



Discussion Report Talking ASEAN

on

Overcoming Malnutrition in Children of Southeast Asia

Jakarta, May 2nd 2019



Introduction

On Thursday, May 2nd, 2019, The Habibie Center hosted its regular Talking ASEAN public discussion titled “Overcoming Malnutrition in Children of Southeast Asia” at The Habibie Center Building, Jakarta. This Talking ASEAN featured **Ir. Ahmad Syafiq, M.Sc., Ph.D.** (Head of the Center for Nutrition and Health Studies, Universitas Indonesia), **Mr. Michael Glen** (Technical Officer, Health Division, ASEAN Secretariat), and **Ms. Alautiah Miftahayati Rahmunanda** (Technical Officer, Health Division, ASEAN Secretariat) as the panel speakers, with Mr. A. Ibrahim Almuttaqi (Head of ASEAN Studies Program, The Habibie Center) as the moderator.

The objectives of this Talking ASEAN were to: (1) discuss the situation of malnutrition in Southeast Asia in comparison with global standards and numbers; (2) identify possible challenges in overcoming issues of malnutrition in ASEAN member states; and (3) produce possible recommendations for ASEAN and its member states to prevent and tackle issues of malnutrition in the region and the respective countries.

Global malnutrition continues to be a threat for many countries, despite the rising economy seemingly enabling more people to acquire balanced and nutrient-rich foods. While malnutrition is a global problem, it is a more pressing problem in Southeast Asia. As found in the ‘Levels and Trends in Child Malnutrition 2018,’ a report by the World Health Organisation, United Nations Children’s Fund, and World Bank Group, 8.7 percent of children under five in ASEAN countries are wasting, while 25.7 percent are stunted, with significant number of cases in countries such as Cambodia, Indonesia, Myanmar, and Vietnam.

In 2015, ASEAN member states adopted the 2030 Agenda for Sustainable Development. As WHO emphasises, addressing the double burden of malnutrition will be key to achieving the Sustainable Development Goals, in particular Goal 2 (“End hunger, achieve food security and improved nutrition, and promote sustainable agriculture”) and Target 3.4 (“By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being”), as well as the Commitments of the Rome Declaration on Nutrition. Against this commitment, it is timely to discuss ASEAN’s performance in addressing the issue of children malnutrition, particularly because it will affect the human resources development in Southeast Asian countries, which is one of the most crucial aspects that might influence the country’s economic growth in the future.


Among the key recommendations that emerged from this particular Talking ASEAN public dialogue were: (1) the importance of seeking multi-sectoral and multi-stakeholders cooperation that includes all ASEAN Community Pillars, and all the partners that have interest on the issue; (2) use of scientific data and evidence such as the ASEAN Nutrition Surveillance System to produce targeted programs that addresses actual problems and which should be consistently updated and tested; and (3) to address stigma surrounding formula milk consumption and to educate the public that it does not necessarily equate to replacing breastfeeding.

This discussion report summarizes the key points of each speaker, as well as the question and answer session that followed.

PRESENTATION FROM THE PANELIST



Mr. Michael Glen
(Technical Officer, Health Division,
ASEAN Secretariat)



Mr. Glen shared the key regional initiatives and overall issues of malnutrition in ASEAN. He began the explanation by exploring the general structure of ASEAN, particularly related to the ASEAN Community 2025. The vision of ASEAN Community 2025 emphasises on deeper and more comprehensive process of integration, ASEAN-centrality, equitable development of the ASEAN member states, as well as more connected ASEAN. Within the ASEAN structure, health sector is governed under the ASEAN Socio-Cultural Community pillar. The ASEAN Socio-Cultural Community Blueprint 2025 highlights five characteristics, which are engages and benefits people, inclusive, sustainable, resilient, and dynamic.



In the Socio-Cultural Blueprint 2025, ASEAN has also considered the Sustainable Development Goals, the UN Conference on Disaster Risk Reduction, the UN Climate Change Conference, and other related international as well as national frameworks and commitments. Specifically for health sector, ASEAN has developed the ASEAN Post-2015 Health Development Agenda: Alignment and Complementary, which presents the goals and programs for health sector initiatives until 2020. This document, which narrows the focus and work programs for ASEAN, is based on the ASEAN Community 2025 Blueprint and the Sustainable Development Goals (SDGs) 2030.

