



ASEAN Food and Nutrition Security Report 2021

Volume 2

Food and Nutrition Security Country Profiles





**ASEAN Food and Nutrition Security Report 2021 Volume 2 –
Food and Nutrition Security Country Profiles**

The ASEAN Secretariat
Jakarta

The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Member States are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

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ASEAN: A Community of Opportunities for All.

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Children in pre-primary class at Tahouak Primary School, Ta Oi District in Saravane Province, Lao People's Democratic Republic, eat nutritious food during their lunch break. A healthy diet helps fight against malnutrition and ensure children grow healthy.

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Message from the ASEAN Health Ministers Meeting Chair

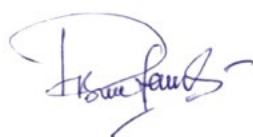
I would like to acknowledge the contribution of the Department of Health and National Nutrition Council of the Philippines in the development of this Report. I also would like to recognize the leadership of the AHMM Chair Minister of Health Indonesia during the launch of the Report at the side event of the 15th AHMM.

In 2017, the ASEAN Leaders adopted the ASEAN Leaders' Declaration on Ending all Forms of Malnutrition (ALDEAFM) to confirm the highest political commitment of ASEAN Member States to address malnutrition in the region. The declaration agrees on the urgent need to accelerate evidence-based, multi-sectoral actions. This can be done by continuously monitoring and analyzing the nutrition situation and progress in implementing nutrition action plans in each of the ASEAN Member States.

The ASEAN Food and Nutrition Security Report 2021 is the successor of the 2016 ASEAN Regional Report on Nutrition Security. The 2016 Report proved to be a useful technical reference on the updates of the nutrition situation in the ASEAN region. In consultation with the ASEAN Member States, the 2021 Report updated the progress of nutrition actions and key accomplishment in the ASEAN region as well identified challenges and achievements towards the global targets on maternal and young child nutrition and diet-related noncommunicable diseases, as well as the targets of relevant Sustainable Development Goals.

The declaration also agrees to strengthen nutrition surveillance in the ASEAN region. The ASEAN Nutrition Surveillance System serves as the platform for regular monitoring of progress on key nutrition indicators and the underlying determinants of poor nutrition. The establishment of the ASEAN Nutrition Surveillance System may also support the identification of regional nutrition policies and the development of regional plans of action. The data submitted by each ASEAN Member State into the ASEAN Nutrition Surveillance System are the basis for the development of the 2021 ASEAN Food and Nutrition Security Report.

The 2021 Report also presents good practices in the implementation of nutrition programmes as well as a set of strategic recommendations to monitor the implementation of the ASEAN Strategic Framework and Action Plan for Nutrition 2018-2030. The Report shall thus be very useful for setting priorities, developing socially inclusive policies and programmes and evaluating interventions related to the elimination of all forms of malnutrition in the ASEAN region.



H.E. Dr. Bounfeng PHOUMMALAYSITH MSc, MMA, Ph.D.
AHMM Chair
Minister of Health of the Lao PDR

Message from UNICEF

Well-nourished children and families are the cornerstone of healthy communities and thriving nations. Nutritious diets fuel growth and development, drive learning, and pave the way to a more sustainable and prosperous future.

The ten countries that comprise the Association of Southeast Asian Nations (ASEAN) have experienced rapid economic growth and laudable improvements in socioeconomic and health outcomes in recent years. Despite demonstrable progress, individuals and families in the ASEAN region still face significant barriers to consuming healthy diets and accessing adequate nutrition and health services. While many of these barriers to good nutrition have persisted over time, others are new and evolving in an increasingly modern and urbanized world.

In 2016, an inaugural Regional Report on Nutrition Security in ASEAN was released in two volumes. These reports compiled the most recent and relevant data on nutrition, food security and related factors as well as the policy environment. This landmark effort to comprehensively document the nutrition policy and programme environment provided the region with evidence-based advocacy to support ASEAN's commitment to position nutrition and food security as a national and regional development priority.

Much has been achieved since these inaugural regional reports on nutrition and food security were first released. Most notably, the ASEAN Leaders Declaration on Ending All Forms of Malnutrition was adopted in 2017 and the ASEAN Strategic Framework and Action Plan on Nutrition 2018–2030 was developed to operationalize the Declaration and guide action over the next decade. As part of the Strategic Framework and Action Plan, follow-up regional reports are to be produced every five years in order to track progress across the ASEAN region.

This ASEAN Food and Nutrition Security Report 2021 – published in two volumes – is the first update. This 2021 report was a joint effort between ASEAN, UNICEF and the World Food Programme to provide an in-depth update on the current nutrition and food security situation in the region and take stock of status of essential nutrition policies and programmes across Member States. This report provides the most extensive investigation into the status of nutrition actions in the ASEAN region to date. Further, the extensive contributions of each Member State in the preparation of both volumes 1 and 2 of this report indicate a high-level of support for ASEAN's commitments to improving nutrition and food security in the region.

This report shows that significant progress has been achieved in creating an enabling environment for nutrition in ASEAN Member States. However, there are still barriers to overcome to help individuals and families access the food and services they need to live healthfully.

A world without malnutrition is possible. With better knowledge of the progress made – and the challenges and gaps that remain – we can further strengthen programmes and policies to reach those most in need and build a healthier, brighter, and more equitable future for children and their families.



Debora Comini
Regional Director
UNICEF East Asia and Pacific Regional Office

Message from WFP

As this report illustrates, significant progress has been made to address malnutrition in Southeast Asia. This is encouraging and we want to see more of it.

Some credit to this progress can surely be attributed to the fact that, more so today than in the past, we understand that food security and nutrition are part of an interconnected network. If the people of the ASEAN region are to thrive, we need to work across sectors and systems to sustainably address all forms of malnutrition and to ensure availability, access, affordability, and demand for safe and healthy diets.

Nevertheless, more can be done. We must further enhance the effectiveness and efficiency of food systems to meet the nutritional requirements of vulnerable groups. Partnerships between government and private sector are key to achieving meaningful long-term change. Actions such as staple food fortification and the production of healthy fortified complementary food for young children can help increase the value of these foods within the food system and address nutrient gaps of the population in Southeast Asia. Additionally, as shown by analysis recently conducted in the region, nutrition-sensitive social protection schemes that support the poorest and most nutritionally vulnerable people at scale could help offset by 20% to 60% the cost of healthy diets. The education system is another excellent platform with wide coverage that can foster positive lifelong dietary choices and practices within children, while supporting a healthy food environment within and outside of schools.

Furthermore, given the vulnerability of the region to natural disasters and shocks – and learning from the on-going COVID-19 pandemic, which has increased the risk of poor child nutritional outcome – it is essential that governments in the region invest in stronger disaster preparedness, early warning and response systems, including shock-responsive safety nets. These can help build resilience and protect people - especially the most vulnerable family members and communities - from future disasters and epidemics.

Governments have already made great strides and must continue to spearhead action against malnutrition throughout the life-cycle – leading the way for policies, programmes, investment, and financing for child nutrition. But we must remember: reducing malnutrition is not in the hands of governments alone. The path to good nutrition for all demands a shared vision, strong collaboration and determined commitment from all of us.













