietnam, it is not given appropriate attention from both Government and the community.

1.2 Policies and interventions

There are several decisions and directives that includes considerations of childhood overweight and obesity in Vietnam. However, there are no specific policies or programs addressing childhood overweight and obesity and its risk factors. Instead, existing programs for childhood overweight and obesity are integrated or designed as a smaller part of larger nutrition programs. Funding for research into, monitoring of, and interventions to prevent childhood overweight and obesity is also limited.

Despite the lack of a child-specific overweight and obesity strategy in Vietnam, some policies and programs that have the potential to address childhood overweight and obesity have been proposed and/or implemented. These include the proposed tax on sugar-sweetened beverages, nutritional labelling, controls on the marketing and sale of unhealthy food and drinks, the school meals and milk programs, and the national dietary guidelines. However, often where these activities have been implemented, it has been done so on a smaller scale. Further, monitoring and enforcement is lacking for most policies.

1.3 Recommendations

There is a need for cross-sectoral collaboration and mechanisms to tackle childhood overweight and obesity in Vietnam. This includes increasing awareness of childhood overweight and obesity amongst both policymakers and the community, conducting more research into the economic and health impacts of interventions addressing childhood overweight and obesity to provide sufficient evidence for decision makers, and accelerating existing programs and developing specific policies and programs to address childhood overweight and obesity in Vietnam. The table below shows the top priority actions for addressing childhood overweight and obesity in Vietnam, as identified by participants in key informant interviews.

Priority actions for addressing childhood overweight and obesity in Vietnam

Food system
Introduce new mandatory government legislation in key policy areas: <ul style="list-style-type: none">a) Tax on sugar-sweetened beverages.b) Regulation for marketing of high fat, sugar, and salt foods to children.c) Front-of-pack nutrition labelling.
Develop robust systems to monitor and enforce legislation.
Improve nutritional quality of foods.
Health system
Expand knowledge of and implementation of nutrition guidelines.
Strengthen training for health professionals on childhood overweight and obesity.
Improve knowledge for pregnant women in relation to overweight and obesity and infant and young child feeding.
Support growth monitoring and counselling for families, including weight and height measurements.
Education system
Introduce legislation for a comprehensive school nutrition programme to include: <ul style="list-style-type: none">a) Physical activity standards and monitoring in schools and improved schools' infrastructure.b) Standards on food available in/around kindergartens and schools.c) Marketing restrictions in/around schools.d) Nutrition education for children in schools through inclusion of healthy food selection and food skills in the curricula.

Water and sanitation system

Provide free drinking water, particularly in schools, settings where children gather and other public institutions.

Social protection system

Develop inclusive and effective food distribution systems with a focus on local market networks to improve accessibility, availability, and affordability of healthy foods for all, especially for young children and adolescents.

Ensure the delivery of healthy and nutritious foods especially during emergencies through social protection programmes by improving direct support of healthy foods.

Overarching Actions

Finalize the National Nutrition Strategy 2021-2030 with a vision to 2040 including targets and indicators on overweight and obesity in children and adolescents.

Raise public awareness about overweight and obesity, its consequences and risk factors, such as unhealthy diets, highly processed foods and carbonated soft drinks.

Strengthen nutrition education and communication to improve dietary behaviour of consumers, caregivers and children, and generate demand for healthier diets and food options.

Strengthen monitoring, data collection and reporting on overweight and obesity through annual nutrition surveillance, periodic surveys and scientific research.

Increase collaboration between government ministries and partnership with private sector on controls of overweight and obesity.

2

Introduction

2.1 Overweight in childhood

The prevalence of infant, childhood and adolescent overweight and obesity is rising globally (1, 2). In 2020, an estimated 39 million children under the age of 5 years were overweight or obese, and over 340 million children and adolescents aged 5-19 were overweight or obese in 2016 (3). Further, the prevalence of childhood overweight and obesity amongst children and adolescents aged 5-19 is increasing. Once considered a problem of high-income countries, overweight and obesity are now on the rise in low- and middle-income countries, particularly in urban settings (2, 4, 5). The Sustainable Development Goals, set by the United Nations in 2015, identify prevention and control of non-communicable diseases as core priorities (6). Among the non-communicable disease risk factors, obesity is particularly concerning and has the potential to negate many of the health benefits that have contributed to increased life expectancy.

Children who are overweight or obese are at a higher risk of developing a range of non-communicable diseases (NCDs) (7, 8). They may also experience psychological and psychosocial impacts, such as weight stigma, social isolation, depression, low self-esteem, and poor educational attainment (8, 9). Furthermore, children who grow up experiencing overweight and obesity are more likely to be overweight and obese later in life and develop more serious risks for noncommunicable diseases which may increase morbidity and mortality (10, 11). Importantly, childhood is appeared as a critical period to fight obesity since the effects of socioeconomic disparities on obesity risk appear and become stronger during this period (10), and it has been proved that the health consequences of childhood obesity at adulthood may be preventable (12). However, the progress in tackling childhood obesity has been slow and inconsistent. Many organizations, including UNICEF and the World Health Organization (WHO) have provided recommendations for action, and in the present document we build on these and also address the gaps in existing strategies.

2.2 Food environments and systems-wide approaches

An obesogenic environment is one that promotes the consumption of energy-dense, nutrient-poor foods and beverages, or encourages reduced physical activity or increased sedentary behaviour (13). Obesogenic environments include food environments (which foods and beverages

are available, affordable, accessible and promoted), economic environments (prices and costs of foods, household incomes and social support), social environments (norms for eating, taking exercise, screen watching, body shape), and physical environments (opportunities for physical activity, available active transport). The availability, affordability and marketing of unhealthy foods and beverages influences children’s diets and subsequently childhood overweight and obesity (14, 15). This is exacerbated by cultural and social influences reducing childhood physical activity and increasing sedentary behavior (15). Furthermore, the behavioral and biological responses of a child to the obesogenic environment can be shaped by pre-natal and infancy processes, placing an even greater number of children on the pathway to becoming overweight and obese when faced with an obesogenic environment (16-18).

No single intervention can halt the rise of the growing obesity epidemic (15). Compared to amongst adults, prevention of childhood obesity can be more effective, providing better chances for reducing long-term complications (15). Overall, obesity prevention and treatment requires a whole-of-government approach in which policies across all sectors systematically take health into account, avoid harmful health impacts, and thus improve population health and health equity (19, 20). UNICEF has proposed a systems approach to nutrition that strengthens the ability of five key systems to deliver diets, services and practices that support adequate maternal and child nutrition, making these systems more accountable for sustainable nutrition results (21). The five systems are – the food system, the health system, the water and sanitation system, the education system, and the social protection system (**Figure 1**).

Figure 1: A systems approach to maternal and child nutrition



Source: UNICEF Nutrition Strategy 2020–2030. <https://www.unicef.org/media/92031/file/UNICEF%20Nutrition%20Strategy%202020-2030.pdf>

2.3 Vietnam overview

Vietnam is a country located in South East Asia, with an estimated national population of 96.48 million, in 2019 (22). The population of children under the age of 18 years is approximately 26.2 million (23). In thirty years, the country has been transformed from one of the poorest countries in the world to a middle-income one, pushed by a sustained and constant economic growth – gross domestic product (GDP) annual growth rate has always been higher than 7% between 2000 and 2010 and more than 6% since 2014) (24). At a political level, policies to address poverty, end hunger, and address malnutrition have been prioritized, while childhood overweight and obesity were not considered a significant problem in Vietnam prior to 1995 (25). In recent years, thanks to the country's reform program, the Vietnamese economy has transformed into an open, market-oriented, and globally integrated model, which also improved the food supply on a macro scale and contributed to dietary and lifestyle changes that encourage the consumption of high-energy, processed foods, and reduced physical and increased sedentary behavior (25, 26).

Demographic and lifestyle changes have significantly shifted the country's disease burden from communicable diseases to NCDs. The prevalence of overweight and obesity has increased rapidly, especially amongst children and adolescents, and in urban areas (27). Importantly, Vietnam has been identified as a country with a high incidence of NCDs, which are responsible for approximately 73% of all deaths (more than 379,000 deaths per year attributed to NCDs) (28). Tackling childhood obesity is therefore important to not only improve the health and well-being of children and adolescents in the present, but since obese children will eventually become obese adults (15), such interventions will also contribute to improving the health of the entire population in the future.

2.4 Objectives

The objective of this landscape analysis is to provide information on the extent of overweight and obesity in Vietnam and identify key drivers of this, and to consider existing the policies, programs and actions that have been adopted to address childhood overweight and obesity in Vietnam and identify further actions that might be undertaken. The applied landscape analysis tool, developed by UNICEF with inputs from the WHO, had three key goals:

- Review the current prevalence and trends of childhood overweight and obesity in Vietnam.
- Review the risk factors and environmental conditions that increase the chances of childhood overweight and obesity levels rising, in Vietnam.
- Review the presence of policies which shape obesogenic environments in Vietnam.

Potential policies and programs for consideration were identified through key stakeholder interviews, with an indication of the potential sources of support for these policies and the potential barriers to implementation.



3

Methods

This landscape analysis was based on the global landscape analysis methods developed by UNICEF, which included two stages: a desk review and key stakeholder interviews.

3.1 Desk review

The extent of childhood overweight and obesity, its prevailing risk factors, and the systems and environments that influence those risk factors were assessed through a desk review using structured worksheets developed by UNICEF. The search strategy, which comprised a synthesis of population surveys, a review of policy documents, and an unstructured search of the academic literature to identify relevant studies conducted in Vietnam. The purpose of this desk review was to:

- Review the current prevalence of, and trends in, childhood overweight and obesity in Vietnam.
- Review the risk factors and environmental conditions that increase the chances of childhood overweight and obesity levels rising in Vietnam.
- Identify the policies and programs which shape obesogenic environments in Vietnam.

Overweight-for height in children under 5 years was defined as a weight-for-height Z-score (WHZ) of ≥ 2 standard deviations (SD) above the WHO Child Growth Standards median. Overweight in children aged 5-19 years was defined as a BMI-for-age Z-score (BMIZ) of 1-2 SD above the WHO Growth Reference median. Obesity amongst children aged 5-19 years was defined as a BMIZ of ≥ 2 SD above the WHO Growth Reference median. A BMIZ above +3 SD is referred to as severe obesity.

Levels of outcomes and determinants were classified into five categories: “*Very low*,” “*low*,” “*medium*,” “*high*,” and “*very high*” (29). Details on rating scales are shown in Appendix 2.

