Mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in the WHO South-East Asia Region 2016–2025

December 2021
Acknowledgement

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<tr>
<td>BAFRA</td>
<td>Bhutan Agriculture and Food Regulatory Authority</td>
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<td>BCC</td>
<td>behaviour change communication</td>
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<td>BFHI</td>
<td>baby-friendly hospital initiative</td>
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<td>BoP</td>
<td>back of package</td>
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<tr>
<td>BPOM RI</td>
<td>National Agency of Drug and Food Control of the Republic of Indonesia</td>
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<tr>
<td>CAC</td>
<td>Codex Alimentarius Commission</td>
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<td>CCS</td>
<td>Country Cooperation Strategy</td>
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<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>CSA</td>
<td>civil society alliance</td>
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<tr>
<td>DACU</td>
<td>Development Assistance Coordination Unit</td>
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<td>DHS</td>
<td>demographic and health surveys</td>
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<tr>
<td>DPR Korea</td>
<td>Democratic People's Republic of Korea</td>
</tr>
<tr>
<td>EAPRO</td>
<td>East Asia and Pacific Regional Office</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<tr>
<td>FBDG</td>
<td>food-based dietary guidelines</td>
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<td>FDA</td>
<td>Food and Drug Administration</td>
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<tr>
<td>FSA</td>
<td>Food Standards Agency</td>
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<tr>
<td>FSSAI</td>
<td>Food Safety and Standards Authority of India</td>
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<tr>
<td>FoPL</td>
<td>front-of-package labelling</td>
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<tr>
<td>FoPTL</td>
<td>front-of-pack traffic light</td>
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<tr>
<td>GAIN</td>
<td>Global Alliance for Improved Nutrition</td>
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<td>GNPR</td>
<td>Global Nutrition Policy Review</td>
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<td>GPS</td>
<td>global positioning system</td>
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<td>HFSS</td>
<td>high in fat, salt or sugar</td>
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<td>HMIS</td>
<td>health management information system</td>
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<td>HPN</td>
<td>healthier populations and noncommunicable diseases</td>
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<td>HR</td>
<td>human resources</td>
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<tr>
<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
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<td>ICN</td>
<td>International Conference on Nutrition</td>
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<td>KII</td>
<td>key informant interview</td>
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<tr>
<td>LBW</td>
<td>low birth weight</td>
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<tr>
<td>LMIC</td>
<td>low- and middle-income countries</td>
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<td>MIYCN</td>
<td>maternal, infant and young child nutrition</td>
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<tr>
<td>MoAF</td>
<td>Ministry of Agriculture and Forests</td>
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<td>MoEA</td>
<td>Ministry of Economic Affairs</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>MoU</td>
<td>memorandum of understanding</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<tr>
<td>NFHS</td>
<td>National Family Health Survey</td>
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<td>NHD</td>
<td>Department of Nutrition for Health and Development</td>
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<td>NNC</td>
<td>National Nutrition Centre</td>
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<tr>
<td>NITI Aayog</td>
<td>National Institution for Transforming India</td>
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<tr>
<td>NSGC</td>
<td>National Nutrition Steering Committee</td>
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<tr>
<td>OCP</td>
<td>Office of Consumer Protection</td>
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<tr>
<td>PEN (WHO)</td>
<td>Package of Essential Noncommunicable Disease Interventions</td>
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<tr>
<td>PHO</td>
<td>partially hydrogenated oils</td>
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<tr>
<td>RC</td>
<td>regional committee</td>
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<tr>
<td>REPLACE</td>
<td>review, promote, legislate, assess, create, enforce</td>
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<tr>
<td>SD</td>
<td>standard deviation</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SE Asia</td>
<td>South-East Asia</td>
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<tr>
<td>SEARO</td>
<td>(WHO) Regional Office for South-East Asia</td>
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<tr>
<td>SSB</td>
<td>sugar-sweetened beverages</td>
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<tr>
<td>SUN</td>
<td>scaling up nutrition</td>
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<tr>
<td>TFA</td>
<td>trans-fatty acids</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<tr>
<td>WCO</td>
<td>WHO Country Office (for)</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WRA</td>
<td>women of reproductive age</td>
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Executive summary

The WHO South-East Asia Region (SE Asia Region) is the most populous Region in the world with high levels of poverty, disease burden and malnutrition. The combination of rapid nutritional, epidemiological and demographical transition has impacted the nutrition profile across the Member States of the Region. While undernutrition rates, including micronutrient malnutrition, are declining slowly, a significant rise in overweight and obesity – the double burden – is seen across many age groups. There is also an associated rapid upsurge in noncommunicable diseases (NCDs).

The extent of the double burden varies across Member States necessitating urgent and sustained efforts to address, combat and overcome the issues of undernutrition, overweight and obesity and associated NCDs. The identification, promotion and implementation of double-duty actions that simultaneously and synergistically address undernutrition as well as overweight, obesity and diet-related NCDs across key policy action areas are envisaged as inevitably important opportunities and immediate priorities.

The Strategic Action Plan to reduce the double burden of malnutrition in the WHO South-East Asia Region 2016–2025 was developed and endorsed in 2016 on the basis of these considerations and deliberations. This strategic plan aims to provide guidance to 11 Member States of the Region on comprehensive approaches to reduce the double burden of malnutrition. It serves the Member States as an advocacy and reference tool to ensure that interventions covering all forms of malnutrition are addressed comprehensively in country policies, strategies and actions.

The Strategic Action Plan has been implemented for over five years now. The South-East Asia Regional Committee (RC) Resolution stated that the WHO Secretariat should conduct a mid-term assessment of the progress of the implementation of the Strategic Action Plan and its achievements and report to the subsequent RC meeting.

Assessment purpose and methodology

Purpose: The overall objective of this mid-term review was to assess the progress of each of the 11 Member States in implementing the Strategic Action Plan to reduce the double burden of malnutrition in the WHO South-East Asia Region in 2016–2025 at mid-term, in accordance with country priorities and context. The purpose of this assessment was to foster reflection on key accomplishments along with bringing to the fore challenges and areas of improvement to facilitate organizational learning.

The intended primary audience for this assessment involves decision-makers at WHO, both at the Regional and country levels, along with policy-makers of the ministries concerned in the Member States. This assessment is expected to be mainly used for guiding and supporting WHO for any required course correction and further support is needed for the successful implementation of the Strategic Action Plan for reducing the double burden of malnutrition in the WHO SE Asia Region in 2016–2025.
Assessment design and methodology: The assessment employed a mixed-method approach, where quantitative information was gathered to complement the qualitative insights. A two-pronged assessment design was utilized to gather data – secondary review and primary data collection.

- Secondary review: The study focused on secondary review through an in-depth literature review covering data and reports (over 100 documents) published from 2016 to 2021. This also included an analysis of the already published monitoring data for nutrition-related indicators.

- Primary Assessment: Key informant interviews (KII) with 22 stakeholders were conducted to assess the Strategic Action Plan activities, implementation and progress, document the achievements and challenges, and ascertain the level of perceived attribution to the Strategic Action Plan. The respondents were primarily from WHO, ministries concerned and technical partners.

A purposive sampling approach was adopted to identify stakeholders from WHO, ministries of health, technical partners and donors for KII. In view of the coronavirus disease (COVID-19) pandemic and subsequent restrictions imposed on travel, the interviews were conducted remotely via Microsoft Teams or other suitable platforms. To ensure the maximum coverage of the intended Member States and respondents, the interview guide (which was redeveloped as an open-ended questionnaire) was emailed to the participants, who were not able to participate in any other way. Data collection and analysis took place concurrently, directly integrating quality assurance into the approach through course corrections. The findings from the analyses were synthesized in the last stage of the assessment. The findings were interpreted by triangulating results from the different data sources – secondary review and primary interviews.

Limitations in conducting this assessment included limited accessibility of respondents and resources due to the COVID-19 pandemic. The coverage of ministry/government stakeholders was restricted only to a few Member States (Bangladesh, Thailand and Timor-Leste). The assessment team could not schedule key stakeholder interviews with government officials of the remaining countries because of their engagement and priorities associated with COVID-19 response. Furthermore, the assessment of the activities under the Strategic Action Plan 2016–2021 took place in 2021 amidst the effects of COVID-19. This might have resulted in recall and recency biases in accuracy and completeness of the information obtained from the respondents.

Assessment findings

In its short history, the Strategic Action Plan had a significant influence on shaping the regional agenda for reducing the double burden of malnutrition in the Region – accelerating advocacy and facilitating dialogue, forging partnerships and developing collaborations, enhancing the country’s capacity and providing technical guidance to Member States, when needed.

WHO, as guided by the strategic directions of the Strategic Action Plan and collaboration with partners, has been successful in supporting countries in setting priorities for nutrition actions, advocating for the importance of nutrition for health and development, and ensuring access to this evidence-informed global guidance through publication and dissemination and adapting it to country context. WHO has also brought
strategic advantages in terms of global health initiative networks, innovative health technologies, global partnerships, convening power of WHO and technical capacity to support national efforts to adopt best practices in health policy development, programme implementation and monitoring of health trends.

During the assessment period, there was a series of landmark achievements in the Region with respect to formulation/revision of policies and plans in order to implement evidence-based interventions to tackle both undernutrition and the rising burden of overweight, obesity and diet-related NCDs.

All Member States have national nutrition policies, programmes, strategies or action plans in place. Almost all the countries have defined targets, identified, time-bound nutrition targets, based on global nutrition targets, and diet-related NCD targets in public policy documents. Understanding the criticality of multisectoral collaboration, all Member States have either a functional or are in the process of formalizing/establishing a multistakeholder coordination mechanism for nutrition. More than half of the countries in the Region have developed food-based dietary guidelines that promote healthy diets and are used for nutrition promotion.

Nearly all Member States except a few have conducted either a demographic and health survey or a multiple indicator cluster survey or a comparable national nutrition survey at least once in the past five years, leading to data collection and monitoring of indicators associated with nutrition. Several countries have enacted legislations for tax on sugar-sweetened beverages (SSB) and against marketing of breast milk substitutes. There has been an impressive increase in exclusive breastfeeding rate at six months in the Region due to technical and advocacy support for promoting breastfeeding by WHO. With continued, high-level advocacy, there are renewed commitments regarding childhood stunting from the Member States. Additionally, all Member States now have included salt reduction targets in their national plans and seven countries have identified mean salt intake levels for their population.

In the SE Asia Region, there has only been a slight progress towards achieving global and country nutrition targets selected for assessing progress on the double burden of malnutrition. Three countries are on track to meet the under-five stunting target while four are progressing towards meeting the targets of exclusive breastfeeding rate below six months of age. Not a single country in the Region is on course to meet the targets on low birth weight and anaemia in women of reproductive age (15 to 49 years).

Only one country each is on course to meet the global target for wasting and the target for overweight among children under five years of age. No Member State in the Region is on course to meet the targets for overweight/obesity among women. Reduction in salt intake has been shown in only one country. Lack of recent data to review progress is rampant for low birth weight (9 countries), exclusive breastfeeding rate (6 countries), salt intake measurements (8 countries) and prevalence of overweight women (8 countries).

Enablers and barriers

In addition to the catalytic guidance provided by the Strategic Action Plan and support from WHO headquarters, the Regional Office and country offices in the form of high-level advocacy, technical assistance, guidelines, toolkits, policy formulation and development of strategies in nutrition, a lot of the
success can be attributed to elevation in political will and commitment of Member States. Moreover, the collaboration amongst UN agencies was a key enabler for optimization of resources and streamlining of processes and activities critical for progressing towards the common goal of reducing the double burden on malnutrition in the Region.

Despite the achievements, some key challenges persisted in the implementation of the Strategic Action Plan. Obesogenic food environment (low availability, accessibility, desirability and affordability of healthy foods along with misleading/inadequate labelling), influence of commercial determinants, limited access to healthy food that has become worse due to COVID-19, inadequate multisectoral coordination (food, health, water, sanitation and hygiene, education) and suboptimum monitoring and dissemination of data for real-time planning are some of the key challenges.

Despite having robust policies and programmes, countries often experience multiple implementation challenges – fewer financial investments, prioritization of pandemic emergency response, non-compliance, poor outreach, insufficient human resources (both at WHO and Member State levels), to name a few. Moreover, the pandemic threatened the fragile gains in nutrition services achieved by the Region over the past decade and as the pandemic intensifies, the outlook for nutrition is concerning.

Recommendations

Recommendations for WHO

Policy advocacy and planning

• Obesity and diet-related NCDs are yet to gain importance similar to that accorded to undernutrition in some Member States of the Region. There is a need to constantly advocate with countries/leaderships for adequate and consistent investment with regard to the double burden of malnutrition. Inclusion of targets for overweight and obesity in the existing programmes and strategies is recommended to ensure proportional weightage and commitments. This will involve not only continued advocacy with the highest authorities and policy-makers, but also time-bound yet need-based, multilevel capacity-building on policy formulation, improved use of data for decision-making, improved data sources and monitoring/tracking of systems, along with analytical capacities.

• Dialogues between governments and formal and informal food industry players on food labelling, marketing and controlling salt, sugar and trans-fats levels need to be initiated and supported on a sustained basis.

Technical support

• While nutrition and NCD control plans are in place and acted upon, there is a limited capacity for managing obesity and overweight. Depending on country contexts, specific, time-bound country plans with a special focus on obesity and overweight can be supported, in collaboration with UN and other partner agencies.

• Strengthen and update guidelines for implementation of nutrition supplementation and promotion programmes by alternate delivery strategies for the evolving scenario during the COVID-19 pandemic. Similarly, technical support is needed to ensure regular growth monitoring, food supplementation,
continued nutrition education and counselling, midday meals and other critical interventions when centres/schools are closed. A compendium of best practices and alternative mechanisms can be prepared/facilitated. These can also be integrated in mainstream policies and programmes.

- It is recommended to develop an online tracker or dashboard that could help in monitoring the activities committed to during partner collaborations. At present, the updates are offline, through emails, and are published on different time scales. Having a budget head or fund allocation would be immensely useful. Lessons can be learnt from existing forums and platforms supporting existing multiagency initiatives, which can be further scaled up.

Resources

- It is recommended that WHO strengthens the technical and HR capacity within WHO country office to support the national efforts of advocacy, monitoring, dialogues with stakeholders and awareness generation. The WHO resources and staffing at country offices can be improved upon to ensure optimal support to nutrition programmes.

Recommendations for Member States

Advocacy and awareness

- Member States need to strengthen advocacy and guidance efforts to re-address all forms of malnutrition. It is recommended that governments promote healthy diet, not just from the NCD perspective (i.e. merely restricted to reduction in salt and sugar intakes) but from the perspective of all forms of malnutrition and nutrition security.

- Due to the evolving changes in daily life caused by COVID-19, it is recommended that Member States use innovative approaches such as teleconsultations and mobile-based nutritional counselling, and focus resources on intensification of effective and consistent behaviour change campaigns, such as mass media and social media campaigns, to strengthen the nutrition services within the national health-care systems.
  - It is suggested that behaviour change campaigns be organized with a focus on overweight and obesity. Healthy workplaces and schools should be prioritized.

Multisectoral collaboration

- At the country level, major accountability and responsibility for malnutrition stay with the Ministry of Health (MoH). Thus, often, progress made by other sectors is not tracked. There is a need to strengthen the coordination by establishing mechanisms to clearly mark the accountability, roles and responsibilities of each sector.

- There is a need to bring the private sector on board and to have a platform to engage with the public sector, and explore the areas of their contribution to the nutrition agenda of the country. For example, private sectors are often willing to invest to improve nutrition outcomes of their own workforce.

- There is a need for initiation and facilitation of dialogue with food industries on labelling, marketing and controlling of sugar, salt and trans-fatty acids (TFA) in processed foods. Onboarding private sector is essential for longer-term changes in diets.
Monitoring

- It is recommended that Member States have mechanisms to get access to real-time data for making timely decisions.
- Measurement and monitoring of indicators of diet-related NCDs, along with key undernutrition indicators, need to be improved, highlighted and ensured.
Section 1: Introduction

The WHO South-East Asia Region – comprising Member States such as Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste – is the most populous Region in the world, with high levels of poverty, disease burden and undernutrition. The Region aims to embark on the race to meet the Sustainable Development Goals with high rates of social and economic development. However, the nutrition status of the population has not kept pace with development in other sectors. Large segments of the population still continue to suffer from malnutrition.

The combination of rapid nutritional, epidemiological and demographical transition has impacted the nutrition profile across these countries. While undernutrition rates, including micronutrient deficits, are declining slowly, a significant rise in overweight and obesity – the double burden – is seen across many age groups. There is also an associated, rapid upsurge in NCDs connected to many diet- and lifestyle-related risk factors.

The extent of the double burden varies across Member States necessitating urgent and sustained efforts to address, combat and overcome the issues of both overweight and obesity, undernutrition and NCDs. Thus, programmes and plans, aimed at undernutrition alone, with their share of successes and failures, require a re-evaluation as holistic interventions. The identification, promotion and implementation of double-duty actions that simultaneously and synergistically address undernutrition as well as overweight, obesity and diet-related NCDs across key policy action areas are envisaged as inevitably important opportunities and immediate priorities.

The WHO Strategic Action Plan1 to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025 was developed on the basis of these considerations and deliberations. This strategic plan aims to provide guidance to Member States on comprehensive approaches to prevent malnutrition. It serves the Member States as an advocacy and reference tool to ensure that interventions covering all forms of malnutrition are addressed comprehensively in country policies, strategies and actions.

1.1 Double burden of malnutrition: Global scenario

The double burden of malnutrition is a growing challenge being faced by most countries across the world.2 It refers to the coexistence of overnutrition (overweight and obesity) and undernutrition (micronutrient deficiencies, underweight and childhood stunting and wasting) at country, household, and individual levels.3 This health issue is especially prevalent in low- and middle-income countries (LMIC).4
The Lancet’s Series\textsuperscript{2,5,6,7} reports that one in three LMIC are affected by the double burden of malnutrition. As a result of the global nutrition transition, larger numbers of people are expected to experience it across the life course, typically suffering from undernutrition in childhood to overnutrition in adulthood.

Source: Global Nutrition Report 2020

The world has made some progress towards achieving global nutrition targets. However, this progress is far too slow; malnutrition persists at high levels. The Global Nutrition Report\textsuperscript{8} 2020 observes that only a few countries are on course to meet any of the targets for maternal, infant and young child nutrition (MIYCN). No country is on course to reduce the prevalence of anaemia among women of reproductive age, with one in three (32.8%) women, aged 15 to 49 years, affected, particularly those who are pregnant.

Globally, it is estimated that 14.6% of infants have low weight at birth, with only 11 countries on course to meet the low birthweight target. Some progress has been made towards achieving the exclusive breastfeeding target, with 32 countries on course and 44.0% of infants, aged 0 to 5 months, worldwide exclusively breastfed till six months. Thirty countries are on course to meet the reduction in stunting target, and 49 countries are on course to meet the wasting target. Globally, 53 countries are on course to prevent an increase in the prevalence of overweight among children under 5 years of age, which currently affects 5.6% of children.