John Aylieff
WFP Regional Director for Asia and Pacific

Contents

Message from the ASEAN Health Ministers Meeting Chair	vi
Message from UNICEF	vii
Message from WFP	viii
Acknowledgements	xi
Acronyms	xv
Glossary	xvi
Introduction	1

ASEAN Food and Nutrition Security Profiles

	Brunei Darussalam	2
	Cambodia	11
	Indonesia	20
	Lao People's Democratic Republic	29
	Malaysia	38
	Myanmar	47
	Philippines	56
	Singapore	65
	Thailand	74
	Viet Nam	83
Annex		92
Indicator definitions		



A woman feeds her daughter nutritious food during a health outreach session supported by UNICEF in Phorsen village, Taoy district Saravan province, Lao People's Democratic Republic.

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Acronyms

AFNSR	ASEAN Food and Nutrition Security Report 2021
ANC	Antenatal care
ASEAN	Association of Southeast Asian Nations
BMI	Body mass index
CPI	Consumer price index
CSEC	Caesarean section
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization of the United Nations
FIES	Food Insecurity Experience Scale
IFA	Iron and folic acid
GDP	Gross domestic product
MICS	Multiple Indicator Cluster Survey
MMS	Multiple micronutrient supplements
NCD	Non-communicable disease
TMREL	Theoretical minimum risk of exposure level
WFP	World Food Programme
WHO	World Health Organization
WNP	Non-pregnant women
WP	Pregnant women
WRA	Women of reproductive age

Glossaryⁱ

<p>Anaemia</p>	<p>A condition in which a person's red blood cell (haemoglobin) level is less than normal. The most common causes of anaemia include inadequate intake, poor absorption and/or excessive loss of vitamins and minerals (particularly iron). Women and young children are vulnerable populations. Pregnant adolescents are particularly at risk because they require iron both for their own growth and for the growth of the fetus.</p>
<p>Anthropometry</p>	<p>Use of body measurements such as weight, height, and mid-upper arm circumference, in combination with age and sex, to gauge nutritional status (including growth or failure to grow).</p>
<p>Breastmilk substitutes</p>	<p>Any food or drink marketed or otherwise represented as a partial or total replacement of breastmilk, whether or not suitable for that purpose. This includes infant formula in accordance with the Codex Alimentarius Standard for Infant Formula; any other product marketed or otherwise represented as suitable for feeding infants up to the age of 6 months; follow-up formula represented as suitable for feeding infants and young children older than 6 months of age in accordance with the Codex Alimentarius Standard for Follow-up Formula; and young child formula or growing-up milks represented as suitable for feeding young children from 12–36 months of age.</p>
<p>Complementary feeding</p>	<p>The process of feeding solid, semi-solid or soft foods to children between the ages of 6 and 23 months. Infants and young children aged 6–23 months should be introduced to complementary foods at the right time, fed frequently throughout the day, receive foods from a diverse range of food groups and be fed responsively.</p>
<p>Complementary foods</p>	<p>Solid, semi-solid and soft foods provided to children between the ages of 6 and 23 months to complement an already breastmilk-based diet. At 6 months of age, breastmilk and breastmilk substitutes are no longer sufficient to meet the full nutritional requirements of infants. Age-appropriate, nutritionally dense and safe solid, semi-solid and soft foods (both locally prepared and commercially manufactured) should be introduced at this time to ensure children's nutritional needs can be met.</p>
<p>Double-duty actions</p>	<p>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 non-communicable diseases (including type 2 diabetes, cardiovascular disease and some cancers). For example, effective promotion of breastfeeding can avert stunting and also reduces the chances of diet-related non-communicable diseases later in life.</p>
<p>Equity and inequity</p>	<p>Equity focuses on opportunities rather than outcomes and encompasses the idea of fairness or justice. Inequity adds a moral dimension, and can be defined as 'unfairness of opportunity', or lack of equitable access to systems and processes that structure everyday conditions, leading to inequalities (or unequal outcomes/consequences). In other words, equality of opportunity, or equity, influences equality of outcome. Nutrition equity here focuses on opportunities and barriers within food systems and health systems that affect access to healthy, affordable food, and quality nutrition care, thus leading to unequal nutrition outcomes (or nutrition inequalities).</p>

ⁱ Adapted from the Global Nutrition Report 2020, SOFI 2020 and other global nutrition documents

Food security and insecurity	Food security refers to a situation when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Food insecurity refers to a situation when there is a lack of consistent access to food, which diminishes dietary quality, disrupts normal eating patterns, and can have negative consequences for nutrition, health and well-being.
Food environment	The physical, economic, political and sociocultural contexts that affect accessibility, availability, affordability and cultural/ sensory perceptions of food. This in turn influences people's food choices, such as in acquiring, preparing and eating food, and their nutritional status.
Food systems	The entire range of actors and their interlinked value-adding activities involved in the production, aggregation, processing, distribution, consumption and disposal of food products. Food systems comprise all food products that originate from crop and livestock production, forestry, fisheries and aquaculture, as well as the broader economic, societal and natural environments in which these diverse production systems are embedded.
Food fortification	The addition of micronutrients to a food during or after processing to amounts greater than were present in the original food product. Fortification is one of the most cost-effective ways to improve the micronutrient intake and health of large numbers of people.
Infant and young child feeding	Feeding of infants (less than 12 months old) and young children (12–23 months old). Key interventions include protection, promotion and support of optimal breastfeeding practices (exclusive breastfeeding for the first six months and continued breastfeeding for two years or beyond) and support for and promotion of optimal complementary feeding practices.
Low birthweight	A weight at birth of less than 2,500g (<5.5 lbs) regardless of gestational age. Babies born with low birthweight have a higher risk of stunting, lower IQ and death in childhood and overweight and obesity and non-communicable diseases in adulthood.
Malnutrition	Malnutrition, in all its forms, refers to both undernutrition (including stunting, wasting, underweight and micronutrient deficiencies) and overweight, obesity and other diet-related non-communicable diseases. It includes a range of diet-related conditions caused by not having enough calories, nutrients or quality (healthy) food, or having too much low-quality (or unhealthy) food.
Maternal, infant and young child nutrition targets	The maternal, infant and young child nutrition targets are six global targets adopted at the World Health Assembly in 2012, to be attained by 2025, for: low birth weight, stunting in children under 5 years of age, wasting in children under 5 years of age, overweight in children under 5 years of age, anaemia in women of reproductive age, and exclusive breastfeeding. For example, Target 1 is 'Achieve a 40 per cent reduction in the number of children under 5 who are stunted'.
Micronutrients and micronutrient deficiency	Micronutrients are essential vitamins and minerals found in foods that are required for the body to grow, develop and function properly and they are essential for our health and well-being. They include minerals such as iron, calcium, sodium, magnesium, zinc and iodine, and vitamins such as A, B group (such as folate), C and D. Micronutrient deficiency occur when there is insufficient dietary intake, insufficient absorption, and/or suboptimal utilization or excessive loss of vitamins or minerals. The most common deficiencies for micronutrients are for iron, zinc, vitamin A, folate, vitamin B12 and iodine as these nutrients are the most difficult to acquire in adequate amounts without diverse diets or receipt through fortification and supplementation.