3.2 Key stakeholder interviews

We conducted a series of in-depth interviews with key experts and stakeholders to collect expert opinions on the policy priorities for addressing childhood overweight and obesity in Vietnam. A total of 36 interviews were conducted (19 interviews to collect data on sugar-sweetened beverage taxation and nutritional labeling policies, and 17 interviews to collect data on policies restricting the marketing of unhealthy foods and beverages, dietary guidelines, school meal, milk and physical activity programs, and policy priorities). Interviewees included representatives from local and national government departments, intergovernmental agencies, advocacy organizations, professional societies, and academic specialists. A full list of interviewee organizations can be found in Appendix 2.



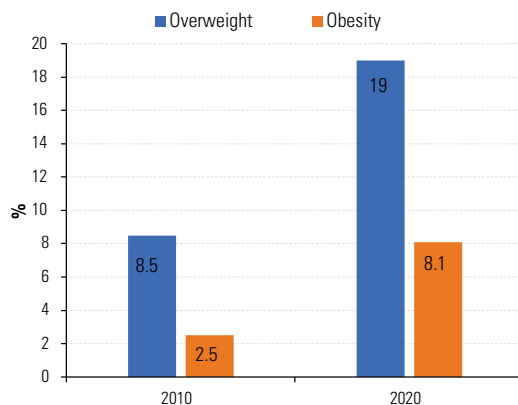
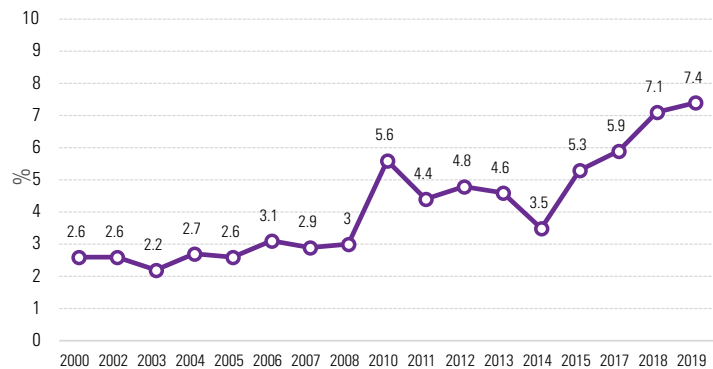
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Landscape analysis findings

4.1 Extent of childhood overweight in Vietnam

The prevalence of overweight and obesity is increasing amongst children of all ages in Vietnam. Figure 2 depicts the trend in overweight and obesity among children under the age of 5 years and children aged 5-19 years. Overall, the prevalence of overweight and obesity increased over time in both age groups. The prevalence of overweight among children aged under 5 years increased from 2.6% in 2000 to 7.4% in 2019 (Figure 2A). Amongst children aged 5-19 years, the prevalence of overweight and the prevalence of obesity increased from 8.5% and 2.5%, respectively, in 2010, to 19% and 8.1% in 2020, respectively (Figure 2B).

Figure 2: Trends in overweight and obesity amongst children in Vietnam aged under 5 years and 5-19 years.



Note: Data for children under 5y were from Annual national nutrition monitoring, Vietnam National Institute of Nutrition. Data for children 5-19 years were from National Nutrition Survey 2010 and 2020.

Table 1 shows the current prevalences of overweight and obesity in Vietnam. In 2020, the prevalence of overweight-for-height among infants and children under the age of 5 years was 7.4%. Amongst children and adolescents aged 5-19 years, the prevalence of overweight was 19.0% and the prevalence of obesity was 8.1%. The prevalence of overweight and obesity were higher amongst boys compared to girls, and amongst children living in urban, compared to rural, areas. For all age groups the growth rates for both overweight and obesity were considered 'very rapid'.

Table 1: Overweight and obesity amongst children in Vietnam aged under 5 years and 5-19 years in 2020

Indicators	Under 5 y/o overweight-for-height		5-19 y/o Overweight (BMI Z-score 1-2 SD)		5-19 y/o Obesity ((BMI Z-score \geq 2 SD)	
	Value	Rating scale ¹	Value	Rating scale ¹	Value	Rating scale ¹
Total population	7.4%	Medium	19.0%	High	8.1%	High
Annualised growth rate	5.7%	Very rapid	8.4%	Very rapid	12.5%	Very rapid
By gender						
Male	5.5% ²	Medium	22.4%	High	10.9%	High
Female	3.4% ²	Low	16.4%	Medium	4.6%	Medium
By type of residence						
Urban	9.8%	Medium	24.3%	High	9.0%	High
Rural	5.3%	Medium	14.2%	Medium	5.5%	Medium

Note: Data for children under 5y were from Annual national nutrition monitoring, Vietnam National Institute of Nutrition. Data for children 5-19 years were from National Nutrition Survey 2010 and 2020.

1 Lobstein & Jewell, 2021

2 Data is from 2010. Modern estimates are likely higher.

Table 2 presents Vietnam's progress towards meeting two distinct childhood overweight and obesity targets, as well as the country's World Obesity Federation childhood obesity risk. Vietnam has made 'no progress' towards meeting the Global Nutrition report's target of no increase in overweight amongst infants and children under 5 years (30). Further, there is a 'poor chance' (0%) of meeting the 2025 World Health Assembly overweight and obesity targets for children aged 5-19 years (31). Vietnam's overall childhood obesity country risk level is 40.9%, which is considered high risk (31).

Table 2: Progress and risk level of overweight and obesity in children aged 0 to 19 years old in Vietnam

Indicators	Value	Rating Scale
Likelihood of meeting the target for overweight among infants and children under 5y ¹	-	No progress
Likelihood of meeting the target for obesity in children and adolescents 5-19y ²	0%	Poor chance
Overall childhood obesity country risk level ²	40.9%	High risk ³

1 Data source: Global Nutrition Report: Viet Nam Nutrition Profile (2021). Retrieved from <https://globalnutritionreport.org/resources/nutrition-profiles/asia/south-eastern-asia/viet-nam/>

2 Data source: Atlas of Childhood Obesity (2019). Retrieved from http://s3-eu-west-1.amazonaws.com/wof-files/11996_Childhood_Obesity_Atlas_Report_ART_V2.pdf

3 CHO Risk Factor Calculation: Maximum score is 11 (highest risk). It is based on the first 11 indicators listed for each country, and scored 1.0 for 'red', 0.5 for 'amber' and 0.0 for 'green'. Vietnam scored 4.5/11 or 40.9%.

Interviews with key stakeholders revealed the perception that the prevalence of childhood overweight and obesity in Vietnam is not as high as in high-income countries. However, the growth rate for childhood overweight and obesity was perceived as significant.

“As compared to other countries in the region, it is lower. However, the overweight/obesity among children and adolescent in Vietnam is a rising problem with the rapid increase in the prevalence. It happens in all social classes” – ID03

Childhood overweight and obesity were thought to be more prevalent in larger cities in Vietnam, such as Ho Chi Minh City or Hanoi.

“... This problem is mainly in Ho Chi Minh City, otherwise it is not problem in the mountain areas where undernutrition is more significant than overweight” – ID12

4.2 Risk factors for overweight in early childhood

Table 3 summarises the early childhood (first 5 years of life) risk factors for the development of overweight and obesity in Vietnam. Overweight in early childhood is closely associated with maternal nutrition, including mothers' weight and diabetes status (32, 33). The prevalence of overweight (BMI 25 - 30kg/m²) and obesity (BMI > 30kg/m²) amongst women of reproductive age in Vietnam were 21.3% and 2.7%, respectively, and the growth rate for each was classified as “very rapid”. Whilst the growth rate in female undernutrition is decreasing in Vietnam, the prevalence of undernutrition (BMI < 18.5 kg/m²) was still moderate at 18%. The prevalence of gestational diabetes was also high (21.3%). However, the prevalence of tobacco smoking amongst women was low (1.1%), a positive development as maternal smoking has also been associated with weight gain in early childhood (34).

Overweight in early childhood is associated with low (<2.5kg) and high (>4.0kg) birth weight, and with stunting in early childhood (16, 17, 35, 36). Positively, however, the prevalence of overweight births in Vietnam was low (2.3%), though the prevalence of underweight births was considered moderate (8.2%). The prevalence of wasting amongst children aged less than 5 years was 6.4%, whilst the prevalence of stunting was 19.6%, and this was noted to be decreasing. Key stakeholder interviews revealed the perception that the prevalence of undernutrition amongst young children is still high in Vietnam, and this was identified as a risk factor for overweight and obesity later in life.

Infant and young child feeding practices are key drivers of the development of overweight and obesity in childhood and later in life (37). In a population of Vietnamese children, breastfeeding through the first 6 months of life has been shown to be protective against overweight and obesity in later life (38). Data on infant and young child feeding practices in Vietnam showed that 65.0% of infants were initiated to breastfeed within one hour after delivery, 45.4% of children aged 0-5 months were exclusively breastfed, 42.4% of infants and young children met the minimum acceptable diet diversity, and 52.1% of infants and young children met the minimum dietary diversity. According to Euromonitor International reports published in 2019, there is a very rapid increase in consumption of baby foods (and milk formula), with an annual growth rate of 5.5%. Key informant interviews identified a lack of knowledge and understanding as a barrier to appropriate infant and young child feeding practices.

Table 3: Risk factors for the development of overweight and obesity amongst young children aged 0 – 5 years in Vietnam

Indicator	Value	Rating ¹
Prenatal		
Women of reproductive age with overweight (BMI 25 - 30 kg/m ²) ² (39)	21.3%	Low
Female overweight: annualised growth rate	3.3%	Very rapid
Women of reproductive age with obesity (BMI > 30 kg/m ²) ² (39)	2.7%	Low
Female obesity: annualised growth rate	6.3%	Very rapid
Women of reproductive age with under-nutrition (BMI < 18.5 kg/m ²) ² (39)	18.0%	Moderate
Female under-nutrition: annualised growth rate	-1.3%	Decreasing
Women tobacco smoking ³ (40)	1.1%	Low
Gestational diabetes (GDM) or hyperglycaemia in pregnancy (41)	21.3%	High
Postnatal		
Births underweight <2.5kg ³ (42)	8.2%	Moderate
Births overweight >4.0kg ³ (43)	2.3%	Low
Stunting		
Under 5s stunting ⁵ (44)	19.6%	Medium
Stunting: annualised growth rate	-3.1%	Decreasing
Under 5s wasting ² (42)	6.4%	Low
Infant and Young Child Feeding		
Births with breastfeeding initiated ⁵ (44)	65.0%	Moderate
Infants 0-5 months fed exclusively with breastmilk ⁵ (44)	45.4%	Moderate
Minimum acceptable diet ⁵ (44)	42.4%	Moderate
Minimum diet diversity ⁵ (44)	52.1%	Moderate
Trends in baby foods (and milk formula) ⁴ (CAGR) (45)	5.5%	Very rapid growth

- 1 Lobstein & Jewell, 2021
- 2 Data from 2015
- 3 Data from 2016
- 4 Data from 2020
- 5 Data from 2020.

