



S E A M E O
SEARCA



REGIONAL POLICY FORUM

From Farms to School:

Towards Sustainable and Inclusive School-Based
Food and Nutrition Programs in Southeast Asia

24-25 April 2023 | Alabang, Philippines



ASEAN Health Sector Cooperation: FOOD AND NUTRITION SECURITY IN ASEAN

Lina Rospita

Programme Coordinator for Nutrition
Health Division, ASEAN Secretariat

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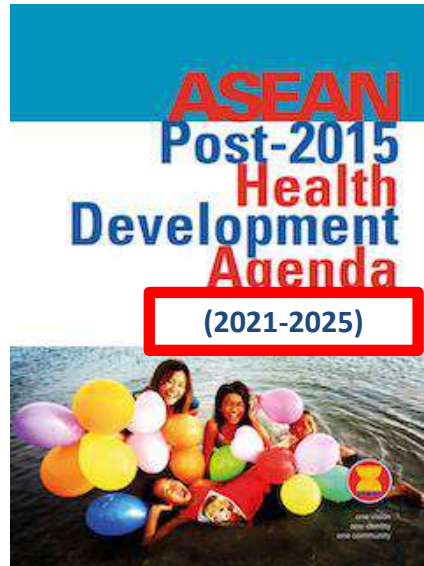
Outline of Presentation

- Overview of the ASEAN Health Sector Initiatives
- State of Food and Nutrition Security in the ASEAN region
- Nutrition Initiatives in the ASEAN region
- Ways Forward



Overview of the ASEAN Health Sector Initiatives

Implementation of ASEAN Strategic Framework and Action Plan for Nutrition 2018-2030 under the ASEAN Post 2015 Health Development Agenda (2016-2020) and (2021-2025)



VISION

A Healthy, Caring and Sustainable ASEAN Community

MISSION*

To ensure a healthy, caring and sustainable ASEAN Community by promoting healthy lifestyle, responding to all hazards and emerging threats, strengthening health system and access to care, and ensuring food safety.

APHDA GOALS for 2021-2025

ASEAN Health Cluster	APHDA Goals for 2021-2025*
ASEAN Health Clusters 1 on Promoting Healthy Lifestyle	<ol style="list-style-type: none"> 1. To achieve health potential of ASEAN Community through promoting healthy lifestyle. 2. To ensure healthy lives and promote well-being for all at all ages.



ASEAN Post 2015 Health Development Agenda (2021-2025)

Promoting healthy lifestyle

1. Prevention and control of NCDs
2. Reduction of tobacco consumption and harmful use of alcohol
3. Prevention of injuries
4. Promotion of occupational health
5. Promotion of mental health
6. Promotion of healthy and active ageing
7. **Promotion of good nutrition and healthy diet**

Strengthening health systems and access to care

14. Traditional and complementary medicine
15. Reproductive, maternal, neonatal and child health
16. Universal health coverage, including health financing and health services delivery
17. Migrants' health
18. Pharmaceutical development
19. Human resources for health
20. Digital health and health information system

AHC 1

AHC 2

AHC 3

AHC 4

Responding to all hazards and emerging threats

8. Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases
9. Regional preparedness and response to public health emergencies
10. Strengthening laboratory capacity
11. Combating antimicrobial resistance
12. Environmental health and health impact assessment (HIA), health impact of climate change
13. Disaster health management

Ensuring food safety

21. Food safety

Vision:
A Healthy,
Caring and
Sustainable
ASEAN
Community



STATUS of FOOD AND NUTRITION SECURITY IN ASEAN



ASEAN Food and Nutrition Security Report 2021

Volume 1



ASEAN Food and Nutrition Security Report 2021

Volume 2

Food and Nutrition Security Country Profiles



1 Many people still **lack access to nutritious, safe foods** and affordable foods.

2 **More people are living in cities** today than ever before.

3 **Consumer preference is shifting** from purchasing food in markets to **modern grocery stores**.

4 **Unhealthy foods** are increasingly available, affordable and preferred.

5 **Socioeconomic inequities** in malnutrition and its drivers persist (and in some instances, are increasing).

6 **Climate change and humanitarian crises** pose critical threats to feeding populations sustainably.

7 **Health epidemics**, such as the COVID-19 pandemic, are stressing already vulnerable systems and further eroding the poor quality of diets.



ASEAN progress towards the maternal, infant and young child nutrition and diet-related non-communicable disease targets

Note: Anaemia and low birthweight are based on modelled estimates. Obesity and diabetes are based on age-standardized modelled estimates for adults aged 18 years and older, using the WHO standard population; they are reported by sex due to limitations in data availability. To assess progress, an average relative percentage change in the prevalence of each indicator was calculated using a metric called the average annual rate of reduction (AARR). Two separate AARR estimates were calculated: 1) the required AARR represents the value needed for a country to achieve the global target from the baseline year to 2025; and 2) the current AARR reflects a country's actual achievement based on the available data between the baseline year and the most recent year. For each indicator, specific criteria were established to determine whether the AARR indicated that a country was 'on track', had achieved 'some progress' or 'no progress'. For diet-related NCD targets, only 'on track' or 'no progress' were considered in this assessment. For more detail on the methodology used, please refer to the 2020 Global Nutrition Report.

For Malaysia, the most recent estimate of exclusive breastfeeding in the first 6 months of life is 40.3 per cent according to Over or Under: Double Burden of Child Malnutrition in Malaysia: A Landscape Analysis Report based on the National Health and Morbidity Survey, 2016.

Source: 2020 Global Nutrition Report

Member state	Maternal, infant and young child nutrition targets						Non-communicable disease targets				Number "on track"
	Childhood stunting	Childhood wasting	Childhood overweight	Exclusive breastfeeding	Low birthweight	Women of reproductive age anaemia	Adult female obesity	Adult male obesity	Adult female diabetes	Adult male diabetes	
Brunei Darussalam	⊘	⊘	⊘	⊘	●	●	●	●	●	●	1
Cambodia	●	●	●	●	●	●	●	●	●	●	0
Indonesia	●	●	●	●	●	●	●	●	●	●	2
Lao People's Democratic Republic	●	●	●	●	●	●	●	●	●	●	1
Malaysia	●	●	●	⊘	●	●	●	●	●	●	1
Myanmar	●	●	●	●	●	●	●	●	●	●	2
Philippines	●	●	●	⊘	●	●	●	●	●	●	1
Singapore	⊘	⊘	⊘	⊘	●	●	●	●	●	●	2
Thailand	●	●	●	●	●	●	●	●	●	●	2
Viet Nam	●	●	●	●	●	●	●	●	●	●	1
Number "on track"	2	0	5	3	0	0	0	0	2	1	