Thus, while reduction in undernutrition rates is painfully slow, control of overweight, obesity and diet-related NCDs has also not picked up. Thus, the double burden of malnutrition has emerged as a formidable challenge facing the world today.

1.2 Double burden of malnutrition: the SE Asia Region scenario\textsuperscript{1,9,10,11}

Countries in the South-East Asia Region are in a state of rapid nutrition transition, driven by the flourishing economic development and urbanization, which have led to lifestyle changes. Suboptimal diets and lack of...
physical activity are the key causes. The ongoing nutrition transition in the Region is characterized by persistent undernutrition and micronutrient deficiencies, and the emerging problem of overnutrition. The Region bears much of the global burden, with 52 million children stunted (a third of the global burden), 25 million wasted (half of global wasting) and 5 million overweight (one seventh of global overweight). While South-East Asia has some of the lowest prevalence rates for overweight and obesity globally, the trend of overweight among children has been rising rapidly across all age groups since 2000. The growing paradox of undernutrition and obesity in the same population impacts the health status of the population and is straining national health capacities.

Source: Global Nutrition Report 2020 and The double burden of malnutrition: Priority actions on ending childhood obesity 2020

In the South-East Asia Region, 48% of deaths from NCDs occur below 70 years of age, 8.5 million people die every year from NCDs and 62% of all deaths are from NCDs. All age groups, i.e. adults, the elderly and children, are affected by NCDs. There is also an increased prevalence of or high-risk behaviour pertaining to, for example, excess consumption and use of alcohol and tobacco, unhealthy diets, physical inactivity and metabolic risks, such as rising blood pressure, obesity/overweight, hyperlipidemia and hyperglycemia.

Some other risk factors operational in the area include suboptimal consumption of fruits and vegetables, solid fuel use, oral health, mental health and road safety. Air pollution is emerging as a big risk factor for NCDs as well. NCDs especially affect the vulnerable and low socio-economic groups because of their higher exposure to harmful products and less access to information and healthier diets. The health systems of the Region that were previously geared towards fighting widespread undernutrition will now need to curb the rising rates of overweight and obesity in order to reduce NCDs.
The social, economic, developmental and medical impacts of the global burden of malnutrition are long-lasting and serious, and call for prompt and decisive action. The causes of the double burden of malnutrition relate to a sequence of epidemiological changes known as the nutrition transition, the epidemiological transition and the demographic transition. Inequity is also a cause – both of undernutrition and overweight, obesity and other diet-related chronic diseases. Inequities in food and health systems exacerbate inequalities in nutrition outcomes that in turn can lead to more inequity, perpetuating a vicious cycle.\(^\text{15}\)

Some of the global challenges associated with the lack of progress in reducing the double burden of malnutrition include the failure to invest enough money, poor governance, lack of leadership, poor implementation, lack of human resources and requirement for more research.\(^\text{16}\) This calls for a more serious action to be taken globally to reduce the double burden of malnutrition. Immediately following the announcement of the Sustainable Development Goals (SDGs), the “United Nations Decade of Action on Nutrition 2016–2025” articulated the goal of eliminating all forms of malnutrition by 2025, a goal underpinned by the principle of universality and achieving food and nutrition security for all.\(^\text{17}\)

1.3 Developments in the global nutrition policy environment

Since 2009–2010, the Global Nutrition Policy Review (GNPR1) is being conducted. In 2011, the United Nations General Assembly adopted a political declaration on the prevention and control of NCDs. This was the first global call for action on NCDs and in 2014, the progress was reviewed. In 2012, the World Health Assembly approved the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. The plan has six global nutrition targets to be achieved by 2025, including reductions in child stunting and wasting, and no increase in overweight as well as reductions in maternal anaemia and low birth weight, and increase in breastfeeding.

In 2013, the World Health Assembly approved the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, together with nine voluntary, global NCD targets and 25 indicators. At the second International Conference on Nutrition (ICN2), held in November 2014, Member States and the global community committed to eliminating malnutrition in all its forms. In the Rome Declaration on Nutrition, they articulated a common vision for global action that can be taken through the implementation of policy options described in the Framework for Action. ICN2 reiterated the commitments to achieving the six global nutrition targets for 2025 as well as the diet-related NCD targets for 2025.

In September 2015, the UN General Assembly adopted the Agenda for Sustainable Development, with 17 SDGs. SDGs commit the international community to ending poverty and hunger and achieving sustainable development by 2030. SDG2 is to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture, with Target 2.2 aiming to “end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons”. SDG3 is to ensure healthy lives and promote well-being for all at all ages, with Target 3.4 aiming to “reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being”.

Mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in South-East Asia Region 2016-2025 – Final Report
1.4 The United Nations Decade of Action on Nutrition

On 1 April 2016, the UN General Assembly declared 2016–2025 as the United Nations Decade of Action on Nutrition. This Decade offers a huge opportunity to countries across the world to address all forms of malnutrition. It sets a detailed timeline to implement the commitments under ICN2 in order to meet a set of global nutrition targets and diet-related NCD targets by the year of 2025, alongside the relevant sustainable development targets to fulfill the Agenda for Sustainable Development by 2030. The focus here is particularly on SDG2 to end hunger, achieve food security and improved nutrition and promote sustainable agriculture, and on SDG3 to ensure healthy lives and promote well-being for all at all ages.

The double burden of malnutrition offers a vital link between established and successful policies and initiatives, and emerging nutrition interventions. The intersection of seemingly contrasting and often confounding forms of malnutrition represented in the double burden of malnutrition lends a critical point of renewed focus and intervention. The double burden of malnutrition can be seen as a dual nutrition challenge or as an opportunity for double returns. Programmes and policies that aim to address this nutrition burden through double-duty or “win-win”, common and evidence-based actions are likely to be both efficacious and cost-effective. Double-duty actions include interventions, programmes and policies that have the potential to simultaneously reduce the risk or burden of both undernutrition (including wasting, stunting and micronutrient deficiency or insufficiency) and overweight, obesity or diet-related NCDs (including Type 2 diabetes, cardiovascular diseases and some cancers).

Fig. 4. Key areas of the UN Decade of Action on Nutrition, calls led by WHO and the Food and Agriculture Organization of the United Nations (FAO)

Some examples may include policies to ensure access to optimal maternal and antenatal nutrition and care; the protection, promotion and supporting of breastfeeding, including exclusive breastfeeding during the first six months, and appropriate complementary feeding in the first two years of life; programmes that foster healthy diets in pre-schools, schools, public institutions and workplaces; measures and policies that improve food security and ensure access to healthy foods for all individuals and families; and initiatives that ensure access to healthy and sustainable diets from appropriate and resilient food systems.

1.5 WHO Strategic Action Plan

Many global actions and policies have focused attention on the rise of overweight and obesity, including the recent Sustainable Development Agenda, which calls for an end to all forms of malnutrition. While the previous Regional Nutrition Strategy, “addressing malnutrition and micronutrient deficiencies (2011–2015)”, emphasized a multisectoral approach (vide Regional Committee resolution SEA/RC64/R4), it could not adequately address the current needs in the Region to tackle both undernutrition and overweight and
obesity. In response, WHO SEARO, in consultation with the Member States, developed a Strategic Action Plan to reduce the double burden of malnutrition. The action plan focuses on creating an enabling environment that will facilitate the implementation of interventions focused on both undernutrition and overweight and obesity.

The Strategic Action Plan was developed through an extensive consultative process with the Member States and nutrition experts, and it incorporated recommendations from global and regional policy platforms. The Strategic Action Plan sets out three objectives, four strategic directions and eight targets, in line with the current global initiatives. Each strategic directive has a set of certain policy actions and policy indicators. The Strategic Action Plan aims to support Member States to achieve eight nutrition targets – the six global nutrition targets and two diet-related NCD targets.

It outlines three objectives to be achieved in its course:

- to promote and develop an enabling environment for the effective implementation of nutrition interventions;
- to support implementation and scaling up of evidence-based direct and indirect nutrition interventions through the life course; and
- to promote healthy diets to reduce the double burden of malnutrition.

This action plan contains four strategic directions to achieve these objectives:

As per this Strategic Action Plan, WHO provides policy advocacy and technical support:

- Advocate for nutrition to be prioritized and repositioned as central to development and support Member States to set nutrition targets and develop/revise national policies, strategies and action plans to reduce the double burden of malnutrition.
- Promote and support adequate resource allocation for nutrition, establishment of partnerships and coordination mechanisms within health and other sectors to promote nutrition security.
• Develop strategic collaboration and coordination with development partners and other stakeholders, through platforms such as the Scaling Up Nutrition (SUN), United Nations Development Assistance Framework (UNDAF) and partnerships with technical institutions/academia and other actors.

1.6 COVID-19 and the double burden of malnutrition

As the pandemic continues to spread and persist, disrupting economies, food, health and social protection systems, hard-won global progress on nutrition and health is at risk. In recent years, several major drivers have put the world off the track of ending world hunger and malnutrition in all its forms by 2030. The challenges have grown with the COVID-19 pandemic and related containment measures. With the economic shocks of COVID-19 already being felt, there is a growing concern that poor households may be compelled to eat cheaper, less nutritious food that is more easily available. This would perpetuate unequal nutrition outcomes and further increase vulnerability to stunting, obesity and associated NCDs, which increase the severity of COVID-19 symptoms. The Global Nutrition Report 2020 rightly points out that poor diets are not simply a matter of personal food choices and we need to act decisively to change toxic food environments.

According to the World Food Programme, the number of people in Asia and the Pacific region, who are facing acute food insecurity, will nearly double to 265 million by the end of 2020. At the beginning of the pandemic, UNICEF estimated a 30% overall reduction in essential nutrition services coverage, reaching 75%–100% in lockdown contexts. Further estimates translate to an additional estimated 6.7 million children with wasting in, with an estimated 57.6% of these children living in Southern Asia. Lack of action in response to COVID-19 will deeply impact early-life nutrition with possible intergenerational consequences for child growth and development, life-long effects on education, chronic disease risks and overall human capital formation. Details of the impact of COVID-19 on the Region’s nutritional outcomes and progress and innovations adopted by the Region to tackle the same are mentioned in Section 4.4.2 of this report.

While it is imperative to assess the progress made by Member States at the mid-point of the WHO Strategic Action Plan to address the double burden of malnutrition, it becomes more crucial owing to the onslaught on all aspects of the nutrition ecosystem brought on by the pandemic. There is an urgent need to not only note the progress/lack of it, but to also detect the opportunities and necessities laid bare by the multifaceted crisis.
Section 2: Assessment purpose, scope and objectives

2.1 Purpose

The Strategic Action Plan has been implemented for over five years now. The RC Resolution stated that the Secretariat should conduct a mid-term assessment of the progress of the implementation of the Strategic Action Plan and its achievements and report to the subsequent RC meeting. Therefore, the Department of Nutrition for Health and Development (NHD) unit, Department of Healthier Populations and Noncommunicable Diseases (HPN) Department at WHO SEARO, undertook the assessment of the progress and achievements of the Strategic Action Plan in 2021, which would be reported to the WHO Regional Committee for South-East Asia in September 2022.

Thus, IQVIA has been selected as an independent assessor to carry out the mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025. This assessment is expected to provide an opportunity to learn from its results at all levels of the Organization. This is also expected to inform the development of the future country and regional support through a systematic approach to organizational learning.

2.2 Scope

This mid-term review covered all activities undertaken by WHO (Regional Office and country offices) in 11 Member States of the SE Asia Region. The intended primary audience for this assessment involves decision-makers at WHO, both at the regional and country levels, along with policy-makers of the ministries in concerned the Member States. This assessment is expected to be mainly used to guide and support WHO for any required course correction and further support is needed for the successful implementation of the Strategic Action Plan for reducing the double burden of malnutrition in the SE Asia Region 2016–2025. The outcome will also help in identification and prioritization of activities, needing more support from WHO (Regional Office and country offices) and other key organizations.

2.3 Objectives

The overall objective of this mid-term review is to assess the progress of each of the 11 Member States in implementing the Strategic Action Plan to reduce the double burden of malnutrition in the WHO South-East Asia Region 2016–2025 at mid-term in accordance with country priorities and contexts. The specific objectives are shown in the Fig. 4.

![Fig. 6. Objectives of the mid-term review](image)
3.1 Assessment questions

The assessment aims to answer the following six broad questions:

![Assessment questions](image)

3.2 Assessment framework

Based on our understanding of the mid-term review objectives and questions, and prior experience of conducting similar assignments, an assessment framework, based on the three key criteria of design, implementation and results, was adopted for this assessment, as explained below:

- **Design:** The first pillar focused on the broader context of the Strategic Action Plan planning, which included overall objectives and strategic directions, including the inputs viz. technical support, advocacy, policy dialogue, resource utilization, budget, human resources (HR), etc.

- **Implementation:** The second pillar focused on the review of the Strategic Action Plan, i.e. whether it has been implemented efficiently and effectively and as planned, with a focus on application of the inputs and processes/activities.

- **Results:** The third pillar focused on whether the implementation of the Strategic Action Plan was on track to achieve the respective intended objectives and targets as well as gathered evidence for any unintended results. This included whether the intended outputs have been achieved; how
the outputs from policy application contribute to outcomes; and how/to what extent the outcomes contribute to the achievement of the intended impact.

The country progress was documented only on the specific elements of the action plan as relevant to the Member countries, barring the rest of the indicators that the states have not adopted. The findings have been synthesized around the selected criteria highlighting country progress, any significant constraints for implementing the Strategic Action Plan, enablers, barriers and best practices adopted by the Member States.

### 3.3 Assessment design

The assessment employed a mixed-method approach, whereby quantitative information was gathered to complement the qualitative insights. A two-pronged assessment design was utilized to gather data – secondary review and primary data collection.

#### 3.3.1 Secondary review

With the aim of understanding the adoption and implementation of the Strategic Action Plan, the assessment team undertook an extensive literature review for the period stretching from 2016 to 2021. This included an extensive listing of publications, annual reports, press releases, newsletters and articles published by WHO, the ministries concerned of the Member States and implementing partners/donors – a collection of over 100 documents in all. At end of this secondary review, the information gathered was collated and analysed from the prism of assessment matrix/questions to identify the information gaps, and formulated hypothesis to be validated with primary research.

#### 3.3.2 Primary data collection

Key stakeholder interviews were conducted with diverse stakeholders to assess the Strategic Action Plan activities, implementation and progress, document the achievements and challenges, and ascertain the level of perceived attribution to the Strategic Action Plan. The participants were selected based on the following criteria:

i. stakeholders who are involved in the processes of planning and implementation of the Strategic Action Plan across the levels of WHO SEARO and country offices; and

ii. respondents from the respective ministries and from key technical and donor agencies working in the space of malnutrition.

#### 3.3.2.1 Sample size and data collection process

A total of 22 key stakeholder interviews were conducted with respondents from WHO, the ministries concerned and technical partners (a list of the respondents is provided in Annexure I) to obtain comprehensive information about the implementation of the plan and activities being conducted for tackling malnutrition in the Region and respective Member States. The stakeholder-wise breakup is provided in Table 1. In view of the pandemic and subsequent restrictions imposed on travel, the interviews were conducted remotely via Microsoft Teams or other suitable platforms.

To ensure the maximum coverage of the intended Member States and respondents, the interview guide (which was redeveloped as an open-ended questionnaire) was emailed to the participants who...
were not able to participate in any other way. For example, in Maldives, due to logistic constraints, telephonic and video interviews were not possible; thus, open-ended questionnaires were sent through email. Field notes and audio recordings (with due written consent from the respondents) were used to capture information during the interviews.

Table 1. Respondents of the assessment

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<th>WHO officials</th>
<th>Ministry officials</th>
<th>Technical/donor partners</th>
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<tr>
<td>Timor-Leste</td>
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<tr>
<td>TOTAL</td>
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<td>3</td>
<td>5</td>
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3.3.2.2 Development of tools, pilot-testing and training

To address the assessment questions, tools were designed as informed by the findings of the secondary review. Separate tools were developed for each category of respondents, namely WHO officials, ministry officials and technical partners and donors (Annexure II lists the discussion guides used in the assessment). The draft tools went through a process of rigorous internal validation and modification by domain experts – they were pilot-tested with regional stakeholders, such as the Regional Adviser at WHO SEARO. The data collection team was trained to use these guides before they conducted interviews at the Regional Office, which were followed by country-level interviews.
3.3.3 Data analysis and interpretation

Data collection and analysis were carried out concurrently, directly integrating quality assurance into the approach through course corrections. All audio recordings were transcribed verbatim and two members of the assessment team read each transcript and compared it with field notes. Further analysis was carried out, using the Atlas.ti software, by generating codes, themes and sub-themes. The data was analysed using a hybrid approach of grounded theory and framework analysis to take into consideration both prior themes and themes emerging organically.

The findings from the analyses were synthesized in the last stage of the assessment. The findings were interpreted by triangulating results from the different data sources – secondary review and primary interviews.

3.4 Limitations of the assessment

1. Accessibility of respondents and resources: The pandemic and scheduling constraints had an impact on the ability to access respondents. As a result:
   - The medium used for data collection was not uniform; a mix of various interviewing mediums such as telephone, video and email questionnaires was employed.
   - The coverage of ministry/government stakeholders was restricted to a few Member States only (Bangladesh, Thailand and Timor-Leste). The assessment team could not schedule key stakeholder interviews with government officials of the remaining countries because of their engagement and priorities associated with COVID-19 response.

2. The assessment of the activities under the Strategic Action Plan from 2016–2021 took place in 2021 amidst the effects of COVID-19. This might have resulted in recall and recency biases in accuracy and completeness of the information obtained from the respondents.

3. The secondary review was limited to documents available in English.
Section 4: Findings

Key findings from this assessment are presented as per the three pillars of the assessment framework, namely planning/design, implementation and results.

4.1 Planning/design:

This section reflects upon the broader context of the Strategic Action Plan planning and execution, including the inputs provided by WHO (both at regional and country levels) viz. technical guidance, policy advocacy and policy dialogue, planning and strategic support, etc. WHO SEARO and WHO country offices worked with the Member States in a variety of roles to support, facilitate and strengthen nutrition actions, which are detailed below.

4.1.1 Policy advocacy and planning, partnerships and collaborations

The 2030 Agenda for Sustainable Development and the UN Decade of Action on Nutrition 2016–2025 have revitalized the momentum for improving nutrition and affirmed a clear leadership role for WHO. Firmly positioned within the WHO Constitution, nutrition, especially reducing the double burden of malnutrition, is aiming to be on the top-priority list of WHO. Thus, WHO undertook multiple actions and measures to advocate for nutrition to be prioritized and repositioned as central to development at global, regional and country levels. Additionally, support was provided to Member States to set nutrition targets and develop/revise national policies, strategies and action plans to reduce the double burden of malnutrition.