Non-communicable diseases (NCDs) and diet-related NCDs	NCDs are non-infectious chronic diseases that last a long time, progress slowly, and are caused by a combination of modifiable and non-modifiable risk factors, including lifestyle/behavioural, environmental, physiological and genetic factors. There are four main types of NCDs: cardiovascular disease (e.g., coronary heart disease, stroke), diabetes, cancer and chronic respiratory disease. Obesity is both a chronic disease and a risk factor for other NCDs. We refer to NCDs related to diet (or nutrition) as 'diet-related NCDs'. These mainly include obesity, cardiovascular disease, diabetes and specific cancer types.
Overweight (child and adult)	Refers to a person too heavy for his or her height. WHO defines childhood overweight as a weight-for-length or -height z-score more than two standard deviations above the median of the WHO Child Growth Standards. This can occur when children's caloric intake from food and beverages exceeds their energy requirements. Children affected by overweight suffer an increased risk of obesity and diet-related noncommunicable diseases later in life, such as cardiovascular disease – the leading cause of death worldwide. In adulthood, overweight is defined as a body mass index (BMI) of 25 kg/m ² or more, and obesity as a BMI of 30 kg/m ² or more.
Processed foods	Foods that have been commercially prepared or packaged using baking, canning, drying or freezing. Not all processed foods are unhealthy, but some highly or ultra-processed foods (e.g., ready-to-eat meals and snack foods) contain high levels of salt, sugar and unhealthy fat, which have been shown to increase the risk of overweight, obesity and chronic diseases.
Ready-to-use therapeutic food	Specialized ready-to-eat, portable, shelf-stable products, available as pastes or spreads that are used in a prescribed manner to treat children with wasting. The provision of ready-to-use foods facilitates home-based therapy of children with wasting.
Stunting	Refers to a child who is too short for his or her age. WHO defines childhood stunting (moderate and severe) as a length- or height-for-age z-score more than two standard deviations below the median of the WHO Child Growth Standards. This results from poor nutrition in utero, poor nutrient intake in early childhood and/or infection and disease. Children affected by stunting may never attain their full linear growth and their brains may never develop to their full cognitive capacity, with impacts on their school readiness, learning performance and life opportunities.
Sugar-sweetened beverages	Any liquid that is sweetened with added sugar, such as brown sugar, corn sweetener, corn syrup, dextrose, fructose, glucose, high-fructose corn syrup, honey, lactose, malt syrup, maltose, molasses, raw sugar or sucrose.
The Code	The International Code of Marketing of Breast-milk Substitutes (the Code) and all subsequent relevant resolutions adopted by the World Health Assembly. The Code aims to prohibit all forms of promotion of breastmilk substitutes, including infant formula, feeding bottles and teats.
Wasting	Refers to a child who is too thin for his or her height. WHO defines childhood wasting as weight-for-length or -height z-score more than two standard deviations below the median of the WHO Child Growth Standards. This can result from recent rapid weight loss or the failure to gain weight. Wasting is generally associated with a recent period of inadequate dietary intake or disease. Children suffering from wasting have weak immune systems and face an increased risk of infection and death. If they survive, they are more susceptible to stunted growth and long-term developmental delays.
Undernourishment	The condition in which an individual's habitual food consumption is insufficient to provide the amount of dietary energy required to maintain a normal, active, healthy life.

Introduction

The prevalence of malnutrition in all its forms – undernutrition, micronutrient deficiencies, overweight and obesity – and associated non-communicable diseases (NCDs) remains high in Southeast Asia. The Association of Southeast Asian Nations (ASEAN) Regional Report on Nutrition Security, published in two volumes in 2016, highlighted the alarming proportion of children, adolescents and adults suffering from malnutrition and consuming poor-quality diets in the region. In recognition of the high levels of malnutrition highlighted in these reports, and the potential public health and socioeconomic consequences of inaction, the ASEAN Leaders Declaration on Ending All Forms of Malnutrition was adopted in 2017 and the ASEAN Strategic Framework and Action Plan on Nutrition 2018–2030 was formulated to operationalize the Declaration. An update to the 2016 Regional Report on Nutrition Security was included as an output for the Strategic Framework, with the goal of tracking status and progress on nutrition actions and key policy and programme accomplishments. A Regional Report on Food and Nutrition Security is intended to be updated and republished every five years for continued progress tracking.

The ASEAN Food and Nutrition Security Report 2021 is published in two volumes. **Volume 1** provides a snapshot of progress on nutrition in ASEAN Member States, five years after the inaugural report, and offers recommendations on the way forward over the next five-year period. **Volume 2** – this report – presents data-driven food and nutrition security profiles for each of the 10 ASEAN Member States. Each profile includes extensive and up-to-date data related to economic and social determinants of malnutrition; coverage of essential nutrition interventions; dietary intake; food access, availability and consumption; infant and young child feeding; the nutritional status of women and children; and progress towards global nutrition targets.

The food and nutrition security profiles presented in Volume 2 were produced and finalized in consultation with relevant government ministries in ASEAN Member States. The preparation of each of the profiles followed a thorough process of development and validation.

First, a database on food security and nutrition indicators was compiled using the latest available information from national level publications and/or qualified global databases (FAO, UNICEF, WHO, World Bank and others). Second, the data gathered were validated with each ASEAN Member State to ensure accuracy. Suggested amendments during the validation phase were incorporated using the same criteria of qualified, published sources. All data included in Volume 1 and Volume 2 of this report were collected from 2010 onwards. The profiles appear in alphabetical order in Volume 2. Definitions of all indicators presented here can be found in the Annex.

Volumes 1 and 2 of the ASEAN Food and Nutrition Security Report 2021 aim to strengthen and facilitate evidence-based planning and decision-making to achieve optimal results for nutrition. While this effort serves as an advocacy tool, it also serves to facilitate comprehensive understanding of food and nutrition security issues at national level.



Brunei Darussalam

Overview









Access to at least basic drinking water is universal in Brunei Darussalam and nearly all women attend four or more antenatal care visits. Despite achievements in maternal health and water, sanitation and hygiene infrastructure, prevalence of low birthweight remains high. Assessment of child malnutrition and infant and young child feeding practices is challenging due to unavailability of data. However, available breastfeeding data indicate that only 27 per cent of children are exclusively breastfed in the first six months of life.

Malnutrition also affects adolescents and adults in Brunei Darussalam: approximately 6 per cent of adolescents are considered thin and 4 per cent of adult women are underweight. Further, 27 per cent of adolescents and 63 per cent of all adults are overweight or obese. Dietary and lifestyle factors are increasing the risk of overweight and NCDs, including high salt consumption in adults (10.0 grams per day) and insufficient physical activity (27 per cent in adults and 87 per cent in adolescents). Approximately 92 per cent of adults consume fewer than five servings of fruits and vegetables each day. Access to nutrient-rich fruits and vegetables may be hindered by limited availability: only 5 per cent of the dietary energy in the national food supply comes from fruits and vegetables. Progress on improving nutrition, however, is possible. Brunei Darussalam is on track to achieve the global NCD targets for female adult diabetes. More data are required to assess progress towards other global nutrition targets.









Progress towards the global nutrition targets


- ▶ Brunei Darussalam is on course to meet the global target for adult female diabetes, but is off course to meet all other targets with adequate data.