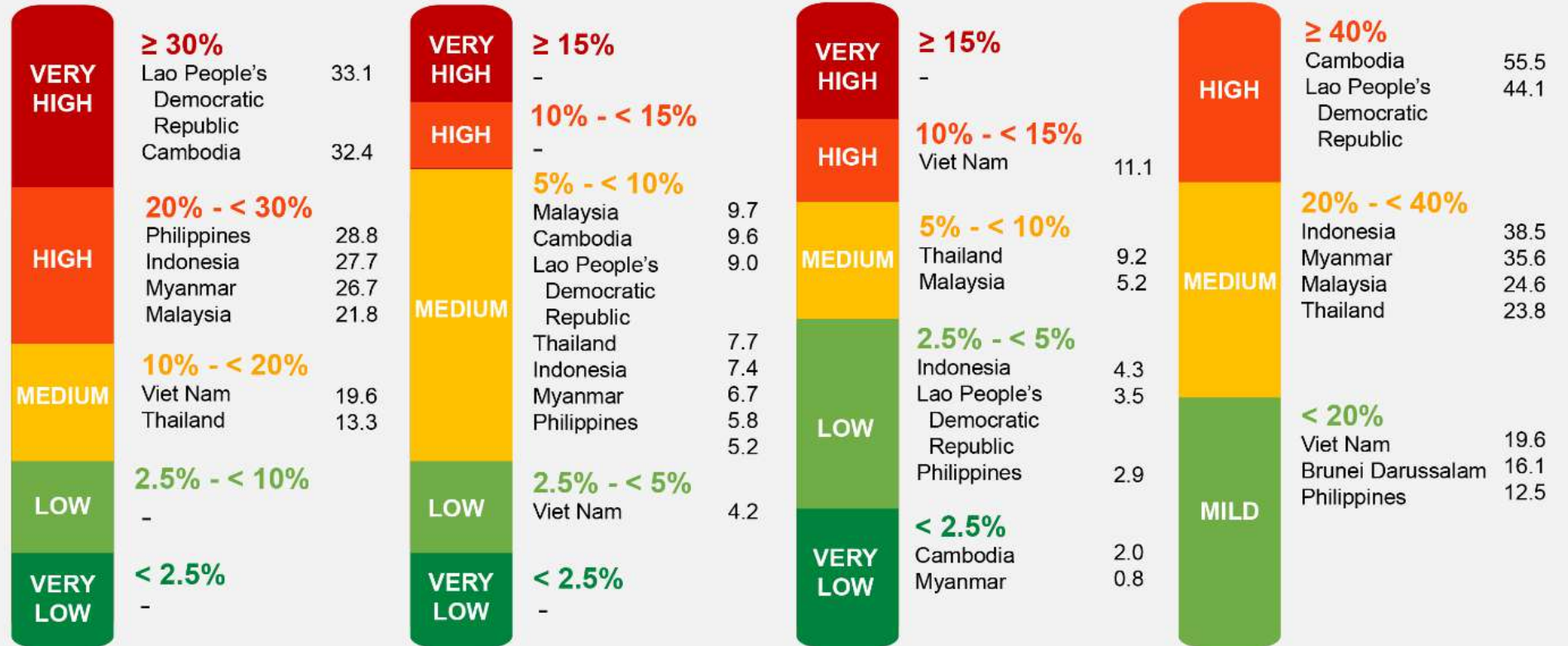


03 THE NUTRITION SITUATION IN ASEAN REGION

Levels of malnutrition in children under 5, by threshold level

Source: All data were extracted from the ANSS. Specific surveys referenced in the ANSS by each Member State include – Brunei Darussalam: WHO Global Health Observatory, 2016; Cambodia: Demographic and Health Survey, 2014; Indonesia: Basic Health Research, 2018 & Indonesia Nutritional Status Survey, 2019; Lao People's Democratic Republic: Lao Social Indicator Survey II, 2017; Malaysia: National Health and Morbidity Survey, 2019 & WHO Global Health Observatory 2019; Myanmar: Myanmar Micronutrient and Food Consumption Survey, 2017-2018; Philippines: 2019 Expanded National Nutrition Surveys; Thailand: Multiple Indicator Cluster Survey, 2019 & SEANUTS 2016; Viet Nam: National General Nutrition Survey 2020

Note: Child stunting, child wasting and child overweight thresholds are based on the revised 2018 WHO-UNICEF anthropometric prevalence thresholds and child anaemia thresholds are based on the WHO classification of public health significance of anaemia in populations.



n.a. Brunei Darussalam Singapore n.a. Brunei Darussalam Singapore n.a. Brunei Darussalam Singapore n.a. Singapore

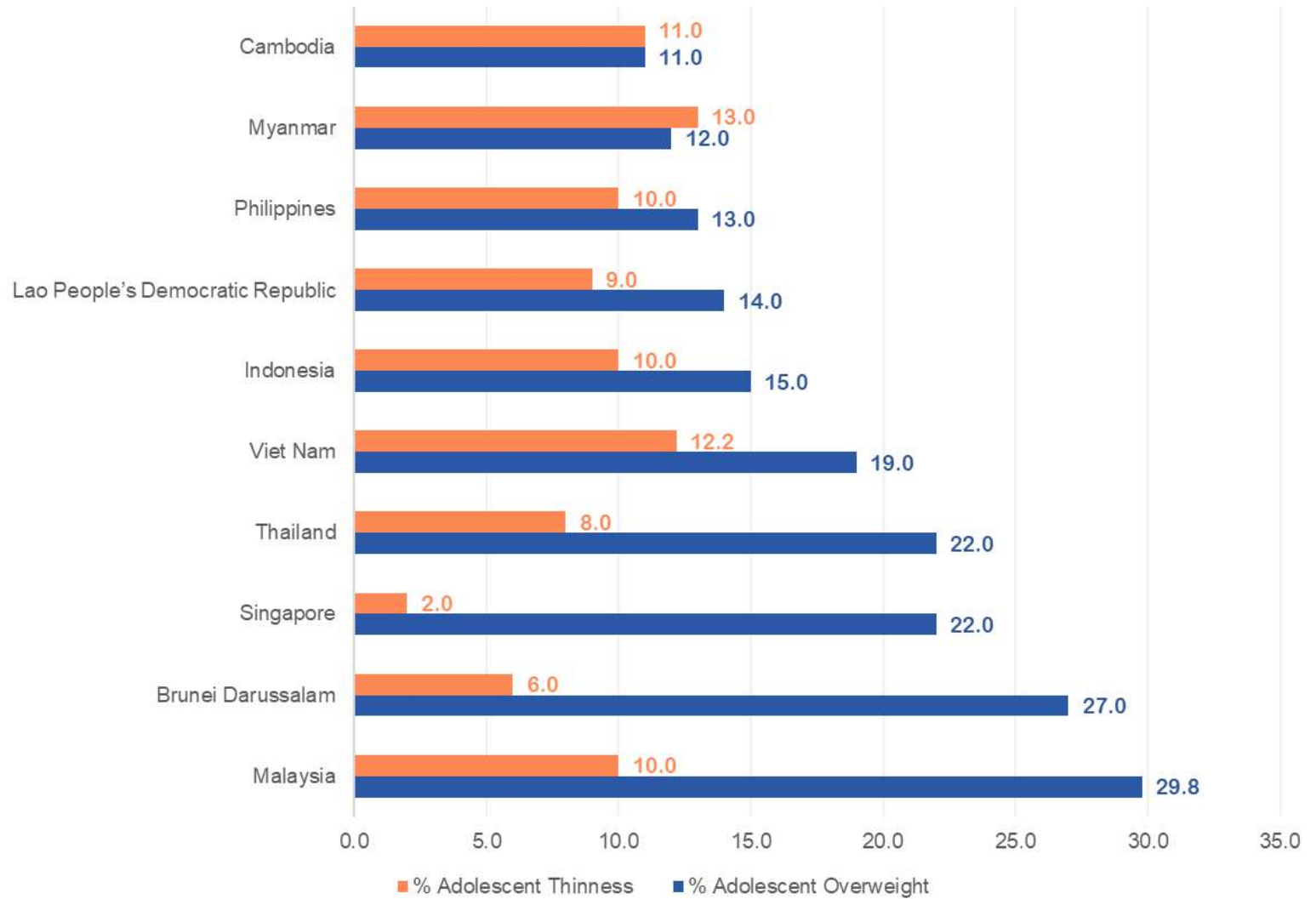
Child stunting
Child wasting
Child overweight
Child anaemia