4.3 Risk factors for overweight and obesity in later childhood

The dietary, physical activity, and environmental risk factors that increase the risk of overweight and obesity in later childhood are shown in Table 4. The primary risk factors for overweight and obesity among older children include unhealthy diets with a high consumption of fast foods, sugary beverages, and confectionary, insufficient physical activity, high level of sedentary behaviour, lack of sleep, and poor access to water and sanitation facilities (46). Indeed, these risk factors have been associated with the development of overweight and obesity amongst Vietnamese children (47-49).

Positively, the level of many of these risk factors in Vietnam is considered 'low', including the proportion of all children who consume fast food at least once per week (17.1%) and the proportion of all children who consume confectionary at least once per day (11.9%). Further, access to water and sanitation facilities is good. However, it is still worrying that over one third of Vietnamese children report drinking at least one sugary drink per day, more than 1 in 10 consume confectionary daily and 17% consume fast food at least once a week.

Of further concern are risk factors related to physical activity: 75.9% of children aged 5-19 years are not meeting the physical activity recommendations and 43.0% of children are not obtaining sufficient sleep. Low levels of physical activity have been reported in two separate studies conducted amongst children in Ho Chi Minh City, Vietnam (48, 50). Exacerbating this, 43.1% of children are engaging in excessive sedentary behaviours, and just 59.3% and 60.9% of all children engage in active transport to school and/or spend more than 2 hours outside each day, respectively. Supporting these findings, increases in sedentary behaviour and screen time amongst children in Vietnam has been reported (48, 51). This was supported by key stakeholder interviews, where participants perceived that insufficient physical activity and increasing sedentary behaviours are key drivers of overweight and obesity amongst children in Vietnam.

Table 4: Risk factors for the development of overweight and obesity amongst older children in Vietnam

Indicator	Value	Rating ¹
Dietary risk factors		
Consumption of sugary drinks at least once per day (proportion of all children) ⁴ (52)	34.9%	Moderate
Consumption of sugar-sweetened beverages or carbonated beverages (litres per week, per capita) ⁵	1.2L	Moderate
Consumption of fast food at least once per day (proportion of all children) ⁴ (52)	17.1%	Low
Consumption of confectionery at least once per day (proportion of all children) ⁵ (53)	11.9%	Low
Consumption of confectionery (grams per week, per capita)	23.1g	Low
Physical activity risk factors		
Proportion of all children not meeting physical activity recommendations ⁴ (52)	75.9%	Poor
Proportion of all children engaging in active transport to school ⁴ (52)	59.3%	Moderate
Proportion of all children engaging in excessive sedentary behaviour ⁴ (52)	43.1%	Moderate
Proportion of all children experiencing insufficient sleep (<10 hours per night) ² (54)	43.0%	Poor
Proportion of all children spending >2 hours outdoors per day (55)	60.9%	Moderate
Environmental risk factors		
Proportion of children with access to improved water supply ³ (42)	94.7%	Good
Proportion of children with access to improved sanitation facilities ³ (42)	90.3%	Good

1 Lobstein & Jewell, 2021

2 Data from 2014

3 Data from 2015

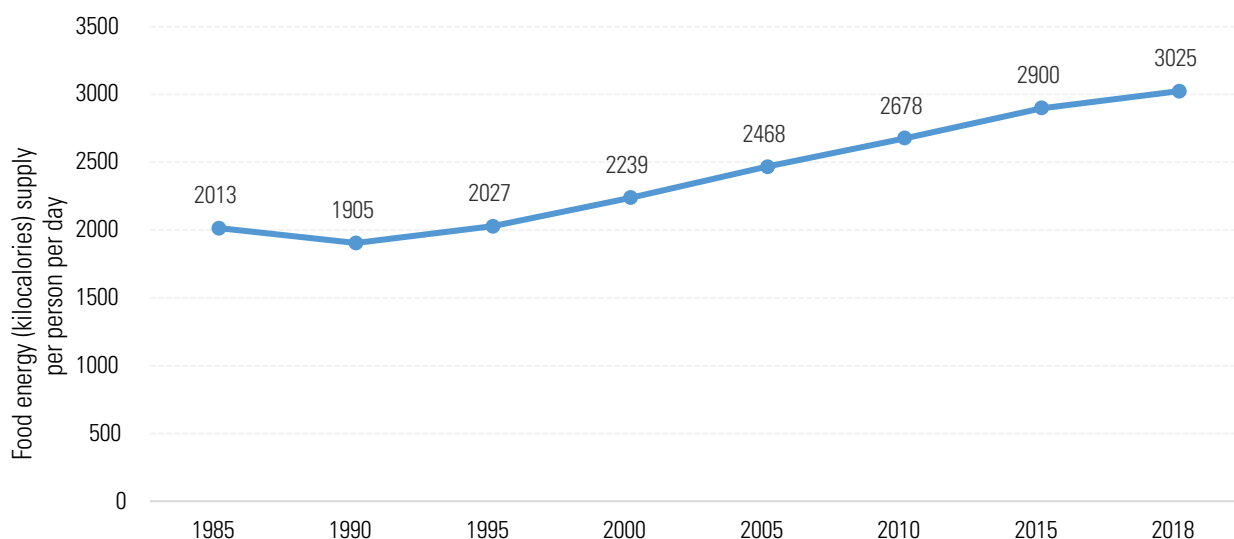
4 Data from 2017

5 Data from 2019

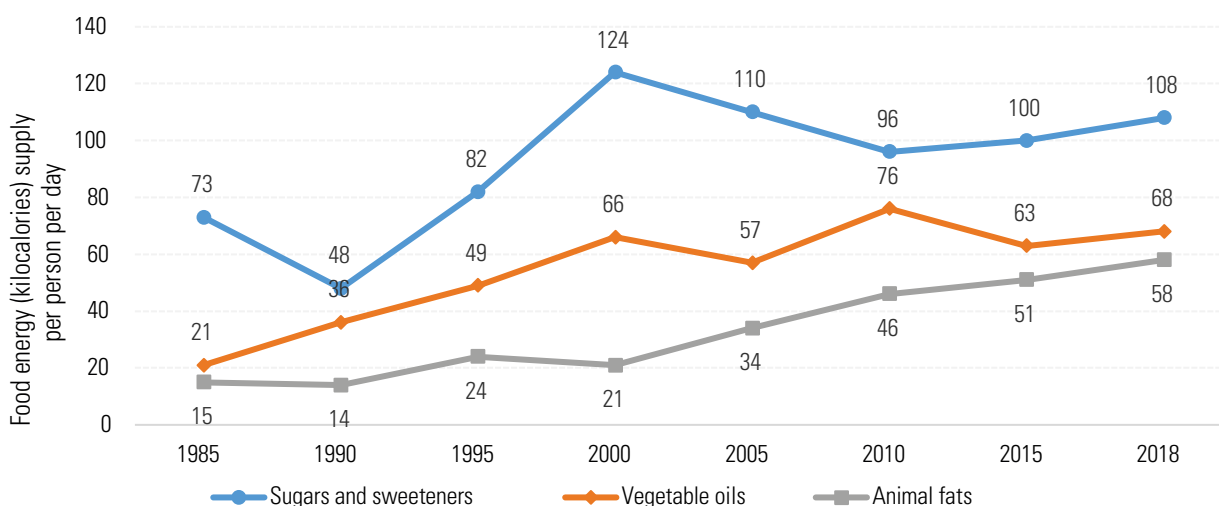
Figure 3 shows daily per capita energy intake (in kilocalories) in Vietnam, from all foods (Figure 3A) and from animal fats, vegetable oils, and sugars and sweeteners (Figure 3B). Overall, daily per capita energy intake increased rapidly from 1990 (1905 kcal) to 2018 (3025 kcal). Sugars and sweeteners were the most common source of energy intake, followed by vegetable oils, and then animal fats.

Figure 3: Trend in food energy (kilocalories) supply per person per day.

3A. Energy derived from all foods



3B. Energy derived from sugars and sweeteners, vegetable oils, and animal fats



Note: Data were from FAOSTAT <http://www.fao.org/faostat/en/#data/FBSH> and <http://www.fao.org/faostat/en/#data/FBS>.

4.4 Policies and programs that influence the risk factors for childhood overweight and obesity in Vietnam

There are several government decisions and directives which relate to childhood overweight and obesity in Vietnam, including childhood overweight and obesity targets, food strategies, dietary guidelines, commercial food services, food labelling policies, water provision policies, urban planning policies, and dietary norms (and the policies and strategies which guide and shape them). However, there is no specific policy or program for addressing overweight and obesity, or its risk factors. The programs for childhood overweight and obesity are integrated or designed as a small part of other programs. Full details on government decisions and directives are shown in Appendix 3.

Table 4 provides a summary of the information of population-wide policies and actions that can be linked to the risk of childhood overweight and obesity. The Vietnamese Government has set two different targets for childhood overweight and obesity for rural and urban areas: below 5% and 10%, respectively. There are also policies and guidelines related to childhood overweight and obesity which include goals and strategies to address NCDs, dietary concerns, and the double burden of malnutrition. However, none of these strategies or guidelines specifically focus on addressing childhood overweight or obesity (i.e., they represent broader population-wide strategies). This was also identified in key stakeholder interviews:

"[There are] only... general policies on food and nutrition, there is no specific policy for childhood overweight/obesity. The content is... on proper nutrition in general, but it is not clear what to do for obese children. There is no professional guidance or instructions, that are specific to overweight/obesity" – ID03

There are government-endorsed national Food and Beverage Dietary Guidelines (FBDGs) in Vietnam. However, no agriculture support, agriculture development, food chain research support, and food import programs or policies have been linked to the production and distribution of foods recommended in the national FBDGs. A lack of resources for the implementation of such policies was also noted through key stakeholder interviews:

"There was a disruption in the health system as prevention units were merged into the CDC, which also leads to the lack of human resource"

Whilst television marketing is restricted in Vietnam, and these restrictions apply to foods that are high in fat, salt, and sugar (HFSS), they tend to focus on truthful advertising and are not specific to nutrition or overweight. Whilst nutrition labelling is mandated by the government, there is no regulation concerning a front-of-pack nutrition label for unhealthy foods or beverages. The quantity of marketing of unhealthy foods and beverages, particularly across social media sites (and the inability of the government to regulate these sites), was noted as a concern by interview participants:

"...especially for online advertising on social networking sites. For example, the problem of advertising carbonated drinks, since people use many social networks, like Facebook, YouTube, which are out of the control of the Vietnamese government, thus we can't control it, we can't prevent it." – ID10

A policy levying a 10% tax on sugary sweetened beverages has been proposed. However, it has not yet been passed into legislation. Urban planning is not particularly supportive of physical activity in Vietnam, with no cycle lanes, and there are no policies to reduce car usage or air pollution.

