Food security and nutrition in Asia and the Pacific

INVESTING IN SUSTAINABLE FOOD SYSTEMS

KEY TERMS EXPLAINED

Term	Definition
Food insecurity	When people do not always have physical and economic access to sufficient, safe and nutritious food.
Exclusive breastfeeding	Breastfeeding without any additional food or fluids, not even water, for the first six months of life.
Low birth weight	Weight at birth of less than 2500g. Associated with infant mortality and childhood morbidity.
Malnutrition	An abnormal physiological condition caused by inadequate, unbalanced or excessive intake of nutrients. Malnutrition includes undernutrition (child stunting and wasting, nutrient deficiencies) as well as overweight and obesity.
Nutrition-sensitive	Initiatives that draw on complementary sectors such as agriculture, health, social protection, early child development, education, and water and sanitation to affect the underlying determinants of nutrition.
Nutrition-specific	Initiatives that address the immediate causes of sub-optimum growth and development.
Overweight and obesity	WHO defines these terms as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese.
Social protection	DFAT defines social protection as publicly-funded initiatives that provide regular and predictable cash or in-kind transfers to individuals, families and households to reduce poverty and vulnerability and foster resilience and empowerment.
Stunting	Low height-for-age, reflecting a past episode or episodes of sustained undernutrition. In children under five years of age, stunting is defined as height-for-age less than −2 standard deviations below the WHO Child Growth Standards median.
Unaffordable diet	A diet is considered unaffordable if costs exceed 63% of a person's income.
Wasting	Low weight-for-height, generally the result of weight loss associated with a recent period of inadequate dietary energy intake and/or disease. In children under five years of age, wasting is defined as weight-for-height less than −2 standard deviations below the WHO Child Growth Standards median.

According to the WHO[1], a healthy diet consists of:

- Fruit, vegetables, legumes such as lentils and beans, nuts and whole grains such as unprocessed maize, millet, oats, wheat and brown rice.
- At least 400 g (five portions) of fruit and vegetables each day, excluding potatoes, sweet potatoes, cassava and other starchy roots
- Less than 10% of total energy intake from free sugars.
- Less than 30% of total energy intake from fats. Unsaturated fats (found in fish, avocado and nuts, and in sunflower, soybean, canola and olive oils) are preferable to saturated fats (found in fatty meat, butter, palm and coconut oil, cream, cheese, ghee and lard) and trans-fats of all kinds.
- Less than one teaspoon of salt per day, preferably iodised.

EXECUTIVE SUMMARY

Nutrition provides the foundation for children to grow and economies to develop. Access to healthy food enables individuals, households and nations to reach their full potential. A healthy start and getting the right nutrients – particularly in the first 1,000 days – is critical to child survival.

While the Asia-Pacific region has made major progress in economic development and reducing malnutrition, significant nutrition challenges remain. Many countries continue to suffer protracted effects from the COVID-19 pandemic, with impacts on food, feed, fuel, fertilizers and finance putting healthy diets out of reach, particularly in the Pacific.[2] Asia and the Pacific accounts for half of the world's severe food insecurity, with more women than men being food insecure.

The world is off track to meet Sustainable Development Goal 2.2 to end all forms of malnutrition by 2030. Scaled-up investments in community-based treatment for acute malnutrition, support for breastfeeding and primary health care would have a dramatic impact on nutrition and development.[3]

In a comprehensive evaluation, DFAT found good child nutrition improves productivity and health by promoting growth and reducing poverty. Investments to reduce child undernutrition are cost-effective and protect investments in health, education and the private sector.[4] World Bank research in 217 found that every dollar invested in nutrition interventions could yield up to US$35 in economic returns, making nutrition one of the best value-for-money development actions.[5]

For decades, Australia has provided leadership and funding to address malnutrition through nutrition-specific programs as well as nutrition-sensitive investments in primary health care and programs to improve productivity, resilience and sustainability in agriculture and food systems.

To tackle nutrition challenges in the region, Australia should:

1. Develop a comprehensive Food Security Strategy that takes a multisectoral approach to strengthen food systems and improve nutrition in our region
2. Provide new funding (AU$30 million over five years) to fund nutrition partnerships and address food insecurity
3. Ensure nutrition-sensitive investments are prioritised in the creation of Development Partnership Plans.