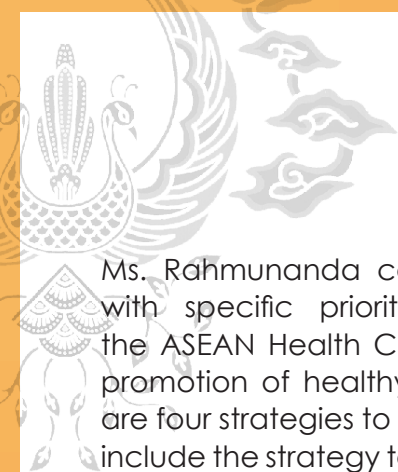
The main focus areas in the ASEAN Post-2015 Health Development Agenda are (1) promoting healthy lifestyle, (2) responding to all hazards and emerging threats, (3) strengthening health system and access to care, and (4) ensuring food safety. Issues on promoting good nutrition and healthy diet are taken in consideration under cluster 1, which is the goal to promote healthy lifestyle. To achieve the objective, ASEAN has designed work programmes from 2016 to 2020, which include numerous projects with six particular initiatives on promotion of good nutrition and healthy diet. In total, ASEAN has 104 project activities for health sector.

As far as ASEAN organisational structure is concerned, the ASEAN Health Ministers' Meeting is the highest decision making process for issues in health sector. The entry point for initial partnerships on issues related to nutrition is through the ASEAN Post-2015 Health Development Agenda Cluster 1.

PRESENTATION FROM THE PANELIST



**Ms. Alautiah Miftahayati
Rahmunanda**
(Technical Officer, Health Division,
ASEAN Secretariat)



Ms. Rahmunanda continued the discussion with specific priorities and programs on the ASEAN Health Cluster 1, which is on the promotion of healthy lifestyle. Overall, there are four strategies to achieve the goal, which include the strategy to strengthen capacity of ASEAN member states in promoting healthy lifestyle, promote cost effective intervention packages, strengthen advocacy, networking, and sharing of information, as well as develop strong monitoring and evaluation mechanism.

In regards to the progress of implementation of work programme of ASEAN Health Cluster 1, generally ASEAN has completed about 27% of its programs. The promotion of good nutrition and healthy diet, which is the seventh health priority, has two main strategies, which are establishing ASEAN Nutrition Surveillance System, and ensuring policy and programme are coherent amongst relevant ASEAN sectors. Under each strategy, ASEAN has several project activities, including a number of workshops to develop the surveillance system, sharing of best practices, and multi-sectoral coordination to end malnutrition. Examples of completed programmes are the ASEAN Breastfeeding Forum in August 2017 in Manila, Philippines, and Training on Nutrition in Emergencies in September 2018 in Yogyakarta, Indonesia.

She mentioned the ASEAN Multi-sectoral Workshop on Ending All Forms of Malnutrition as one of the notable completed programmes. The workshop has achieved the completion of the ASEAN Leaders' Declaration on Ending All Forms of Malnutrition and the finalisation of the ASEAN Strategic Framework and Action Plan on Nutrition 2018-2030, which is endorsed by Senior Officials Meeting on Health Development to be implemented the following year. Indonesia sits in the 'midfield', with Prof Patrick pointing out charts on human resources quality and English language

proficiency. As for infrastructure and logistics, Indonesia has been improving a lot since last year, as airports, harbours, and roads are becoming much better.

Some of the key points of the ASEAN Leaders' Declaration on Ending All Forms of Malnutrition is the call for expanded multi-sectoral coordination to ensure coherent policies and nutrition enhancing activities, formulation of multi-sectoral regional framework of action for nutrition, and enhancement of cooperation across pillars through integration of nutrition into sectoral frameworks. The Declaration also recognised the importance of human resources capital to achieve the vision of ASEAN Community, and notes that malnutrition is still a prevalent problem in ASEAN and the efforts to reduce it has been slow and uneven. The Declaration ultimately aims to end all forms of malnutrition, particularly amongst the most vulnerable, poor and disadvantaged.

The implementation of the Declaration has resulted in the endorsement of ASEAN Action Plan on Nutrition 2018-2030 by 14th ASEAN Senior Officials Meeting on Health Development in April 2019. The Action Plan endorses five main strategic thrusts, which include scaling up nutrition service delivery, ensuring policy support and coherence amongst sectors, capacity building for stakeholders, and monitoring and evaluation through the ASEAN Nutrition Surveillance System.

In the end, she highlighted that to end all forms of malnutrition, ASEAN needs to seek multi-sectoral and multi-stakeholders cooperation. This includes all ASEAN Community Pillars, and all the partners that have interest on the issue. To address the issue of malnutrition, stakeholders must also pay attention to issues linkages, not only on regional level, but also on global level, involving global initiatives and partnership with related stakeholders such as WHO, UNICEF, and other institutions.