Maternal, infant and young child nutrition

	Progress
 Under-five stunting	n.a.
 Under-five wasting	n.a.
 Under-five overweight	n.a.
 Low birthweight	
 Exclusive breastfeeding	n.a.
 WRA anaemia	

Non-communicable disease

	Progress
 Adult female obesity	
 Adult male obesity	
 Adult female diabetes	
 Adult male diabetes	



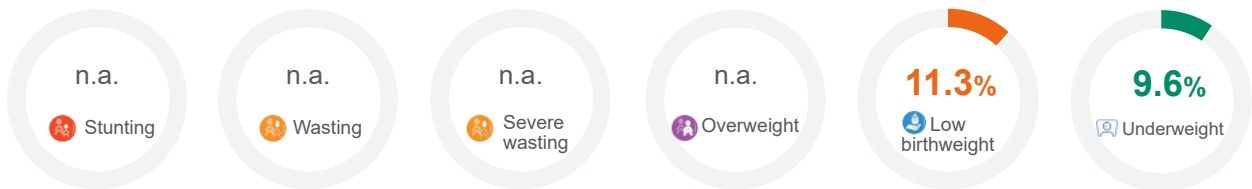
Source: Global Nutrition Report 2020

Note: n.a., Data not available; Data on the adult indicators are based on modelled estimates. WRA: women of reproductive age (aged 15–49 years)

01 Nutritional status of children

Nutritional status of children under 5

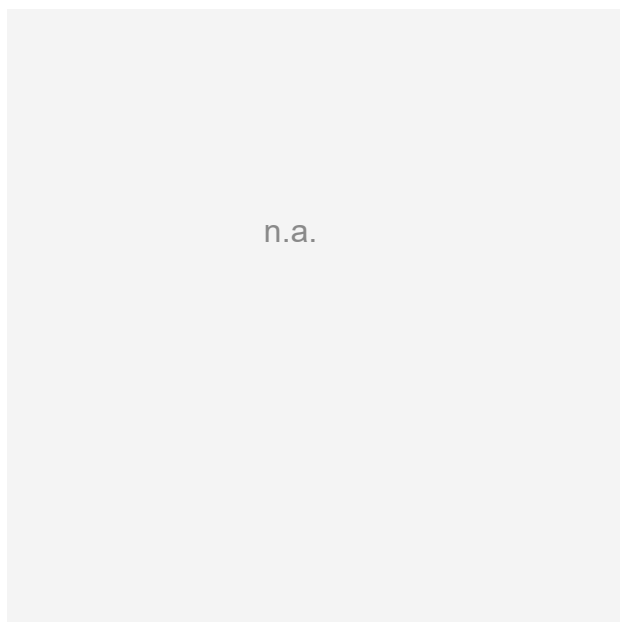
► Limited data are available to assess the nutritional status of young children.



Source: 1) Brunei Darussalam Health Information Booklet, 2017; 2) 2nd National Health and Nutritional Status Survey, Phase 1: 0–5 years old, 2013
 Note: n.a., Data not available; national child anthropometric data on stunting, wasting and overweight were collected prior to 2010.

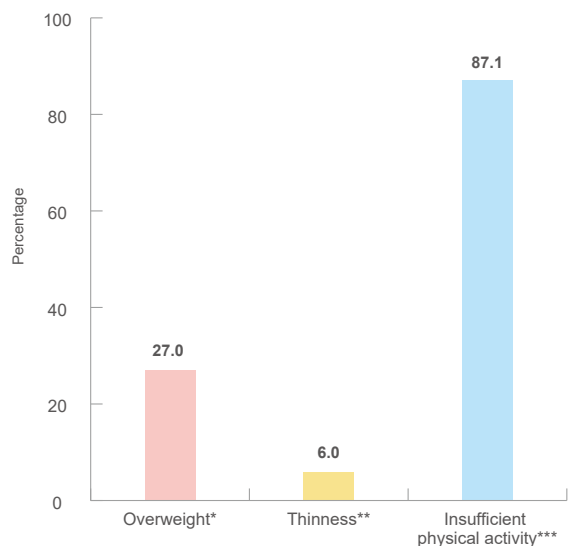


Co-existence of wasting, stunting and overweight in children under 5



Note: n.a., Data not available

Adolescent nutritional and physical activity status

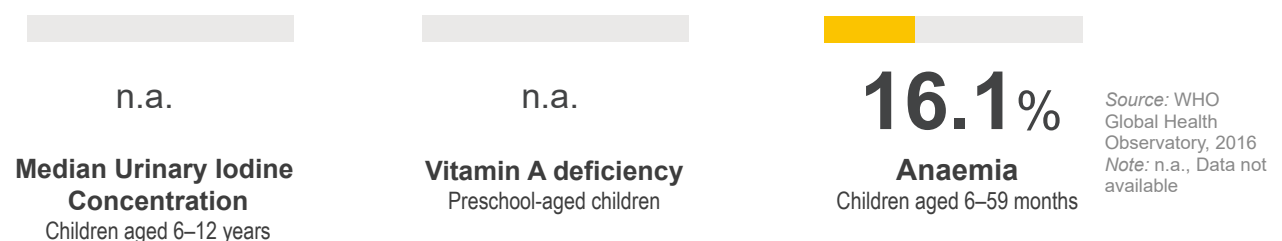


* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese
 ** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin
 *** Prevalence of insufficient physical activity among school-going adolescents aged 11–17 (crude estimate)

Source: 1) NCD-RisC Lancet 2017: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents and adults. The Lancet 2017, 390 (10113): 2627–2642. Last update: August 2019; 2) World Health Organization (WHO) Global Health Observatory, 2016

Micronutrient status of children

► There are limited data to assess micronutrient deficiencies in young children. Anaemia prevalence in children under 5, however, is a mild public health concern.



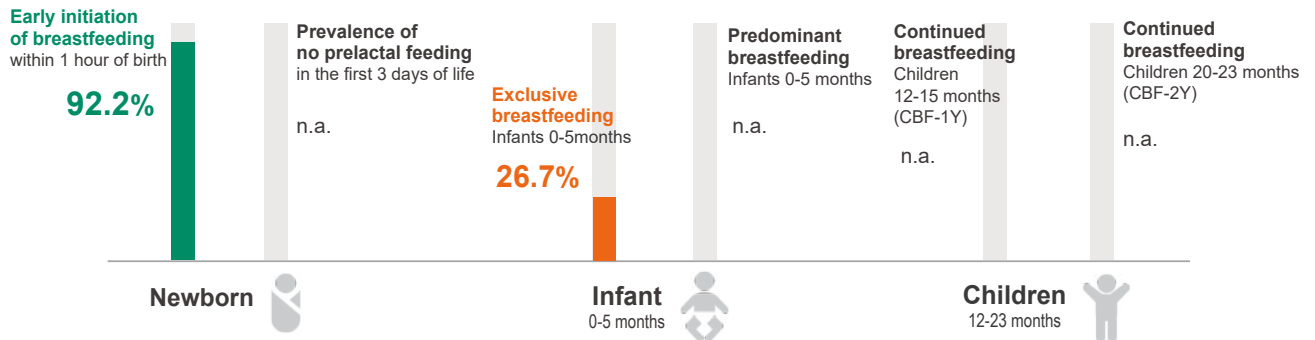
Source: WHO Global Health Observatory, 2016
 Note: n.a., Data not available

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ The vast majority of newborns in Brunei Darussalam are starting out life benefitting from early initiation of breastfeeding. However, far too few infants and young children are exclusively breastfed in the first six months of life.