Table 5: Environments and policies that influence risk factors for overweight and obesity

Key questions	Information
National policy	
Does the national government have a written policy addressing obesity? Does this specifically include childhood obesity? Do any of the policy statements include targets (infants, under 5s, and children)?	Yes. National target with child overweight less than 5% in rural areas and less than 10% among urban population
Do any of the policy statements discuss double burden or double-duty actions to tackle obesity as part of a wider malnutrition/hunger strategy?	Yes. By setting the target for both malnutrition and overweight, as well as target in improving healthy eating and physical activities
Food Based Dietary Guidelines and Nutrient Profiling Schemes	
Are there government-endorsed national Food Based Dietary Guidelines (FBDGs) and do these include specific recommendations for children e.g. infants, young children, or adolescents?	Yes, Pyramid of Health and 10 tips on reasonable nutrition to 2020
Is there a government-endorsed nutrient profiling scheme (NPS), e.g., used to restrict marketing foods to children or to classify foods for front-of-pack labelling signals?	No.
Are there specific subsidies, taxes, or levies on foods or beverages linked explicitly to the government endorsed FBDGs or NPS?	No. There is the proposed law of applying 10% tax on sugar and carbonated soft drink, but it has not been approved
Are there any examples of government procurement policies linked specifically to FBDGs or NPS?	No. General quality standards, not nutrition-based
Are there any local or national controls on commercial catering services (including fast food chains) linked specifically to FBDGs or NPS? e.g. restrictions on allowing fast food stores near schools?	Yes. But only on school campus
Food Labelling and Marketing	
Is there a government-endorsed front-of-pack nutrition labelling scheme which signals foods high in fats or sugars? Menus: are there policies to require food service operators to show nutritional information on their menus?	Side of pack ingredients and nutrient lists. No front of pack restrictions
Are there policies to control what types of food and beverages are being promoted: on TV? in the street? on digital media?	General rules on truthful advertising, not specific for nutrition
Are chain restaurants/fast food stores offering healthy versions of popular products (especially those for children)?	Yes. But it is voluntary
Food reformulation, taxation, subsidy, and research	
Food composition/reformulation - Are there government-set targets for reducing salt, fat, or sugar for health purposes?	No government targets
Is there a policy to subsidise or encourage (e.g., through market support or tax relief) home-produced foods which meet nutrition criteria, e.g., government endorsed FBDGs or NPS?	No strong linking between agriculture production and FBDGs, but support for more fresh produce
Is there a policy to subsidise or support food chain processes (transport, warehousing, chilling, freezing) specifically linked to government endorsed FBDGs or NPS criteria?	No linking
Is there a policy for restricting imports of foods that fail to meet specific nutritional criteria, e.g., using FBDGs or NPS classification?	No linking
Is there a policy to support research or outreach training and development that specifically links to government endorsed FBDGs or NPS criteria?	No strong linking between agriculture development and FBDGs, but support for more fresh produce

Key questions	Information
Environmental and cultural factors	
Are local water supplies believed to be safe to drink? Is water widely available?	Yes. Except for some rural areas
Are there specific cultural norms that reduce the opportunities to take physical activity? Or increase the need for sedentary behaviour?	Boys prefer more intensive sport (e.g., football, badminton...) than girls, but there is no restriction
Does the prevailing climate affect dietary behaviour or physical activity? Does the natural terrain affect physical activity?	Yes, in some extreme cases (e.g., extremely hot or cold in the North) but it is not significant
Are there policies at national or city level to provide safe cycling and walking routes?	No cycle lanes
Are there policies at national or city level to reduce car use? This includes policies to improve air pollution as well as encourage outdoor activity.	No car restrictions
Is there evidence of a code of conduct for media companies, or for journalists, on reporting on obesity and avoiding stigma and victim blaming?	There is no evidence of obesity stigma in males, but some in females
Are there cultural preferences for particular foods or cooking practices?	There is no linking with FBDGs
Are there cultural reasons why fatness might be encouraged? Are these changing? Are there gender differences?	Assumption that fatter baby is healthiest
Are there specific rules about feasting or fasting which may encourage weight gain?	No specific rule.

Table 5 provides a summary of information on policies and interventions that specifically address childhood overweight and obesity. There is no cross-departmental body with responsibility for child overweight in Vietnam, and there is limited funding provided for nutrition education, nutrition interventions, or obesity prevention research for children. This also emerged through interviews with key stakeholders:

“the funding for implementing intervention/program on childhood overweight is very limited, almost none, there is also a lack of coordination among ministries, and human training” – ID04

There is also a lack of monitoring programs on child overweight and obesity, and related risk factors including maternal and physical activity indicators. Both the legislative documents and research data for childhood overweight and obesity are limited and hard to access by laypeople. This was recognised during interviews as being partially due to a lack of frontline workers who are trained for controlling/monitoring overweight and obesity of children:

“... Most of them were trained for malnutrition, but not for overweight” – ID03

Education on nutrition and the importance of maintain a healthy diet appears to be largely absent and is only available at schools as an extracurricular activity. This may be easier to institute at clinics/hospitals, where education is integrated for child services. Standards for the provision of food and physical activity at schools and pre-schools appear lacking; the provision of both food and physical activity is largely dependent on the policies of each school and local authority.

Table 6: Environments and policies that influence risk factors for childhood overweight and obesity

Key questions	Information
Level of National Support	
Is there visible support from the president/prime minister/cabinet office for action on childhood obesity?	No specific minister. Department of Preventive Medicine – Ministry of Health (MoH) is responsible for managing NCDs, but the role in childhood overweight is not clear. Recognises links to undernutrition.
Is there an obesity policy coordination platform for national and local government collaboration? or for government and NGO collaboration?	No obesity body. National institute of nutrition, Department of Children - Mother Health, Ministry of Education and Training
Are there city-led or local authority-led strategies and policies to tackle child obesity?	School food and PA (sport competitions) set at local authority or national level
Does the government (or other independent organisation) conduct surveillance to monitor child obesity levels, and report the results? or monitor diet and nutrition intakes?	No specific monitoring program
Does the government have obesity (and undernutrition) targets? Are they time-limited?	WHO/UNICEF targets
Is there monitoring of the media narrative on child weight, etc?	No media monitoring. There are some tips published for healthy child's 1st year, tips for healthy pregnant, 10 tips on reasonable nutrition ...
Is there good public access to government information and the evidence used for obesity-related policy-making?	Limited documentation and hard to access by lay people
Is the government funding nutrition education promotion programs?	Limited, mainly for malnutrition. Funding for overweight/obesity is a small part of the package
Is the government funding nutrition interventions for children?	Limited, mainly for malnutrition
Is the government funding obesity prevention research?	No
Is there a standard procedure to assess the impact of food-related policies on health and obesity?	No
Are there any monitoring reports of HIAs?	No
Are there any monitoring reports of food company activities on HFSS food promotion?	No
Health System: During pregnancy	
Are adolescent and maternal nutrition programmes provided?	Healthy eating in pregnancy taught antenatal classes, but limited in the urban areas
Do women receive antenatal monitoring to prevent excessive weight gain and maternal diabetes?	Yes, when attending antenatal clinics
Is there provision for prenatal counselling and care (including diet, physical activity and smoking)? Is this targeted at fathers as well as mothers?	Yes, when attending antenatal clinics
Are protein and/or energy supplements (or cash or food vouchers) provided to pregnant women? Is their use monitored to prevent unintentional excessive weight gain?	Yes. IFA

Key questions	Information
Health and Social Support systems: During infancy and young childhood	
Are there programmes and practices to promote breastfeeding	Department of Children - Mother Health and NGOs (Alive and Thrive)
Are hospitals following the recommendations of the Baby-Friendly Hospitals Initiative?	Yes, has been implemented in most areas
Do women have a right to maternity leave?	Yes, 6 months
Is the International Code on the Marketing of Breast-milk Substitutes implemented by national legislation?	Partially, advertisement and package label must include the statement that breast milk is the best food for infants
Is there screening to monitor infants and young children for overweight or other malnutrition?	Yes, when attend paediatric clinics
Are there policies or programmes to support families' access to healthy foods?	No
Are there well-publicized referral routes for infants and young children at higher risk of overweight or obesity?	No specific pathways
Do primary health-care workers receive training in providing nutrition counselling?	Yes, but not specialize on overweight/obesity mainly for malnutrition
Do new parents have access to parenting courses?	No, unless private
Education System	
Are there nutritional standards for food provided to young children in child-care settings? Are there physical activity standards for child-care settings? Is there national guidance for screen-time and sleep-in child-care settings?	Pre-school meal standard for No specific standard for PA or sleep time
Are there nutrition standards for meals provided in schools?	Up to local education authority. No specific nutrition standards for meals provided in schools, PA or sedentary time
Are there standards for children's physical activity?	Only in school with minimum hours
Are there standards for sedentary time, or screen time, for children at school? Does this cover all schools, state and private?	No
Is nutrition education included on the school curriculum?	Limited, available in some schools as extracurricular
Are there policies to ensure access to safe drinking water in schools and sport facilities?	Yes, in schools
Are there policies to encourage active travel (walking and cycling) to and from school?	No, but encourage active travel
Are there policies to give access to school and municipal sport and play facilities outside of school hours?	Up to each school and local authority
Are there nutrition standards for other foods (snacks and beverages) sold in schools, e.g., in vending machines?	No
Are there school-based fitness monitoring programmes?	No

4.5 Policy analyses

This section describes several key nutrition and physical activity policies in Vietnam. These key policies include a tax on sugar sweetened beverages (SSBs), nutritional labelling, controls on the marketing of unhealthy foods to children, school meal and milk programs, physical activity programs, and national dietary guidelines.