Australia should work with partners to:

1. Reduce stunting and wasting in children under five
2. Promote healthy diets
3. Provide support during pregnancy to prevent, identify and treat the conditions that cause low birthweight
4. Increase rates of breastfeeding
5. Support farmers and communities to create equitable food systems
6. Invest in social protection to improve access to nutritious food.

FOOD SECURITY AND NUTRITION IN ASIA AND THE PACIFIC

Nutrition challenges in our region

Malnutrition continues to present public health challenges in our region, particularly among the poorest and most vulnerable. In 2012, the World Health Assembly endorsed a global plan to improve maternal, infant and young child nutrition with six nutrition targets.[6] Many countries in Asia and the Pacific are struggling to meet these targets.

In Timor-Leste, almost 19% of women aged 15–49 are underweight and almost 39% are anaemic.[7] Indonesia has made progress towards achieving nutrition targets, however, around 30% of children under 5 remain affected by stunting and 10% are affected by wasting.[8]

In the Pacific, most adults (88%) do not eat enough fruit and vegetables, and a high proportion of people are overweight or obese and have dietary risks for non-communicable diseases (NCDs). Population-wide approaches are needed to promote fruit and vegetable consumption and reduce sugar, salt and fat intake.[9]

Dietary patterns in the region are changing, with populations increasingly choosing more processed diets. The Global Burden of Disease shows that the caloric intake from sugary foods has exceeded optimal levels in countries such as Thailand, Cambodia and Fiji.[1] Countries in our region are managing a 'triple burden' of malnutrition: undernutrition, obesity, and micronutrient deficiencies.

As a leader for public health in the region, Australia has a significant opportunity to support partner countries to accelerate action and reach nutrition targets by 2030. By supporting countries in Asia and the Pacific to improve nutrition policy and invest in food security, Australia can help to promote healthy diets, improve productivity and well-being and save lives.

Australia's current approach to nutrition

Nutrition has long been a feature of Australia's aid program, with support through health policy and services. Australia has worked to improve access to food through agriculture, fisheries and water resources, providing research and technical expertise. Agriculture is one part of Australia's integrated multisectoral response to nutrition that includes health, education, water, sanitation and hygiene (WASH), and social protection.

In 2013, Australia joined more than 20 donors at the Nutrition for Growth (N4G) Summit and participated in the launch of the Scaling Up Nutrition (SUN) movement. In 2016, the UN General Assembly proclaimed 2016–2025 the Decade of Action on Nutrition. At the N4G Summit in 2021, the Australian Government made a broad pledge to continue progressing a multisectoral approach to address both under and over-nutrition in our region. Australia is committed to working with partners to strengthen the evidence base for nutrition-sensitive agriculture.

The Australian Centre for International Agricultural Research (ACIAR) leads this work with projects to develop resilient higher-yielding food varieties, biofortifying crops to increase the availability of micronutrients, improving food safety and diversifying production systems. ACIAR also work to improve the production and consumption of leafy vegetables in Pacific Island communities.[11]

CHILD NUTRITION

Reduce stunting and wasting in children under five

In many parts of the region the prevalence of stunting and wasting among children remains high. Stunting in children may lead to morbidity and mortality and often coexists with infectious diseases, affecting cognitive, motor, and language functions. Stunting also affects educational potential and workplace productivity later in life.[12]

Stunting is driven by poor diets in the first 1000 days and compounded by poor nutrition before, during and after pregnancy. In our region, Timor-Leste, Papua New Guinea and Lao PDR record high rates of stunting. Recent data published from Papua New Guinea estimates stunting prevalence in children to be at 46.5%, with no major difference between children in urban and rural areas.[13]

Wasting in children leads to lower immune system resilience, developmental delays and increased risks of morbidity and mortality. Two-thirds of all global cases of wasting in children under 6 years of age occur in Asia.[14] In Indonesia, UNICEF estimates that more than 800,000 children under 5 are affected by severe wasting.[15]

The Child Nutrition Fund (CNF) is a global financing mechanism designed to accelerate the scale-up of sustainable policies, programs and supplies to end child wasting.[16]

Working with governments in 23 countries, including Cambodia, Indonesia, Papua New Guinea, Philippines and Timor-Leste, the CNF scales up five key actions to improve nutrition.