PRESENTATION FROM THE PANELIST



Ir. Ahmad Syafiq, M.Sc., Ph.D.
(Head of the Center for Nutrition and
Health Studies, Universitas Indonesia)



Mr. Syafiq shared the current issues on stunting in Indonesia, as it is one of the most prevalent issues of malnutrition in the country. Compared to other ASEAN countries, Indonesia is still ranked amongst the lowest. However, the prevalence of stunting in Indonesia is still above the global average. Although the majority of the cases happened amongst the poor, stunting is not an exclusively poor-people problem. According to the Indonesian National Health Survey (Risikesdas), stunting cases have also happened amongst the middle and upper class population, so it is actually a very complex problem.

The term stunting is not entirely understood by people in Indonesia, and it is part of the on-going discussion in the country. Stunting is commonly understood as and referred to as dwarfism, but the problem is actually more than that as it relates to short-term and long-term consequences of health, developmental, and economic condition. It is a complex problem that is influenced by household and family factors, feeding pattern, breastfeeding habit, infection, as well as community and societal factors such as education, culture, water, sanitation, and environment.

Indonesia still has problem in infant and young child feeding practices, particularly on exclusive breastfeeding and early feeding. This problem is actually shared around the world, not just amongst developing countries. There is a general view that it is best to



combine breastfeeding with bottle milk to provide the best nutrition. Other than breastfeeding practice, the issues of clean water, sanitation, and hygiene practices are also indirectly related to the problem of stunting. Clean water and proper sanitation is crucial in ensuring the health of the children, pregnant women, and mothers, but many population in Indonesia still have constraints in accessing clean water and good sanitation.

He also highlighted that there are actually many pathways to stunting. For example, unwanted pregnancy could cause premature birth, which could result in poor caring practices as there is lack of attachment to begin with. Alternatively, it could also start with poor knowledge on breastfeeding, which could lead to prelactal feeding that could cause frequent illness and stunting growth. Other than different pathways, stunting is also influenced by many factors, including waste management, sanitary system, personal hygiene habit, age, gender, breastfeeding practices, mother's level education, number of family members, and socio-economic status.

In conclusion, he mentioned that stunting could not be seen as one-dimensional problem, and the regional and national solutions to address the issue must also consider all these different factors and pathways. Policy-makers should not base the programs or policies based on certain bias, but must prioritise the needs of the stunted children.



QUESTION AND ANSWER SESSION

Session 1

Question: What is the ASEAN Nutrition Surveillance System really about and how does it work? Some ASEAN countries have high milk consumption rate, so what are the best practices that Indonesia has not done?

Responses

Ms. Alautiah Miftahayati Rahmunanda: Aside from selecting the indicators, we evaluate the capacity of member states to collect the data. Not all countries can collect all the indicators, so we are looking into which indicators that can be collected by all ASEAN member countries, and how ASEAN countries can support one another in collecting the data.

Mr. Ahmad Syafiq: Indonesia has a quite robust nutrition surveillance data, and ASEAN countries can learn from this. The most important thing is the sustainability of data collection and the welfare of the workers who collect the data, because many of them see this as an additional burden of part-time job. These factors are important to ensure the quality of the data.

On milk consumption, culturally Indonesia has a strong habit of drinking milk, whether from cow, horse, or goat. One of the issues with milk consumption is lactose intolerance, which is usually related to unsustainable consumption of milk when people reach adulthood because of the common view that milk is a child's drink. Another issue is how to balance the promotion to consume milk and breastfeeding, in the sense that promotion of milk consumption should not be aimed to replace breastfeeding. We also need to revisit and reconsider the studies on milk consumption to clarify the problem and what kind of programs that could work. Lastly, we need to address the stigma that milk consumption does not mean replacing breastfeeding, as well as promote the importance of sanitation issues in lifestyle.

Session 2

Question: The experience in Taiwan under the occupation of Japan, the issue of malnutrition was related to unbalanced consumption due to export of 70% rice and sugar to Japan. But after the reform and economic development, particularly after 1970s, Taiwan has no problem with malnutrition. However, with the modern society, we face the new burden of over-nutrition or overweight issue. Taiwan and Indonesia relations focus on agricultural projects, particularly to improve the technology and production of agriculture products. Through these projects, we can improve the source of food in Indonesia. When we talk about ASEAN structure, is there any specific strategy from the Indonesian government related to malnutrition?

Question: From the experience in Mexico, the government has a specific program for milk consumption. Like Indonesia, they also do not have universal access to milk due to price and accessibility. But with the social program of milk consumption, they have promoted better access to milk for all population. Indonesian can actually replicate this strategy and learn from the experience of Mexico.