Positively, several key policies have already been introduced in Vietnam in some form. Nutrition labelling, restrictions on unhealthy food marketing, school milk and lunch programs, and national dietary guidelines are all in existence in Vietnam. However, labelling is limited and doesn't include front of pack nutrition labels. Restrictions on the marketing of unhealthy foods and beverages only apply on school campuses, whilst the school meals program is primarily implemented at a preschool level. Further, whilst a tax on sugar sweetened beverages has been proposed in Vietnam, it has not yet been mandated by legislation. Finally, monitoring and enforcement of the listed policies is highly inconsistent.

Key recommendations under each policy are noted.

Tax on sugar-sweetened beverages

Background: A 10% special consumption tax on SSBs has been proposed in Vietnam as part of the national nutrition strategy for 2021-2030. The two ministries involved in proposing the tax on sugary drink are the Ministry of Finance (MoF) and the Ministry of Health (MoH). According to the National Strategy for the prevention and control of non-communicable diseases (NCDs) for 2015-2020, the Government appointed MoH as the leader *“to take lead and coordinate with relevant ministries, sectors... to develop plans and implement the Strategy for the whole country.”* and MoF *“to propose appropriate tax rates for reducing unhealthy products.”*

Leadership: The MoF is the lead ministry in the development of this policy and the MoH plays the role of the evidence provider.

Implemented: Not yet implemented.

Challenges:

- It was expected that the cohesion between the MoF and the MoH would be strong. However, there is a lack of coordination amongst these two relevant ministries. Therefore, the National Assembly received weak technical advice from both the MoF and the MoH.
- In contrast, cohesion amongst the opposing parties, including commercial beverage companies, is clearly strong. They organized workshops, wrote to the government with evidence that showed sugary drinks were not the cause of obesity in Vietnam and argued that imposing a tax on those products would harm the economy.
- Other ministries such as the Ministry of Industry and Trade (MoIT), the Ministry of Planning and Investment (MoPI), and the Ministry of Labour - Invalids and Social Affairs (MOLISA) also did not support the proposed law.
- The voices of the few civil society organizations, at either an international or a national level, which work on NCD-related dietary issues in Vietnam, are rarely heard and are not significant.
- There is a lack of support from academic communities to generate quality evidence in support of SSB taxation, and industry manipulation is strong.
- Key stakeholders perceived that there was a lack of interest and attention from the community regarding the impacts of SSBs on health:

“Unable to issue a policy because people are indifferent and do not pay much attention to health issues such as [that] drinking a lot of sugary drinks may cause obesity and heart diseases” – ID03_T

Recommendations: A tax on SSBs is an effective policy option for use in Vietnam. However, the approach requires comprehensive solutions.

- First, public communication and education campaigns are required to increase awareness and understanding of the potential benefits of such a policy.
- Second, the potential economic impacts of a tax on SSBs should be researched and results disseminated.
- Third, further legislation should be proposed.

Nutrition labelling

Background: The National Institute of Nutrition (NIN), under the permission and support of the MoH, is currently working with international NGOs to provide a technical guideline on nutrition labelling. Labelling is specifically in relation to the Guideline Daily Amounts (GDAs).

Leadership: The MoH appointed the NIN and the Vietnam Food Administration as the leading organizations to work on nutrition labelling. The NIN is the guiding institution, with technical support provided by the Global Alliance for Improved Nutrition (GAIN) and the Food and Agriculture Organization of the United Nations (FAO). The Vietnam Food Administration developed legal documents related to guidance and administration of the labelling requirements.

Implemented: Yes. But not outside of health sector.

Enforcement: No specific mechanism

Monitoring: No

Challenges:

- The issue of nutrition labelling has not yet been brought to the attention of civil society. Most laypeople are not aware of the importance of reading and understanding nutrition facts.
- Some food and beverage companies would support mandatory nutrition labelling as such a policy might mark their products as 'verified', increasing competitiveness. However, other companies may not have a standardized production model and so might oppose such a policy.
- It would take time to generate synchronization between public awareness, infrastructure, regulations, and standards among multiple ministries.

Recommendations: Stakeholders might divide the expansion of nutrition labelling policies in Vietnam into three steps:

- The first step is to design an appropriate warning label
- The second step is to raise people's awareness of the importance of nutrition warning labels
- The third step is to advocate for political progress towards the implementation of stronger labelling policies in Vietnam.

Controls on the marketing of food and drinks to children

Background: Directive No. 46/CT-TTg, dated 21-Dec-2017 and entitled “Enhancement of nutrition in new circumstance”, includes a recommendation that alcoholic drinks, carbonated soft drinks and unhealthy foods are not advertised or sold in schools.

Formulation and leadership: The MoH is the leader of this policy, whilst the NIN is the guiding institution. The Ministry of Education and Training (MoET) is responsible for implementing the content controls on the marketing of food and drinks to children.

Implemented: Yes. However, it is applied on school campuses only

Enforcement: No

Monitoring: No

Challenges:

- The Directive recommends preventing the advertising and sale of alcoholic drinks, carbonated soft drinks and unhealthy foods in schools. However, there are no specific products or brands that are prohibited.
- The Directive is only a recommendation. Since there are no enforcement or monitoring mechanisms the directive is not consistently implemented across regions and schools
- There is limited coordination between ministries regarding the directive.
- There are many advertisements on TV and online sources, which are likely to have a greater impact on children than advertisements on school campuses.

School meals program

Background: The school meals program is a joint project by the MoET and the NIN, with funding from the ‘Ajinomoto Vietnam’ company. The purpose of this program is to provide a balanced and healthy diet to school children; it is not specific to preventing overweight and obesity. It has been piloted in 4 cities since 2012: Hanoi, Ho Chi Minh City, Da Nang, and Hai Phong. In 2017, the project continued to be implemented nationwide through a web-based application

Leadership: The program is led by the MoET, with technical and social support from the NIN and Ajinomoto Vietnam.

Implemented: Yes, but primarily at a preschool level. Each school is responsible for implementing the program under the guidance of the MoET and the NIN.

Enforcement: Yes, but only at a preschool level, based on the Circular 28/2016-Ministry of Education and Training: “Regulations on the implementation of the preschool meal program”.

Monitoring: The Department of Education and Training, the Department of Health, and the Department of Food Hygiene Safety collaborate to conduct periodic monitoring, but this monitoring focuses on hygiene, safety, and meal standards. There is no assessment of child anthropometry.

Challenges:

- School infrastructure is commonly not appropriate to implement the program:
“Only 50% of the kitchens are operated by the school’s board of managers, 50% is hired from outside agencies” – ID02
- Kitchen staff are commonly contract employees with a low salary, therefore may have limited commitment to maintaining their role:
“According to regulations, the kitchen staff must have a health certificate and a certificate of training in food safety and hygiene. However, they are just contract workers, so their benefits (salary) are not guaranteed, making [it] easy to quit. It takes a lot of effort to train new employees.” – ID02
- High cost to parents of meeting the school meals program:
“To have a meal with enough nutrients as guidelines, the cost is very high. Currently, the program does not have subsidies, so parents must pay for them themselves” – ID02
- Limited financial support from the government:
“In many schools, the budget for each meal is only from 10 to 15 thousand VND (~1/2 USD), it is impossible to have the meal as recommended” – ID07

Recommendations: There is a need for comprehensive guidance and support from government for schools. Assistance with school infrastructure, human resources and funding resources would be beneficial.

School milk program

Background: The school milk program was approved by the Prime Minister in Decision No. 1340/QĐ-TTg, dated July 8 year 2016. The purpose of this program is to reduce the rate of malnutrition and micronutrient deficiency, and improve the stature and fitness, of children, with a focus on preschool and primary school students. The choice of milk is dependent on schools/parents and may include flavoured or sweetened milk.

Leadership: The leader of this program is the MoH, in collaboration with the MoET, the MOLISA, and the Vietnam Dairy Association.

Implemented: Yes. It has been implemented in 25 out of 63 provinces and covers 16% of kindergarten children.

Enforcement: The school milk program is voluntary and therefore there is no enforcement mechanism.

Monitoring: Yes, but integrated into other programs (i.e., no specific monitoring target for the school milk program). Monitoring only focuses on food safety and hygiene, and there is no monitoring of anthropometrics of children.

Challenges:

- Lack of funding: all funding to implement the school milk program comes from the budget of local authorities and companies, therefore, implementation is not consistent across regions
- Lack of health professionals to assess and monitor the nutrition status of children who participate in the program.
- Public skepticism regarding the goals of the school milk program.
“Many people doubt the purpose of the school milk program which is to promote specific milk brands. As a result, implementing the school milk program could affect the revenue of dairy companies, encountering economic conflicts of interest and distortions, causing difficulties for educational manager.” – ID12

Physical activity program

Background:

There is no specific program on physical activity. It is just a recommendation from the Decision 226/QĐ-TTg, dated 22 February, 2012: "Ratification of the National Nutrition Strategy for 2011 – 2020, With a Vision toward 2030". Key stakeholders noted that:

"Most schools have physical education, which is a compulsory subject. However, in many schools, this is just a mere formality program and does not actually improve the child's physical activity." – ID14

Dietary guidelines

Background: There exists DECISION No. 189/QĐ-BYT: dated 17-Jan-2013, issuing "The 10 reasonable nutrition tips to implement the national strategy on nutrition for the period 2011-2020, with a vision to 2030". The NIN plans to have new 10 tips on reasonable nutrition in the period 2021-2030

Leadership: The NIN proposed and developed the guidelines, which were approved by the MoH.

Implemented: The Centers for Disease Control and Prevention (CDC) and primary health care center of each province are responsible for implementing this program. Since there is no funding, this program is integrated in other activities.

Enforcement: No

Monitoring: No

Challenges:

- There is no funding for program activities.
"The budget of implementation is completely from the local budget of each province. They have to arrange their own budgets to implement it" – ID01
- There is a lack of human resources to implement this program
- It is hard to change the eating habits of the community simply through education and messaging:
"Although they know that they need to consume vegetables in their daily meals, it is hard to adhere to the guidelines for those who don't like eating vegetables." – ID15

Other programs

The NIN is working with the General Department of Preventive Medicine (GDPM) to propose 4 nutrition benefit packages for implementation at commune health centers. These include; i) screening and assessment of nutrition status of children from 0 to 72 months, ii) acute malnutrition treatment, iii) prevention of micronutrient deficiency, and iv) nutrition counseling for the first 1000 days. There is no separate intervention package for overweight and obese children, and instead this will be integrated as a subdomain of the other packages. For example, in the nutritional screening and assessment, if the children are overweight or obese, they will be referred to nutrition consultation. Nutrition consultation for the first 1000 days will also include discussions of overnutrition.

