THE STATE OF THE REGION –
Overview of ASEAN Countries
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What is the State of the Region?
Let’s look at:

• Regional data and evidence, and improvements in key indicators;
• New developments in programming, and important policy changes;
• A snapshot of challenges and gaps
• Looking forward – to regional imperatives, opportunities, vulnerabilities, and driving forces.
UNDERSTANDING MALNUTRITION: CAUSES AND CONSEQUENCES

- **Intergenerational consequences**
  - Non-communicable diseases, reproductive health, premature mortality, disability, social isolation
  - Mortality, morbidity from infectious diseases, disability
  - Sub-optimal adult height, cognitive ability, economic/work productivity, reproductive outcomes

- **Immediate causes**
  - Physical inactivity
  - Poor dietary intake (quality and/or quantity)
  - Disease

- **Underlying causes at household/family level**
  - Sedentary lifestyle and behaviours
  - Insufficient access to healthy FOODS
  - Inadequate CARE and FEEDING practices and behaviours
  - Poor water, sanitation, food safety and inadequate HEALTH services

- **Basic causes at social level**
  - Access to natural capital (land, water, clean air), markets, education, support networks, social protection, infrastructure and transportation, employment, income, technology, information, marketing
  - Culture and social norms; gender; fiscal and trade policies; legislation and regulations; agriculture; food systems; urbanization; climate change; pollution; political stability and security
THE NUTRITION SITUATION IN ASEAN MEMBER STATES
An average 30% or 17.9 million U5s are stunted in ASEAN countries.
Figure 7: Number of children under five who are stunted in ASEAN Member States*

- Brunei Darussalam (2012) 7,588
- Cambodia (2014) 571,434
- Indonesia (2013) 8,916,656
- Lao PDR (2011/12) 363,839
- Malaysia (2015)** 392,973
- Myanmar (2009/10) 1,809,699
- Philippines (2013) 3,342,674
- Thailand (2012) 637,719
- Viet Nam (2014)** 1,904,098

*Figures may vary slightly due to data collection methods and time periods.

**Data from a different survey year.
All ASEAN Member States have reduced stunting since the 1990s. **HOWERVER...**

- **Alarming disparities** within many countries
- The prevalence of **stunting** is **higher in low socioeconomic** populations as it is often for populations in **rural** regions or in **less accessible** areas.
Wasting

Figure 8: Prevalence of wasting in children under five in ASEAN Member States

- 5.4 million children under 5 are wasted
- 4.3 million children under five suffer from severe wasting each year
Wasting prevalence is **stagnant** in many countries: Cambodia, Indonesia, Philippines, Thailand, Viet Nam.
Anemia

- Approx. **36%** of **pregnant women** are anemic
- **38%** of **children** 6–59 months (**21.4 million children**) are anemic
- Anemia is a **moderate or severe** public health problem in all countries
Overweight and obesity

Approx. **4.5 million children** under five are overweight/obese in ASEAN

- Significant differences among ASEAN Member States, with adult overweight prevalences ranging from **3%** to over **30%**.
Complementary feeding (CF) indicators should be considered a priority for all ASEAN Member States.
Status of nutrition-sensitive interventions

WASH: sanitation access better in urban than in rural; overall coverage ranges from 37% to universal.
**Status of nutrition-sensitive interventions**

- Zero “Hunger” does not mean zero malnutrition. Food inadequacy persists- 29% in Lao PDR. Six countries have over 15% of population with inadequate food access. Diversity of consumption is still low.

- Girls education- in this region girls enjoy comparable secondary school completion rates as boys, but overall completion rates can still be improved.

- Early Marriage- up to 35% (Lao PDR) of girls married before age 18. Cambodia 18%; Indonesia 17%; Philippines 14%; Thailand 22%; Viet Nam 9%

- Social Safety Net and Cash Grant programmes - very large programmes in Indonesia and the Philippines are critically important programmes. Both are being linked to nutrition services and monitoring.
THE CASE FOR INVESTING IN IMPROVED NUTRITION AND HEALTHY DIETS AND THE COSTS OF NOT INVESTING
**ECONOMIC COSTS for selected ASEAN Member States**

- **Cambodia**: 2.5% of GDP is the cost of undernutrition
- **Lao PDR**: 2.4% of GDP is the cost of undernutrition
- **USD $305.9 million is the cost of inadequate breastfeeding in seven countries of SE Asia**
- **Thailand**: USD $12 million estimate cost of coronary heart disease, stroke, diabetes
- **Viet Nam**: USD $20 million estimate cost of coronary heart disease, stroke, diabetes
- **Philippines**: USD $60 million estimate cost of coronary heart disease, stroke, diabetes
- **Indonesia**: USD $4.47 trillion is the estimated cost of NCDs from 2012 - 2030
The prevalence and economic burden of 
**overweight, obesity and NCDS** are increasing rapidly in ASEAN → serious public health concern with spiralling costs.

Based on the high costs to **individuals, households and countries** dealing with all forms of malnutrition and its consequences for health → imperative that high-level commitments to nutrition improvement are translated into effective and equitable actions in ASEAN.

Investing in reducing malnutrition yields tremendous **economic and social gains** for a country, and it is an **ethical imperative**.
Selected Case Studies

Indonesia

Community infant and young child feeding counselling at scale: lessons learnt from Indonesia

The Scaling Up Nutrition Movement: Successful experiences from Indonesia in moving to multi-sector action

The Philippines

Management of wasting in the Philippines: lessons learnt from disasters and emergencies, from practice to policy

Viet Nam

Strengthening maternity protection and the International Code in Viet Nam: extension of maternity leave from 4 to 6 months and ban of advertisement of breast-milk substitutes for children up to 24 months
IYCF Community Counselling in Indonesia

Evaluation in 3 districts - 2011-2014

- Prevalence of stunting in 0-35mo declined from 30% to 24%
- Exclusive BF increased 52% to 72%
- CF indicators (MDD and MAD) increased significantly among the poorest quintile:
  - MDD 15% to 25%
  - MAD 7% to 17%
OVERCOMING CHALLENGES AND FINANCING GAPS
General Challenges

1. Urbanization and migration
2. Dietary changes
3. Increased food prices
4. Climate change and natural disasters
5. Inadequate resilience
6. Food industry
7. Inequities
8. Social and cultural factors
Context-specific Challenges

1. Multi-stakeholder coordination
2. Sustainable financial commitment
3. Capacity for nutrition improvement
4. Supportive legal frameworks
5. Monitoring and evaluation
6. Accountability
7. Other challenges to scale up effective interventions
Looking forward: regional imperatives, opportunities, vulnerabilities, and driving forces
Recommendations from the Report

i) Strengthen national nutrition policies and legislative frameworks

ii) Promote multisectoral and multi-stakeholder commitment, policy coherence and action

iii) Implement effective nutrition-specific interventions at scale and equitably, within national plans and budgets and as part of emergency response
Recommendations from the Report

iv) Promote social and behaviour change, empowering and engaging the community

v) Strengthen institutional capacity and the workforce

vi) Ensure a coherent monitoring, evaluation and accountability framework
Thank you