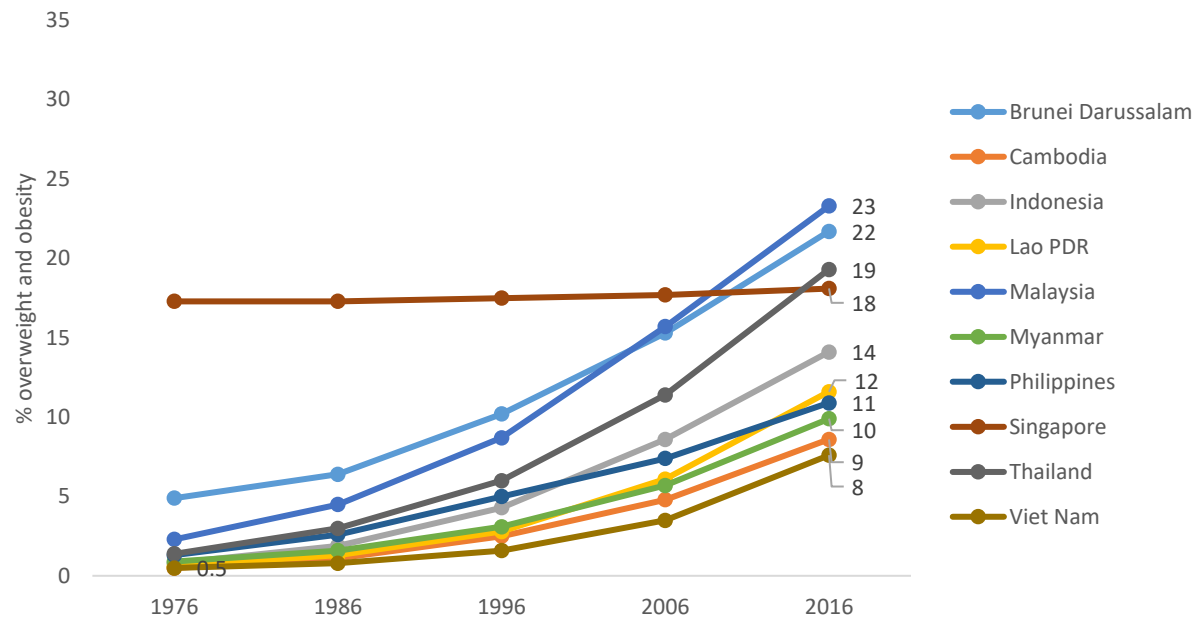
Note: "n.a." : No data available

Prevalence of overweight and thinness in children and adolescents (5–19 years of age)

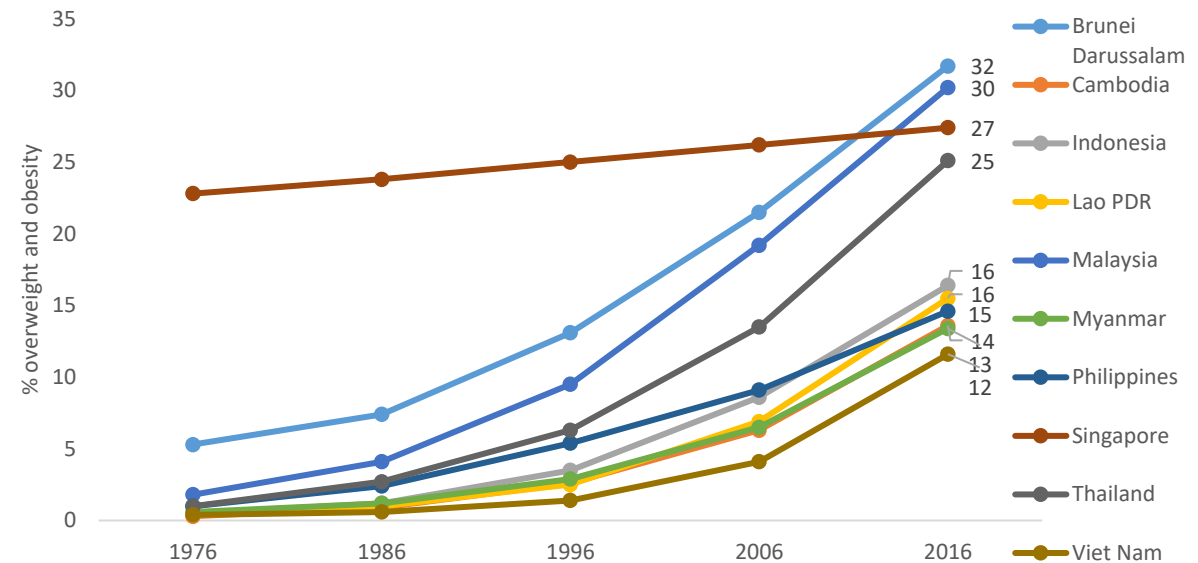
Source: All data were extracted from the ANSS. Specific sources referenced in the ANSS by each Member State include – Malaysia: National Health and Morbidity Survey, 2019; Philippines: Expanded National Nutrition Survey, 2018-2019; Viet Nam: National General Nutrition Survey 2020; Brunei Darussalam, Cambodia, Indonesia, Lao People’s Democratic Republic, Myanmar, Singapore and Thailand: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in BMI, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents and adults. The Lancet 2017, 390 (10113): 2627–2642,36 last updated August 2019.

Note: The figure above only includes data points that match the indicator definitions (see Annex for all indicator definitions). There are, however, national level estimates available for malnutrition in adolescents from ASEAN Member States that are calculated for different age groups. These are noted here for reference: In Cambodia, prevalence of underweight in children aged 13-17 years is 12.8 per cent and prevalence overweight is 3.4 per cent (The Cambodia Global School-based student health survey 2013). In Malaysia, prevalence of thinness among adolescents aged 10-17 years is 6.6 per cent and prevalence of overweight among adolescents aged 10-17 years is 30.4 per cent (National Health and Morbidity Survey, 2017). In Myanmar, among children aged 5-9 years, prevalence of thinness is 14.6 per cent and prevalence of overweight is 3.3 per cent. Among female adolescents aged 10-14 years, prevalence of thinness is 18.8 per cent and prevalence of overweight is 5.2 per cent (Myanmar Micronutrient and Food Consumption Survey, 2017-2018). In the Philippines, prevalence of thinness in children aged 10-19 years was 11.7 per cent and prevalence of overweight in children aged 10-19 years was 9.8 per cent in 2019 (2019 Expanded National Nutrition Survey). In Singapore, the overweight prevalence for children aged 6 to 18 years was 13 per cent in 2018 (per Ministry of Education Singapore).





Trend in overweight (including obesity) (BMI-for-age >+1SD) prevalence in girls (5-19 years of age), 1976-2016

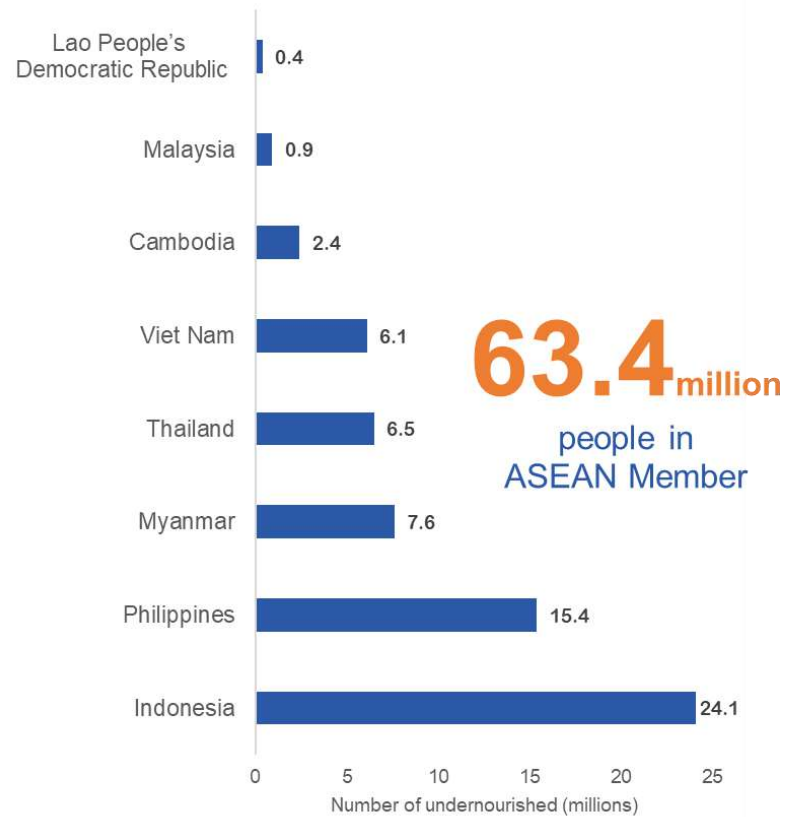


Trend in overweight (including obesity) (BMI-for-age >+1SD) prevalence in boys (5-19 years of age), 1976-2016

Source: WHO, Global Health Observatory (2016).