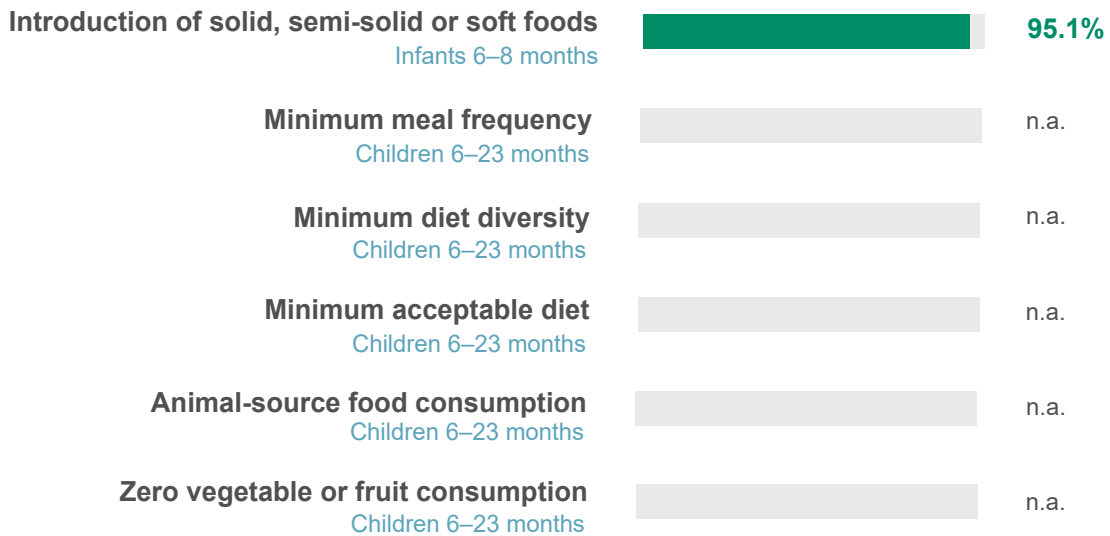


Source: 2nd National Health and Nutritional Status Survey, Phase 1: 0–5 years old, 2013
 Note: n.a., Data not available. Continued breastfeeding between 12–23 months estimated to be 31.6 per cent, per 2nd National Health and Nutritional Status Survey, Phase 1: 0–5 years old, 2013.

Quality of child diets

Complementary feeding

- ▶ Limited data are available to assess the diets of young children.

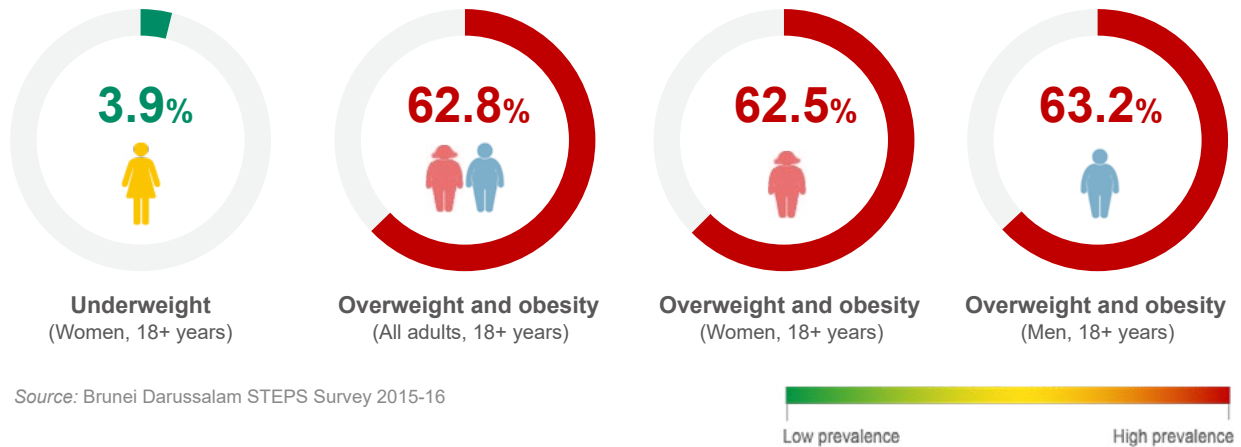


Source: 2nd National Health and Nutritional Status Survey, Phase 1: 0–5 years old, 2013
 Note: n.a., data not available. These estimates are based on the most recent indicator definitions as established by UNICEF and WHO in 2017 and 2018.

03 Nutritional status of adults

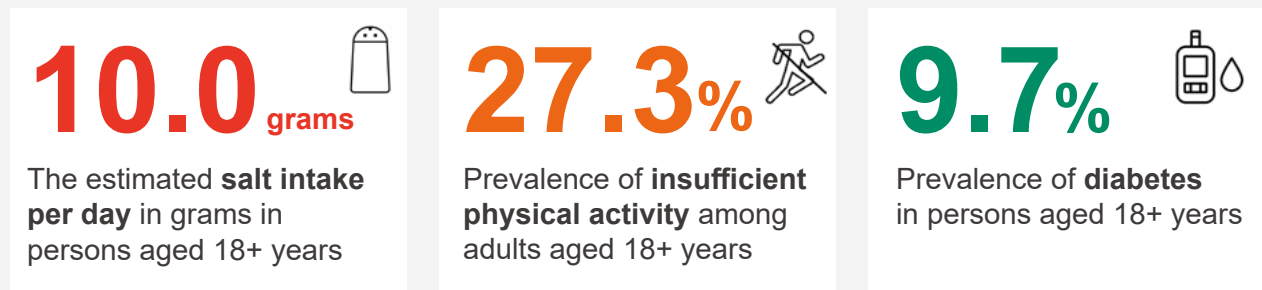
Nutritional status of adults

► An increasing proportion of adults in Brunei Darussalam are overweight.



Risk of non-communicable diseases

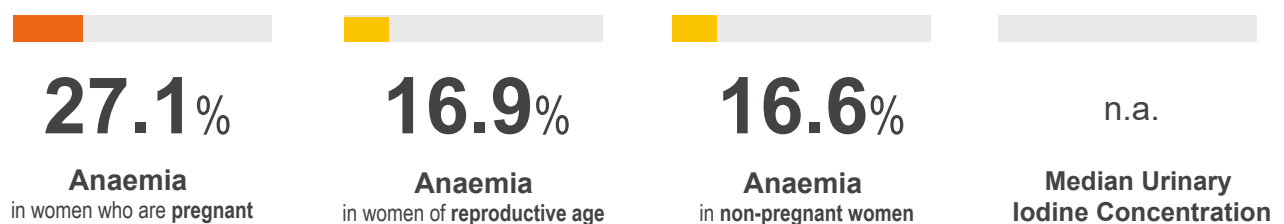
► Dietary and lifestyle factors increase the risk of NCDs in adults.



Source: 1) Brunei Darussalam Health Information Booklet, 2017; 2) WHO Global Health Observatory, 2016; 3) Brunei STEPS Survey 2015-2016

Micronutrient status of adults

► A significant proportion of women are suffering from anaemia, which reduces their work capacity, and increases their risk of cognitive impairment and negative maternal and child outcomes.



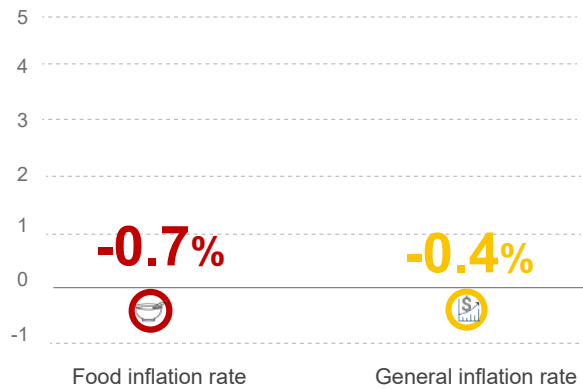
Source: WHO Global Health Observatory, 2016

04 Food access, availability and consumption

Access to food

▶ Limited evidence is available to estimate food insecurity in Brunei Darussalam.