- Support for exclusive breastfeeding
- Adequate complementary foods
- Weight gain monitoring, nutrition counselling, supplements and malaria control for women
- Early detection using mid-upper arm circumference (MUAC) measurement
- Food supplements for young children under 5 years of age

Support for the CNF, and investments to accelerate the five key actions in Asia and the Pacific would positively impact child survival.

Promote healthy diets

The prevalence of NCDs in the Pacific has increased dramatically. The consumption of less healthy food and beverages, the use of tobacco and alcohol and the lack of physical activity drive this public health challenge.[17] Preventing NCDs also presents challenges in Southeast Asia. In 2019, 76% of all deaths across ASEAN countries were attributed to NCDs.[18] Consuming a healthy diet throughout the life-course helps prevent malnutrition in all its forms. Support and interventions should be provided community-wide, but prioritise the needs of children and adolescents.

Funding is required for nutrition education and health promotion. In Indonesia, school nutrition education programs have been effective in preventing obesity. In Thailand, community-based programs contributed to the reduction in undernutrition and micronutrient deficiencies.[19]

Multisectoral policy change provides the most sustainable solutions. Effective interventions include improved nutrition standards, restrictions on junk food marketing, reduced taxes and subsidies for farmers and food producers, clearer labelling, reformulated ultra-processed food, and nutrition education for schools and families. Australia should support partner governments to design and support effective solutions to improve nutrition across all stages of life.

BETTER MATERNAL HEALTH

Provide support during pregnancy to prevent low birthweight

A healthy start to life begins in the womb. Women of reproductive age need good nutrition and rest, adequate antenatal care, and a clean environment. A healthy pregnancy helps to prevent, identify and treat the conditions that cause low birthweight.[20] Low and middle-income countries are disproportionately affected by low birthweight due to a lack of available, affordable and quality maternal and newborn care.[21] In the Pacific, malaria infection, obesity, use of betel nut and tobacco and a lack of antenatal care are factors leading to adverse birth outcomes.[22]

In 2022, WHO updated recommendations for the care of preterm or low-birthweight infants, with 25 recommendations on nutrition, feeding, care and emotional support. WHO notes parental leave and entitlements to address the special needs of mothers, fathers and other primary caregivers of pre-term or low birthweight infants, as good practice.[23] For 30 years, Indonesia's government has supported community engagement programs to assist pregnant women with transport costs and social support in their community.[24]

Globally, anaemia affects half a billion women aged between 15 and 49 and 269 million children 6–59 months of age.[25]

Anaemia is often caused by poor nutrition, iron deficiency and malaria, and leads to poor maternal health outcomes, including premature birth, low birthweight and maternal mortality. Anaemia can leave people feeling weak or lethargic, and contributes to reduced brain development in children. Progress in reducing the prevalence of anaemia in children has been stagnant since 2010.[26] In settings where the prevalence of anaemia is high, WHO recommends iron supplements for children.

Interventions should be based on evidence and assessments of community strengths. Australian researchers are trialling an innovative approach to combat anaemia in pregnancy using intravenous formulations of iron.[27]

Increase rates of breastfeeding

Breastfeeding is one of the most effective ways to prevent deaths in children under five. Breastmilk shares vital antibodies from the mother, promotes brain development and strengthens the baby's immunity to fight disease. Milk substitutes fail to provide the same protection and formulas often cause illness when contaminated with bacteria. WHO recommends exclusive breastfeeding one hour after birth and until a baby is six months old. Exclusive breastfeeding for six months and complementary foods until the age of two greatly reduces the likelihood of child mortality, malnutrition and disease.[28]

Despite strong evidence on the benefits of breastfeeding, nearly 60% of infants younger than six months worldwide are not exclusively breastfed, and researchers have noted minimal improvement over the past two decades.[29]

In Cambodia, the percentage of infants exclusively breastfed is in decline, dropping from 74% in 2010 to 65% in 2014, with 2022 data suggesting rates at 50%.[30] Breastfeeding requires support, encouragement and guidance in health facilities and at home in the first months of life.