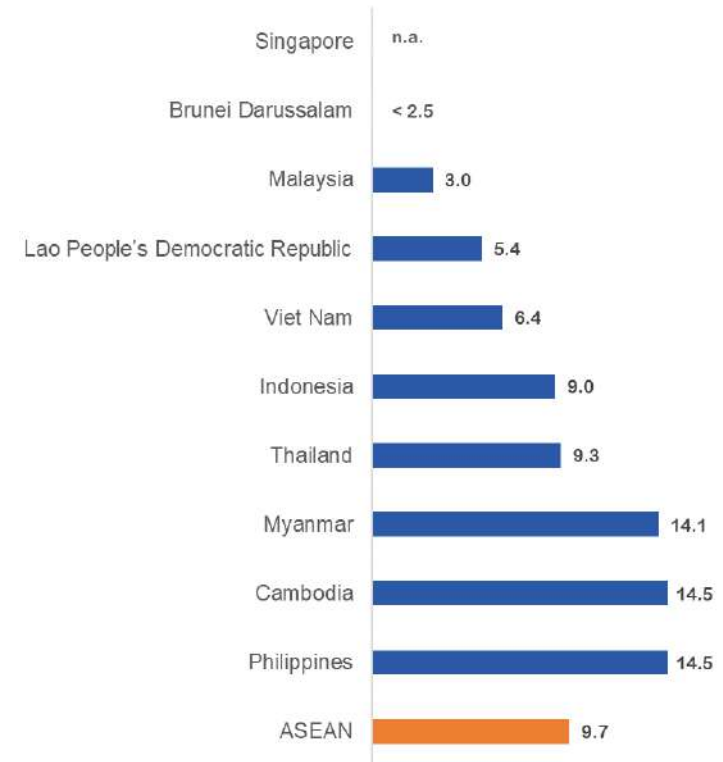
Fact Sheet Obesity and Overweight. June 2021. Available at: <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>





Number of undernourished (millions)

Prevalence of undernourishment



Source: All data were extracted from the ANSS. All Member State estimates were derived from the FAOSTAT for the period 2017-2019.

Note: Member States with no data or data not reported – Brunei Darussalam, and Singapore.

Calculated by FAO Headquarters (based on FAOSTAT data) specifically for ASEAN Member States



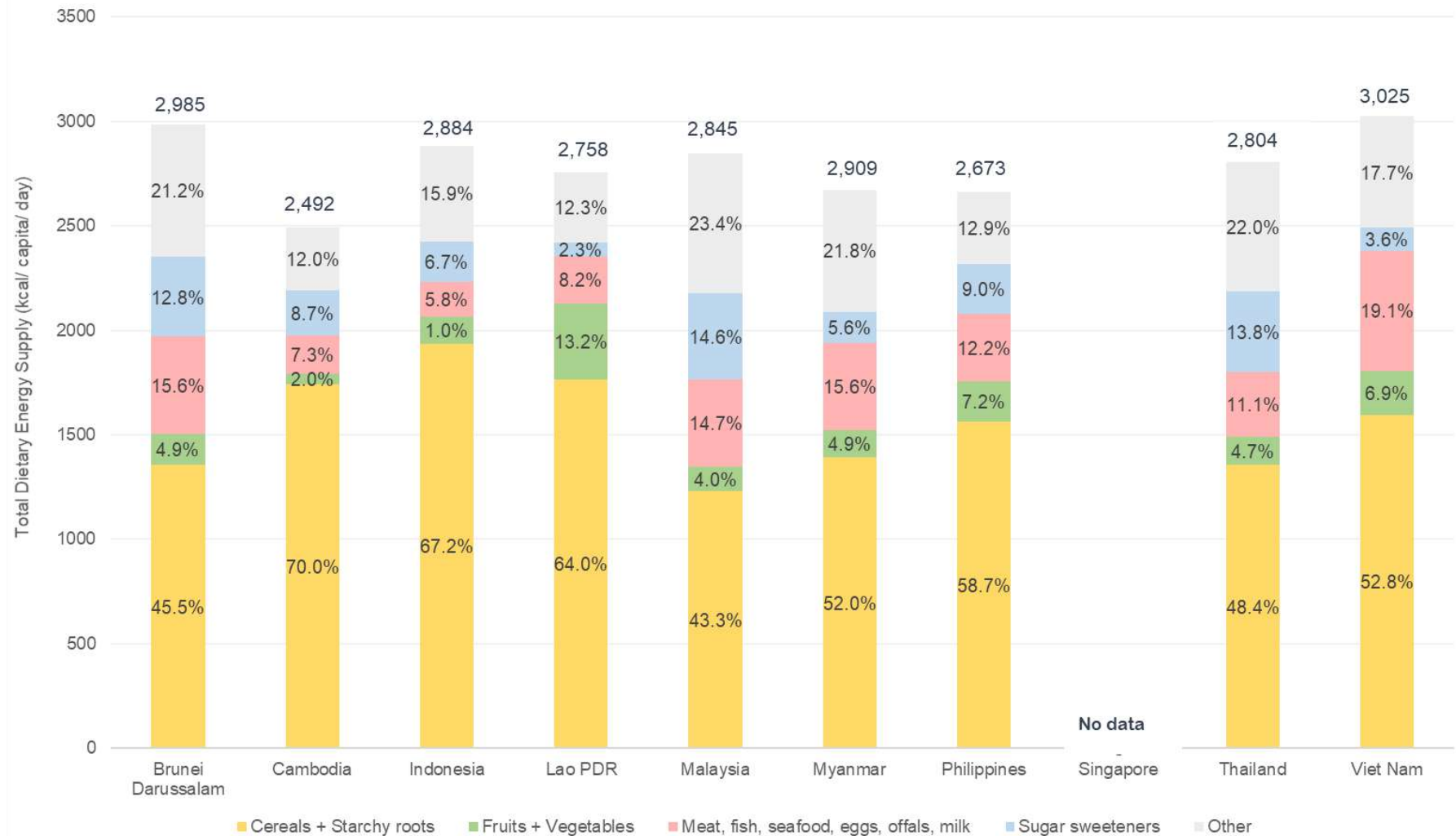
Prevalence of food insecurity in ASEAN Member States



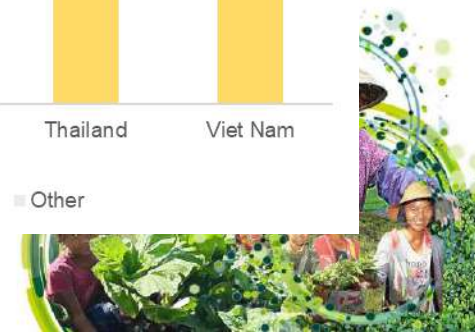
Source: All data were extracted from the ANSS. All Member State estimates were derived from the FAOSTAT for the period 2017–2019 with the exception of the data for Lao People’s Democratic Republic which is for the period 2018-2020. The ASEAN specific estimate was calculated by FAO headquarters specifically for ASEAN Member States.
 Note: n.a., Data not available.



Proportion of dietary energy available in the food supply derived from various food groups



Source: Calculated using Total Dietary Energy Supply (kcal/capita/day) data from FAOSTAT. Brunei data is for 2013; Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Viet Nam and Thailand data is from 2018. No FAOSTAT data is available for Singapore.