Economic access to food



Source: 1) International Monetary Fund, Consumer Price Index, Food and non-alcoholic beverages, 2019; 2) Consumer Price Index, General - Individual consumption expenditure of households, 2019

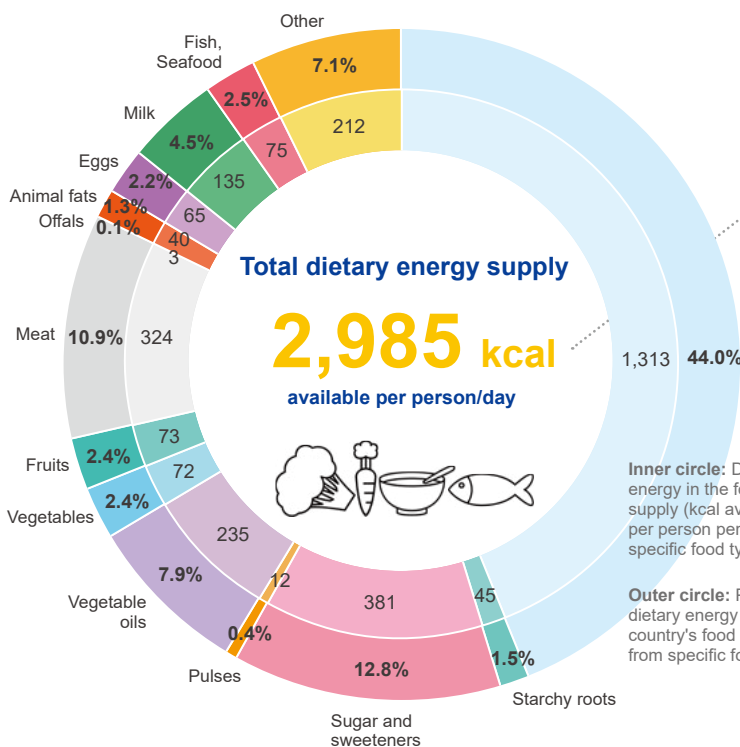
Food insecurity



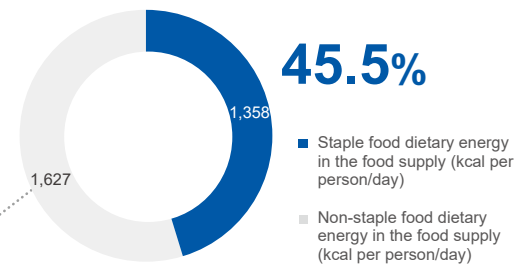
Note: n.a., No data available. In Brunei Darussalam a separate estimate of food insecurity from 2010/11 estimated that only 7.4 per cent of the population reported that they had ran out of food and could not afford to buy more at some point in the 12 months prior to the survey.

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



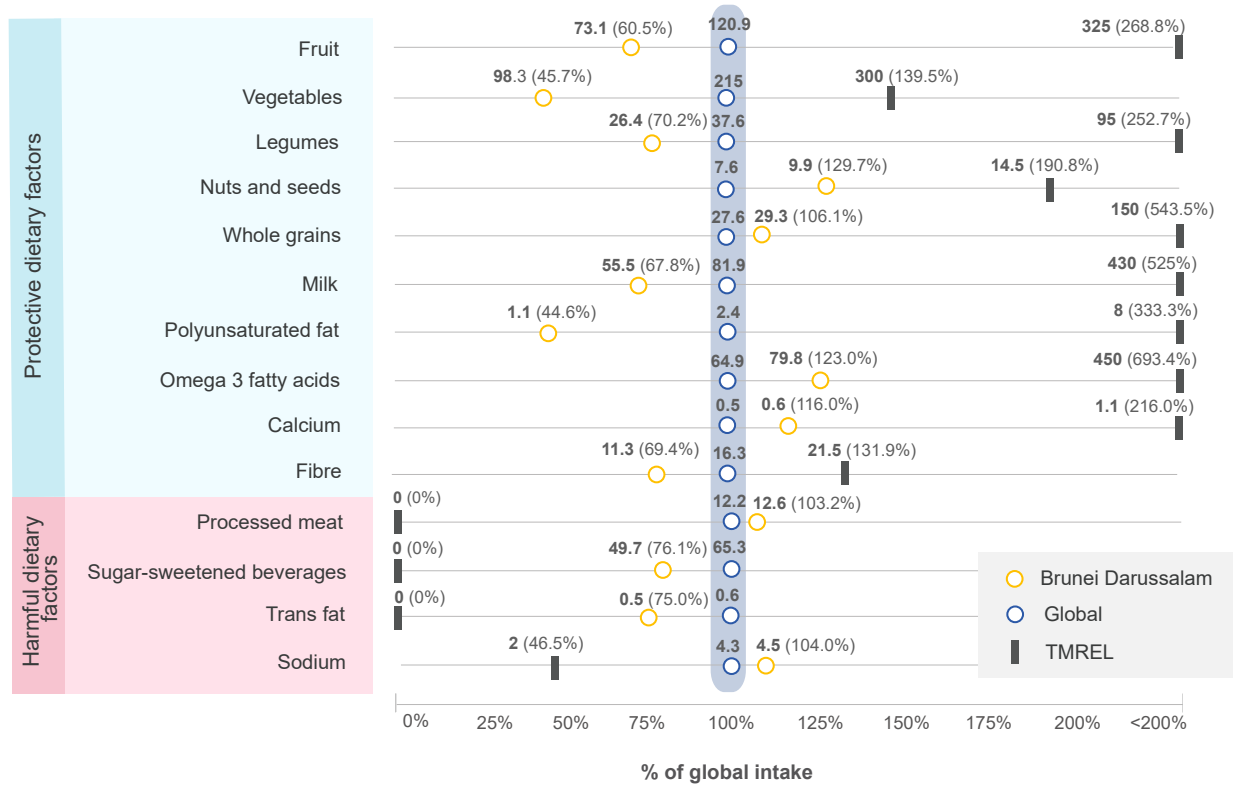
▶ Nutrient-rich fruits and vegetables constitute only 5% of total dietary energy available in the national food supply, while starchy staple foods such as rice, cereals and roots and tubers contribute 46% of the total dietary energy available.