Positively, a priority of the new national nutrition strategy for 2021-2030 will be the prevention of overweight and obesity. This includes specific target indicators for urban and rural areas, and policies and programmes have been proposed to address the issue.

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Recommendations

Figure 4 shows again the UNICEF-proposed systems approach to nutrition that strengthens the ability of the food system, the health system, the water and sanitation system, the education system, and the social protection system to deliver diets, services and practices that support adequate maternal and child nutrition (21). This framework can be used by policy makers and advocates to structure policy responses to childhood overweight and obesity to ensure that a comprehensive approach that addresses a full range of risk factors is enacted.

Figure 4: A systems approach to maternal and child nutrition



Source: UNICEF Nutrition Strategy 2020–2030. <https://www.unicef.org/media/92031/file/UNICEF%20Nutrition%20Strategy%202020-2030.pdf>

Along with discussing existing nutrition policies and programs in Vietnam, each key stakeholder that participated in an interview was asked to provide 3 priority policies and programs based on their own views. A total of 17 key stakeholders provided such a list of priority policies. Table 6 describes the top priority actions, categorized by their position within the UNICEF framework (21).

Table 7: Priority actions for addressing childhood overweight and obesity in Vietnam

Food system
Introduce new mandatory government legislation in key policy areas: <ol style="list-style-type: none"> Tax on sugar-sweetened beverages. Regulation for marketing of high fat, sugar, and salt foods to children. Front-of-pack nutrition labelling.
Develop robust systems to monitor and enforce legislation.
Improve nutritional quality of foods.
Health system
Expand knowledge of and implementation of nutrition guidelines.
Strengthen training for health professionals on childhood overweight and obesity.
Improve knowledge for pregnant women in relation to overweight and obesity and infant and young child feeding.
Support growth monitoring and counselling for families, including weight and height measurements.
Education system
Introduce legislation for a comprehensive school nutrition programme to include: <ol style="list-style-type: none"> Physical activity standards and monitoring in schools and improved schools' infrastructure. Standards on food available in/around kindergartens and schools. Marketing restrictions in/around schools. Nutrition education for children in schools through inclusion of healthy food selection and food skills in the curricula.
Water and sanitation system
Provide free drinking water, particularly in schools, settings where children gather and other public institutions.
Social protection system
Develop inclusive and effective food distribution systems with a focus on local market networks to improve accessibility, availability, and affordability of healthy foods for all, especially for young children and adolescents.
Ensure the delivery of healthy and nutritious foods especially during emergencies through social protection programmes by improving direct support of healthy foods.
Overarching Actions
Finalize the National Nutrition Strategy 2021-2030 with a vision to 2040 including targets and indicators on overweight and obesity in children and adolescents.
Raise public awareness about overweight and obesity, its consequences and risk factors, such as unhealthy diets, highly processed foods and carbonated soft drinks.
Strengthen nutrition education and communication to improve dietary behaviour of consumers, caregivers and children, and generate demand for healthier diets and food options.
Strengthen monitoring, data collection and reporting on overweight and obesity through annual nutrition surveillance, periodic surveys and scientific research.
Increase collaboration between government ministries and partnership with private sector on controls of overweight and obesity.



6

Conclusions

Childhood overweight and obesity is a rising problem in Vietnam, and there exists both a high prevalence of overweight and obesity and very rapid increase in these prevalences. Despite this, the problem of overweight and obesity is not a health priority of either the Vietnamese Government or the community. There are several government decisions and directives currently in place that have the potential to influence childhood overweight and obesity. However, no specific actions or policies have been implemented and instead all existing programs for childhood overweight and obesity are integrated or designed as a small part of broader strategies. Funding for research into, monitoring of, and interventions to prevent childhood overweight and obesity is limited.

Despite the lack of a child-specific overweight and obesity strategy in Vietnam, there are some implemented and proposed policies and programs that have the potential to address childhood overweight and obesity. These include the proposed tax on the sugar-sweetened beverage, nutritional labelling, controls on the marketing of unhealthy food and drinks, the school meals and milk programs, and the national dietary guidelines. However, where these activities have been implemented, this has been done so on a smaller scale. Further, monitoring and enforcement is lacking for most policies. When key stakeholders were asked to identify their priority policies for addressing childhood overweight and obesity in Vietnam, the three most frequently identified actions were; controls on advertising and trading of unhealthy food to children; campaigns to raise public awareness on childhood overweight and obesity, and improvements to the quality and quantity of physical activity offered to students through schools.

7

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8

Appendices

8.1 Appendix 1: Key stakeholder interview participants

8.1.1 Appendix 1a: Representatives and experts interviewed

	ID	Organisation
1	ID01	NIN
2	ID02	NIN
3	ID03	NIN
4	ID04	NIN
5	ID05	Department of Maternal and Child Health
6	ID06	Department of Maternal and Child Health
7	ID07	Department of Preventive Medicine- MoH
8	ID08	Legal Affairs Department
9	ID09	Ministry Inspectorate
10	ID10	Department of Planning and Finance
11	ID11	Department of Early childhood Education - Ministry of Education and Training
12	ID12	Department of Primary Education - Ministry of Education and Training
13	ID14	WHO
14	ID15	FHI
15	ID16	National Institute for Food Control
16	ID17	Central Dental Hospital
17	ID18	National Hospital of Endocrinology

8.1.2 Appendix 1b: Representatives and experts interviewed for tax and nutrition labelling

	ID	Organisation
1	ID01_T	Research and Training Centre for Community Development (RTCCD)
2	ID02_T	MOH – CDC
3	ID03_T	National Assembly
4	ID04_T	National Institute of Nutrition
5	ID05_T	MOH – CDC
6	ID06_T	Central Institute for Economic Management of Vietnam (CIEM)
7	ID07_T	T4G
8	ID08_T	E-news
9	ID09_T	WHO
10	ID10_T	National Assembly
11	ID11_T	Health Bridge - NGO
12	ID12_T	National Institution of Nutrition (NIN)
13	ID13_T	Alcohol company
14	ID14_T	SSB company
15	ID15_T	VTV 24h
16	ID16_T	Vietnam News Agency
17	ID17_T	MoIT
18	ID18_T	Vietnam Beer, Alcohol and Beverage Association
19	ID19_T	MOF

8.2 Appendix 2. Variables and their Rating Scales

8.2.1 Appendix 2A. Childhood overweight and obesity

Variable	Indicators	Rating scale
Overweight prevalence among infants and children under 5y <i>Technical note: For children under 5 years, the definition of 'overweight' is 2 standard deviations (SD) above median weight for height, or BMI, using the WHO Child Growth Standard tables.</i>	Overweight: % infants and children under age 5 years classified with overweight	<2.5% = Very low 2.5% to <5% = Low 5% to <10% = Medium 10% to <15% = High 15% or more = Very high
Overweight and obesity prevalence among children aged 5-19y <i>Technical note: For children 5 to 19 years, the definition for 'overweight' is 1 - 2sd above median BMI, using the WHO Child Growth Reference tables.</i>	Overweight: % children age 5 to 19 years classified with overweight and obesity	<10% = Very low 10% to <15% = Low 15% to <25% more = Medium 25% to <35% = High >35% = Very high
Trend in prevalence for children under 5y	Compound annual growth rate (CAGR) calculated from two data points several years apart, preferably 10 or more years apart.	CAGR <0.5% low or no growth 0.5% to <1% = moderate growth 1% to <3% = rapid growth 3% or more = very rapid growth
Trend in prevalence for older children and adolescents	Compound annual growth rate (CAGR) calculated from two data points several years apart, preferably 10 or more years apart.	CAGR <0.5% low or no growth 0.5% to <1% = moderate growth 1% to <3% = rapid growth 3% or more = very rapid growth
<i>Likelihood of meeting the WHO-UNICEF target for overweight among infants and children under 5y</i>	<i>Global Nutrition Report assessment</i>	<i>'On course: Good progress'</i> <i>'On course: At risk'</i> <i>'Off course: Some progress'</i> <i>'Off course: No progress'</i> <i>'No data' = unknown</i>
<i>Likelihood of meeting UN-NCD target for obesity in children and adolescents</i>	<i>Probability (expressed as % chance of meeting target)</i>	<i>>70% = good chance</i> <i>40% to 70% = moderate chance</i> <i><40% = poor chance</i>
<i>Overall childhood obesity country risk level.</i>	<i>World Obesity Federation national childhood obesity risk scores</i>	<i><3 = low risk</i> <i>3 to 6.5 = moderate risk</i> <i>>6.5 = high risk</i>

8.2.2 Appendix 2B. Degree of risk: Prenatal and perinatal

Variable	Indicators	Rating scale
Women classified with overweight in age range 15-49y <i>[Or, overweight in all adult women]</i>	% of women in that age range or sub-group, with BMI $\geq 25\text{kg/m}^2$	<20% = Very low 20 – 29% = Low 30 – 49% = Medium 50 – 70% = High >70% = Very high
Trends in the % of women classified with overweight in age range 15-49y <i>[Or, overweight in all adult women]</i>	Compound annual growth rate (CAGR) calculated from two data points several years apart, preferably 10 or more years apart.	CAGR <0.5% low or no growth 0.5% to <1% = moderate growth 1% to <3% = rapid growth 3% or more = very rapid growth
Women classified with undernutrition in age range 15-49y <i>[Or, underweight in all adult women]</i>	% adult women underweight (BMI < 18.5 kg/m ²)	5–9% = low 10–19% = moderate 20–39%: high ≥40%: very high
Trends in the % of women classified with undernutrition in age range 15-49y <i>[Or, underweight in all adult women]</i>	Compound annual growth rate (CAGR) calculated from two data points several years apart, preferably 10 or more years apart.	CAGR <0.5% low or no growth 0.5% to <1% = moderate growth 1% to <3% = rapid growth 3% or more = very rapid growth
<i>Gestational diabetes (GDM) or hyperglycaemia in pregnancy</i>	<i>% of pregnant women classified as having GDM or hyperglycaemia</i>	<5% = low 5% to <10% = moderate 10% or more = high
<i>Maternal smoking</i>	<i>% women tobacco smoking</i>	<5% = low 5% to <15% = moderate 15% or more = high
<i>Low birth weight (for age)</i>	<i>% births <2.5kg</i>	<5% = low 5% to <10% = moderate 10% or more = high
<i>High birth weight (for age)</i>	<i>% births >4.0kg</i>	<5% = low 5% to <10% = moderate 10% or more = high