Proportion and number of people unable to afford an energy-sufficient, nutrient-adequate or healthy diet

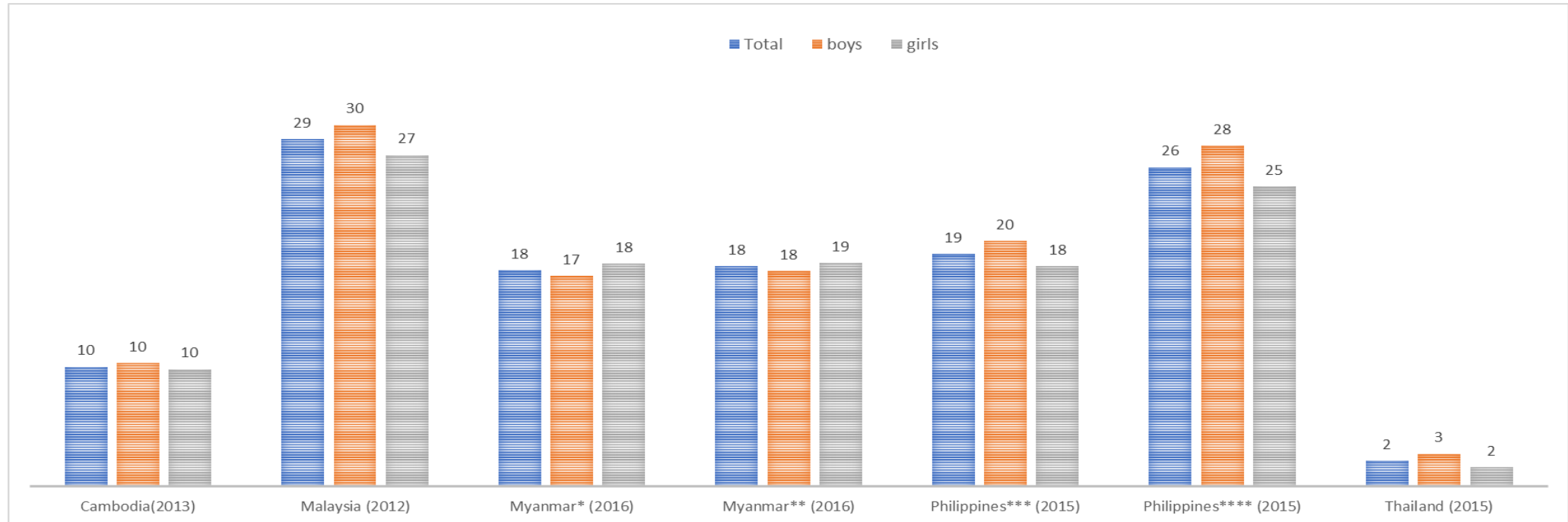
ASEAN Member State	Energy sufficient diet		Nutrient adequate diet		Healthy diet	
	%	No. (millions)	%	No. (millions)	%	No. (millions)
Indonesia	1.1	2.9	34	90	68.8	182
Lao PDR	0.5	<0.1	51.2	3.6	83.3	5.8
Malaysia	<0.1	<0.1	0.1	<0.1	1	0.3
Myanmar	<0.2	<0.1	17.7	9.5	60.9	32.5
Philippines	<0.3	2.7	30.6	32.1	63	66.3
Thailand	<0.4	<0.1	1.8	1.2	19.5	13.5
Viet Nam	<0.5	0.5	9.5	9	26.6	25.2

Source: 2020 Asia and the Pacific Regional Overview of Food Security and Nutrition²⁰

Note: Energy-sufficient diet: This diet provides adequate calories for energy balance for work each day. This is achieved using only the basic starchy staple for a given country (e.g., maize, wheat or rice only); Nutrient adequate diet: This diet not only provides adequate calories (per the energy-sufficient diet above), but also relevant nutrient intake values of 23 macro- and micronutrients through a balanced mix of carbohydrates, protein, fat, essential vitamins and minerals within the upper and lower bounds needed to prevent deficiencies and avoid toxicity; Healthy diet: This diet provides adequate calories and nutrients (per the energy-sufficient and nutrient adequate diets above), but also includes a more diverse intake of foods from several different food groups. This diet is intended to meet all nutrient intake requirements and to help prevent malnutrition in all its forms, including diet-related NCDs.



Percentage of children (13-17 years) reporting consumption of 5 servings a day of fruit and vegetables



Source: Global School-based Student Health Surveys (GSHS) (<https://www.cdc.gov/gshs/>)

Note: 1. No data is available for Lao PDR, and Vietnam.

2. Singapore's Student Health Survey (2012) showed that 20% of students (boys 21%, girls 19%) aged 13-17 consumed at least 2 servings of fruit (including maximum of 1 serving of fruit juice) and at least 2 servings of vegetables every day.

3. Brunei Darussalam's GSHS (2019) indicated 6.7% of students ate fruits five or more times per day and 2% of students ate vegetables 5 or more times per day, respectively

4. Based on Indonesia GSHS 2015 surveys, proportion (%) of fruit and vegetable consumption 5 serving per day among junior and senior high school students (12-19 years old) is 23,22 %.

5. The age range for Philippines is 13-15 years

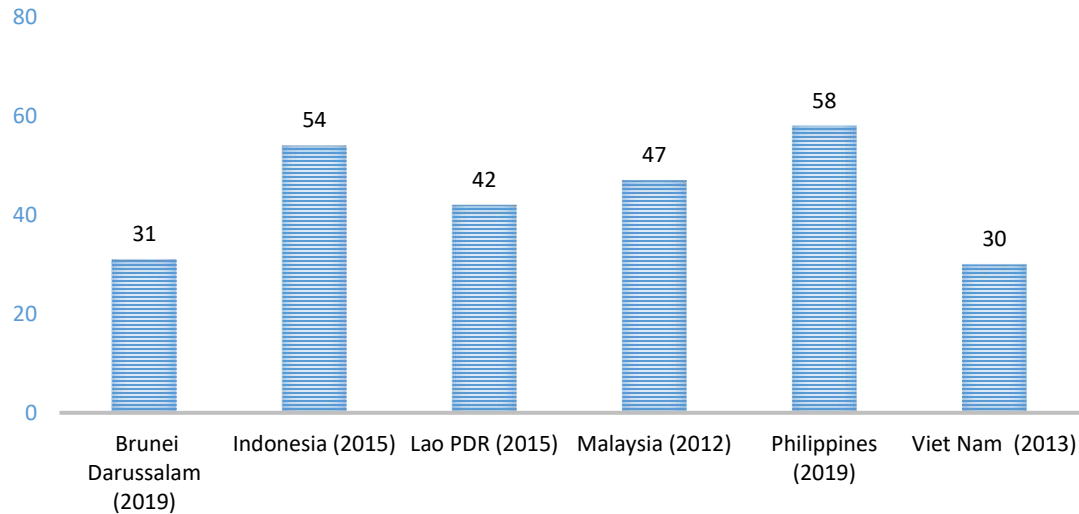
6. A population-based household survey on fruit and vegetable consumption of Thai people showed that 19.8% of students (boys 23.1%, girl 15.2%) aged 13-17 years consumed at least 400g of fruits and vegetables based on WHO recommendation. (Source: Institute for Population and Social Research, Mahidol University, Thailand, 2021)

7. *Vegetables 3 or more times per day during the past 7days, **Fruits 2 or more times per day during the past 7days***Fruits 3 or more times per day, ****vegetables 3 or more times per day

8. In Malaysia, total 23.5%, boys 22.9%, girls 24.2% children (13-17 years) reporting consumption of 5 or more times of fruits vegetables per day" (National Health and Morbidity Survey 2017)