Process of development of the Strategic Action Plan to reduce the double burden of malnutrition in the SE Asia Region in 2016–2025: In order to fulfill the objectives and provide acceleration to the 2030 Agenda for Sustainable Development and the UN Decade of Action on Nutrition 2016–2025, WHO SEARO developed the Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025, in consultation with the Member States in the Region, WHO headquarters and country offices and technical experts.

The process of drafting, finalization and dissemination of this plan initiated necessary policy-level dialogues and, additionally, this plan was leveraged as a powerful advocacy tool at the Member State level to propel policy-level changes for nutrition. It served as a reference tool to ensure that interventions covering all forms of malnutrition are addressed comprehensively in country policies, strategies and actions. All the officials from WHO country offices agreed that there had been increased advocacy efforts on scaling up double-duty actions (interventions, programmes and policies) that showed the potential to simultaneously reduce the risk or burden of both undernutrition (including wasting, stunting and micronutrient deficiency or insufficiency) and overweight, obesity and diet-related NCDs.

Support to Member States for drafting the Country Cooperation Strategy (CCS) and ensuring integration of nutrition as a key element of focus: In general, WHO support to each country is set through CCS, which guides the WHO work in Member countries and supports the country’s national health
policy, strategy or plan. It is through this CCS that the relevant national counterparts decide on the vital areas of WHO support for countries. This prioritization exercise takes place every four to five years and, usually, areas of healthy diet and nutrition are inherently included. Based on this as well as any specific country needs, WHO supports the policy development and planning and implementation of the national nutrition programmes and their monitoring.

Furthermore, development of CCS is an opportunity for WHO to promote and support adequate resource allocation for nutrition, and establishment of partnerships and coordination mechanisms within health and other sectors to promote nutrition security. The Regional Office extends its support to the Member States through multiple global, regional and country-specific strategic action points, based on each country’s priorities and specific needs and contexts.

**Policy advocacy workshops and high-level meetings:** Since the implementation of the Strategic Action Plan, it was noted that several high-level policy advocacy workshops by the Regional Office helped renew country commitments to various aspects of the double burden of malnutrition, such as promotion of healthy diets for NCD risk reduction, reducing childhood stunting, wasting and micronutrient deficiency issues as well as including the child obesity agenda within national health and child development policies and strategies. Several examples of high-level meetings and workshops are mentioned below:

- **WHO SEARO** conducted a regional workshop on “Nutrition labelling to promote healthy diets” in Thailand in April 2018, which was attended by 10 Member States. This workshop emphasized the importance of food labelling for solid nutrition in order to make healthier dietary choices and the importance of labelling regulations, Codex guidance, legal and trade issues and their impact on nutrition labeling, sharing of best practices, etc. Bangladesh, India, Indonesia and Sri Lanka have strengthened their food labelling policies after this workshop.

- **WHO and FAO** collaboratively conducted an interregional meeting to promote healthy diets through the informal food sector in Thailand in August 2019. The overall objective of the meeting was to prioritize actions in Asia to promote healthy diets in the informal food sector. This was a preliminary exploratory meeting involving the Member States that have addressed food safety in the informal food sector to some degree and/or implemented actions to improve nutritional quality of informal-sector foods.

- In July 2021, WHO in collaboration with other UN agencies – FAO, UNICEF and World Food Programme (WFP) – conducted an Asia and Pacific regional high-level advocacy meeting on accelerating the prevention of wasting. The meeting brought together over 300 participants from the Region and beyond, representing governments, academia, UN agencies and local and international nongovernmental organizations.
Partnerships and collaboration

No one organization or sector alone can solve the complex problem of malnutrition in all its forms. Malnutrition is created by many different factors and there is a need for powerful partnerships and alliances to solve the issue. Thus, with this understanding and belief, WHO worked with a variety of development partners at the regional as well as the country level. The partners include agencies from the UN Network, i.e. International Fund for Agricultural Development (IFAD), WFP, FAO, UNICE and a range of multilateral and bilateral agencies active in the health sector such as Global Alliance for Improved Nutrition (GAIN), World Bank and Resolve to Save Lives. The Regional Office coordinated with the partners on specific aspects of nutrition through the regional network for nutrition and civil society organizations to effectively reach the communities, who are the end-users of the guidance developed. Specific actions accorded to WHO and UN agencies were to:

- engage with relevant stakeholders in articulating policy options for multisectoral action through effective partnership; and
- provide technical assistance and capacity-building.

In constant collaboration with partners, WHO has been successful in supporting countries in setting priorities for nutrition actions, advocating for the importance of nutrition for health and development, ensuring access to evidence-informed guidance through publication, dissemination and customization to country context and technical support for policy and guidelines implementation.

Initiatives and activities during the assessment period (2016–2021) as a result of coherent collaboration between WHO and partners are mentioned below. It is to be noted that these initiatives are not only a result of the implementation of the Regional Strategic Action Plan, but also have been part of WHO’s commitment and activities over time.

- One of the most notable activities resulting from this collaboration is the publication of reports highlighting undernutrition, overweight, obesity and diet-related NCDs status of the Region and of individual Member States. A number of such publications have contributed to improving alignment of the nutrition community and to a common vision and narrative on nutrition.
- Asia and the Pacific regional overview of food security and nutrition is a yearly co-publication jointly prepared by FAO, UNICEF, WFP and WHO to inform stakeholders on progress towards ending hunger, achieving food security and improving nutrition and to provide an in-depth analysis of the key regional challenges to achieving these goals in the context of the 2030 Agenda for Sustainable Development. The report targets a wide audience, including
policy-makers, international organizations, academic institutions and the general public. In 2018, this report was titled “Asia and the Pacific regional overview of food security and nutrition 2018 – accelerating progress towards the SDGs”. In 2019, this publication was titled "Asia and the Pacific regional overview of food security and nutrition 2019: Placing nutrition at the centre of social protection" and in 2020, the report was published as “Asia and the Pacific regional overview of food security and nutrition 2020: Maternal and child diets at the heart of improving nutrition”. Importantly, modelled data on the impact of the COVID-19 pandemic on food security was utilized by the Regional Office to ensure country preparedness in dealing with post-pandemic nutrition issues.

- The WHO/UNICEF/World Bank Group releases the levels and trends in child malnutrition to quantify the joint child malnutrition estimates every year. This data helps in improved, evidence-based decision-making.
- FAO and WHO in partnership with national governments and other partners are jointly promoting healthy diets through the informal food sector, with policy briefs, toolkits and pilot studies, to help countries transform urban food systems for healthy diets.
- WHO SEARO is collaborating with UNICEF East Asia and Pacific Regional Office (EAPRO) and other UN partners to adapt an Action Framework for Improving Young Children’s Diets in the Region.
- Resolve to Save Lives in partnership with WHO supported Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka to build the evidence base on trans-fats and examine the policy landscape to assess feasibility and actions needed to eliminate industrial TFAs from the food supply. In 2020, WHO SEARO collaborated with WHO headquarters and Resolve to Save Lives to organize a regulatory capacity-building workshop to accelerate actions implementing best-practice policies for eliminating industrially produced TFA.
- The WHO Regional Offices for South-East Asia and the Western Pacific collaborated with FAO for organizing the “Asia-Pacific Symposium on Sustainable Food Systems for Healthy Diets and Improved Nutrition”, held in November 2017, to create synergies between the agricultural sector and the food environment in order to promote healthy diets.
- One key area of collaboration between WHO and UNICEF was supporting Thailand to pass the country’s legislation regarding the marketing of breast-milk substitutes in 2017.
- A joint statement on nutrition in the context of the COVID-19 pandemic in Asia and the Pacific was released in April 2020 by FAO, UNICEF, WFP and WHO. The Asia United Nations Network on Nutrition, comprising FAO, WFP, WHO and UNICEF, were concerned about the impacts of the pandemic on the nutrition status of those most affected, particularly the poor and vulnerable. This joint statement intended to provide recommendations on a prioritized set of actions and policy guidance to support nutrition in the context of COVID-19. The actions outlined in this statement covered the six domains of healthy diets; maternal, infant and young child nutrition; management of wasting; micronutrient supplementation; school feeding and nutrition; and nutrition surveillance.

4.1.2 Technical guidance and strategic support

WHO provided technical guidance and support to Member States for adapting and revising their policies and plans on nutrition to address the double burden. It further supported operationalizing of actions to address the double burden of malnutrition through technical support to mobilize resources, develop capacity, frame and implement new legislations and regulations based on country-level contexts and
The key marque activities conducted at the regional level during the past five years are detailed below.

• Since 2016, the Regional Office, together with the Member States, has developed the South-East Asia Region Nutrient Profile model, a tool to differentiate healthy from unhealthy foods. This model provided a technical template for “best buy” and population-wide interventions, such as regulations on marketing, taxation and food labelling and healthy dietary policies for schools.

• In 2016, an expert group consultation was held to discuss the global recommendations and their applicability to the SE Asia Region to prevent anaemia among the relevant population groups. This consultation reached a consensus on strategies to be recommended to Member States to address anaemia, which is a very critical element of maternal nutrition.

• In 2017, the nutrition programme of the Regional Office focused on target-setting, monitoring and evaluation. To this end, WHO organized a regional workshop on the Global Nutrition Monitoring Framework and the nutrition targets-tracking tool to strengthen country nutrition surveillance systems. In addition, a workshop was held in Myanmar to enhance capacity to formulate and monitor nutrition policy.

• In 2017, a practice guide on effective population-based food policy actions to promote healthy diets was drafted and published by the Regional Office, which aimed to provide directions for a logical, evidence-informed approach to selecting, developing, implementing and monitoring population-based interventions within the context of the double burden of malnutrition in South-East Asia.

• Furthermore, in 2017, WHO organized a regional meeting on breastfeeding, with a focus on baby-friendly hospital initiatives (BFHIs), to support the efforts of Member States to revive and promote breastfeeding in maternity facilities. Since 2017, the Regional Office provided technical support to all Member States to strengthen national efforts for promoting breastfeeding through re-energizing BFHI.

• In 2018, to put a focus on maternal nutrition, the Regional Offices for South-East Asia and the Western Pacific jointly organized a biregional symposium on “Double duty actions in the health system response to reduce maternal malnutrition” at the International Symposium on Understanding the Double Burden of Malnutrition for Effective Interventions.

• To support the nutrition of schoolgoing children, in 2018, an informal network of four countries (Bangladesh, Maldives, Sri Lanka and Thailand) has been created to work together to improve school dietary environments and increase physical activity, which was anchored by WHO at the regional level.

• Since 2018, WHO, both at regional and country levels, supported the Member States in adapting and implementing the review, promote, legislate, assess, create and enforce (REPLACE) package, which
serves as a roadmap for countries to implement actions to reduce and eliminate industrially produced TFAs, which substantially increase the risk of coronary heart diseases.

- In 2019, the Regional Office worked with the Member States to scale up and monitor breastfeeding in maternity facilities, monitor enforcement of the Code of Marketing of Breast-Milk Substitutes and evaluate commercial complementary foods. The support for breastfeeding has contributed to an impressive increase in the exclusive breastfeeding rate at six months in the Region.

- Further in 2019, the Regional Office supported five Member States to implement elements of the SHAKE technical package for population salt reduction. Beyond 2019 as well, assistance to Member States to implement elements of the SHAKE package for population sodium reduction – though delayed by COVID-19 – was also offered. The SHAKE package outlines the policies and interventions, which have proved to be effective in reducing population salt intake, provides evidence of the efficacy of the recommended interventions and includes a toolkit containing resources to assist Member States to implement the interventions.

- A technical consultation was held in Bangkok, Thailand, in 2019 on promoting healthy diets through the informal food sector wherein Indonesia, Sri Lanka and Thailand made commitments to improving informal-sector foods to attain a healthier profile through support from WHO.

- In 2020, the Regional Office developed a technical report that provided countries with a detailed analysis of secondary data on the trends in and status of childhood overweight and obesity, their determinants and obesity-related policies. Country nutrition profiles focusing on childhood obesity were also prepared and disseminated online for a wider access for all stakeholders.

- As continued effort for trans-fats reduction in the Region, in 2020, a capacity-building workshop was held virtually for five Member States, where 30 participants were trained in regulatory capacity on trans-fats elimination.

- In 2020, a webinar on salt reduction that advocated for implementable action on salt reduction was held for the Member States in the Region. This was part of the weekly webinar series conducted by the Department of Healthier Populations and Noncommunicable Diseases (HPN) of the WHO Regional Office of South-East Asia to support Member States in promoting health and maintaining health services during the pandemic and beyond, and identifying critical disruptions in programme delivery triggered by COVID-19. It also aimed to build the regional collective capacity by sharing knowledge and experiences of countries with one another.

Although, a number of activities and initiatives, as mentioned above, were conducted at the regional level, they were executed and implemented at the country level, and customized as per country context and needs. Member State-specific technical guidance and strategic support provided by both regional and country offices during the assessment period in the domain of nutrition and promotion of healthy diets are discussed below.
Bangladesh

A major focus of the work of the WHO country office in Bangladesh in 2016 was to help shape the country’s Fourth Health, Nutrition and Population Sector Plan (2017–2021) – a sector-wide plan financed by development partners and the government through a pooled funding mechanism. With WHO support, the Bangladesh National Nutrition Council (BNNC) provided orientation to relevant ministries on the Plan, which was expected to contribute not only to achieving national targets related to nutrition, but also to meeting global nutrition targets. WHO advocated and provided technical support for reducing population salt intake and for regulation of food and beverage marketing to children in multiple countries, including Bangladesh.

In 2018, the Regional Office supported Bangladesh to scale up the baby-friendly hospital initiative to promote breastfeeding. Additionally, the Regional Office continues to provide technical support for initiating the reduction of population salt intake in the country. In 2019, a situation analysis was carried out on salt consumption and reduction in Bangladesh, based on the WHO SHAKE technical package for salt reduction. Moreover, a policy paper on taxation of sugar-sweetened beverages was developed by WHO, which resulted in high-level policy discussions in the country. Over the years, continued advocacy and technical support led to Bangladesh substantiating its commitment to eliminating trans-fats through draft regulations in 2020.

Bhutan

The WHO country office in Bhutan provided assistance for implementing the Five-year Health Plan (2018–2022), where one of the key health priorities was addressing the double burden of malnutrition by reducing the high prevalence of stunting and micronutrient deficiencies (e.g. vitamin B deficiency) and high rates of anaemia among women and children, while also tackling rising rates of overweight and obesity. After 2016, Bhutan was in the process of finalizing its salt reduction strategy and roadmap. In 2018, the Regional Office supported Bhutan to scale up the baby-friendly hospital initiative to promote breastfeeding. In collaboration with Resolve to Save Lives, WHO supported Bhutan to build the evidence base on trans-fats and examine the policy landscape to assess feasibility and actions needed to eliminate industrial TFAs from the food supply.

Democratic People's Republic of Korea (DPR Korea)

The WHO country office in DPR Korea supported the country in drafting and developing the National Nutrition Strategy for Women and Children (2018–2021). Additionally, during the time of an anticipated food crisis in the country about three years ago, WHO provided technical support and assistance for conducting a background synthesis on food security. This background brief document was a useful reference for WHO and other development agencies to plan their next steps and responses to the projected food crisis in the country. Furthermore, to promote breastfeeding in the country, WHO advocated for the adoption and scale-up of baby-friendly hospital initiative. During the assessment period, the other key areas for which WHO provided continued advocacy and technical support to the country included iodine deficiency disorders,
population sodium/salt reduction and management of anaemia in pregnant and lactating women. As an initiative for enhancing the capacity of the nation for tackling the double burden of malnutrition, regular study tours of food safety officials from the country for food safety inspection training at Mahidol University, Thailand were organized and supported by WHO.

India

In India, the WHO country office provided support for developing the country’s first National Nutrition Strategy in 2017, which was launched by the National Institution for Transforming India (NITI Aayog), based on the National Health Policy of India. In 2017–2018, the technical support provided by WHO resulted in India revising its national iron supplementation guidelines. In 2017, the country office provided research support for a demonstration project on the feasibility of fortifying wheat flour with iron, folic acid and vitamin B12 to prevent anaemia and neural tube defects in India. During the assessment period, WHO continued to provide technical support to reduce population salt intake in India.

Furthermore, WHO carried out multiple studies on taxation, affordability, marketing and advertisement strategies for SSB, which resulted in high-level policy discussions. To reduce the trans-fat content in oils and food products in line with WHO global guidelines, the country office in partnership with Resolve to Save Lives successfully enabled the Food Safety and Standards Authority of India (FSSAI) to reduce trans-fat content from 5% to 2%. This led several food-manufacturing companies to reformulate their products and sign pledges to reduce fat, sugar, salt and trans-fat in their products. WHO also supported FSSAI to develop key national-level regulations on front-of-pack labelling (FoPL), healthy school meals and food advertisements. In 2020, the country office supported FSSAI to roll out several regulatory initiatives, including the Food Safety and Standards Regulations 2020, which restrict the sale and marketing of food products, high in saturated fats or trans-fats, added sugars or sodium, on school and university premises and within 50 metres of schools.

Indonesia

One of the major contributions in Indonesia of the WHO country office, along with other partners, has been the provision of support to the National Stop Stunting Initiative of the Indonesian government, with policy advocacy and support for review of nutrition data. Through the assessment timeline, WHO advocated and provided technical support for regulation of food and beverage marketing to children in Indonesia. Furthermore, the Regional Office continued to provide technical support for initiating the reduction of population salt intake in the country.

In 2019, as one of the members of the government platform on nutrition, WHO worked with the Ministry of Development and Planning on the Scale-Up Nutrition Movement in the country. With WHO support, Indonesia developed draft regulations on front-of-pack labelling for foods to be implemented in 2021. Due to the continued advocacy and strategic support of WHO, Indonesia was one of the three countries that made commitments to improving informal-sector foods to attain a healthier profile during a technical consultation in Thailand in 2019.

Maldives
During 2016–2017, with active support from WHO, Maldives revised its national guidelines on infant and young child feeding and developed its food-based dietary guidelines (FBDG). In 2017, a report on fiscal policies to reduce consumption of SSBs and other regulatory measures to promote healthy diets in Maldives was published with technical support from WHO.

Based on the results, the report recommended an effective tax rate of at least 20% on both imported and locally produced sugary drinks to attain meaningful reductions in consumption, with revenues earmarked for programmes that promote good nutrition and physical activities. As a result, Maldives implemented an SSB tax in 2017. In 2019, a partnership between WHO and Resolve to Save Lives provided data on trans-fats in national food supplies in Maldives as an initial step to eliminating industrial trans-fats from diet.