Source: FAOSTAT 2021 (data for 2013)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- ▶ National intake of protective dietary factors - such as nuts and seeds, whole grains and calcium - are greater than global intake levels. Consumption of sugar-sweetened beverages and processed meats are alarmingly high.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. Southeast Asia intakes are based on population-weighted means of 11 countries (including Timor Leste). The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalisable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimises risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables



Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day

Source: Brunei STEPS Survey 2015-2016



National fruit and vegetable availability

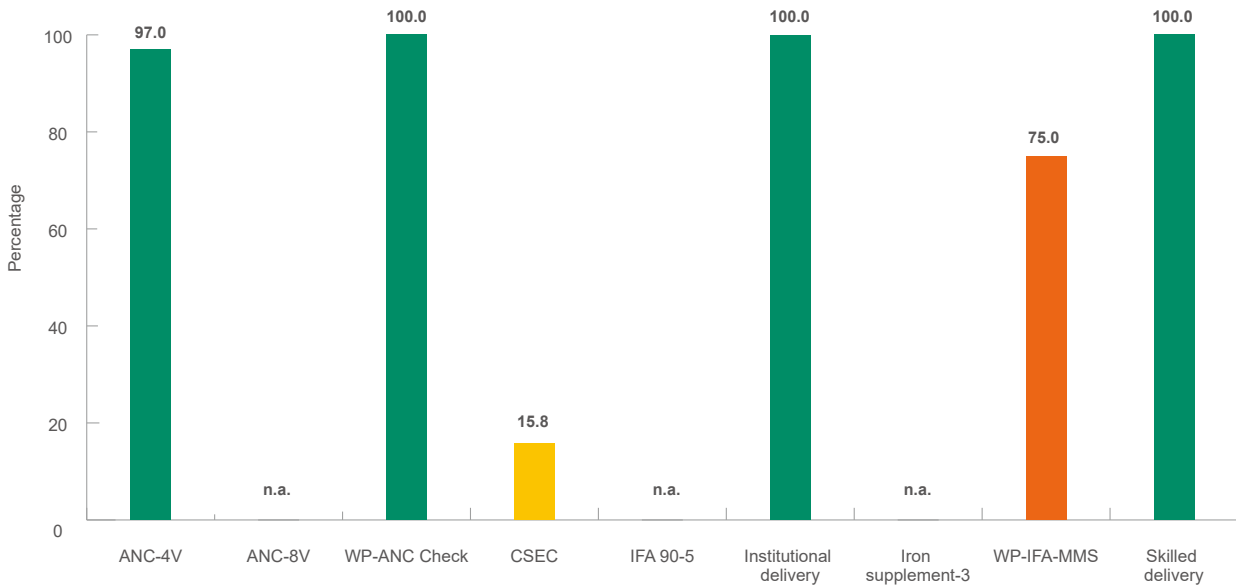
166.8
grams per capita

Source: FAOSTAT 2013

06 Coverage of essential services and interventions

Antenatal care

► Coverage of antenatal care, institutional and skilled delivery are high.



Source: 1) Maternal Health administrative data; 2) Brunei Administrative Data; 3) Brunei Darussalam Health Information, 2017; 4) 2nd National Health and Nutritional Status Survey, Phase 1: 0–5 years old, 2013

Note: n.a., No data available

ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy

ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visits during their last pregnancy

WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit

CSEC: Percentage of deliveries by Caesarean section

IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days

Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility

Iron supplement-3: Women with a birth in the past 3 years who received iron tablets or syrup in antenatal care.

WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy

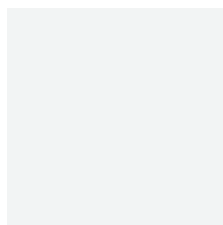
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children

► No data are available on interventions targeting micronutrient deficiencies in children.

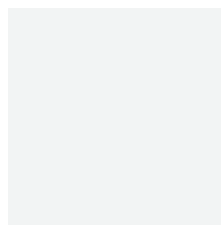
Vitamin A supplementation
(Children aged 6–59 months)

n.a.



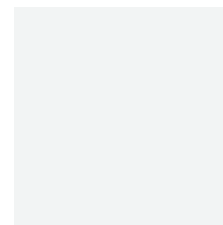
Deworming
(Children aged 12–59 months)

n.a.



Management of diarrhoea

n.a.



Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

n.a.



Households consuming salt with any iodine

n.a.



Note: n.a., Data not available

07 Determinants

Undernourishment

< 2.5%

Prevalence of undernourishment

n.a.

People who are undernourished

n.a.

Population covered by social protection

Source: FAOSTAT 2017–2019; Note: n.a., Data not available.

Gender-related determinants

Women aged 20–24 years who gave birth before age 18	n.a.
Birth rate for adolescent girls aged 15–19 years	9.3
Child marriage before age 15	n.a.
Child marriage before age 18*	n.a.
Education level of mothers	n.a.
Maternal mortality ratio	n.a.



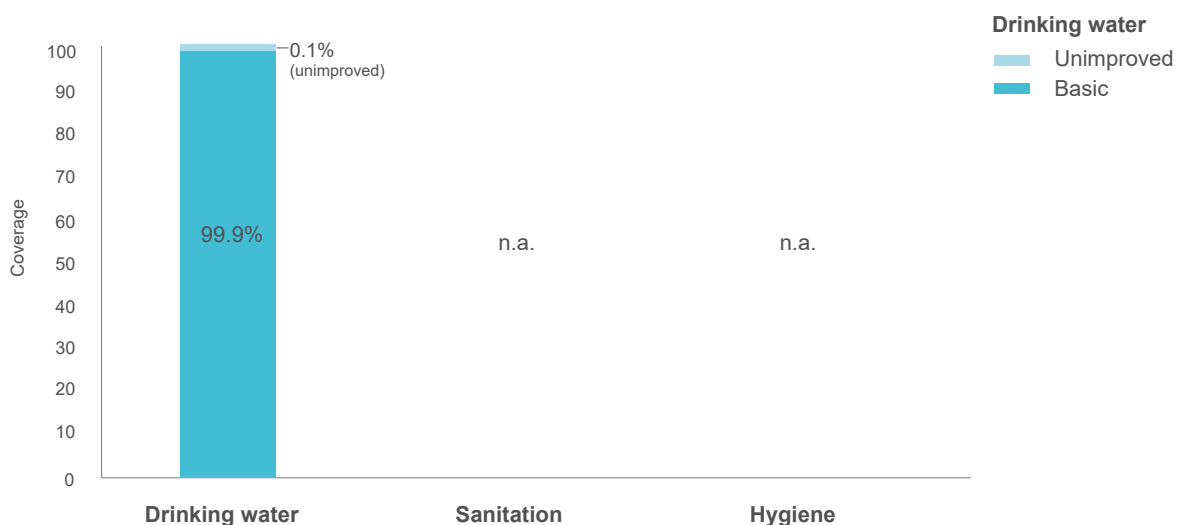
Source: Brunei Darussalam Health Information Booklet, 2017.

Note: n.a., Data not available.

*Administrative estimates of child marriage indicate that only four children under age 15 were married in the year 2019, indicating low child marriage nationally.

Water, sanitation and hygiene

► Access to improved drinking water is universal.



Source: World Health Organization and United Nations Children’s Fund Joint Monitoring Programme, 2017.
 Note: n.a., Data not available

08 Determinants

Economics and demography



Annual GDP growth rate

US\$60,389

GDP per capita, PPP

Source: 1) World Bank, Development Research Group, 2018; 2) World Bank, Global World Development Indicator, accessed July, 2020.
 Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)

Income inequality

Gini index	Year
n.a.	

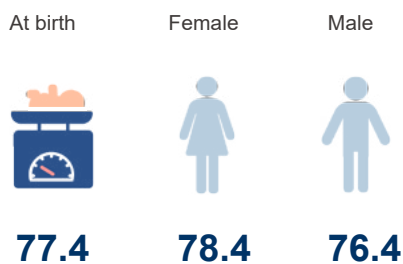
Note: n.a., Data not available

Poverty rate

Poverty rates below \$1.90/day	n.a.
Poverty rates below \$3.20/day	n.a.
Poverty Gap Ratio	n.a.