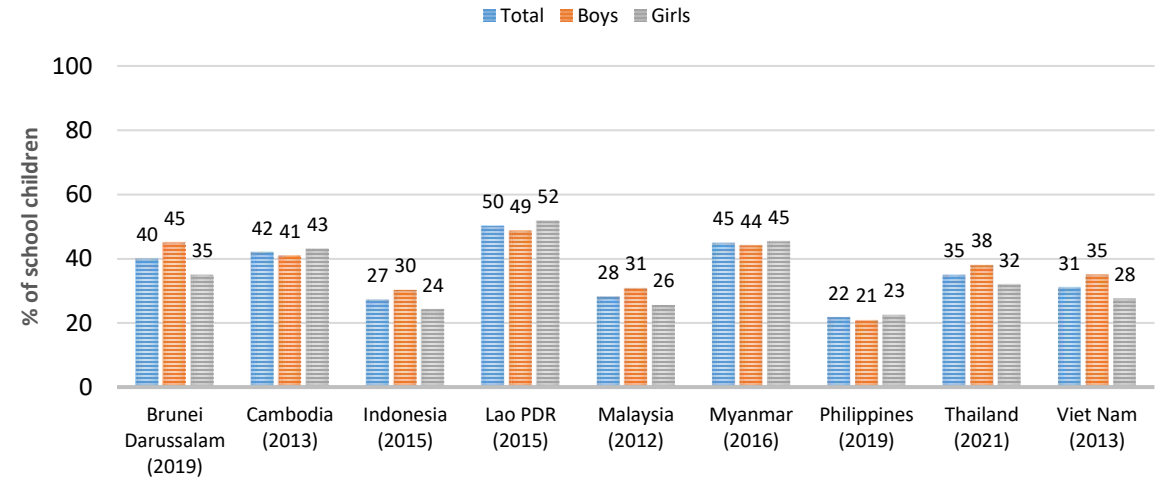


Inadequate diets: Excessive consumption of unhealthy food and drink



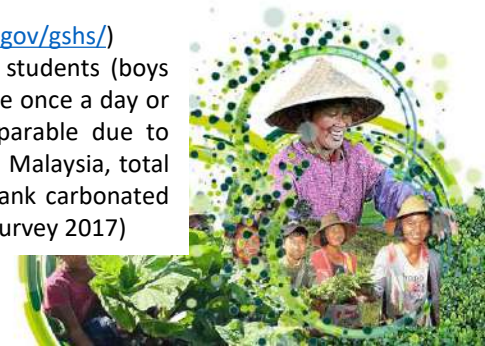
Percentage of school children (13-17 years) consuming fast food at least once a week

Note: 1. No data is available for Myanmar
 2. A few national surveys use indicators with varying definitions. For example, Singapore's Student Health Survey (2012) indicated that 46% students aged 13-17 consumed deep fried food twice a week or less frequent. Thailand's GSHS (2021) indicated that 39% of children aged 13-17 ate fast food at least 3 days per week. Cambodia's GSHS (2013) indicated that 3% of students ate food from a fast-food restaurant on three or more days during the past 7 days

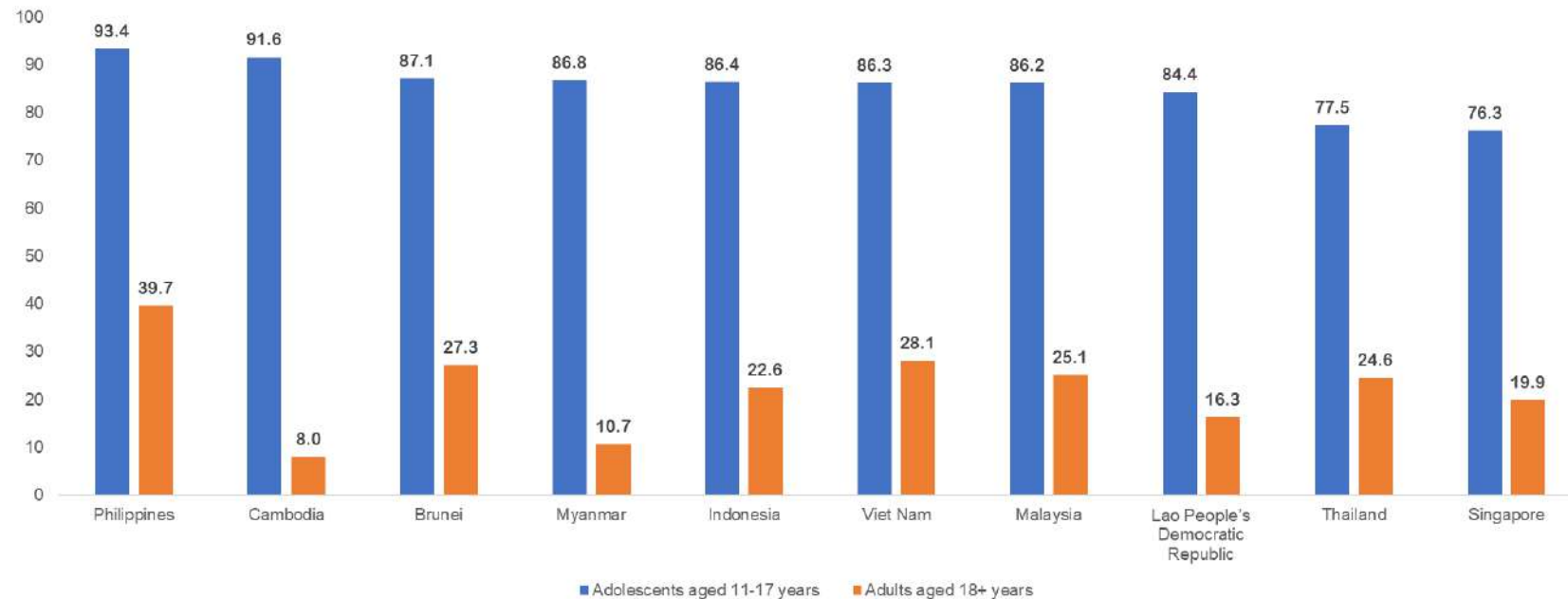


Percentage of school children (13-17 years) who usually drank carbonated soft drinks one or more times per day (%)

Source: Global School-Based Student Health Surveys (<https://www.cdc.gov/gshs/>)
 Note: Singapore's Student Health Survey (2012) found that 74% of students (boys 71% and girls 77%) aged 13-17 consumed sweetened drinks on average once a day or less frequent. Data is not included in the graph as it is not comparable due to differences in the indicator and the methodologies of both surveys. In Malaysia, total 36.9%, boys 41.4%, girls 32.4% children (13-17 years) who usually drank carbonated soft drinks one or more times per day (National Health and Morbidity Survey 2017)



Prevalence of insufficient physical activity among adolescents (aged 11–17 years) and adults (18+)



Source: All data were extracted from the ANSS. Specific sources referenced in the ANSS by each Member State for adolescent insufficient physical activity include: Cambodia: 2016 STEP Survey; Malaysia: National Health and Morbidity Survey 2019 and WHO Global Health Observatory 2016; Singapore: National Population Health Survey, 2019 and WHO Global Health Observatory 2016; Viet Nam: 2015 STEPS survey; Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Myanmar, the Philippines and Thailand: WHO Global Health Observatory (2016).

Note: The figure above only includes data points that match these indicator definitions. There are, however, national level estimates available for insufficient physical activity from ASEAN Member States that are calculated for different age groups. These are noted here for reference: In Cambodia, prevalence of insufficient physical activity among adolescents aged 13–17 years is 27.1 per cent (Cambodia STEPS Survey 2016). In Malaysia, prevalence of insufficient physical activity among children aged 10–17 years is 55.4 per cent (NHMS, Adolescent Nutrition Survey, 2017). In the Philippines, prevalence of insufficient physical activity among adolescents aged 10–17 years is 84.6 per cent and prevalence among adults aged 20–59 years is 37.1 per cent (FNR 2019, Expanded National Nutrition Survey).



Snapshot of policies, training and standards to improve school nutrition

ASEAN Member State	National school policy on physical activity and/or physical education	Nutrition education in the in-service teachers training curricula	Standards for marketing of food and non-alcoholic beverages	Standards or rules for foods and beverages available in schools
Brunei Darussalam	✓	✓	✓	✓
Cambodia	✓	✓	✗	✓
Indonesia	✓	✓	✓	✗
Lao People's Democratic Republic	✓	✓	✓	✗
Malaysia	✓	✓	✓	✓
Myanmar	✓	✓	✗	✓
Philippines	✓	✗	✓	✓
Singapore	✓	✓	✓	✓
Thailand	✓	✓	✓	✓
Viet Nam	✓	✓	✗	✗

Source: Member State reported availability of policies and programmes relevant to school nutrition was collected explicitly for this report.