Restrictions on the marketing of substitutes are also critical, and workplaces should provide nursing breaks and dedicated facilities. In Vietnam and India, governments have helped to protect and promote breastfeeding through paid parenting leave policy and regulation of marketing of breastmilk substitutes, bottles and teats.[31]

Support communities to create equitable food systems

Global food systems have failed to deliver healthy diets for all. Food systems – all the elements related to producing, trading, transporting, marketing and consuming food – are driving malnutrition. We need to transform systems to promote public, planetary and animal health. In PNG, Australian research initiatives through ACIAR have helped to improve agricultural productivity, build capacity and gender equality.[32] These should be extended. National food security strategies must extend beyond agricultural output and food supply to include nutritional interventions. Investment in health and education, as well as water and sanitation, is crucial for food security and long-term wellbeing and prosperity.[33]

In Fiji, local produce is often more expensive than imports. Over several years, health and agriculture ministries have been working together to draft a whole-of-government policy on Food and Nutrition Security. Working across systems, implementation levels and sectors is critical to provide practical, sustainable solutions for malnutrition.[34] Continuing to improve efficiency, safety and quality with farmers, food producers, wholesalers and retailers will lead to important gains in nutrition and livelihoods.

Other donors are rising to the challenge. The World Bank is scaling-up its response to the food crisis. Food and nutrition security is one of the Bank's global challenges to address at scale.

Nine major donors, including Germany, the UK and Japan, have come together to support Food Systems 2030, a Multi-Donor Trust Fund to promote new agriculture and food models that improve the health of people, the planet and economies, including a regional program to boost One Health principles across East Asia and the Pacific.[35] In 2021, Canada renewed funding for global nutrition programs at the Nutrition for Growth Summit.[36] The ADB announced plans in 2022 to provide more than US$14 billion until 2025 to ease the region's food crisis with targeted support to help vulnerable people, particularly women, and bolster food systems.[37] As president of the G20 in 2024, Brazil will prioritise the fight against hunger and inequality and promote sustainable development at G20 meetings.[38]

NUTRITION AND GENDER

Invest in social protection programs to improve access to nutritious food

The FAO estimates that 232.8 million people in the region cannot afford the cost of a healthy diet[39] and recommends subsidies to incentivise nutritious foods, reduce costs and increase income.[40] DFAT program guidance notes that social protection has significant, though as yet under-exploited, potential to help to reduce malnutrition.[41] Social transfers — such as school meals and food supplements — tackle the immediate causes of malnutrition and directly impact an individual's diets by improving food quantity and quality.

Program evaluations have found that cash transfers and nutrition education can improve diets and increase resources to diffuse household insecurity.[42]

A trial in India found that in communities impacted by tuberculosis, scaling up food access acts like a vaccine. Research found that providing nutritious food baskets cut the risk of death by up to 60%.

The intervention was low-cost, costing around US$4 per household member each month, even in rural areas.[43] In PNG, TB treatment programs delivered by World Vision and funded by the Global Fund to Fight AIDS, TB and Malaria rely on nutrition support. A freshly cooked meal helps to minimise the side effects of TB treatment and provides incentives for patients to attend clinics.[44]

Empowering women and fighting hunger

The many roles women play – producing food, generating income, giving birth, providing care, and being part of the community – place them at a critical nexus for ensuring food security and nutrition.[45] Investments in women's nutrition improve the health security of families and communities. Australia has targets to ensure that 80% of Australian aid addresses gender inequality and should do more to integrate gender and nutrition in major development programs.

When development is provided through the lens of empowerment for women and girls, the results are proven to be effective and longer-lasting. Nutrition planners need to analyse gender barriers and understand broader inequities.

In Vietnam, evidence shows female education and ethnic minority status impacts child malnutrition.[46] Good practice programs can impact nutrition and improve equality at the same.

In rural Cambodia, programs to diversify diets through small-scale fish-farming and poultry-raising increased household incomes and food security.[47] The program sought to tackle micronutrient deficiencies among women by increasing access to animal protein and shifted some gender roles, with fathers helping with cooking and animal care, and grandfathers with child-minding, giving women time for other activities.

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