8.2.3 Appendix 2C. Degree of risk: Under 5s

Variable	Indicators	Rating scale
Stunting in children under 5y	% children under the age of years with height for age more than 2sd below WHO Child Growth Standards median	<2.5% = Very low 2.5% to <10% = Low 10% to <20% = Medium 20% to <30% = High >30% = Very high
Trends in stunting prevalence	Compound annual growth rate (CAGR) calculated from two data points several years apart, preferably 10 or more years apart.	CAGR <0.5% low or no growth 0.5% to <1% = moderate growth 1% to <3% = rapid growth 3% or more = very rapid growth
Wasting in children under 5y	% children under the age of years with weight for height more than 2sd below WHO Child Growth Standards median	<2.5% = Very low 2.5% to <10% = Low 10% to <20% = Medium 20% to <30% = High >30% = Very high
Initiation of breastfeeding	% births with breastfeeding initiated	>70% = high 30% to 70% = moderate <30% = low
Duration of exclusive breastfeeding	% infants 0-5 months fed exclusively with breastmilk	>70% = high 30% to 70% = moderate <30% = low
Proportion of children meeting minimum acceptable diet		>70% = high 40% to 70% = moderate <40% = low
Proportion of children meeting minimum diet diversity		>70% = high 40% to 70% = moderate <40% = low
<i>Trends in consumption of breastmilk substitutes and milk formula: sales data (volume per capita)</i>	<i>Compound annual growth rate (CAGR) calculated from two data points several years apart, preferably 10 or more years apart.</i>	<i>CAGR <0.5% low or no growth 0.5% to <1% = moderate growth 1% to <3% = rapid growth 3% or more = very rapid growth</i>

8.2.4 Appendix 2D. Degree of risk: Children aged 5-19

Variable	Indicators	Rating scale
Consumption of sugary drinks once per day	<i>Proportion of all children consuming</i>	<20% = low 20% to <40% = moderate 40% to <60% = high 60% or more = very high
Consumption of sugar-sweetened or carbonated beverages	<i>Litres consumed per week, per capita</i>	<1 litre/week = low 1 to <2 litres/week = moderate 2 or more litres/week = high
Consumption of fast food at least 1 time per week	<i>Proportion of all children consuming</i>	<20% = low 20% to <40% = moderate 40% to <60% = high 60% or more = very high
Consumption of confectionery once per day	<i>Proportion of all children consuming</i>	<20% = low 20% to <40% = moderate 40% to <60% = high 60% or more = very high
Consumption of confectionery	<i>Grams consumed per week per capita</i>	<100g per week = low 100g – 250g per week = moderate >250g per week = high
Insufficient physical activity	<i>Proportion of all children not meeting recommended guidelines</i>	<40% = good 40% to 70% = moderate >70% = poor
Active transport to school	<i>Proportion of all children using active transport to travel to school</i>	<40% = poor 40% to 70% = moderate >70% = good
Sedentary behaviour	<i>Proportion of all children not meeting recommended guidelines</i>	<40% = good 40% to 70% = moderate >70% = poor
Insufficient sleep (lack of sleep <10h)	<i>Proportion of all children obtaining insufficient sleep</i>	<10% = good 10% to 20% = moderate >20% = poor
Children outdoors >2 hours a day	<i>Proportion of all children spending >2 hours outdoors per day</i>	>70% = good 40% to 70% = moderate <40% = poor
Improved water	<i>Proportion of all children with access</i>	>90% = good 60% to 90% = moderate <60% = poor
Improved sanitation	<i>Proportion of all children with access</i>	>90% = good 60% to 90% = moderate <60% = poor

8.3 Appendix 3: Details on government decisions and directives related to childhood overweight and obesity

Overweight and obesity policy

- **Decision no. 718/qd-byt: dated 29-jan-2018:** “approving the national nutrition action plan to 2020”
Objective: *To Improve the quantity and quality of people’s meals, gradually control overweight - obesity and risk factors of some nutrition-related non-communicable chronic diseases. With the target: To control the overweight - obesity rate among children under 5 years old to below 5% in rural areas and below 10% in big cities.*
- **Decision no. 1125/qd-ttg: dated 31-jul-2017:** “approval of the national target program on health and population for the 2016-2020 period”
Objective: *Reduce at least 30% of the incidence of diseases in preschool children, high school students such as nearsightedness, scoliosis, overweight, obesity, oral disease, school psychiatric disorders compared to the rate of new incidence in 2015. Over 90% of preschool children, high school students are screened, counseling for myopia treatment, scoliosis, overweight, obesity, oral disease, school psychiatric disorders; 85% of students in high-risk areas receive deworming periodically 2 times/year*
- **Decision no. 376/qd-ttg: dated 20-mar-2015:** “approving the national strategy for prevention and control of ncd in the period 2015-2025”
Objective: *To limit the increase in the rate of pre-disease, disease, disability and premature death in the community due to cancer, cardiovascular disease, diabetes, chronic obstructive pulmonary disease and asthma bronchitis, with targets that control the rate of being overweight and obesity (BMI≥25) below 15% in adults; to control the rate of overweight and obesity below 10% in children*
- **Decision no. 1208/qd-ttg: dated 4-sep-2012; effective date: 4-sep-2012:** “approving the national target program on medicine in the 2012-2015 period”
Objective: *To improve the nutritional status of children, with the target: control the rate of overweight and obesity among children 0-5 years old nationwide, under 5%, there is no province or city having this rate over 10%*
- **Decision no. 226/qd-ttg: dated 22-feb-2012; effective date: 22-feb-2012:** “ratification of the national nutrition strategy for 2011 - 2020, with a vision toward 2030.”
Objective: *To improve the nutrition status of mothers and children with indicator that the prevalence of overweight in children under 5 will be less than 5% in rural areas and less than 10% among urban populations by 2015, and will be maintained at the same rate by 2020*
- **Decision no. 21/2001/qd-ttg: dated 22-feb-2001:** “approving the national strategy on nutrition for the period 2001-2010”
Objective: *To reduce the malnutrition rate of children and mothers, with target The rate of over-weight under-5 children to drop to under 5%*

Obesity and non-communicable diseases (NCDs) (Government policies to tackle NCDs and does it include tackling overweight and obesity, including in childhood)

- **Decision no. 718/qd-byt: dated 29-jan-2018:** “approving the national nutrition action plan to 2020”
Objective: *To improve the quality of nutrition counselling and rehabilitation services, prevention of overweight - obesity and non-communicable diseases at all levels by (1) Annual training for school health experts on issues related to nutrition (including assessment of nutritional status, school meals, physical activity, prevention of overweight and obesity and NCDs); and (2) Develop communication materials, organize media on mass media, social networks and in the community about proper nutrition and physical activity to prevent overweight - obesity and non-communicable diseases, prioritize communication to reduce salt consumption; integrating with communication campaigns and programs on nutrition and communication to prevent non-communicable diseases*
- **Decision no. 4298/qd-byt: dated 9-aug-2016:** “approving the project on communication and social mobilization for prevention and control of cancer, cardiovascular diseases, diabetes mellitus, chronic obstructive pulmonary disease, bronchial asthma and other non-infectious diseases in the period 2016-2020”
Objective: *Indicating Ministry of Education and Training to coordinate with the Health Ministry, ministries, agencies, localities and concerned organizations in implementing project activities and contents in educational institutions; integrated in the project to ensure proper nutrition and enhance physical activity for children, students, and students to improve health, prevent cancer, heart disease, diabetes, obstructive pulmonary disease chronic and bronchial asthma for the period 2016-2020*
- **Other related documents:**
 - Decision no. 226/qd-ttg: dated 22-feb-2012; effective date: 22-feb-2012:** “ratification of the national nutrition strategy for 2011 - 2020, with a vision toward 2030.”
 - Decision no. 376/qd-ttg: dated 20-mar-2015:** “approving the national strategy for prevention and control of ncd in the period 2015-2025”
 - Directive no. 46/ct-ttg: dated 21-dec-2017:** “enhancement of nutrition in new circumstances”

Obesity embedded in food strategy (Government has a wider food)

- **Decision no. 718/qd-byt: dated 29-jan-2018:** “approving the national nutrition action plan to 2020”
Objective: *Research and develop nutritional products for children, nutritional products for overweight/ obese children, with the output of formulating the diet for prevention of overweight and obesity, by (1) Develop guidelines on diet and counseling to prevent overweight - obesity in children (2) Develop diets and counseling to control overweight/obesity for overweight - obese children.*
- **Decision no. 376/qd-ttg: dated 20-mar-2015:** “approving the national strategy for prevention and control of ncd in the period 2015-2025”
Contents: *The status of overweight-obesity in both adults and children is on the rise, especially of primary school age and needs timely measures to control weight and prevent overweight-obesity and suitable for different groups of subjects. Measures to prevent overweight-obesity, especially proper nutrition, need to be implemented at an early stage in the life cycle to reduce the number of overweight-obese children as children continue to become overweight adults. In general, the Vietnamese diet containing a lot of vegetables and fruits with low lipids is a strong factor in protecting people’s health. But changes in socio-economic life will change the traditional way of eating people. People are increasingly using fast food, processed foods that are high in fat and sugar, and high in salt. Inadequate and imbalanced diets create a double burden of nutrition. Besides malnutrition is still quite common, the rate of overweight-obesity (risk factors for NCDs) is increasing.*

Double burden (Government policy linking overweight and obesity to undernutrition in childhood or in the life course, and recognising the need for double-duty actions)

- **Directive no. 46/ct-ttg: dated 21-dec-2017:** “enhancement of nutrition in new circumstances”

Contents: To indicate the Ministry of Health to take charge of performing and organizing performance of tasks and solutions related to nutrition according to the Government Action Plan for the implementation of the Resolution No. 20-NQ/TW, the 6th Meeting of the 12th Central Committee on enhancement of citizens’ health protection, improvement, and care in new circumstances, including recommending, raising public awareness of diet, diet rations suitable for each group of age and special entities, and taste of the Vietnamese in each region, using local foods; focusing on addressing the issues concerning stunting, micronutrient deficiency, obesity, role of nutrition in the treatment and prevention of hypertension, cardiovascular diseases, diabetes and other non-communicable diseases, and diet for elderly people.