Snapshot of programmes and initiatives to improve nutrition in schools to improve school nutrition

ASEAN Member State	Micronutrient supplementation (e.g., iron supplementation)	Monitoring of children's growth in schools	Provision of school meals/ school feeding programmes	School gardens	Physical education in school curriculum	Ban on vending machines in schools	Safe drinking water available free-of-charge in schools	Adequate sanitation and hygiene facilities in schools
Brunei Darussalam	x	✓	✓	✓	✓	x	✓	✓
Cambodia	✓	✓	✓	✓	✓	x	✓	✓
Indonesia	✓	✓	x	✓	✓	x	x	x
Lao People's Democratic Republic	✓	x	✓	✓	✓	x	✓	✓
Malaysia	x	✓	✓	✓	✓	✓	✓	✓
Myanmar	✓	✓	✓	✓	✓	x	✓	✓
Philippines	✓	✓	✓	✓	✓	✓	✓	✓
Singapore	x	✓	x	x	✓	x	✓	✓
Thailand	✓	✓	✓	✓	✓	✓	✓	✓
Viet Nam	✓	✓	✓	✓	✓	x	✓	✓

Source: Member State reported availability of policies and programmes relevant to school nutrition was collected explicitly for this report. Note: Not all programmes or initiatives are national in scale. Some are targeted or subnational. A check mark (✓) indicates it is implemented to some degree.



Snapshot of policies and coordination mechanisms to reduce overweight and NCDs

ASEAN Member State	Existence of an operational, multisectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors ^a	Prevention and treatment of diabetes represented in national policies ^b	National coordination mechanism to oversee, develop and implement the policy or strategy for diet and physical activity (NCDs) ^b	Existence of operational policy, strategy or action plan to reduce physical inactivity ^a	Implementation of physical activity public awareness programme ^a
Brunei Darussalam	✓	✓	✓	✓	✓
Cambodia	✓	✓	✓	✓	✓
Indonesia	✓	✓	✓	✓	✓
Lao People's Democratic Republic	✓	✓	✓	✓	✗
Malaysia	✓	✓	✓	✓	✓
Myanmar	✓	✓	✓	✓	✓
Philippines	✓	✓	✓	✓	✓
Singapore	✓	✓	✓	✓	✓
Thailand	✓	✓	✓	✓	✓
Viet Nam	✓	✓	✗	✓	✓

Note: a Sourced from WHO Global Health Observatory database on NCDs and verified by Member States; b or collected explicitly for this report



Snapshot of policies and economic tools that promote healthy food environments

ASEAN Member State	Policy to reduce salt consumption	Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	Reformulation to reduce the content of saturated fatty acids, trans-fatty acids, sugars and sodium	Policy to reduce the impact on children of marketing of unhealthy foods and beverages	Sugar-sweetened beverage tax	Other fiscal measures
Brunei Darussalam	✓	✗	✓	✓	✓	✓
Cambodia	✓	✓	✓	✗	✗	✗
Indonesia	✓	✗	✓	✗	✗	✗
Lao People's Democratic Republic	✗	✗	✗	✗	✗	✗
Malaysia	✓	✓	✓	✓	✓	✗
Myanmar	✓	✗	✗	✓	✗	✗
Philippines	✗	✗	✗	✗	✓	✗
Singapore	✓	✓	✓	✓	✗	✗
Thailand	✓	✓	✓	✓	✓	✗
Viet Nam	✓	✗	✗	✓	✗	✗

Source: Member State reported availability of policies and programmes relevant to food, the food environment and food systems was collected explicitly for this report.



Snapshot of guidelines and activities to increase public awareness on healthy eating

ASEAN Member State	Food-based dietary guidelines	Nutrient-based dietary guidelines	Communication strategies for social and behaviour change to improve nutrition
Brunei Darussalam	✓	✓	✓
Cambodia	✓	✗	✓
Indonesia	✓	✓	✓
Lao People's Democratic Republic	✓	✗	✓
Malaysia	✓	✓	✓
Myanmar	✓	✗	✓
Philippines	✓	✓	✓
Singapore	✓	✓	✓
Thailand	✓	✓	✓
Viet Nam	✓	✓	✗

Source: Member State reported availability of policies and programmes relevant to food, the food environment and food systems was collected explicitly for this report.



ASEAN Strategic Framework and Action Plan for Nutrition (2018-2030)



Political commitment through ASEAN Leaders' Declaration on Ending All Forms of Malnutrition [adopted by ASEAN Summit, 2017]



ASEAN Leaders' Declaration on Ending All Forms of Malnutrition

1. **WE**, the Heads of State/Government of the Member States of the Association of Southeast Asian Nations (ASEAN), namely Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand and the Socialist Republic of Viet Nam, on the occasion of the 31st ASEAN Summit held in Manila, the Republic of the Philippines on 13 November 2017;
2. **WELCOMING** nutrition security-related commitments such as the 2015 United Nations General Assembly declaration of 2016 to 2025 as the Decade of Action on Nutrition which calls for the implementation of the Rome Declaration and its Framework for Action, endorsed by 170 countries during the Second International Conference on Nutrition (ICN2) in Rome on 19-21 November 2014; the 2025 Global Voluntary Targets for the prevention and control of Noncommunicable Diseases adopted by the World Health Assembly in 2011; the 2025 Global Nutrition Targets for Improved Maternal, Infant and Young Child Nutrition adopted by the World Health Assembly in 2012, both of which were adopted by the UN General Assembly in 2011 and 2015, respectively, and the Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN adopted by ASEAN Leaders on 20 October 2013;
3. **GUIDED** by the 2030 Sustainable Development Goals (SDGs) adopted in September 2015 by the UN General Assembly which explicitly included nutrition through the SDG 2, "End hunger, achieve food security and improved nutrition and promote sustainable agriculture", and reaffirming the 2030 Agenda for Sustainable Development, building on the gains achieved on the Millennium Development Goals and identifying nutrition alongside poverty eradication, health, education and food security as continuing development priorities;

ASEAN Multi-sectoral Collaborative Workshop on Nutrition Security, March 2017

Regional Report on Nutrition Security in ASEAN (Vol 1 & 2), 2016



Political commitment through ASEAN Leaders' Declaration on Ending All Forms of Malnutrition [adopted by ASEAN Summit, 2017]



ASEAN Leaders' Declaration on Ending All Forms of Malnutrition

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- 2. WELCOMING** nutrition security-related commitments such as the 2015 United Nations General Assembly declaration of 2016 to 2025 as the Decade of Action on Nutrition which calls for the implementation of the Rome Declaration and its Framework for Action, endorsed by 170 countries during the Second International Conference on Nutrition (ICN2) in Rome on 19-21 November 2014; the 2025 Global Voluntary Targets for the prevention and control of Noncommunicable Diseases adopted by the World Health Assembly in 2011; the 2025 Global Nutrition Targets for Improved Maternal, Infant and Young Child Nutrition adopted by the World Health Assembly in 2012, both of which were adopted by the UN General Assembly in 2011 and 2015, respectively, and the Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN adopted by ASEAN Leaders on 20 October 2013;
- 3. GUIDED** by the 2030 Sustainable Development Goals (SDGs) adopted in September 2015 by the UN General Assembly which explicitly included nutrition through the SDG 2, "End hunger, achieve food security and improved nutrition and promote sustainable agriculture", and reaffirming the 2030 Agenda for Sustainable Development, building on the gains achieved on the Millennium Development Goals and identifying nutrition alongside poverty eradication, health, education and food security as continuing development priorities;

ASEAN Strategic Framework and Action Plan for Nutrition (2018 to 2030)

Strategic Thrusts

1. Scaling Up Nutrition Service Delivery

2. Ensuring Policy Support and Coherence Among Sectors

3. Resource Mobilisation

4. Capacity Building for Nutrition Stakeholders

5. Monitoring and evaluation via ASEAN Nutrition Surveillance System

multi-sectoral/multi-stakeholder
implementation



Overview of ASEAN Strategic Framework and Action Plan for Nutrition 2018-2030

- Total 65 project activities under ASEAN Strategic Framework and Action Plan for Nutrition 2018-2030
 - 13 project activities under Health sector
 - 9 project activities under Food and Agriculture sector
 - 18 project activities under Social Welfare Sector
 - 25 project activities under Education sector
- Development of ASEAN Guidelines & Reference documents, Web-based information system, Training, Workshop on sharing experiences, etc.