Question: Do you think in the context of Indonesia, culture can be one of the factors that caused malnutrition or stunting? Some health practitioners in Indonesia sometimes prohibit some consumption for infants; do you think this kind of cultural practices caused malnutrition?

Question: Milk is still relatively expensive for some people in Indonesia, particularly for those who live in the villages. What do you think about the consumption of condensed milk? The issue is controversial because although it is considered to be cheap, it is not very nutritional.

Responses

Mr. Ahmad Syafiq: Indonesia has specific program that separate nutrition consumption with nutrition specific program and nutrition sensitive program. For these programs, it is important to have the nutrition accessible and affordable for people. This is why food production is important, and not only that, water and sanitation are also equally important. The government also has healthy lifestyle program, which does not only include nutrition consumption but also better physical activities. Data from the national survey shows that health problem in Indonesia does not only relate to under consumption of nutrition or the eating habit, but also related to the lack of physical activities. This is why we need to look at the data to see what is the actual problem and design targeted program for that problem.

Indonesia will have a pilot program to promote milk consumption, so it is important to learn from another experienced countries such as Mexico. On the other hand, related to cultural issues, culture is not really influential in causing malnutrition because programs that seek to balance breastfeeding and better consumption has worked efficiently. But generally, it is important to investigate further on the factual impact of the taboos or cultural practices to prevent any health issues. Lastly on the issue of condensed milk, we saw that the controversy against condensed milk was exaggerated, so it was probably the issue of business competition. In Indonesia, the contribution of sugar from condensed milk is actually still low, so we need to clarify the issue to avoid misunderstanding among the people. Scientific data and evidence should be consistently evaluated and tested to produce the most updated truth for the context and the time.

Mr. Michael Glen: ASEAN Declaration on Malnutrition was endorsed by all member countries of ASEAN. ASEAN health ministers have the responsibility to monitor and evaluate the progress of the objectives. It was developed to meet the local needs of all ASEAN countries, and to complement the international instruments.

Ms. Alautiah Miftahayati Rahmunanda: The declaration also promotes the multi-sectoral and multi-stakeholders cooperation in promoting the objectives of nutrition. The Ministry of Indonesia, for example, has developed programs like the promotion of healthy lifestyle and consumption. Other ASEAN countries can learn from Indonesia in this activity. The government has also continuously advocated the promotion of programs related to nutrition with different ministries and agencies in Indonesia, so I think it has worked pretty well.



ABOUT ASEAN STUDIES PROGRAM

The ASEAN Studies Program was established on February 24, 2010, to become a center of excellence on ASEAN related issues, which can assist in the development of the ASEAN Community by 2015. The Habibie Center through its ASEAN Studies Program, alongside other institutions working towards the same goal, hopes to contribute to the realization of a more people-oriented ASEAN that puts a high value on democracy and human rights.

The objective of the ASEAN Studies Program is not merely only to conduct research and discussion within academic and government circles, but also to strengthen public awareness by forming a strong network of civil society in the region that will be able to help spread the ASEAN message. With the establishment of ASEAN Studies Program, The Habibie Center aims to play its part within our capabilities to the ASEAN regional development.

ABOUT TALKING ASEAN

Talking ASEAN is a monthly public dialogue held at The Habibie Center in Jakarta. Covering a wide array of issues related to ASEAN, Talking ASEAN addresses topics of: Economic Integration, Socio-cultural, & Democracy, human rights and regional peace, among others. Featuring local and visiting experts, Talking ASEAN is one of a series of twelve dialogues regularly held each month and open to a target audience consisting of ASEAN officials, foreign ambassadors & diplomats, academics, university students, businesses, and the media.

PROJECT SUPERVISOR: Hadi Kuntjara (Executive Director) & Mohammad Hasan Ansori (Director, Program and Research) | **HEAD OF ASEAN STUDIES PROGRAM:** A. Ibrahim Almuttaqi | **RESEARCHERS:** Muhamad Arif, Hana Hanifah, Vierna Tasya Wensatama | **FINANCE & ADMINISTRATION:** Anissa Dini | **LAYOUT & DESIGN:** Mayka Risyayatul Asnawiyah

ASEAN Studies Program - The Habibie Center

The Habibie Center Building - Jl. Kemang Selatan No.98, Jakarta 12560
Tel: 62 21 781 7211 | Fax: 62 21 781 7212 | Email: thc@habibiecenter.or.id

www.habibiecenter.or.id www.thcasean.org

facebook.com/habibiecenter [@habibiecenter](https://twitter.com/habibiecenter)