**Myanmar**

In Myanmar, to address this cross-cutting issue of nutrition, the Ministry of Health and Sports and other key ministries and development partners developed the Multisectoral National Plan of Action for Nutrition Promotion (2019–2024). WHO played a critical role in this and specifically took a holistic approach to diet and nutrition. The country office also ensured funding support to sustain the technical and supporting activities through the workplan. The country office worked closely with the National Nutrition Centre (NNC) and core members of the National Plan of Action to initiate a bottom-up planning process, which included working with local partners at both state and regional levels. Additionally, the landmark National Micronutrient Survey was launched in 2017 for which WHO provided technical and financial support at all three levels of the organization (country, regional and global).

The national health authorities completed the country’s first-ever, nationwide micronutrient and dietary food consumption survey, with technical support from WHO in 2018. WHO continued to support nutrition promotion activities throughout 2019, including participation in a nutrition promotion month. The country office also worked with the UN Nutrition Network to develop food-based dietary guidelines. As part of these efforts, WHO provided technical support to NNC by organizing a study tour on food content assessment of the Institute of Nutrition at Mahidol University, Thailand. The experience gained during the trip was used to update the nutrient profile of commonly consumed food items in the country.

**Nepal**

In 2016, the Ministry of Health, Nepal, with support from WHO and partners, conducted a series of health surveys [including a demographic and health survey (DHS) and a National Nutrition Survey] in order to improve programme monitoring and ensure a timely response. Furthermore, WHO supported development of the Multi-Sector Nutrition Plan (2018–2022) for Nepal. During the last five years, WHO has advocated and provided technical support for fiscal policies on SSB and for regulation of food and beverage marketing to children in the country. In 2019, the WHO country office along with the Nepal government developed a Package of Essential Noncommunicable Disease (PEN) Intervention at the primary health service setting with the inclusion of...
services and provisions for improved nutrition. Additionally, with guidance from WHO, the salt reduction strategy of the country is currently being developed. Furthermore, activities related to reformulation of food products, trans-fats reduction and adoption of technical packages have gained momentum in the country due to the continuous advocacy efforts from WHO and other partners working in this domain.

Sri Lanka

In 2017, WHO supported a national consultative meeting with key stakeholders to present the findings of a study commissioned by WHO on the frequency and impact of advertising and marketing of foods and non-alcoholic beverages that are high in fat, sugar and salt to children. The meeting helped build a national consensus on policies to regulate the unethical marketing of unhealthy foods and beverages, especially those targeting children. As a next step in developing these policies, WHO supported the development of a National Nutrient Profile model for Sri Lanka, which categorizes foods and non-alcoholic beverages as per their nutritional composition. The National Nutrient Profile model, along with other research, has already resulted in important, positive policy changes.

The government passed a Bill in 2017 that imposed taxes on SSB (SSB tax of 50% on each gram of sugar in sweetened beverages). This is a classic example of the continuous advocacy and technical support efforts of WHO in the country. In 2018, Sri Lanka was also supported to implement the Code of Marketing of Breast-Milk Substitutes. WHO also engaged with the Ministry of Education to promote healthy diet and physical activity in schools. To address this double burden of malnutrition, WHO, along with other UN agencies, developed a joint proposal to support the Presidential Task Force on Nutrition to implement the Multisectoral Action Plan on Nutrition.

In 2019, Sri Lanka became the first country in the Region to introduce front-of-pack labelling for all pre-packed solid and semi-sold foods, with WHO support and advocacy. In 2019, a partnership between WHO and Resolve to Save Lives provided data on trans-fats in national food supplies in Sri Lanka as an initial step to eliminating industrial trans-fats from diet. As a result of these advocacy efforts, Sri Lanka substantiated its commitment to eliminating trans-fats through draft regulations. Furthermore, in 2019, the WHO country office, the Sri Lanka Medical Nutrition Association and the Ministry of Health Nutrition and Indigenous Medicine released a guideline called Healthy snacks: A guide for meetings and events in Sri Lanka in order to promote the consumption of healthy diet to prevent all forms of malnutrition and NCDs.

Moreover, the WHO country office along with the Sri Lanka Ministry of Health, Nutrition and Indigenous Medicine developed A review of food procurement and provision: In hospitals and schools in Sri Lanka in 2019, which revealed the usage of nutrition-related assessment utilizing the Malnutrition Universal Screening Tool (MUST). Another noteworthy outcome from the WHO technical guidance to the Ministry of Health, Nutrition and Indigenous Medicine was the synthesis of evidence on child stunting and wasting in Sri Lanka. This report provided clear action points for the government to consider as it focuses on prevention of malnutrition in young children, which will be supported by the various development partners.
Thailand

In 2016, WHO worked with UNICEF in supporting the Control of Marketing of Infant and Young Children Food Act in Thailand. In 2017, Thailand passed the legislation on marketing of breast-milk substitutes with technical support from WHO and UNICEF. In 2017, Thailand implemented an SSB tax similar to those in Maldives and Sri Lanka. Furthermore, in 2017, through a series of meetings, workshops and other WHO-supported advocacy activities, food industry representatives, the Thai Food and Drug Administration (FDA), MoH and civil society groups developed a joint action plan to reformulate selected food products to reduce their sodium content, which included time-bound targets and a monitoring plan.

In 2018, the Regional Office supported Thailand to scale up the baby-friendly hospital initiative to promote breastfeeding. In 2019, at a technical consultation in Bangkok, on promoting healthy diets through the informal food sector, Thailand made commitments to improving informal-sector foods to attain a healthier profile. Furthermore, in 2019, Thailand also started implementing trans-fat reduction/elimination policies, which had been approved in 2018. Thailand also adopted best-practice legislative measures to limit industrially produced trans-fats in foods in all settings. In October 2019, the SSB tax rate was increased in the country, as per the progressive SSB tax, which calls for adjustment every two years. Over the years, WHO has supported efforts to reduce SSB consumption through high-level advocacy, engagement with the beverage industry at public forums and technical expertise.

In 2020, Thailand also took an important step towards addressing high salt consumption after it undertook its first nationwide survey to estimate population sodium intake. This survey involved the participation of MoH, WHO, Low Salt Network, Mahidol University and Thai Health Promotion Foundation. WHO provided technical support to prepare the survey protocol, train survey teams, analyse data and distribute the findings. In addition, the country office trained 22 Thai researchers from across the country in survey methodology and scientific writing, and also strengthened the capacity to measure population sodium intake at the central and provincial levels.

Timor-Leste

The food-based dietary guidelines for the country were launched in 2018. The guidelines, which were disseminated by WHO, MoH and other partners, promoted healthy eating through the consumption of local and indigenous foods rather than imported foods. In 2018, the Regional Office supported Timor-Leste to scale up the baby-friendly hospital initiative to promote breastfeeding. To this end, a national workshop on BFHI was conducted for professionals from national and referral hospitals. Following the workshop, WHO and partners supported MoH to develop a package of services for neonates and infants, including a training course for maternity staff, setting up a breastfeeding café in the national tertiary care hospital in Dili, and advocacy for the International Code of Marketing of Breast-Milk Substitutes.

In 2018, as a milestone, Timor-Leste became the newest member of the Codex Alimentarius Commission (CAC). A workshop was organized for various ministries, with WHO technical support, to educate professionals on the functions and structure of CAC and the responsibilities of national authorities. The Breast-Milk Substitute Code of the country was strengthened and finalized in 2019 with support from WHO. The country office also supported MoH to develop an innovative tool to monitor and report code violations using a global positioning system (GPS). The revised Health Sector Nutrition Strategy (2020–2024), to
replace the one that expired in 2019, was developed by MoH with technical support from UN agencies, including WHO and UNICEF, which provided the necessary impetus to address under and overnutrition and improve the quality of food people eat by framing access to food as a human right. Furthermore, the guidelines for inpatient management of children with acute malnutrition were updated in 2019–2020. A training of trainers was also held to pave the way for roll-out of the guidelines in 2020.

4.2 Implementation

Under this pillar of the assessment framework, country profiles on implementation of the elements of the Strategic Action Plan were assessed and reviewed, based on the indicators, as specified in the monitoring framework of the Strategic Action Plan. To add depth to this assessment, some additional indicators, other than the monitoring framework, were included from the detailed Strategic Action Plan document under each of the four strategic directions. Additionally, six global nutrition targets and two diet-related NCD targets were charted to review the progress of the 11 countries towards the set global targets and country-specific targets on the double burden of malnutrition.

The purpose of including these indicators and targets was to identify if the Member States were on the right course for achieving the six global nutrition targets and two diet-related NCD targets by 2025 and attaining the SDGs by 2030. Furthermore, these key data points will be helpful and directional for Member States for identifying the domain areas, which need additional support and attention (where there is some progress or no progress). The information on regional monitoring framework, additional indicators and global and NCD targets was collected via desk research from identified sources (the detailed list of references and sources referred to for collecting information on prevalence targets and indicators by country is provided in Annexure III).

The following list of progress indicators and global nutrition and NCD targets was reviewed in this assessment:

Fig. 9. Indicators included in the assessment
1. National nutrition policies, strategies or action plans with explicit reference to both undernutrition and overweight and obesity are available.
2. The government has a functioning multisectoral coordination process for nutrition.
3. Member countries have identified time-bound nutrition targets based on global nutrition targets and diet-related NCD targets.
4. Appropriately skilled personnel with competencies to deliver nutrition services are available.
5. Member countries have conducted regular national-level nutrition surveys.
6. Country food-based dietary guidelines that promote healthy diets are developed and used for nutrition promotion.
7. The government has adopted legislation for effective national implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHO Assembly resolutions.
8. Legislations or regulations are enacted to implement WHO recommendations on marketing of unhealthy foods and non-alcoholic beverages to children.
9. The country has developed and implemented a mechanism for promoting healthy diets in the informal food sector.
10. The country has developed and implemented processes to promote healthy dietary environments in schools to reduce the double burden of malnutrition.
11. Multisectoral nutrition action plans with operational mechanisms are updated with identified budget lines, implemented and monitored.
12. Policy actions developed in cooperation with the agricultural sector to reinforce measures directed at food growers, processors, retailers, to provide greater opportunities for utilization of healthy and nutritious agricultural products and foods.
13. National policies that limit saturated fatty acids and virtually eliminate partially hydrogenated vegetable oils in the food supply are implemented.
14. Legislation enacted to ensure mandatory nutrient content labelling based on Codex guidance and interpretative labelling of food products.
15. Health systems have defined an essential package of nutrition interventions reflecting the double burden of malnutrition.
16. Efficient and effective nutrition surveillance actions suitable for tracking the double burden of malnutrition established.
17. Health promoting activities carried out to improve knowledge and behaviors on healthy diets.
18. Evidence-informed public campaigns and social marketing initiatives conducted to inform and encourage consumers about healthy dietary practice.

The progress on these suggested indicators was assessed, according to the following four criteria:

Fig. 10. Criteria for assessment of indicators

<table>
<thead>
<tr>
<th>On track</th>
<th>Some progress</th>
<th>No progress</th>
<th>Limited data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member State has adopted context-specific indicators, benchmarks are met, and related frameworks and mechanisms are fully functional.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member State has developed context-specific drafts and guidelines for the indicators and soon will be implementing the same.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member States have adopted context-specific indicators, but there has been no progress towards implementing them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data is not available despite checking for data at multiple sources.</td>
<td></td>
<td></td>
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</tbody>
</table>

The following sections present the country-wise status of the 11 Member States in the Region vis-à-vis the identified indicators in the past five years of the Strategic Action Plan implementation.
4.2.1 Bangladesh

Bangladesh is on track with regard to six out of 10 indicators of the regional monitoring framework for policy, capacity and legislative indicators and seven out of eight additional indicators outlined for assessing progress, as per the WHO Strategic Action Plan. While a number of policies required and plans are in place, legislations to ensure implementation of the key policies are lacking. There is no progress towards developing and implementing mechanisms for promoting healthy diets in the informal sector.

Regional monitoring framework for policy, capacity and legislative indicators

- Second National Plan of Action for Nutrition (NPAN2) 2016–2025
- Bangladesh National Food and Nutrition Security Policy (NFNSP) 2020–2030
- 4th HNP Sector Development Plan (2017-22)
- Bangladesh Advocacy Plan for Nutrition, 2019–25
- Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases 2018–2025
- Second National Plan of Action for Nutrition (NPAN2) 2016–2025
- Bangladesh Advocacy Plan for Nutrition, 2019–25
- Multisectoral action plan for prevention and control of noncommunicable diseases 2018–2025
- No data is available.
- Most sectors do not have dedicated nutrition staff with required knowledge and skills to manage and implement nutrition programs, as envisaged under NPAN2.
- There has been a Special publication of Bangladesh National Nutrition Council (2020–2021).
- Bangladesh Demographic and Health Survey 2017–2018
- Eight DHS surveys conducted since 1993

Country food-based dietary guidelines that promote healthy diets are developed and used for nutrition promotion.

- Published its dietary guidelines in 2000 and revised them in 2013.

Legislation for effective implementation and monitoring of the International Code of Marketing Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.

- The Bangladesh Breast-milk Substitutes, Infant Foods, Commercially Manufactured Complementary Foods, and the Accessories Thereof (Regulation of Marketing) Act (the Bangladesh BMS Act) was adopted by Parliament in 2013 and supported with additional bylaws in 2017.
- No legislation in place
- CCS, 2019.

Legislation or regulations enacted to implement WHO recommendations on Marketing of unhealthy foods and non-alcoholic beverages to children.

- No policy.
As per the Global Nutrition Report 2020, Bangladesh is on track to meet the country target for 2025 for low birth weight. Some progress has been made with regard to exclusive breastfeeding and towards achieving the target for stunting. Similarly, there has been some progress reported towards achieving the target for wasting. However, as per this review, there is a lack of recent data on exclusive breastfeeding, low birth weight and salt intake. There is a lack of progress with regard to stunting and wasting indicators over the past five years. There is also no progress made towards halting the rise in overweight in adult women.

Key additional indicators across four strategic directions

- Multisectoral nutrition action plans with operational mechanisms are updated with identified budget lines, implemented and monitored.
  - Second National Plan of Action for Nutrition (NPAN2) 2016–2025

- Policy actions developed in cooperation with the agricultural sector to reinforce measures directed at food growers, processors and retailers.
  - Second National Plan of Action for Nutrition (NPAN2) 2016–2025

- National policies limiting saturated fatty acids and virtually eliminating partially hydrogenated vegetable oils in the food supply are implemented.
  - Countdown to 2023 WHO report on global trans-fat elimination 2020

- Legislation is enacted to ensure mandatory nutrient content labelling based on Codex guidance and interpretative labelling of food products.
  - Second National Plan of Action for Nutrition (NPAN2) 2016–2025

- Health-promoting activities are carried out to improve knowledge and behaviours on healthy diets.
  - National Plan of Action with Nutrition as an important factor, which includes campaigns such as the Eat Well, Live Well BKBT Campaign and National Nutrition Week celebrated
  - Department of Health Promotion and Health Education

- Efficient and effective nutrition surveillance actions suitable for tracking the double burden of malnutrition established.
  - Second National Plan of Action for Nutrition (NPAN2) 2016–2025

- Evidence-informed public campaigns and social marketing initiatives conducted to inform and encourage consumers about healthy dietary practice.
  - National Plan of Action with Nutrition as an important factor, which includes campaigns such as the Eat Well, Live Well, BKBT Campaign, National Nutrition Week
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#### Global nutrition targets and diet-related NCD targets

<table>
<thead>
<tr>
<th>2025 Targets</th>
<th>Country</th>
<th>Global</th>
<th>40% reduction in the number of children under 5 who are stunted.</th>
<th>Countries should aim for a 50% reduction in stunting among women of reproductive age.</th>
<th>Countries should aim for a 30% reduction in low birth weight.</th>
<th>Countries should aim for no increase in childhood overweight.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2025</td>
<td>Reduce stunting to 25% among children under 5 years of age.</td>
<td>Reduce anemia in pregnant women to &lt;25%.</td>
<td>Reduce the rate of low birth weight to 16%.</td>
<td>No increase of childhood obesity in children under 5 years of age.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2025 Targets</th>
<th>Country</th>
<th>Global</th>
<th>Countries should increase the rate of exclusive breastfeeding in the first 6 months by up to at least 10%.</th>
<th>Countries should aim to reduce and maintain childhood stunting to less than 5%.</th>
<th>Countries should aim for a 30% relative reduction in mean population intake of salt/day.</th>
<th>Countries should aim to halve the rate in diabetes and obesity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2025</td>
<td>Increase the rate of exclusive breastfeeding to 75%.</td>
<td>Reduce weight to less than 3% in children under 5 years of age.</td>
<td>Reduction of salt intake to &lt;5 g/day.</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- **Under-5 stunting (%):** Recent data (2020) 20.2, Baseline data (2017) 30.8
- **VHA anemia (%):** Recent data (2019) 10.5, Baseline data (2018) 30
- **Low birth weight (%):** Recent data (2019) 16.9, Baseline data (2017) 20.8
- **Under-5 overweight (%):** Recent data (2020) 2.1, Baseline data (2017) 2.2
- **Exclusive breastfeeding (%):** Recent data (2020) 55, Baseline data (2017) 55
- **Under-5 wasting (%):** Recent data (2018) 8.1, Baseline data (2017) 8.0
- **Salt intake (g/day):** Recent data (2019) 10, Baseline data (2018) 9
- **Overweight women (%):** Recent data (2017) 20.8, Baseline data (2010) 20.8
4.2.2 Bhutan

Currently, as per the data available, Bhutan is off course to meet any of the global targets of nutrition.

There is insufficient data to review the progress on low birth weight, exclusive breastfeeding and under-five wasting. Little progress is seen with regard to reducing anaemia in women and reducing the surge in the number of overweight children. Similarly, no progress has been made with regard to stunting prevalence among children and overweight women over the past five years. The National Nutrition Survey of 2015 requires follow-ups with standard methodologies for consistent input of data for decision-making.

Bhutan is also not on track to meet the two-diet related NCDs targets, used for this assessment. The prevalence of overweight women was reported to be 35.5%, with no progress made towards meeting the global targets. Salt intake showed a minor reduction from the baseline (from 9g to 8.3g/d). However, it is on track to meet at least five other global targets for reduction of NCDs, although not taken cognizance of in this assessment. While the launch of policies is positive, there is a need to realize the plans with sustained actions.

Bhutan is on track for only two out of 10 indicators, as per the indicators of the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan, while there has been some progress on four such indicators, mainly owing to policies made lately. Lack of legislations and policies has been seen in key areas.

The country is on track for four out of eight additional indicators selected for this assessment and work is in progress with regard to the other three indicators. The political commitment to the launch of campaign through the Prime Minister’s Office is in positive direction.
Key additional indicators across four strategic directions

Multisectoral nutrition action plans with operational mechanisms are updated with identified budget lines, implemented and monitored.

- Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases 2019–2025

Policy actions are developed in cooperation with the agricultural sector to reinforce measures directed at food growers, processors and retailers.

- Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases 2019–2025

Health systems have defined an essential package of nutrition interventions reflecting the double burden of malnutrition.

- Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases 2019–2025

National policies limiting saturated fatty acids & virtually eliminate partially hydrogenated vegetable oils in the food supply are implemented.

Legislation enacted to ensure mandatory nutrient content labelling based on Codex guidance and interpretative labelling of food products.

- No Regulations

Efficient and effective nutrition surveillance actions suitable for tracking the double burden of malnutrition established.

- Multisectoral Action Plan for Prevention and Control of Noncommunicable Diseases 2019–2025

Health promoting activities are carried out to improve knowledge and behaviours on healthy diets.

- National Health Promotion Strategic Plan (NHSPS): 2016–2023

Evidence-informed public campaigns and social marketing initiatives are conducted to inform and encourage consumers about healthy dietary practice.

- Healthy Malaysia 2013 campaign, conducted by the Prime Minister’s Office to promote a balanced diet and proper nutrition
4.2.3 Democratic People’s Republic of Korea (DPR Korea)

As per the Global Nutrition Report 2020, the Democratic People’s Republic of Korea is on course to meet four of the global nutrition targets for which there was sufficient data to assess the progress. It is on course for the exclusive breastfeeding target and the target for stunting, which is lower than the average for the Asia region (21.8%). It is also on course with regard to the target for wasting, with 2.5% of children under five years of age affected, which is lower than the average for the Asia region (9.1%).

As per current assessment too, the country is on track to meet the stunting target. However, there is lack of data on low-birth-weight progress, exclusive breastfeeding and under-five wasting prevalence to assess the progress over the past five years. DPR Korea has shown limited progress towards achieving the diet-related NCD targets. There is insufficient data to track the progress of DPR Korea for the two-diet related NCDs targets considered in this assessment.

PR Korea is not on track for any of the indicators of the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan or the additional indicators selected for this assessment. This is primarily owing to the non-availability of complete information in the common domain. While some policies could be identified, lack of most of the details led to its classification as “only some progress”.

<table>
<thead>
<tr>
<th>Regional monitoring framework for policy, capacity and legislative indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National nutrition policies, strategies or action plans with explicit reference to both undernutrition and overweight and obesity are available.</strong></td>
</tr>
<tr>
<td><strong>The government has a functioning multi-stakeholder coordination process for nutrition.</strong></td>
</tr>
<tr>
<td><strong>Member countries have identified time-bound nutrition targets based on global nutrition targets and diet-related NCD targets.</strong></td>
</tr>
<tr>
<td><strong>Appropriately skilled personnel with competencies to deliver nutrition services are available.</strong></td>
</tr>
<tr>
<td><strong>Member countries have conducted regular national-level nutrition surveys.</strong></td>
</tr>
</tbody>
</table>

- National Medium Term Strategic Plan for the Development of the Health Sector (MTS2016–2020)
- National Medium Term Strategic Plan for the Development of the Health Sector (MTS32016–2020)
- No targets on child and maternal overweight in nutrition strategy documents
- Coordination mechanism implied but not explicit in plan
- National Nutrition Survey 2012
- MICS undertaken in 2017 by UNICEF and CBS
- M&E plans implied in strategy document
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Key additional indicators across four strategic directions

Multisectoral nutrition action plans with operational mechanisms are updated with identified budget lines, implemented and monitored.
- National Medium Term Strategic Plan for the Development of the Health Sector (MTSP) 2016–2020
- Strategy for the prevention and control of Noncommunicable Diseases in the Democratic People’s Republic of Korea 2014–2020
- Plans available but implementation data not available

Policy actions are developed in cooperation with the agricultural sector to reinforce measures directed at food growers, processors, retailers.
- Strategy for the Prevention and Control of Non-Communicable Diseases in the Democratic People’s Republic of Korea 2014–2020
- National Medium Term Strategic Plan for the Development of the Health Sector (MTSP) 2016–2020
- Developed in consultation with few stakeholders

Legislation is enacted to ensure mandatory nutrient content labelling based on Codex guidance and interpretative labelling of food products.
- Mandatory labelling but no gazette as of now

Health promoting activities carried out to improve knowledge and behaviors on healthy diets.
- Strategy for the Prevention and Control of Non-Communicable Diseases in the Democratic People’s Republic of Korea 2014–2020
- Implied in plans, implementation data not available

Evidence-informed public campaigns & social marketing initiatives conducted to inform and encourage consumers about healthy dietary practice.
- Strategy for the Prevention and Control of Noncommunicable Diseases in the Democratic People’s Republic of Korea 2014–2020
- Information on Nutrition Plan not available
4.2.4 India

As per the Global Nutrition Report 2020, India is on course to meet the target for stunting, but 35.5% of children under five years of age are still stunted, as per the National Family and Health Survey (NFHS-5). Some progress has been made towards improving the rate of exclusive breastfeeding (63.7%). India has made no progress towards achieving the target for wasting, which is much higher than the average for the Asia region and among the highest in the world (19.3%). The prevalence of overweight children under five years of age is 3.4% and India is not on course to preventing the figure from increasing. A deterioration is reported with regard to anaemia in women aged 15–49 years, which has ramifications for maternal and child nutrition indicators. The mean population intake of salt per day in grams in persons aged 18+ years was 8. There is not enough data to track the progress of salt intake. There is rise in the prevalence of overweight women in India (24%).

India is on track for six out of 10 indicators, as per the indicators of the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan. The country is also on track for all additional indicators selected for this assessment. Thus, policies, regulations, action plans and targets are mostly in place. There is a positive momentum towards attainment of nutrition and NCD goals with the involvement of multiple agencies. It needs to be reflected in on-ground activities and translation to improvement of nutrition and diet-based NCD indicators.

Regional monitoring framework for policy, capacity and legislative indicators

- National nutrition policies, strategies or action plans with explicit reference to both undernutrition and overweight and obesity are available.
  - National Nutrition Strategy (since 2017)
  - National Nutrition Mission (since 2018)
- Government has a functioning multi-stakeholder coordination process for nutrition.
  - Multi-stakeholder coordination process under Poshan Abhiyan
- Member countries have identified time-bound nutrition targets based on global nutrition targets and diet-related NCD targets.
  - Targets identified under the National Nutrition Strategy (since 2017)
- Appropriately skilled personnel with competencies to deliver nutrition services are available.
- Member Countries have conducted regular national-level nutrition surveys.
  - Lack of data
  - Vacancies among the front-line staff and even more so among the supervisory staff are a common phenomenon across states and UFs
  - Comprehensive National Nutrition Survey 2018–2018
  - NFHS-5 (2019–20)
Mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in South-East Asia Region 2016-2025 – Final Report
### Global nutrition targets and diet-related NCD targets

<table>
<thead>
<tr>
<th>Target</th>
<th>2025</th>
<th>Country</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Global</strong></td>
<td>40% reduction in the number of children under 5 who are stunted</td>
<td>Countries should aim for a 35% reduction in anaemia in women of reproductive age.</td>
<td>Countries should aim for a 30% reduction in low birth weight.</td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td>Reducing stunting in children under 5 years of age by 25% by 2022</td>
<td>Reduction in anaemia among women of reproductive age to 17.7% by 2022 and by 30% at 2025.</td>
<td>Countries should aim for no increase in childhood overweight.</td>
</tr>
<tr>
<td><strong>2025</strong></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td><strong>Target</strong></td>
<td>Exclusive breastfeeding (%)</td>
<td>Under-5 wasting (%)</td>
<td>Salt intake (g/day)</td>
</tr>
<tr>
<td></td>
<td>55</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td><strong>2025 Global</strong></td>
<td>Countries should increase the rate of exclusive breastfeeding in the first 6 months by up to at least 50%.</td>
<td>Countries should aim to reduce and maintain childhood wasting to less than 5%.</td>
<td>Countries should aim for a 35% relative reduction in mean population intake of sodium.</td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td>NA</td>
<td>NA</td>
<td>Reduction in salt intake &lt;5g/day (by 2025)</td>
</tr>
<tr>
<td><strong>2025</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.2.5 Indonesia

Indonesia is meeting only one of the six global nutrition targets, as per the Global Nutrition Report 2020. It is on track towards achieving the exclusive breastfeeding target. There has been some progress towards achieving the target for stunting and the target for wasting. There has been no progress towards reducing anaemia among women of reproductive age. There has been no progress to prevent the increase in the prevalence of overweight children under five years of age. There is not enough data to track the progress of Indonesia for low birth weight. There is insufficient data to track the progress of Indonesia for two diet-related NCD targets.

As per the current review, Indonesia is on track for meeting targets for only exclusive breastfeeding. There is no data for assessing change in low-birth-weight prevalence over the past five years. Similarly, there is lack of data for assessing progress on NCD-related indicators considered in this assessment. Additional efforts need to be made to integrate diet-related NCD targets with the mainstream nutrition programme, which currently focuses heavily on stunting reduction.

Indonesia is on track for seven out of 10 indicators mentioned in the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan. The country is also on track for seven out of eight additional indicators selected for this assessment in terms of availability of policies.

Regional monitoring framework for policy, capacity and legislative indicators

- National nutrition policies, strategies or action plans with explicit reference to both undernutrition and overweight and obesity are available.
  - National Plan of Action for Food and Nutrition 2011–15

- Government has a functioning a multi-stakeholder coordination process for nutrition.

- Member countries have identified time-bound nutrition targets based on global nutrition targets and diet-related NCD targets.
  - No country targets for Anaemia, Child Overweight, LBW, and Exclusive Breastfeeding

- Appropriately skilled personnel with competencies to deliver nutrition services are available.
  - 16,777/100,000 population in 2016–2017 as per Nutrition Landscape Information System (NLS)

- Member countries have conducted regular national-level nutrition surveys.
  - DHS 2017
  - Eight DHS surveys till date
  - Annual Health Survey, 2018
  - Nutrition capacity assessment in Indonesia 2019
Key additional indicators across four strategic directions

Multisectoral nutrition action plans with operational mechanisms are updated with identified budget lines, implemented and monitored.

- National Strategy to Accelerate Stunting Prevention (2018–2024)

National policies limiting saturated fatty acids and virtually eliminating partially hydrogenated vegetable oils in the food supply are implemented.

- Policy Commitment exists
- Countdown to 2025 WHO report on global trans-fat elimination 2021

Policy actions are developed in cooperation with the agricultural sector to reinforce measures directed at food growers, processors and retailers.

Strategic Review of Food Security and Nutrition in Indonesia 2019–2020 Update

Legislation enacted to ensure mandatory nutrient content labelling based on codex guidance and interpretative labelling of food products.

- Food Act, 1996
- Government Regulation no. 59/1999 on label and food advertisement

Health-promoting activities are carried out to improve knowledge and behaviours on healthy diets.

National Movement to Accelerate Nutrition Improvement (Gerakan Nasional Peningkatan Gizi)
Strategic Review of Food Security and Nutrition in Indonesia 2019–2020 Update

Evidence-informed public campaigns and social marketing initiatives conducted to inform and encourage consumers about healthy dietary practice.

Under its Healthy People’s Movement (GERMAS), MoH launched a new campaign in 2018 on healthy diet called Isliringku (My Plate). It promotes the concept of balanced, nutritious food by combining different food intakes and increases awareness among people of eating healthy diets with balanced nutrition.

Health systems have defined an essential package of nutrition interventions reflecting the double burden of malnutrition.

- Only four of the ten nutrition-specific interventions essential for improving nutrition, suggested by The Lancet, are incorporated into current policy
- Efficient and effective nutrition surveillance actions suitable for tracking the double burden of malnutrition established.

Strategic Review of Food Security and Nutrition in Indonesia 2019–2020 Update
## Global nutrition targets and diet-related NCD targets

<table>
<thead>
<tr>
<th>2025 Global Targets</th>
<th>Under-5 stunting (%)</th>
<th>WAA anemia (%)</th>
<th>Low birth weight (%)</th>
<th>Under-5 overweight (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent data (2020)</td>
<td>31.2</td>
<td>21.2</td>
<td>10</td>
<td>11.1</td>
</tr>
<tr>
<td>Baseline data (2018)</td>
<td>32.5</td>
<td>28.8</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2024 Country Targets</th>
<th>Under-5 stunting (%)</th>
<th>WAA anemia (%)</th>
<th>Low birth weight (%)</th>
<th>Under-5 overweight (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024 Global Targets</td>
<td>40% reduction in the number of children under 5 who are stunted.</td>
<td>Countries should aim for a 50% reduction of anemia in women of reproductive age.</td>
<td>Countries should aim for a 30% reduction in low birth weight.</td>
<td>Countries should aim for no increase in childhood overweight.</td>
</tr>
<tr>
<td>2024 Country Targets</td>
<td>Reduce prevalence of stunting in children under 5 years of age to 14% by 2024</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2025 Global Targets</th>
<th>Exclusive breastfeeding (%)</th>
<th>Under-5 wasting (%)</th>
<th>Salt intake (g/day)</th>
<th>Overweight women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent data (2017)</td>
<td>41.7</td>
<td>10.7</td>
<td>10.2</td>
<td>31.2</td>
</tr>
<tr>
<td>Baseline data (2012)</td>
<td>40.2</td>
<td>10.2</td>
<td>8.4</td>
<td>31.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2024 Country Targets</th>
<th>Exclusive breastfeeding (%)</th>
<th>Under-5 wasting (%)</th>
<th>Salt intake (g/day)</th>
<th>Overweight women (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024 Global Targets</td>
<td>Countries should increase the ratio of exclusive breastfeeding in the first 6 months up to at least 50%.</td>
<td>Countries should aim to reduce and maintain childhood wasting to less than 5%.</td>
<td>Countries should aim for a 30% relative reduction in mean population intake of salt/sodium.</td>
<td>Countries should aim to halt the rise in diabetes and obesity.</td>
</tr>
<tr>
<td>2024 Country Targets</td>
<td>NA</td>
<td>Reduce prevalence of wasting in children under 5 years of age to 7%.</td>
<td>NA</td>
<td>Reduce prevalence of overweight in women &gt; 6 years of age to 21.9%.</td>
</tr>
</tbody>
</table>
4.2.6 Maldives

Maldives is meeting only one of the six global nutrition targets, as per the Global Nutrition Report 2020. It is on track for achieving the exclusive breastfeeding target; there has been some progress towards achieving the target for stunting and also towards achieving the target for wasting with an overall prevalence of 9.1% in the country. Maldives has also made some progress towards halting the prevalence of overweight children under five years of age, but there has been no progress towards reducing anaemia among women of reproductive age. There is not enough data to track the progress for low birth weight.

As per this review too, only the indicator of exclusive breastfeeding has shown progress towards the target, while for stunting, childhood overweight and under-five wasting, the progress is slow. There is no progress towards reducing anaemia among women. There is no data to review the progress on low birth weight, salt intake and overweight among women.

Maldives is on track for seven out of 10 indicators, as per the indicators of the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan. The country is also on track for four out of eight additional indicators selected for this assessment.

---

**Regional monitoring framework for policy, capacity and legislative indicators**

- **National nutrition policies, strategies or action plans with explicit reference to both undernutrition and overweight and obesity are available.**
  - Strategic action plan 2019–2023
  - Health Master Plan 2016–2025
  - Multi-sectoral Action Plan for The Prevention And Control of Noncommunicable Diseases in Maldives (2016–2020)

- **Government has a functioning a multi-stakeholder coordination process for nutrition.**
  - Strategic action plan 2019–2023

- **Member countries have identified time-bound nutrition targets based on global nutrition targets and diet-related NCD targets.**
  - Strategic action plan 2019–2023

- **Appropriately skilled personnel with competencies to deliver nutrition services are available.**
  - 0.5/100,000 population in 2016–2017 as per Nutrition Landscape Information System (NLIS)

- **Member countries have conducted regular national level nutrition surveys.**
  - Maldives Demographic and Health Survey 2016–17

- **Country food-based dietary guidelines that promote healthy diets are developed and used for nutrition promotion.**
  - No such dietary guidelines are available as per the Global Nutrition Report 2020
  - Food-based dietary guidelines have been finalized, however, an official release has not been so far

- **Legislation for effective implementation and monitoring of the International Code of Marketing Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.**
  - Full provisions in law since 2006

- **Legislation or regulations enacted to implement WHO recommendations on marketing of unhealthy foods and non-alcoholic beverages to children.**
  - Policy on prevention of marketing of SSB and energy drinks in schools

- **Country has developed and implemented a mechanism for promoting healthy diets in the informal food sector.**
  - No policy

- **Country has developed and implemented processes to promote healthy dietary environments in schools to reduce the double burden of malnutrition.**
  - National School Health Screening Guideline 2016
### Key additional indicators across four strategic directions

- **Multisectoral nutrition action plans with operational mechanisms are updated with identified budget lines, implemented and monitored.**
  - Strategic action plan 2019–2023
  - Multi-sectoral Action Plan For The Prevention And Control of Non-communicable Diseases in the Maldives (2014–2020)

- **Policy actions developed in cooperation with the agricultural sector to reinforce measures directed at food growers, processors, retailers.**
  - Strategic action plan 2019–2023

- **Health systems have defined an essential package of nutrition interventions reflecting the double burden of malnutrition.**
  - Limited data

- **National policies limiting saturated fatty acids & virtually eliminate partially hydrogenated vegetable oils in the food supply are implemented.**
  - Countdown to 2023 UNH report on global trans-fat elimination 2020

- **Legislation enacted to ensure mandatory nutrient content labelling based on Codex guidance and interpretative labelling of food products.**
  - No Regulation

- **Health promoting activities carried out to improve knowledge and behaviors on healthy diets.**

- **Evidence-informed public campaigns & social marketing initiatives conducted to inform and encourage consumers about healthy dietary practice.**

### Global nutrition targets and diet-related NCD targets

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-5 stunting (%)</td>
<td>Country Reduce prevalence of stunting in children by 1/3 of current rate and maintain</td>
<td>Under-5 overweight (%)</td>
<td>Country Reduce prevalence of overweight in children under 5 years of age by 1/3 and maintain</td>
</tr>
<tr>
<td>Record data (2020)</td>
<td>NA</td>
<td>Record data (2020)</td>
<td>3.5</td>
</tr>
<tr>
<td>14.2</td>
<td></td>
<td>11.7</td>
<td></td>
</tr>
<tr>
<td>13.5</td>
<td></td>
<td>4.5</td>
<td></td>
</tr>
</tbody>
</table>

### Additional targets

- **Exclusive breastfeeding (%)**
  - Recent data (2019) vs Baseline data (2009)
  - 63 vs 46.5

- **Under-5 stunting (%)**
  - Recent data (2017) vs Baseline data (2005)
  - 0.1 vs 10.6

- **Salt intake (g/day)**
  - Recent data (2019) vs Baseline data (2018)
  - 3.3 vs 3.4

- **Overweight women (%)**
  - Recent data (2018) vs Baseline data (2019)
  - 14.2 vs 13.5

### Mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in South-East Asia Region 2016-2025 – Final Report
4.2.7 Myanmar

As per the Global Nutrition Report 2020 and this review, Myanmar is not meeting any of the six global nutrition targets. There has been some progress towards achieving the target for stunting, with 25.2% of children under five years affected, which is still higher than the country target of 21%. Myanmar made some progress towards preventing the increase in prevalence of overweight children under five years of age with a recorded figure of 1.5%. There has been no progress in reducing anaemia among women of reproductive age, with 42.1% of women aged 15 to 49 years now affected. There is not enough data to track the progress of Myanmar for low birth weight and exclusive breastfeeding target. There has been no progress towards achieving the target for wasting, with an overall prevalence of 6.7% in the country. There is insufficient data for tracking the progress of Myanmar for two diet-related NCD targets.