Examples of project activities in the ASEAN Strategic Framework and Action Plan for Nutrition 2018-2030

Project activities under Food and Agriculture sector

Conduct a study on ASEAN Food Pact beyond rice that is culturally acceptable and nutritionally adequate

Develop ASEAN policy on Healthy Food Choice

Develop joint capacity development/ training strategies for farmers on crop diversification, farm by-products, renewable energy, etc. (through extension networks)

Develop policy guide on crop diversification with consideration on country Food-Based Dietary Guidelines and food consumption patterns

Promotion of integrated and climate-smart farming system

Develop social protection policies and strategies that will mainstream productive social protection in support of nutrition objectives through agriculture production and processing

Strengthen promotion activities on a healthy diet

Strengthen Linkages and networking between Food Security Information System (FSIS) and Nutrition Surveillance System (NSS)

Harmonized and integrated indicators in the AFSIS (ASEAN Food Security Information System)



ASEAN Strategic Framework and Action Plan for Nutrition 2018-2030

Project Activities (under SOMHD)	Lead, Co-lead
1. Development of guidelines and minimum standards for the protection, promotion, and support of breastfeeding and complementary feeding. Partners: UNICEF, A&T	Philippines, Malaysia
2. ASEAN Food and Nutrition Security Report 2021. Partners: UNICEF, WFP	Philippines, Indonesia
3. Training on nutrition in emergencies	Indonesia
4. Workshop on sharing of experience on nutrition surveillance	Thailand, Philippines, Indonesia
5. Development of guidelines for maternal nutrition. Partners: UNICEF, A&T	Indonesia, Lao PDR
6. Development of guidelines on school nutrition package. Partners: WFP, UNICEF	Indonesia, Vietnam
7. ASEAN Minimum standards and guidelines on actions to protect children from the harmful impact of marketing of food and non-alcoholic beverages. Partners: UNICEF, WHO, A&T	Thailand, Singapore, Philippines
8. ASEAN Guideline on Minimum Standards for the Management of Child Wasting in National Health Systems. Partners: UNICEF, WFP	Cambodia, Philippines, Lao PDR
9. Web-based ASEAN Nutrition Surveillance System (ANSS). Partner: UNICEF	Philippines and Indonesia
10. Consultative Meeting for the Development of ASEAN Guidelines on the Integration of Nutrition in Sectoral Work Programmes. Partner: WFP (TBD)	Philippines
11. Writeshop to develop nutrition project proposals for unfunded initiatives under the ASEAN Multisectoral Strategic and Action Plan on Nutrition 2021-2025	Philippines
12. Development of Guidelines on the Prevention and Management of Overweight and Obesity among Children aged 2-18 years***. Partner: WHO	Brunei Darussalam, Malaysia, Singapore (TBC)
13. Development of standards for nutrition indicators during surveys and routine data collection; data collection methods; and data quality check. Partner: UNICEF	Vietnam, Philippines

Note: **Completed**

Ongoing

Upcoming

***included in HP 1 of AHC 1 WP 2021-2025



Nutrition project activities under HP 1 AHC 1 Work Programme 2021-2025

Project Activities (Health Priority 1)

Partners

1. Development of Guidelines on the Prevention and Management of Overweight and Obesity among Children aged 2-18 years. Lead by Brunei Darussalam, Malaysia, Singapore (TBC).

WHO

2. Development of training framework for health workers on the integration of NCD programmes in primary health care. Lead by Lao PDR.

UNICEF

3. Information sharing through ASEAN Health Sector webinars/video conferences for specific issues in promoting healthy lifestyles with ASEAN Experts Panel. Lead by AHC 1.

A & T, UNICEF, WFP



Nutrition project activities under HP7 AHC 1 Work Programme 2021-2025

Project Activities (Health Priority 7)	Requested Partners
1. Conduct of ASEAN Breastfeeding Forum. Lead by Thailand	UNICEF, A&T
2. Development of Human Milk Banking Regional Minimum Standards. Lead by AHC 1	A&T
3. Development ASEAN Regional Code Monitoring Platform for Inappropriate Marketing of Breastmilk Substitutes. Lead by AHC 1	A&T, UNICEF
4. Establishment of the Framework on Healthy Central Kitchen for childcare centres and kindergartens in ASEAN. Lead by Malaysia	JICA (TBC)
5. Establishment of ASEAN Guidelines on Healthy Plate Concept. Lead by Malaysia and Singapore	UNICEF
6. Development of ASEAN Guidelines and Minimum Standards for Mandatory Implementation of Large-Scale Food Fortification. Lead by Lao PDR	UNICEF
7. Follow up of the Development of ASEAN Guidelines for School Nutrition Package (Indonesia) • Development of Implementation Guide for the ASEAN Guidelines for School Nutrition Package • Conduct workshops to roll out ASEAN Guideline for School Nutrition Package in AMS	WFP, UNICEF
8. Conduct workshop on sharing of experience on nutrition surveillance. Lead by Philippines	UNICEF
9. Preparation of the ASEAN Food and Nutrition Security Report 2026. Lead by Indonesia	UNICEF, WFP
10. Development of training package and conduct of trainings for nutrition in emergencies preparedness. Lead by Indonesia	WFP
11. Establishment of ASEAN Network and Pool of Experts on Nutrition in Emergencies (NIE) i. Workshop on Sharing Experience on NIE in AMS (Indonesia) ii. Establishment of ASEAN Network and Pool of Experts on NIE (Indonesia) iii. Development of Technical Framework to Identify the Determinant of Nutritional Insecurity Including Impact of COVID-19 Pandemic among AMS and Address Emerging Food and Nutrition Security Issues Particularly to Vulnerable Groups (Malaysia)	UNICEF, WFP (TBC)
12. Development of Model for Multi-sectoral Approach to Sustain Food System for Healthy Diets in Ensuring Food and Nutrition Security in ASEAN. Lead by Malaysia and Indonesia	FAO

Ways forward

Scaling up nutrition service delivery

→ relevant to school nutrition:

1. **Nutrition of school-age children:** *Create healthy environments for school-age children and adolescents to learn and practice healthy eating and physical activity.*
 - Provide nutritious meals that meet 30 per cent of children's nutrient requirements through the school.
 - Deliver micronutrient supplementation and deworming medication for school-age children and adolescents through the school platform.
 - Regulate the marketing of unhealthy food and non-alcoholic drinks in and around school premises.
2. **Prevention of overweight, obesity and NCDs:** *Protect children from harmful marketing of unhealthy processed foods.*
 - Develop and implement front-of-pack nutrition labelling requirements, including those that identify foods that are high in salt, sugar and unhealthy fats.
 - Regulate marketing to children by implementing the Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children and recommendations on the marketing of foods and non-alcoholic beverages to children.
 - Adopt fiscal instruments (such as taxes or subsidies) that are suitable to local context and that create incentives for behaviours associated with improved health outcomes.



Ways forward

Intensify efforts to engage with relevant sectors and stakeholders to address the multi-causality of all forms of malnutrition [Ensuring policy support and coherence among sectors]

- Mainstream nutrition into sectoral activities to strengthen nutrition linkages.
- Ensure nutrition goals and targets are reflected in actions by health, food, water and sanitation, and social protection systems.
- Generate evidence on emerging multisectoral themes in nutrition, including: urban nutrition, inequities in nutrition service delivery and utilization, and the food system and food environment.

Increase public, multisectoral investments and level of cooperation to improve nutrition and ensure healthy diets [Resource mobilization]

- Prioritize the expansion of proven nutrition interventions within financing commitments, as detailed in the various ASEAN nutrition guidelines and minimum standards.
- Increase domestic investments in nutrition by governments

Monitoring and evaluation through the ASEAN Nutrition Surveillance System

- Reliable, routine data on nutrition status and intervention performance is required so that Member States can calibrate actions consistently and continuously to ensure programmes are achieving their intended objectives.





For more inquiries
For other information

: health@asean.org
: www.asean.org






Thank you!




S E A M E O
SEARCA

Southeast Asian Regional Center for Graduate Study and Research in Agriculture
College, Los Baños, Laguna 4031, Philippines

 +63 (49) 536 2554; 536 2631

 post@searca.org

 /seameo.searca

 SEARCAseminars