- **Decision no. 376/qd-ttg: dated 20-mar-2015:** “approving the national strategy for prevention and control of ncd in the period 2015-2025”

Contents: Although overweight and obesity increases rapidly in both adults and children, it should be noted that Vietnam, like many other developing countries, is facing a double nutritional burden. Child malnutrition and adult chronic energy deficiency are still significant issues of public health. Weight-obesity, while reducing the rate of malnourished children in early life also contributes to reducing the risk of developing chronic diseases in later stages of life. In addition, interventions to prevent overweight-obesity, when widely deployed in the community, should also be noted to avoid an increase in malnutrition, which is popular in the community.

- **Decision no. 1208/qd-ttg: dated 4-sep-2012; effective date: 4-sep-2012:** “approving the national target program on medicine in the 2012-2015 period”

Objective: To improve the nutritional status of children, with targets: (1) To reduce malnutrition among children under 5 years old with underweight form below 15%; (2) To reduce the malnutrition of children under 5 years of age with stunting to under 26%; (3) To control the rate of overweight and obesity among children 0-5 years old nationwide, under 5%, there is no province or city having this rate over 10%; (4) 90% of severely malnourished children under 5 years old receive emergency nutrition interventions, a 17.3% reduction in the number of deaths in children under 5 years old related to severe malnutrition

- **Decision no. 226/qd-ttg: dated 22-feb-2012; effective date: 22-feb-2012:** “ratification of the national nutrition strategy for 2011 - 2020, with a vision toward 2030.”

Objective: To improve the nutrition status of mothers and children, with the targets (1) The rate of stunting in children under 5 years old will be reduced to 26% by 2015, and to 23% by 2020; (2) The prevalence of underweight among children under 5 years old will be reduced to 15% by 2015 and to 12.5% by 2020; (3) By 2020, the average height of children under 5 will increase by 1.5 – 2cm in both boys and girls; and height in adolescents by sex will increase by 1-1.5 cm compared with the averages from 2010; and (4) The prevalence of overweight in children under 5 will be less than 5% in rural areas and less than 10% among urban populations by 2015, and will be maintained at the same rate by 2020

- **Decision no. 21/2001/qd-ttg: dated 22-feb-2001:** “approving the national strategy on nutrition for the period 2001-2010”

Objective: To reduce the malnutrition rate of children and mothers, with targets: (1) The weight malnutrition rate according to age among under-5 children in the whole country to drop by 1.5% annually to under 25% by 2005 and under 20% by 2010; (2) The height malnutrition rate according to age among under-5 children in the whole country to drop by 1.5% annually; (3) The rate of newborns weighing under 2,500 gram to reduce to 7% by 2005 and 6% by 2010; (4) The rate of prolonged energy deficiency among women of the fertility age in the whole country to drop by 1% annually; and (5) The rate of over-weight under-5 children to drop to under 5%

Dietary guidelines (Government-endorsed national Food Based Dietary Guidelines (FBDGs) and do these include children under age 5y)

- **Decision no. 718/qd-byt: dated 29-jan-2018:** “approving the national nutrition action plan to 2020”
Objective: Output 1.2. Diet for the prevention of overweight - obesity is formulated, by (1) Develop guidelines on diet and counseling to prevent overweight - obesity in children; and (2) Develop diets and counseling to control overweight/obesity for overweight - obese children
- **Decision no. 1125/qd-ttg dated 31-jul-2017:** “approval of the national target program on health and population for the 2016-2020 period”
Objective: Activities to improve the nutritional status of children (1) Professional training, training and supervision on improving the nutritional status of children; and (2) Guide to practice techniques of food processing and nutrition care for pregnant women, mothers with children under 5 years old who are malnourished or overweight; building specific malnutrition prevention and control models for each region
- **Decision no. 4298/qd-byt: dated 9-aug-2016:** “approving the project on communication and social mobilization for prevention and control of cancer, cardiovascular diseases, diabetes mellitus, chronic obstructive pulmonary disease, bronchial asthma and other non-infectious diseases in the period 2016-2020”
Objective: Please see subheading “b. Obesity and non-communicable diseases (NCDs)”
- **Decision no. 189/qd-byt: dated 17-jan-2013; effective date: 17-jan-2013:** issuing “the 10 reasonable nutrition tips to 2020” to implement the national strategy on nutrition for the period 2011-2020, with a vision to 2030”
Contents: Article 1. To promulgate “10 Advice for reasonable nutrition by 2020” together with this Decision; and Article 2. “10 tips on reasonable nutrition to 2020” is the basis for units in the health sector to serve nutrition communication and education to improve knowledge and practice of proper nutrition. among the people
- **Other related documents:**
Decision no. 2879 /qd-byt: dated 10-aug-2006: on the issuing of “guidance on hospital diet”

Commercial food service (Local or national controls on commercial catering services (including fast food chains) linked specifically to FBDGs or NPS? E.g. restrictions on allowing fast food stores near schools)

- **Directive no. 46/ct-ttg: dated 21-dec-2017:** “enhancement of nutrition in new circumstances”
Objective: Indicating Ministry of Education and Training to provide healthy school meals, execute school milk program, encourage children and students to engage in physical activities; not advertise and trade in alcoholic drinks, carbonated soft drinks and unhealthy foods in schools

Food labelling (Government-endorsed front-of-pack labelling scheme which signals foods high in fats or sugars)

- **Decision no. 718/qd-byt: dated 29-jan-2018:** “approving the national nutrition action plan to 2020”
Content: Add and complete policies and regulations to control advertising for unhealthy foods, especially products for children and pregnant women; policies to reduce the consumption of salt in the diets, and limit the consumption of carbonated sweet drinks and processed foods; regulations on food nutrition labeling and warning of health effects on unhealthy foods

Marketing (Policies to control what types of food and beverages are being promoted)

- **Decision no. 718/qđ-byt: dated 29-jan-2018:** “approving the national nutrition action plan to 2020”
Contents: (1) Review, add and complete policies and regulations to control advertising to access unhealthy foods and products, especially products for children and pregnant women; policies to reduce the amount of salt in the diet, to limit the consumption of carbonated sweet drinks and processed foods; regulations on food nutrition labeling and warning of health effects on unhealthy foods. (2) Ministry of Culture, Sports and Tourism: Direct the integration of physical movement activities and ensure proper nutrition with the mass movement and sports and cultural activities in the community; increase propaganda about the health benefits of public physical training and sports activities, limit advertising for unhealthy nutritional products according to regulations

Water and drinks (Local water supplies believed to be safe to drink)

- **Decree no. 64/2009/nd-cp dated 30-jul-2009:** “on policies for health workers working in regions with particularly difficult socio-economic conditions”
Contents: For areas lack of fresh and clean water, they shall be supported for the purchase and transportation of fresh and clean water for daily-life activities after deducting the daily-life fresh water amount calculated in the salaries
- **Decision no. 2331/qđ-ttg dated 20-dec-2011:** “promulgating the list of national target programs in 2011” effective date: 20-dec-2010
Objectives: To materialize the national strategy on rural water supply and environmental sanitation towards 2020; to raise the quality of life for rural inhabitants through improving the conditions for clean water supply and sanitation, raising awareness and change behaviors related to hygiene and minimizing environmental pollution. Component projects: (1) Project 1: Rural daily-life water supply; (2) Project 2: Rural sanitation; (3) Project 3: Improvement of rural environment; and (4) Project 4: Awareness raising, capacity and institutional enhancement and development of rural water supply and hygiene technology
- **Resolution no. 80/nq-cp dated 19-may-2011:** “on sustainable poverty reduction during 2011-2020” effective date: 19-may-2011.
Objectives: (1) The average income per capita of poor households will increase 3.5 times; the rate of poor households will drop 2% a year, particularly 4% in poor districts and communes by poverty standards set for each period; (2) The poor’s living conditions will be markedly improved, first of all in health, education, culture, daily-life water and housing; the poor will have more and more convenient access to basic social services; (3) Socio-economic infrastructure facilities in poor districts and communes and extremely disadvantaged villages and hamlets will receive concentrated and synchronous investment according to new-countryside standards, first of all essential infrastructure such as transport, electricity and daily-life water supply
- **Decision no. 1557/qđ-ttg dated 10-sep-2015:** “approving some targets for the achievement of the millennium development goals for ethnic minorities linked to the sustainable development goals 2015” effective date: 10-sep-2015.
Objectives: Indicator for ethnic minority include: Rate of ethnic minority households having access to clean water is $\geq 30\%$ by 2020 and $\geq 50\%$ by 2025

Urban planning (policies at national or city level to reduce car use and encourage outdoor activity)

- **Decision** regarding the approval of the master plan on development of fitness and stature for vietnamese people in the period 2011 – 2030

Objectives: *Developing physical strength and stature by improving physical education for students from 03 years old to 18 years old. Improving the quality of regular physical training hours; organize extracurricular physical training and sports activities, guide students to practice physical exercises and sports to increase fitness and improve body height. With content (1) Take advantage of the local physical training and sports facilities to serve physical education activities in schools (both after school and after school); (2) Ensuring the quality of teaching and learning regular physical training, extracurricular sports activities for students; to formulate a rational physical education program in combination with defense education, synchronously deploy school health and school nutrition.*

- **Decision no. 718/qd-byt: dated 29-jan-2018:** approving the national nutrition action plan to 2020

Objectives: *(1) Create spaces, facilities, tools and equipment for students' and sports training and sports activities in educational institutions according to regulations; (2) Maintain gymnastics activities at the beginning and in the middle of the hour, ensuring the number of gym hours in the main program. Organize a variety of types of extracurricular fitness activities, increase physical mobility through activities, games, and entertainment with active nature at school and limit long sitting time at school*

Culinary and dietary norms (Cultural preferences for particular foods or cooking practices)

- **Decision no. 376/qd-ttg: dated 20-mar-2015:** approving the national strategy for prevention and control of ncd in the period 2015-2025

Objectives: *In general, the Vietnamese diet containing a lot of vegetables and fruits with low lipids is a strong factor in protecting people's health. But changes in socio-economic life will change the traditional way of eating people. People are increasingly using fast food, processed foods that are high in fat and sugar, and high in salt.*

The funding for implementing interventions/programs on childhood overweight is very limited, almost none, there is also a lack of coordination among ministries, and human training



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