Myanmar is on track for five out of 10 indicators, as per the indicators of the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan. The country is also on track for four out of eight additional indicators selected for this assessment.
Mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in South-East Asia Region 2016-2025 – Final Report
4.2.8 Nepal

Nepal is meeting only one of the six global nutrition targets. Nepal is on track towards achieving the target for stunting, with 30.4% of children under five years affected. There has been no progress towards reducing anaemia among women of reproductive age, with 35.7% of women aged 15 to 49 years now affected. There has been no progress towards achieving the target for wasting with an overall prevalence of 12% in the country. Similarly, Nepal has made no progress to prevent the increase in prevalence of overweight children under five years of age with a recorded figure of 1.8%. There is not enough data to track the progress of Nepal for low birth weight and exclusive breastfeeding target.

Nepal has shown no progress towards achieving either of the two-diet related NCD targets. There has been some progress on reducing the mean population intake of salt per day in grams in persons aged 18+ years with a recorded figure of 9.1. There is not enough data to track the progress towards halting the rise in the prevalence of overweight women in Nepal.

Nepal is on track for five out of 10 indicators, as per the indicators of the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan. The country is also on track for six out of eight additional indicators selected for this assessment.
Mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in South-East Asia Region 2016-2025 – Final Report
4.2.9 Sri Lanka

As per the current data, Sri Lanka is not meeting any of the six global targets as of now. There is some progress towards achieving the target for stunting, with 16% of children under five years affected. Sri Lanka has made no progress towards preventing the increase in the prevalence of overweight children under five years of age, with a recorded figure of 1.3%. There has been no progress on reducing anaemia among women of reproductive age, with 34.6% of women aged 15 to 49 years now affected. There is not enough data to track the progress of Sri Lanka for low birth weight and exclusive breastfeeding target. There is a lack of sufficient data to track the progress on achieving the target for wasting.

There is insufficient data for tracking the progress of Sri Lanka for the two diet-related NCD targets.

Sri Lanka is on track for six out of 10 indicators, as per the indicators of the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan. The country is also on track for six out of eight additional indicators selected for this assessment.
Mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in South-East Asia Region 2016-2025 – Final Report
4.2.10 Thailand

Thailand is not meeting any of the six global targets as of now. There is some progress towards achieving the target for stunting, with 12.3% of children under five years affected. There has been no progress towards reducing anaemia among women of reproductive age, with 24% of women aged 15 to 49 years now affected. Thailand has made no progress towards achieving exclusive breastfeeding target, with 14% of infants exclusively breastfed, lower than the baseline prevalence of 23.1%.

The country has made no progress towards achieving the target for wasting, with 7.7% prevalence, which is, in fact, higher than the baseline prevalence of 5.4%. Similarly, there is no progress to prevent the increase in the prevalence of overweight children under five years of age with a recorded figure of 9.2%. There is not enough data to track the progress of Thailand for low birth weight. There is insufficient data for tracking the progress of Thailand for two diet-related NCD targets.

Thailand is on track for eight out of 10 indicators, as per the indicators of the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan. The country is also on track for six out of eight additional indicators selected for this assessment.
### Key additional indicators across four strategic directions

**Multisectoral nutrition action plans with operational mechanisms are updated with identified budget lines, implemented and monitored**

- National Plan of Action on Nutrition, 2019-2023 (available in Thai language only)

**Policy actions developed in cooperation with the agricultural sector to reinforce measures directed at food growers, processors, retailers**

- National Plan of Action on Nutrition, 2019-2023 (available in Thai language only)

**Health systems have defined an essential package of nutrition interventions reflecting the double burden of malnutrition**

- Limited data

**Legislation enacted to ensure mandatory nutrient content labelling based on Codex guidance and interpretative labelling of food products**

- National Food Committee Act, 2008

**Efficient and effective nutrition surveillance actions suitable for tracking the double burden of malnutrition established**

- (Draft) Thailand Healthy Lifestyle Strategic Plan Phase II, 5-Year Non-Communicable Diseases Prevention and Control Plan (2017-2021), only for NCDs
- MICS, 2019

### Health promoting activities carried out to improve knowledge and behaviors on healthy diets

- **Thailand** has a well-functioning health system with autonomous government agencies such as the Thai Health Promotion Foundation to promote health activities

### Evidence-informed public campaigns & social marketing initiatives conducted to inform and encourage consumers about healthy dietary practice

- Thai Health Promotion Foundation’s TV advertisement campaign promotes a healthy portion of meal comprising two portions for vegetables and one portion for rice (carbohydrate) and one portion for meat. This advertisement aims to promote healthy behaviors, reduce body weight and prevent NCDs

### Global nutrition targets and diet related NCD targets

|                      | 2025 Global | 2025 Country | 2025 Country
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Under-5 stunting (%)</strong></td>
<td>13.3 (Recent data 2019)</td>
<td>10.5 (Baseline data 2016)</td>
<td>40% reduction in the number of children under 5 who are stunted</td>
</tr>
<tr>
<td><strong>WRA anaemia (%)</strong></td>
<td>24 (Recent data 2019)</td>
<td>23 (Baseline data 2016)</td>
<td>Countries should aim for a 50% reduction in anaemia in women of reproductive age</td>
</tr>
<tr>
<td><strong>Low birth weight (%)</strong></td>
<td>9.5 (Recent data 2019)</td>
<td>10.5 (Baseline data 2016)</td>
<td>Countries should aim for a 30% reduction in the low birth weight</td>
</tr>
<tr>
<td><strong>Under-5 overweight (%)</strong></td>
<td>9.2 (Recent data 2019)</td>
<td>8.2 (Baseline data 2016)</td>
<td>Countries should aim for no increase in childhood overweight</td>
</tr>
</tbody>
</table>

- **Reduce prevalence of stunting in children aged 0-5 years to ≤10%**
- **NA**
- **Reduce prevalence of low birth weight to 7%**
- By 2023, maintain prevalence of overweight/obesity in children under 5 years of age to ≤8% (by 2023)

|                      | 2025 Global | 2025 Country | 2025 Country
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exclusive breastfeeding (%)</strong></td>
<td>14 (Recent data 2019)</td>
<td>23.1 (Baseline data 2016)</td>
<td>Countries should increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%</td>
</tr>
<tr>
<td><strong>Under-5 wasting (%)</strong></td>
<td>7.7 (Recent data 2019)</td>
<td>5.4 (Baseline data 2016)</td>
<td>Countries should aim to reduce and maintain childhood wasting to less than 5%</td>
</tr>
<tr>
<td><strong>Salt intake (g/day)</strong></td>
<td>13.3 (Recent data 2019)</td>
<td>35.6 (Baseline data 2016)</td>
<td>Countries should aim for a 30% relative reduction in mean population intake of salt/sodium</td>
</tr>
<tr>
<td><strong>Overweight women (%)</strong></td>
<td>NA</td>
<td>NA</td>
<td>Countries should aim to halt the rise in diabetes and obesity</td>
</tr>
</tbody>
</table>

- **Reduce prevalence of wasting in children aged 0-5 years to ≤5%**
- **Reduction in population level salt intake to 93 g/d**
- **NA**

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Mid-term review of the Strategic Action Plan to reduce the double burden of malnutrition in South-East Asia Region 2016-2025 – Final Report
4.2.11 Timor-Leste

Timor-Leste is on track to meet three of the six global nutrition targets. The country is on track towards achieving exclusive breastfeeding target, with 64.2% of infants exclusively breastfed. The country is on track for achieving the target for wasting, with 8.6% prevalence, meeting the country target of <10%. Similarly, the country is on track for decreasing the number of overweight children under five years of age with a prevalence of 2.6%. There is some progress towards achieving the target for stunting, with 48.8% of children under five years affected. There has been no progress towards reducing anaemia among women of reproductive age, with 29.9% of women aged 15 to 49 years now affected. There is not enough data to track the progress of Timor-Leste for low birth weight.

Timor-Leste has shown no progress towards achieving either of the two diet-related NCD targets. There has been some progress towards reducing the mean population intake of salt per day in grams in persons aged 18+ years with a recorded figure of 9. There is not enough data to track the progress towards halting the rise in prevalence of overweight women in Timor-Leste.

Timor-Leste is on track for three out of 10 indicators mentioned in the regional monitoring framework for policy, capacity and legislative indicators, as mentioned in the Strategic Action Plan. The country is also on track for four out of eight additional indicators selected for this assessment.
4.3 Results

The third pillar of this assessment, i.e. results, focuses on whether the implementation of the Strategic Action Plan was on track to achieve the intended objectives and targets as well as gather evidence on how the outputs from the policy application contributed to outcomes and, how/to what extent the outcomes contributed to achievement of the intended impact.

The UN Decade of Action on Nutrition has created a unique opportunity for increased investment and action from the Member States. Actions under the nutrition decade have accelerated various commitments, e.g. achieving the six global nutrition targets and the two diet-related NCD targets by 2025 and attaining the SDGs by 2030. This commitment has been further consolidated by WHO through high-level political advocacy, strategic support and technical assistance and, most importantly, through drafting of the Strategic Action Plan for reducing the double of malnutrition. As a result, all 11 Member countries in the SE Asia Region have a multi-action plan for nutrition in place, which tries to look at the contribution of different sectors to nutritional outcome.

Over the years, the WHO approach has evolved; WHO has increased its focus on addressing all forms of malnutrition, undernutrition, childhood obesity and reducing dietary risk factors to prevent NCDs. It has strongly reinforced its position as a valued partner and its technical cooperation with the national government and other partners at the regional and member state level is well established. This assessment revealed that in the past five years of the implementation of the Strategic Action Plan, the Regional Office has been providing the necessary acceleration and impetus for the Region to improve its nutritional outcomes, strengthen the adoption of evidence-based policies and enhance the national capacities of the Member States to achieve the global targets by 2025.

Guided by global and regional initiatives, including the SDGs and the Strategic Action Plan, to reduce the double burden of malnutrition in the South-East Asia Region (2016–2025), all Member States in the Region established/revised their national nutrition targets to align with the global targets. It is also noted that the Regional Office has propelled the Member States to adopting and customizing some of the priority interventions such as drafting regulations, reinforcing legislation and food safety standards, advocating for healthy food choices over unhealthy ones and integrating essential nutrition actions in health service delivery platforms. The Member States have also been provided with persistent high-level advocacy and adequate technical support for designing, implementing and monitoring national-level plans and programmes for nutrition.

All Member countries reported that governments – most commonly, the ministries of health – were either responsible for or involved in the implementation, funding and monitoring of all nutrition programme areas, with technical assistance from the regional or country office. In the past five years, several nutrition-relevant policies, strategies and plans – such as, actions on infant and young child nutrition, school health and nutrition programme, national nutrition strategy and action plan, actions related to promotion of healthy diet and prevention of obesity and diet-related NCDs, food distribution programmes, food-based dietary guidelines, mineral supplemental scheme and nutrition coordination mechanisms – have collectively helped the Member States in implementing the Strategic Action Plan to reduce the double burden of malnutrition.
Additionally, through the technical guidance and advocacy support provided by WHO for breastfeeding, such as scaling-up of BFHI and endorsement for legislation on breast-milk substitutes, has contributed to an impressive increase in the exclusive breastfeeding rate at six months in the Region. Furthermore, high-level policy advocacy, carried out by WHO, has successfully led to the renewal of country commitments to reducing childhood stunting as well as to including the child obesity agenda within national health and child development policies and strategies. Moreover, all Member States have now included a salt reduction target in their national plans and seven countries have identified mean salt intake levels for their population. Thus, overall, the role and contribution of WHO are progressing, as envisioned in the Strategic Action Plan, wherein both the regional and country offices have worked with the Member States in a variety of roles to support, facilitate and strengthen nutrition actions.
4.4 Cross-cutting themes

4.4.1 Enablers and barriers

4.4.1.1 Enablers

1. Implementation of evidence-based strategies and packages and application of several best-buy interventions for improving nutritional outcomes: In the Region, the Member States have successfully adopted, customized and implemented key public health nutrition strategies and technical packages, which have proven to be effective for managing the double burden of malnutrition. Few examples are as follows:

   a. School-feeding programme – the provision of improved nutrition through school meals, directly at low cost or free, was reported to be particularly useful in countries with large-scale programmes, such as India, where the programme used nutrient-based standards to improve the nutrition indicators. For many students, the school meal was reported to be the main meal of the day. Additionally, in Sri Lanka and India, school-based nutrition education interventions such as school gardens, are being leveraged to promote healthy diets. School-based activities for nutrition education and behaviour change interventions were reported to be particularly important for adolescents, since these could prevent the double burden of malnutrition by promoting intake of low-fat and fibre-rich foods, such as fruits, vegetables, wholegrain cereals and home-cooked meals.

   b. Promotion of technical packages such as SHAKE and REPLACE in the Region has positive impact leading to adoption of measures related to population sodium reduction and trans-fats reduction/elimination undertaken by Member States.

   c. Scaling-up of baby-friendly hospital initiative and prohibition of marketing of breast-milk substitutes in several Member States of the Region led to an increase in the exclusive breastfeeding rate at six months.

2. Support from WHO at all levels (headquarters, WHO SEARO and country offices): WHO has contributed substantively to improvements in nutrition indicators in the Region through work executed jointly by the headquarters, WHO SEARO and country offices. Almost all the respondents mentioned that support from WHO in the form of continuous advocacy at all levels, technical assistance, guidelines, toolkits, policy formulation and development of strategies in nutrition, etc. was a key enabling factor since all the nutrition interventions, supported by WHO, were consistent with the global priorities of reducing the double burden of malnutrition, country needs and policies, and requirements of beneficiaries. WHO was not only recognized for placing nutrition on the agenda of national priorities, but also for the capitalization of advocacy efforts to generate buy-in from governments and partners. Several regional meetings on specific issues, such as reduction of trans-fats, marketing of unhealthy foods and Codex, assisted frequent stocktaking of the efforts and many a time resulted in greater commitments from Member States.

3. Partnership among UN agencies: Recognizing the gradual shift towards the triple burden of malnutrition – undernutrition, hidden hunger, overweight and obesity – the stakeholders believed that partnership within UN agencies was a key enabler for achieving global nutrition and diet-related NCD targets. The respondents from the UN agencies acknowledged that articulating and pursuing an integrated action ensures benefits such as increased operational efficiencies. This in turn helped...
ensure that more people receive the support they need for good nutrition and that “no one is left behind”, a fundamental characteristic of the 2030 agenda. Furthermore, it was observed that during the assessment period, multiple UN agencies, including UNICEF, FAO, WFP and WHO, generated synergies by bringing together their comparative advantages, optimized resources and streamlined the processes for supporting the Member States for fulfilling their commitments optimally. A prime example of this collaboration was the joint data analysis conducted for the regional report on the state of food insecurity and nutrition (SOFI) in an effort to be comprehensive and minimize overlap. The partners also invested immensely in providing capacity-building and technical support to the Member States for reviewing and articulating various policies, laying down indicators and monitoring mechanisms, along with the development of standards. This propelled the creation of an enabling environment for the Member States to take the agenda of reduction of the double burden of malnutrition forward.

4. **Elevation in commitment from Member States**: The political will exhibited by the Member States for reducing the double burden of malnutrition proved to be crucial. The understanding between WHO and the ministries of health of the Member States was very important and their commitment and harmonious functioning were among the key enabling factors that drove progress. It was also witnessed that there was a fundamental and necessary shift towards garnering more political commitment for establishing effective coordination mechanisms by placing them at high political levels. This is to facilitate multisectoral collaboration and policy coherence across sectors, strengthening nutrition policies in accordance with the needs of the countries, and making further efforts with regard to costing and financing these policies so that they can be translated into operational actions with clear accountabilities.

4.4.1.2 **Barriers**

1. **Obesogenic food environment and influence of commercial determinants on nutrition**: One of the biggest barriers that the Member States are currently facing to meeting nutrition targets and implementing the Regional Strategic Plan is the obesogenic food environment, which is characterized by low availability, accessibility, desirability and affordability of healthy foods. In addition, misleading and inadequate labelling of industrially prepared foods and aggressive marketing of unhealthy foods, including snacks and sugary beverages, is making it difficult for caregivers, children and adolescents to understand that this diet, even though satiating, is not a healthy option.

2. **Commercial influences and determinants**: The governments have faced resistance to legislations related to food labelling and restrictions on marketing of unhealthy foods, such as the SSB tax and TFA control, which have delayed implementation of stricter policies by the governments. However, with greater and perseverant dialogue, continued advocacy and evidence-based mass awareness efforts, some Member States have been able to implement the policies while some are on the way to enforcing them.

3. **Continued focus on undernutrition**: Some Member States have continued levels of undernutrition statistics, resulting in a greater focus and programme planning on undernutrition control, e.g. stunting control programmes, which are still needed and require multisectoral efforts. This has led to a reduced focus on diet-related NCDs and hence, the double burden of malnutrition, as can be seen by the lack of data collection or monitoring of NCD indicators in some Member States.
4. **Limited access to healthy food:** With many people affected by COVID-19 and with many having lost their jobs or livelihoods, it has become difficult for a large proportion of families to buy their usual range of foods. With more people staying at home, there has been a shift towards consumption of non-diversified diets, with increasing consumption of pre-packaged processed foods and decreasing consumption of nutritious foods. Low-income families have become vulnerable to economic barriers to food accessibility, wherein affordability of sufficient nutritious food for a healthy diet has become a challenge.

5. **Challenges related to multisectoral coordination:** It was reported that coordination within various departments, e.g. food, health, water, sanitation and hygiene (WASH) and education, has not been sufficient despite fostering multiple partnerships at both regional and country levels. Although multisectoral action plans are now fully institutionalized in most Member States in the Region, along with multisectoral coordination mechanisms, little coordination is often evidenced on the ground.

6. **Data collection and monitoring:** During the assessment, it was highlighted that there was a delay in receiving health management and information system (HMIS) data pertaining to nutrition. Therefore, policy decisions were often not made on real-time monitoring data. This further impacted the quality of the decisions made and subsequently affected the progress made. Additionally, there were often long gaps in collection of data and delays in dissemination and communication of accurate data to relevant stakeholders. It was also observed that there are differences in primary data availability and quality across countries in the Region, thus limiting the best understanding of achievements with regard to the SDGs and national targets for nutrition. Availability and timeliness of data remained key concerns to measure achievements and document evidence.

