

Stories of Change in Nutrition

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Country Brief



Bdai (22) Gia Lai province, Vietnam.

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Vietnam

Drivers of stunting reduction in Vietnam

Vietnam has achieved significant progress in reducing undernutrition over the past several decades, but ethnic minority groups are being systematically left behind and this is limiting progress on national reductions. The **Vietnam Story of Change in Nutrition** study aims to understand the history, contemporary treatment, and future of nutrition in Vietnam, including policy and practice in relation to **undernutrition** with a focus on equity for Vietnam's 53 **ethnic minority groups**. This brief aims to highlight the main findings and give recommendations on how to tackle the remaining pockets of high malnutrition in Vietnam.

What are the main issues affecting nutrition change in Vietnam?

Change in nutrition outcomes

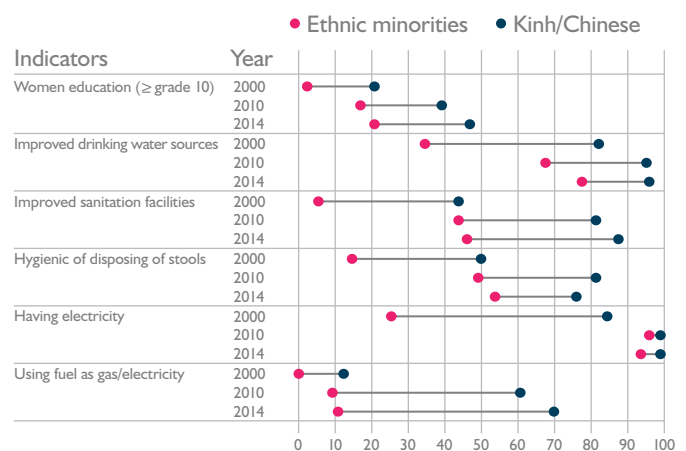
Vietnam has made good headway in reducing stunting since the 1980s, with levels falling from 37% to 25% nationally between 2000 and 2014, and as low as 6% in high-income households. Stunting levels in low-income (mostly ethnic minority) households remain as high as 41% however.

Change in nutrition drivers

In our analysis, stunting reductions are mostly explained by increased household wealth (driving 61% of the observed change), improved access to specific health services (16%) and changes in level of maternal education (12%). It is likely that changes in food access also drove nutrition change, but there is little data on food and diets

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Figure 1: Disparities in determinants of malnutrition between 2000-2014 in Kinh and ethnic minorities in Vietnam



in available datasets. Despite a large set of policies designed to address inequalities, many of Vietnam's 53 ethnic minority groups have found it difficult to effectively engage with policies in these areas (see figure 1).

Change in the nutrition environment

Nutrition policy has changed over time, away from a focus on hunger and towards diet quality and overweight, though maintaining a focus on stunting. Nutrition is largely absent in policy of other sectors, and implementation capacity and resources remain low in the provinces, particularly in poorer areas where ethnic minority groups live. Nutrition does not

have a strong media presence or civil society voice, except for one or two NGOs, with debate and action tending to stay at the level of elite national and international policy actors.

Change in the wealth environment

Vietnam experienced strong economic growth in the last 4 decades, and is now classified as a middle-income country.

This is a source of regional pride and higher standard of living for many, but has started to erode the collective nature of Vietnamese society, leading to the financial inequality experienced by minority groups. Ethnic minorities are rarely equipped with the education, language or assets needed to engage in wealth promotion programmes, and policies often do not adequately consider their specific preferences or limitations.

Change in the education environment

Primary school education is near-universal and provided for free in Vietnam, with similar outcomes for boys and girls. Both universality and outcomes drop significantly at secondary and tertiary levels however, and both are lower overall for ethnic

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minority groups. Education services are often in non-ethnic languages, and may be geographically distant from minority communities, limiting options for participation.

Change in the health environment

Historically low public funding for the health sector and gradual decentralisation allowing more regional autonomy has meant that quality of health services varies. Multiple funding reforms including the introduction of national health insurance leads to higher out-of-pocket expenditures for many. While specific policy protects health care access for children and

marginalised groups, quality and cost have contributed to low health service use particularly in poorer ethnic minority areas. Flagship health policies such as the maternal leave policy focus on women employed in the formal sector, and so do not benefit informally-employed ethnic minority women.

Conclusions and Recommendations

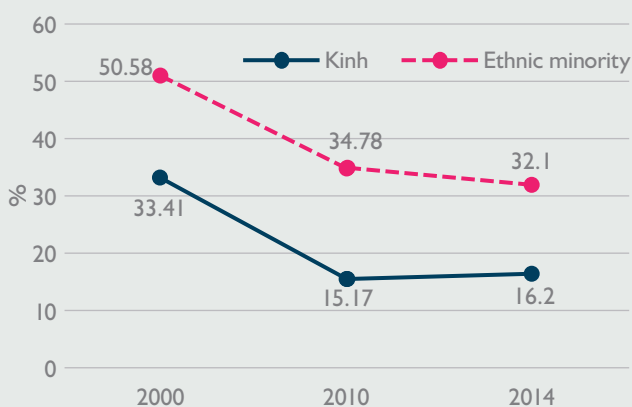
Vietnam could be seen as a global success story with sustained economic development managed well enough to drive social development in support of a well-educated and increasingly healthy population. The Government's development strategy aims for Vietnam to become an upper middle income country by 2035, resting on pillars of economic prosperity and environmental sustainability; social equity and inclusion; and state capacity and accountability. While each of these is a key driver of undernutrition reductions, focus on social equity and inclusion is found in this study to be crucial for catalysing stunting reductions in populations so far left behind. In order to tackle remaining pockets of high malnutrition, more attention to the structural barriers hindering ethnic minority communities, and incorporation of their own proposed solutions, will be needed. Alongside these renewed policies, prioritised nutrition funding and capacity building will be needed for provinces with high minority populations.

Focus on Ethnic minority communities

This study has focused on ethnic minority communities, because that is where the evidence finds the greatest numbers of undernourished people (see figure 2). Vietnam has achieved the easier portion of stunting reduction through economic growth and sustained commitment to socially-oriented policy. Stagnant rates in ethnic minority communities are holding back

national declines in undernutrition rates however, and holding back those individuals and communities exposed to malnutrition. The current national development discourse aims to incorporate minorities into mainstream majority systems. This paper argues that instead, policy should take into account their particular needs and preferences to tackle identified drivers of malnutrition, engaging minority communities in framing their own solutions based on their own community barriers and priorities.

Figure 2: Stunting reduction between 2000–2014 among Kinh and ethnic minorities in Vietnam



Credits

This brief is based on research by Jody Harris¹, Phuong Huynh², Hoa T Nguyen³, Nga Hoang², Lan Tran Mai⁴, Le Danh Tuyen², and Phuong Hong Nguyen⁵

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Further reading

www.transformnutrition.org/stories_of_change • <http://nourishingmillions.ifpri.info>

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