7. **Implementation concerns:** The assessment revealed that despite having robust policy, action plans, strategies and programmes in place, the Member States are faced with multiple implementation challenges. These challenges range from inadequate financial investments to carry out implementation, non-compliance with the programme, poor quality of interventions reaching the people, last-mile delivery gap, insufficient human resources to deliver interventions to the limited capacity of human resources to deliver those interventions. It was vital to note that all these challenges were not faced by all Member States but were unique with respect to country context.

8. **Human resources:** Staffing was a challenge for WHO country offices and officials in their respective ministries. In addition to vacant positions, the technical capacities of the human resources, high turnover rates and multiple vacant positions posed significant challenges at times. As the Member States continue to develop and build their own human capital, there are strong expectations at the Member State level in terms of receipt of innovative solutions and highly skilled and politically astute support from WHO country offices. In the challenging times of COVID-19, it was further observed that a significant proportion of manpower at the country level was engaged in emergency response with minimal staff remaining to work on the domain area of nutrition. This could possibly lead to delay in the support required by the Member States to reduce the double burden of malnutrition.
4.4.2 Impact of COVID-19 on programme implementation

The pandemic is a health and human crisis threatening the food security and nutrition of millions of people around the world. According to the Asia and Pacific regional overview of food security and nutrition report of 2020, the economic impact of COVID-19 on the most populous region of the world is threatening to further undermine efforts to improve diets and nutrition of millions of people, who were already unable to afford healthy diets prior to the pandemic. Unfortunately, COVID-19 has impacted all the six dimensions of food security – availability, access, utilization, stability, agency and sustainability. This particularly affects access to healthy diets, food security and nutrition, especially for vulnerable populations such as mothers and children. Dynamics created by the pandemic has affected food security and nutrition, which include disruptions to food supply chains, loss in income and livelihood, increasing inequality and poverty, disruptions in social protection programmes, altered food environments and irregular food prices in localized contexts.20

Many poor families in South-East Asia cannot afford nutritious food and do not have access to proper education and information to make better nutritionary and dietary choices.21 Poverty-struck families in South-East Asia usually make more unhealthy choices and underinvest in nutritious food because of costs, non-monetary constraints (such as access) and traditional preferences and beliefs. Apart from this, unsafe, unequal and difficult-to-access environments in these provision facilities are the other challenges that make it even tougher to improve nutrition and health-care outcomes. Already existing inequities in geographical locations, gender, caste, race, age, ethnicity, education, wealth, food and health systems lead to further inequity when it comes to malnutrition, leading to a vicious inequity cycle. With the global COVID-19 pandemic already rampantly affecting health of populations, at-risk groups (low socioeconomic groups, immunocompromised groups, disabled populations, health-risk groups) are further affected by malnutrition.

One of the key nutritional challenges in this Region is that healthy diets cost two to nine times the cost of basic, energy-sufficient diets.22 In the Asia and Pacific region, a healthy diet is unaffordable for almost 1.9 billion people.

This unaffordability of healthy diet is related to increased food insecurity and multiple forms of malnutrition, which are a worsening problem with the pandemic. Single-sector approaches fail to solve the complex problems of healthy diets as individual sectors are unable to cover all factors associated with these diets. A research study conducted in South-East Asia found that for food consumption patterns of adults, traditional foods were the first choice, but with urbanization and Westernization, there was a transition to Western food, especially in urban areas. Information on healthy food habits and the dangers of processed food is not available widely. Moreover, promotion and advertising of unhealthy food add to this problem even more.23
The growth-monitoring programmes and school nutrition programmes have all come to a halt because of lockdowns and school closures; some Member States are trying to implement home-feeding though. There has also been some pushback in regulatory interventions that were promoted earlier, such as SSB tax and pro-nutrition mandatory labelling.

The degrading environmental conditions, clubbed with poverty, lead to poor health, sanitation and water, which further affect the health status of children and adults and therefore, their nutrition. This assessment observed that the most challenging impact of COVID-19, which the countries foresee, is the increased percentage of acute malnutrition in mothers and undernutrition in children. Lack of physical activities and school closures might also lead to a rise in obesity amongst young children and adolescents. Additionally, it was noted that COVID-19 impacted monitoring of activities, collection of local data and generation of local evidence. To provide an example, two assessments from India that got impacted due to COVID-19 were promotion of breastfeeding at the health facility level and assessment of FoPL to understand the consumer perspective.

Moreover, it was revealed that essential services and interventions such as breastfeeding promotion programme got impacted in multiple Member States. In a few Member States, it was reported that implementation of programmes was put on hold for some time because primary health staff were repurposed to carry out COVID-19 response-related activities, such as contact-tracing and case management work in the primary health care setting. The national-level policy activities and other priority areas were also delayed due to a shift in the focus of key stakeholders.

While responding to the pandemic, health facilities are struggling to provide routine services, including antenatal care, micronutrient supplementation and treatment of diarrhoea in children. Health services have become more expensive because of the need to provide personal protective gear and re-arrange clinics to provide adequate space for social distancing and a higher level of infection prevention and control. At the same time, families have been reluctant to bring children to health facilities for routine services out of fear of being exposed to COVID-19. As a result, nutrition programmes may be struggling at the precise moment they are most needed.

Overall, in the longer term, the combined effects of COVID-19 itself as well as corresponding mitigation measures and the emerging global recession could, without large-scale coordinated action, disrupt the functioning of food systems and revoke the progress achieved so far by the Member States. Such disruption can result in consequences for health and nutrition of a severity and scale never witnessed in the past.

4.4.2.1 Innovations adopted during the pandemic

- In 2020, a series of webinars and virtual meetings was organized by WHO SEARO on multiple aspects associated with NCDs. This was a weekly webinar series conducted by the Department of Healthier Populations and Noncommunicable Diseases to support the Member States for promoting health and maintaining health services during the pandemic, and identifying critical disruptions in programme delivery created by COVID-19. This included topics related to salt reduction and promotion of physical activity. It also aimed to build the regional collective capacity by sharing knowledge and experiences of the Member countries with one another.
• Several Member States linked consumption of healthy diets with reduction of COVID-19 risk factors, thus leveraging it as an opportunity to promote healthy diets and generate awareness.
• Myanmar developed and adopted new interim guidelines for nutrition programme implementation and trained their staff accordingly to work in the evolving scenario of the pandemic.
• Most of the Member States attempted to ensure the continuity of essential nutrition services during lockdowns, using innovative approaches. Some examples highlighted during the assessment are mentioned below:
  o Bhutan prioritized the delivery of essential health-care services. The country was guided by two critical documents: The WHO Operational guidelines for essential health-care services and the National Contingency Plan for ensuring essential health-care services in the context of COVID-19. The National Contingency Plan was developed in 2019 by MoH. It serves as an overarching guide for all hospitals and primary health centres to ensure that essential health-care services continue to run during national lockdowns by enabling them to prepare plans and activities individually.
  o Indonesia continued its essential services through teleconsultation support.
  o In India, as per the National Nutrition Programme, food was normally delivered to millions of communities each day but had to be adapted under the lockdown procedures. Workers delivered supplements to peoples’ homes rather than at central locations during lockdowns.
  o Since all the nutrition programme staff from Maldives were repurposed to work at the Health Emergency Operations Centre, programme activities were conducted with support from local consultants with limited involvement of the programme staff.

4.4.2.2 New opportunities and innovations as a result of the pandemic

Though the pandemic led to numerous disruptions, it has also provided a platform for multiple learnings and to innovate for ensuring continuity of essential nutrition services. The figure below depicts a few areas of opportunity, which can be leveraged and developed further for improved results and for achieving better outcomes.
Section 5: Recommendations

4.5.1 Recommendations for WHO

Policy advocacy and planning

- Undernutrition is a developmental issue that reverberates well with most Member States, eliciting political will and action. However, obesity and diet-related NCDs are yet to find that importance in some Member States, seen even now as diseases of affluence. There is a need to advocate with countries/policy-makers for adequate and consistent investment in the double burden of malnutrition. While sustained focus on eradicating severe forms of undernutrition, still highly prevalent in the Member States, continues to be a priority, availability of credible data, trends and research studies on diet-related NCDs and their public health significance need to be utilized strategically in advocating for improved focus and actions on diet-related NCDs.

- Inclusion of targets for overweight and obesity in the existing programmes and strategies is recommended to ensure proportional weightage and commitments. This will involve not only continued advocacy with the highest authorities and policy-makers, but also time-bound yet need-based multilevel capacity-building on policy formulation, improved use of data for decision-making and improved data sources and monitoring/tracking systems, along with analytical capacities.

- Dialogues of governments with formal and informal food industry players on food labelling, marketing and controlling salt, sugar and trans-fats levels need to be facilitated and supported on a sustained basis.

Technical support

- While nutrition and NCD control plans are in place and acted upon, there is limited capacity with regard to managing obesity and overweight. Depending on country contexts, specific, time-bound country plans, especially for obesity and overweight, can be supported in collaboration with UN and other partner agencies. Where already present, these plans can be further supported by WHO SEARO to ensure that proportional weightage is accorded.

- Strengthen and update guidelines for implementation of nutrition supplementation and promotion programmes by alternative delivery strategies for the evolving scenario during the pandemic. Similarly, technical support needs to ensure regular growth monitoring, food supplementation, continued nutrition education and counselling, midday meals and other critical interventions, when centres/schools are closed. A compendium of best practices and alternative mechanisms can be prepared/facilitated. These can also be integrated in mainstream policies and programmes.

- It is recommended that an online tracker or dashboard be developed, which could help in monitoring the activities committed to during partner collaborations. At present, the updates are provided offline, through emails, and are published on a different time scale. Having a budget head or fund allocation would be immensely useful. Lessons can be learnt from existing forums and platforms supporting existing multiagency initiatives, which can be further scaled up.
Resources

- It is recommended that WHO strengthens the technical and HR capacity within WHO country offices to support the national efforts of advocacy, monitoring, dialogues with stakeholders and awareness generation. WHO resources and staffing at country offices can be improved to ensure optimal support to nutrition programmes.

4.5.2 Recommendations for Member States

Advocacy and awareness

- Member States need to strengthen advocacy and guidance efforts to re-address all forms of malnutrition. Governments need to promote healthy diet, not just from the NCD perspective (i.e. merely restricted to reduction of salt and sugar), but from the perspective of all forms of malnutrition and nutrition security.

- Due to evolving changes in daily life caused by COVID-19, it is recommended that innovative approaches be used – such as teleconsultations and mobile-based nutritional counselling – and focus resources on intensification of effective and consistent behaviour change campaigns, such as mass media and social media campaigns to strengthen the nutrition services within the national health-care systems. While some Members States have initiated these activities, others can follow suit. Continued support needs to be provided to these campaigns through programme funds as well as through corporate entities.
  - It is suggested that behaviour change campaigns be also organized with a focus on overweight and obesity. Healthy workplaces and schools can be prioritized.

Multisectoral collaboration

- At the country level, major accountability and responsibility for malnutrition stay with the Ministry of Health. Thus, progress made by other sectors is often not tracked. There is a need to strengthen the coordination by establishing mechanisms to clearly mark the accountability, roles and responsibilities of each sector.

- There is a need to bring the private sector on board, to have a platform to engage with the public sector and explore the areas of their contribution to the nutrition agenda of the country. For example, the private sector is often willing to invest to improve nutrition outcome of its own workforce.

- Dialogue with food industries on labelling, marketing and controlling sugar, salt and TFA in processed foods needs to be initiated and facilitated. Onboarding the private sector is essential for longer-term changes in diets.

Monitoring:

- To ensure effective monitoring, it is recommended to have mechanisms that access real-time data for timely decision-making.

- Measurement and monitoring indicators of diet-related NCDs along with key undernutrition indicators need to be improved, highlighted and ensured.
Section 6: Country case studies

Bangladesh

Bangladesh has made considerable progress towards reducing undernutrition through scaling up nutrition-sensitive interventions such as education and access to health care. In 1990s, the prevalence of underweight children was the highest in Bangladesh (65.8%) and wasting was as high as 15.5%. However, the country made significant progress towards reducing undernutrition by implementing a wide array of interventions such as provision of diversified foods, food availability, access to clean drinking water and sanitation, reduction in infant and child mortality, increased immunization coverage and reduction in the incidence of communicable diseases.

Attention was also paid to improving school enrolment and gender parity in primary- and secondary-level education. Women’s empowerment interventions further bolstered the nutrition status and overall health outcomes of girls and women in the country by employing a multisector approach. With a population of approximately 163 million, Bangladesh is one of the most densely populated countries in the world. The country made strides in reducing poverty from 34.8% in 2000 to 14.8% in 2016 and has pulled itself out of the state of being a food-deficit country, with its food production now keeping pace with its population growth. Bangladesh presents an impressive example of improving nutrition outcomes by focusing on integrated, multisectoral and nutrition-sensitive sectors such as education, sanitation and health.

Bhutan

The removal of partially hydrogenated oils, containing industrially produced trans-fats from the food supply, is recommended by WHO as a public health intervention for reducing the risk of cardiovascular diseases (CVD). WHO and Resolve to Save Lives announced the REPLACE initiative to make the world free of industrially produced TFA by 2023. WHO recommends that the total TFA intake be limited to less than 1% of the total energy intake, which translates to less than 2.2 g/day with a 2000-calorie diet. Achieving elimination of industrially produced TFA will contribute to reducing premature death from noncommunicable diseases, one of the health targets (Goal 3.4) of the United Nations Sustainable Development Goals, through decreasing the risk of CVD mortality and events.

Initiation of the process of TFA elimination is a key strategy to promote intake of healthy diets. Bhutan has identified reduction and gradual elimination of industrial TFA as a key component of the national NCD action plans to promote healthy living and reduce incidence of cardiovascular diseases in the country. Similar to many other countries in the Region, Bhutan had no data on the levels of TFA in foods or regarding consumption of TFA in the country. There was also a lack of information regarding the policy landscape in
Bhutan with regard to edible fats, which would all be needed to consider future policies on trans-fat elimination.

Therefore, a project to assess the landscape required for industrial TFA-related policy changes, including national policies related to edible oils and a baseline review of dietary sources of TFA, was initiated by WHO. WHO worked with the Government of Bhutan to develop a project proposal and obtain funding from Resolve to Save Lives, via WHO, in order to carry out the landscape analysis. WHO provided extensive technical support to ensure that the project work proceeded smoothly. The policy review is now completed as is the characterization of trans-fat-related food intake of the population. Work is currently in progress on the dietary analysis of trans-fats.

According to data available from an earlier report, the imports of partially hydrogenated oils (PHO) in Bhutan have significantly decreased between 2012 and 2016. Although a significant reduction in usage was noted, an increasing trend of demand for PHO had been observed since 2017. However, both the Food Act of Bhutan 2005 and Rules and Regulations do not specify the label requirements for TFA and there is no requirement to label PHO in the nutritional information sheet by manufacturers.

A significant amount of hydrogenated oil is imported into the country for the purpose of cooking and other purposes. It is important to reduce or stop altogether this exorbitant quantity of import as the incidence of cardiovascular-related diseases is increasing every year and needs to be reduced significantly in Bhutan. The report strongly suggested a TFA policy as part of broader health policy, regulatory and legislative efforts to reduce trans-fats in the food supply, including foods available in restaurants, hotels and bakeries. Initiate removal of industrially produced PHO from use by food manufacturers, hotels, restaurants and bakeries through gradual, phase-wise approach to achieving a significant reduction in TFA-related NCDs, especially cardiovascular diseases and hypertension.

Initiate an advocacy programme to provide education on the ill effects of TFA to consumers. This can be carried out by establishing multisectoral taskforce, with representatives from the Ministry of Economic Affairs (Office of Consumer Protection) (MoEA OCP), the Ministry of Agriculture and Forests (Bhutan Agriculture and Food Regulatory Authority) (MoAF BAFRA) and the Ministry of Health (NCD), for reduction in TFA content in industrially produced food and replacement with alternatives to the internationally accepted level of <2%, and mandating that the producers declare TFA content in the food as part of the labelling requirement.

Democratic People’s Republic of Korea

The Democratic People’s Republic of Korea was projected to have a food crisis in 2019, following the late 2018 severe heat wave in the provinces, considered the “food basket” of the country, which raised temperatures 11 degrees higher than average. Other natural disasters, including a typhoon earlier, and flash floods added to the problem. Food insecurity and its negative impact on agriculture and food
production have widespread and long-lasting consequences and would compound the already widespread undernutrition that affects vulnerable populations in the country. Therefore, there was an urgent need to collate information on the potential short- and long-term nutrition and related health impacts of acute and chronic food shortage in general as well as among key vulnerable groups and to support mitigation planning.

In this regard WHO developed a background paper, which considered available data/information on the nutritional status, health indicators, food and crop shortages/situation and other pertinent information. The document covered aspects such as expected excess morbidity and mortality from the baseline attributable to a crisis of food shortage in DPR Korea, anticipated coping strategies and how they might impact the nutritional and health status in the country. The paper also provided examples of health/nutrition policy measures used by other countries to address a food crisis of a different magnitude and also some health-sector action points for the country, within the context of the National Strategy and Action Plan for the Control of Undernutrition of Children and Women in DPR Korea (2014–2018).

The background brief, which collated the information mentioned above, was a useful reference document for WHO and other development agencies to plan their next steps and responses to the projected food crisis in the country. It suggested that established, evidence-based programmatic interventions be strengthened and enhanced to the extent possible, given the reductions in food aid and other resources. Those that were suggested include improved antenatal care, reduced numbers of low birth weight neonates, optimal complementary feeding and appropriate breastfeeding, attention to treatment of severe acute malnutrition, and reducing micronutrient deficiencies, especially anaemia. At the same time, second-tier interventions were recommended to continue, when possible, the ones that include reducing iodine deficiency, treating TB and malaria and strengthening health facilities and training. Because of the need to target interventions, improved monitoring was suggested to direct resources and plan for the future along with cooperation on information and monitoring, and common messages in social and behaviour change communication.

India

The country has more than 135 million people, who are obese, and has witnessed a sharp rise in childhood obesity. Three conditions, namely high blood pressure, high fasting blood sugar levels and obesity, are the main drivers of this disease burden in India. This crisis is further aggravated by the current pandemic, as persons with NCDs face a greater risk of becoming severely ill or dying from COVID-19. All these conditions, such as high blood pressure, high fasting blood sugar levels and obesity, are closely linked to unhealthy diets and an excessive intake of sugars, total fats, saturated fats, trans-fats and sodium. In turn, the excessive intake of these nutrients, now of public health concern, is largely driven by the widespread availability, affordability and promotion of processed and ultra-processed food products with unhealthy nutritional profiles.
Global and local experts have come together to urge for simple and effective FoPL to address the spiralling crisis of NCDs in the country. Front-of-package warning labelling represents a key component of a comprehensive strategy to promote healthier lives, as it enables consumers to identify in a quick, clear and effective way products high in sugar, sodium, saturated fats, trans-fats and total fats, the critical nutrients associated with the NCD burden in India.

In this context, while the Ministry of Health has strengthened its programme on prevention and control of NCDs, FSSAI has taken several steps to reduce exposure of populations to high in fat, salt or sugar (HFSS) food. FSSAI later started the process of developing FoPL in consultation with civil society, industry and nutrition experts for a viable model for India. In June 2019, FSSAI notified the draft Labelling and Display Regulations, whereby packaged food companies are required to declare nutritional information, such as calories (energy), saturated fats, trans-fats, added sugar and sodium per serve on the front of the pack. FSSAI has nudged the industry to promote healthier food options and reformulate their products to reduce fat, sugar and sodium. FSSAI has also launched infotainment campaigns focusing on limiting consumption of foods high in fat, salt and sugar and removing trans-fats from daily diet.

Alarmed by the increase in lifestyle diseases, FSSAI also launched the Eat Right India campaign. It is built around two broad pillars of Eat Healthy and Eat Right, a collective effort to make both the demand- and supply-side interventions through the engagement of key stakeholders. FSSAI has also taken steps to promote public awareness of safe and healthy eating habits, Eat Right website, video library and educational films on safe and nutritious food habits, resource books such as pink book, yellow book, etc.

These specific, food-focused initiatives are also supported by the food safety initiatives of other ministries, including exploring restrictions on HFSS food advertising (Ministry of Information and Broadcasting); upcoming revision of the National Nutrition Policy, promoting non-HFSS snacks in schools (Ministry of Women and Child Development); promoting healthy food at the workplace (Ministry of Labour and Employment); banning advertisements of alcohol, tobacco and unhealthy foods during sports events (Ministry of Youth Affairs and Sports); promoting kitchen gardens in schools and integration of healthy food in midday meals (Education Department); and promoting organic farming (Ministry of Agriculture & Farmers' Welfare).

While India is not on course to reach any of the global nutrition targets, introduction of food-based approaches to control spiralling NCD prevalence through various ministries and bodies is in itself a welcome direction.

**Indonesia**

Stunting is the cumulative effect of the irreversible physical and cognitive damage caused by chronic undernutrition, repeated infections and inadequate childcare and feeding practices. With 31% of all Indonesian children suffering from this condition, the country requires robust intervention to improve the health and nutrition status of women and children in the first 1,000 days of life and through adolescence, in
order to break the intergenerational cycle of undernutrition and ensure that children grow into healthier, more resilient and productive adults.

The Government of Indonesia has taken cognizance of the issue, implementing a national strategy called StraNas to reduce stunting by 17% by 2025. This new strategy will ensure that all households with pregnant women or children under the age of two can access the complete package of services essential to prevent stunting. The programme employs a “whole of government approach”, involving coordination between 22 ministries and alignment across the levels of government. These include the ministries of health, public works (for water and sanitation), education (early childhood development), social affairs (social protection programmes), agriculture (food supply) and communication (behaviour change) as well as the Ministry of Home Affairs and the Ministry of Villages (decentralized service delivery at the district and village levels).

It also involves alignment across many layers of the government as Indonesia is a highly decentralized country with 75 000 villages playing an important role in the delivery of stunting reduction services on the front line. And delivering the programme at scale in Indonesia means reaching 24 million 1000–day households across 6000 islands.

The programme has within the first few months organized an initial stunting summit with the first 100 priority districts and signed the first set of memoranda of understanding (MoU) with them to accelerate stunting prevention, and carry out a list of actions to ensure that the work of many sectors converges towards the same goal. In 2019, the government will scale up to 160 districts, aiming to reach all districts by 2022.

This programme also has support from many development partners such as WHO, World Bank, Save the Children and Nutrition International, among others. A multistakeholder partnership, called Better Investment for Stunting Alleviation programme, has also emerged to support the Indonesian government for the ambitious stunting reduction programme.

Maldives

Maldives was one of the first countries in the Region to levy taxes on SSB. At present, the country is undergoing an epidemiological transition with rapidly increasing levels of overweight and obesity, contributing to various NCDs. The primary reasons identified for overweight and obesity in Maldives are unhealthy diets and lack of physical activity. Among them, a key contributor to unhealthy diet is high intake of SSB. Statistics from Maldives reveal a very high volume of energy drink imports, the country being a popular tourist destination. At the same time, a very high consumption of SSB has been reported among schoolchildren.

To reduce the high consumption of SSB, the Ministry of Education restricted the sale and marketing of energy drinks in all public schools. Subsequently, the government also implemented an import tariff on soft drinks and energy drinks and requested the technical support of the WHO country office for modelling the
effects of the taxation and other guidance. In March 2017, Maldives implemented an additional import tariff on energy drinks and soft drinks.

However, this caused substitution of energy drinks with soft drinks, which are currently taxed at a lower rate. Significant substitution with domestically produced carbonates is also likely since domestic production of major brands such as Coca Cola, Fanta, Sprite and Schweppes is three times their import volumes. Substitution is also likely for other SSB, such as fruit-flavoured drinks, sweetened teas/coffees and flavoured waters, which are currently not included as part of the tax base. Despite these changes, enforcing an import tax on SSB has been a positive step taken towards reducing the sugar consumption in the country.

To circumvent these substitutions, Maldives is working towards implementing a specific excise tax on domestically produced energy drinks and other soft drinks at rates that are harmonized with the import tariffs. The country is also planning to expand the excise tax base to include other water-based, flavoured beverages, such as fruit drinks and other sweetened beverages, and exclude non-sugar sweetened beverages. The government is planning to direct revenue generated from these taxations towards strengthening the public health programmes, with particular emphasis on nutrition- and physical activity-related policies — a welcome move.

**Myanmar**

Myanmar is currently in the midst of an economic shock. The situation has been worsened by the pandemic, which has crippled the health-care system and disrupted crucial health-care services. Despite the domestic crisis, the country has showcased a high level of political commitment to mainstreaming nutrition at the national level. As early as in January 2017, the State Counsellor convened multiple sectors and development partners for the first ever Inter-Ministerial Coordination Meeting on Nutrition, which paved the way for the establishment of a National Nutrition Steering Committee (NSGC) under the umbrella of the Development Assistance Coordination Unit (DACU), signalling the importance of nutrition as a priority area for development assistance.

Under the aegis of NSGC, the Myanmar Multisectoral National Plan of Action on Nutrition (MS-NPAN) was developed with the aim of reducing all forms of malnutrition in mothers, children and adolescent girls. The continuum-of-care approach is expected to lead to healthier and more productive populations eventually, contributing to the overall economic and social aspirations of the country.

Additionally, as a part of its multisectoral agenda, Myanmar has developed a growing and strong network involving UN and international development agencies. With the support from the WHO country office, Myanmar became a signatory at the SUN UN Network in 2015 and the SUN Civil Society Alliance. This has now expanded to the SUN Business Network, civil society organizations and SUN Civil Society. This growing network of development partners and UN agencies with the support of the WHO country office has further bolstered the national effort on mitigating malnutrition, even during challenging times.
Nepal

Nepal has a huge burden of tobacco consumers. According to the latest survey carried out by the Nepal Health Research Council and the Government of Nepal (with technical support from the WHO country office), in 2019, 28.9% of adults (aged 15–69 years) used either smoked or smokeless tobacco products. Tobacco smoking is a known risk factor for many respiratory infections and increases the severity of respiratory diseases. Smokers are more likely to develop severe disease with COVID-19, compared with non-smokers. Tobacco is also a major risk factor for NCDs such as cardiovascular diseases, cancer, respiratory diseases and diabetes, which put people at a higher risk of developing severe illness when affected by COVID-19.

With COVID-19 hitting public finances of Nepal hard, the country enforced an increase in tobacco taxes as one of the cost-effective ways to raise revenue while reducing tobacco consumption and improving health outcomes. The decision on tobacco tax raise in the Budget was telecast to the entire country, through a virtual press meet, as a major step towards the advocacy for raising tobacco taxes in Nepal. As a next step, the Ministry of Health and Population, with the support of the WHO country office, contextualized and translated the WHO technical guidance on tobacco, smoking and COVID-19 risk into Nepali language. It also initiated a media campaign for dissemination of curated and strategic messages through different FM radio and television channels as public service announcements in different local languages. Even during the turmoil of COVID-19, Nepal demonstrated that behaviour change communication collaterals on raising civic awareness of the major problems of malnutrition, healthy diet, tobacco consumption and other risk factors can be carried out.

Sri Lanka

Sri Lanka has a high prevalence of NCDs, attributed mainly to faulty dietary practices. Over the past few years, the country has been able to push many cost-effective and evidence-based interventions to be adopted as national policies to address various risk factors causing NCDs. These interventions, adapted from standard global guidelines, have been contextualized as per the local scenario. For example, the Ministry of Health, Sri Lanka, developed the National Salt Reduction Strategy in 2018–2022 with WHO and other stakeholders, based on the SHAKE package developed by WHO. Most Sri Lankans consume almost double the intake of salt recommended by WHO (5 g/day), and this is linked to high blood pressure and hence, ischaemic heart diseases, a major cause of mortality in the country.

Technical package SHAKE provides guidance to countries to reduce population-level salt intake. This package consists of a set of tools, resources and case studies to guide the design, implementation, monitoring and evaluation of the national salt reduction programmes. A crucial component of the strategy involves convening stakeholders to discuss and involve them in the implementation of the plan in a staged manner. Among the key stakeholders identified by the Government of Sri Lanka are the restaurants, keeping in view the rapid urbanization and a gradual shift away from home-cooked food. The government
realized the importance of this key stakeholder group and convened a national-level meeting of their representatives.

One of the measures discussed was monitoring the salt content of commonly sold food items in key-chain restaurants, identification of high-salt content food items and provision of technical assistance to reformulate these items to low-salt versions. All restaurants from the country with more than three outlets in one or more districts expressed willingness to support the proposed strategy to reduce salt consumption.

Along similar lines, the WHO country office, with support of WHO SEARO, is working closely with the Ministry of Health to activate other packages to address the high sugar and trans-fat consumption in Sri Lanka by adoption of customized, evidence-based technical packages, enforcing regulations and strengthening the capacity of policy-makers and health-care providers to bring forth a regulation in the country to reduce sugar and ban trans-fatty acids.

Thailand

Thailand is on course to meet at least two global targets for maternal, infant and young child nutrition. It is also on course to meet the target for stunting and has made some progress towards controlling wasting, both of which are lower than the average of the Asia region. It is also “on course” to prevent obesity and overweight from increasing among young children. While the prevalence of stunting is among the lowest in the Region, the prevalence of overweight and obesity among young children is among the highest in the Region. The dual burden of malnutrition is most significant while comparing with other countries in the SE Asia Region.

The nutrition interventions in Thailand have, however, been timely and successful. Thailand is one of the few countries in the Region to strengthen the nutrition promotion and growth monitoring in the first 1000 days of life. Launched in 2017 by the Ministry of Public Health and called the Miracle of the First 1000 Days of Life Programme, the intervention focuses on the optimal weight gain of pregnant women, anaemia, iodine deficiency and low-birth weight neonates. To ensure integration and cooperation at all levels, an MoU has been signed by four ministries – the Ministry of Public Health, the Ministry of Social Development and Human Security, the Ministry of Education and the Ministry of Interior. Other key stakeholders, such as public health organizations, local administration and local private and people sectors, are also part of the team driven through the Provincial Child Development Board, Maternal and Child Health Board, District Health Board and Subdistrict Children and Family Development.

Community engagement is at the core of this programme, which focuses mainly on encouraging communities to invest in and take care of pregnant and lactating women and children under the age of two years. As a part of the universal health coverage, quality antenatal care services are provided at health-care facilities, dispensing daily Triferdine tablet (comprising iodine, iron, and folic acid) to pregnant and lactating women with nutrition counselling and weekly iron and folic acid supplementation to 6-month to 5-year-old children. The multisectoral and convergence model of the programme has delivered its results. An evaluation conducted by the Ministry of Public health, with the support of the WHO country office, revealed...
that there were 39 subdistricts of excellence and this was possible mainly because of optimal interdepartmental collaboration and robust monitoring of results.

Thailand is one of the few countries in the world to launch a “sugar tax” in 2017. It has also implemented the Best Practice TFA policy in 2019, with monitoring mechanisms for mandatory TFA limits. It is the first in the Region to do so.

**Timor-Leste**

Timor-Leste is a small island nation in South-East Asia. The country became sovereign in 2002. Being such a young country, it is still in the stage of preparing its country development plans. Despite making some progress lately, Timor-Leste has one of the highest rates of malnutrition globally. The country had struggled to implement nationwide nutrition programmes for nearly a decade without clear targets and goals. NCDs are also highly prevalent, and the country has one of the highest tobacco use prevalence rates in the world, wherein 42% of adolescents and 66% of students are exposed to tobacco smoke in their homes. This prompted articulation of the need to develop a comprehensive national health plan to address the risk factors of NCDs and malnutrition. Based on the findings of the food and nutrition survey by WHO and UNICEF, the Ministry of Health, with the support of the WHO Country Office and other development partners, officially launched the National Action Plan for Nutrition and Food Security to reduce stunting and wasting among children in Timor-Leste in July 2021.

The focus areas of the plan are to ensure food security at the family level, with specific programming for young people and obese women, thus addressing the double burden of malnutrition. Timor-Leste also released the National Aquaculture Development Strategy (2012–2030) to guide the future development of aquaculture. Animal-source foods such as livestock and fish have been identified by the government as vital for improving the nutritional status of the people and addressing the country’s problem of chronic malnutrition, apart from improving the food and nutrition security situation. Additionally, this will contribute to economic activities and household incomes in rural areas. The National Action Plan for Nutrition and Food Security and related guidelines, such as the National Aquaculture Development Strategy, are a positive step towards determining the roadmap for mitigating malnutrition in Timor-Leste.
Section 7: Conclusion and the way forward

The Strategic Action Plan to reduce the double burden of malnutrition in the South-East Asia Region provided acceleration and thrust to the key nutrition outcomes in the Region. The WHO country offices with the support from WHO SEARO have been instrumental in pushing the agenda of reducing the double burden of malnutrition through highly acknowledged technical assistance over the past five years. All 11 Member States have national nutrition policies, programmes, strategies or action plans in place, based on the priorities of each country, to tackle the double burden of malnutrition. Almost all these countries have defined targets, identified time-bound nutrition targets, based on global nutrition targets, and diet-related NCD targets in public policy documents. Additionally, all Member States in the Region have either established or are in the process of formalizing a multistakeholder coordination mechanism for nutrition. However, the COVID-19 impact on the entire Region has caused major developmental backsliding and is severely affecting the coverage and quality of nutrition and other allied health services.

High-level policy advocacy by WHO helped renew country commitments to reducing childhood stunting as well as to including the child obesity agenda within national health and child development policies and strategies. Additionally, through continued advocacy at all levels, several countries in the Region have enacted legislations for tax on sugar sweetened beverages and against marketing of breast-milk substitutes. More than half of the countries in the Region have developed food-based dietary guidelines that promote healthy diets through constant technical support from WHO. Furthermore, due to the ceaseless efforts made by the Region for promoting breastfeeding, there has been an impressive increase in exclusive breastfeeding rate at six months in the Region. Moreover, by 2019, all Member States included a salt reduction target in their national plans and seven countries identified the mean salt intake levels for their population in view of the assistance and advocacy efforts of WHO and other partners.

Substantial progress has been made towards reducing undernutrition, particularly among neonates, children, mothers and adolescents. There is a lot of focus on child nutrition, especially in the first 1000 days of life, due to which the Region has made some progress towards curbing undernutrition in almost all the countries. However, Member countries are still facing an increasing burden of overweight and obesity. While the progress made by the SE Asia Region is impressive, most of the Member countries will struggle to meet the global nutrition targets unless radical measures are taken by governments, involving all the partners working for improving nutrition outcomes, and a renewed focus is put on controlling diet-related NCDs as well.

In addition to the catalytic guidance provided by the Strategic Action Plan and support from WHO headquarters, Regional Office and country offices in the form of high-level advocacy, technical assistance, guidelines, toolkits, policy formulation and development of strategies in nutrition, much of the success can be attributed to elevation in political will and commitment from Member States. For example, governments fostered commensurate increase in funding and institutional capacities in the Member countries through

All 11 Member States are implementing national action plans and National Nutrition Programs to tackle the double burden of nutrition and have identified time-bound nutrition targets.
school-feeding programmes, establishing national multisectoral action groups or steering committees and enforcing regulations, taxes and laws. Moreover, the collaboration between UN agencies was a key enabler for optimization of resources and streamlining of processes and activities critical for progressing towards the common goal of reducing the double burden of malnutrition in the Region. Best practices of some Member States need to be emphasized and replicated in the Region.

Despite the achievements, some key challenges persist in the implementation of the Strategic Action Plan. The obesogenic food environment (low availability, accessibility, desirability and affordability of healthy foods along with misleading/inadequate labelling); influence of commercial determinants, limited access to healthy food, which has become worse due to COVID-19; inadequate multisectoral coordination (food, health, water, sanitation and hygiene, education); and suboptimum monitoring and dissemination of data for real-time planning are some of the key challenges. Despite having robust policy and programmes, countries often experience multiple implementation challenges – fewer financial investments, noncompliance, poor outreach, insufficient human resources (both at WHO and Member State levels), to name a few.

One of the biggest blows to nutrition programmes (in terms of ensuring availability, access, utilization, stability, agency and sustainability) in the entire Region has been dealt by COVID-19, particularly affecting vulnerable populations, such as mothers and children. The pandemic has affected food security and nutrition, food supply chains and income and livelihood, and created altered food environments with irregular food prices in localized contexts.24

While the outbreak of COVID-19 has affected the Region in distinct ways, there is a need for coordinated efforts to assess the nutrition challenges faced by the populations and to adapt the services to the limitations imposed by the pandemic. Regaining the lost ground and preventing further losses as a result of the outbreak will require additional coordination and a commitment to innovation to address the challenges of nutrition within and beyond the COVID-19 crisis.

Going forward, a stronger leadership role is anticipated from WHO in political advocacy, enabling the Member States to generate evidence through research and innovation for monitoring, evaluation, implementation and tracking of nutrition progress, and collaboration between various programmes and multisectoral coordination that focus on nutrition, food, health and social protection.

To advance the successes achieved and identify the gaps for further improvement, a continued monitoring of processes and outputs through regional deliberations and reviews is suggested. There continues to be a need for support towards policy advocacy, planning, technical support and multisectoral collaboration including ministries, development partners and the private sector at the country level. Equipped with the right, evidence-based policies, guidelines and toolkits, Member States should have in place sustainability plans, which would help them to be self-sufficient in order to continue the activities independently in the future.
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