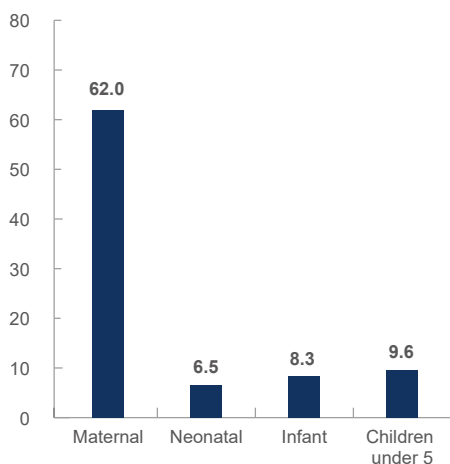
Note: n.a., Data not available

Life expectancy



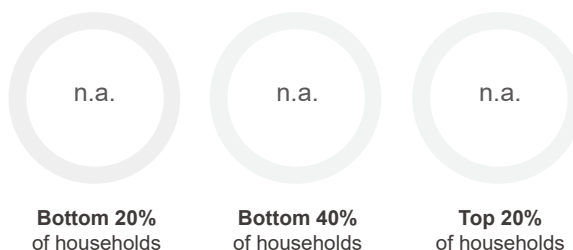
Source: Brunei Darussalam Key Indicators 2019. Bandar Seri Begawan: Department of Economic Planning and Statistics, Ministry of Finance and Economy, 2020

Mortality rate



Source: 1) Brunei Darussalam Health Information Booklet, 2017; 2) Brunei Darussalam Key Indicators 2019. Bandar Seri Begawan: Department of Economic Planning and Statistics, Ministry of Finance and Economy, 2020

Income share



Note: n.a., Data not available

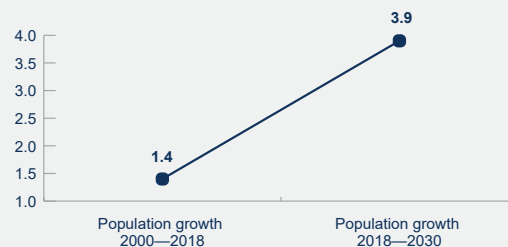
Population

Population size



Source: 1) Brunei Darussalam Key Indicators 2019. Bandar Seri Begawan: Department of Economic Planning and Statistics, Ministry of Finance and Economy, 2020; 2) UNICEF State of the World's Children, 2019

Population growth



Source: 1) UNICEF State of the World's Children, 2019; 2) Brunei Darussalam Key Indicators 2019. Bandar Seri Begawan: Department of Economic Planning and Statistics, Ministry of Finance and Economy, 2020



Source: 1) Brunei Darussalam Key Indicators 2019. Bandar Seri Begawan: Department of Economic Planning and Statistics, Ministry of Finance and Economy, 2020; 2) UNICEF State of the World's Children, 2019



Cambodia

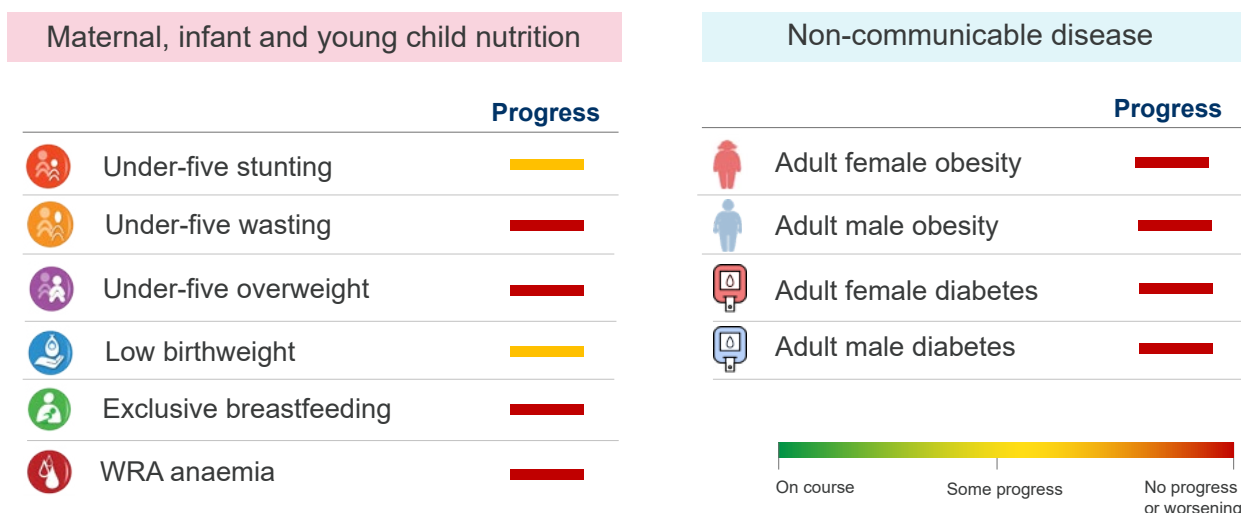
Overview

Cambodia has highest annual GDP percentage growth rate in the ASEAN region. Despite economic progress, prevalence of malnutrition in young children remains high: 32 per cent of children under 5 are stunted, 10 per cent are wasted and 2 per cent are overweight. Breastfeeding practices are encouraging: 65 per cent of children are exclusively breastfed in the first 6 months of life and 80 per cent of children are still breastfed at 1 year of age. The quality of young children’s diets between 6 and 23 months of age, however, requires improvement: only 40 per cent consume a minimally diverse diet and 35 per cent are not consuming fruits or vegetables.

Malnutrition persists into adolescence and adulthood. Approximately 11 per cent of adolescents are considered thin and 14 per cent of adult women are underweight. Further, 11 per cent of adolescents and 20 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including salt consumption in adults (8.5 grams per day) and insufficient physical activity (8 per cent in adults and 92 per cent in adolescents) – are increasing the risk of overweight and NCDs. Access to nutrient-rich fruits and vegetables may be hindered by limited availability: approximately 70 per cent of the dietary energy in the national food supply comes from starchy staple foods such rice, cereals and roots and tubers, while only 2 per cent is derived from fruits and vegetables. Further, 44 per cent of people still experience either moderate or severe food insecurity. Progress is also slow: Cambodia is not on track to achieve any of the global nutrition targets. However, ‘some progress’ has been achieved towards child stunting and low birthweight targets.

Progress towards the global nutrition targets

► Cambodia is not on course to meet any of the global nutrition targets or NCD targets.



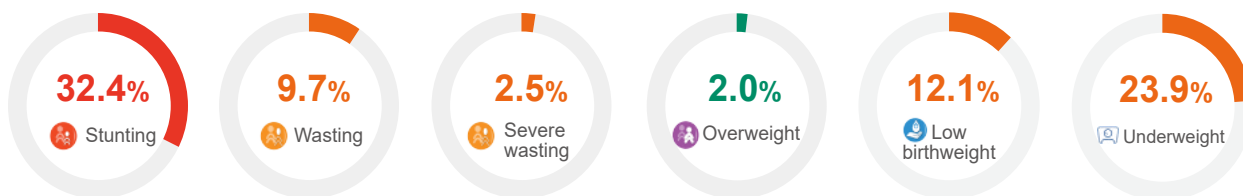
Source: Global Nutrition Report 2020

Note: Data on the adult indicators are based on modelled estimates. WRA: women of reproductive age (aged 15–49 years)

01 Nutritional status of children

Nutritional status of children under 5

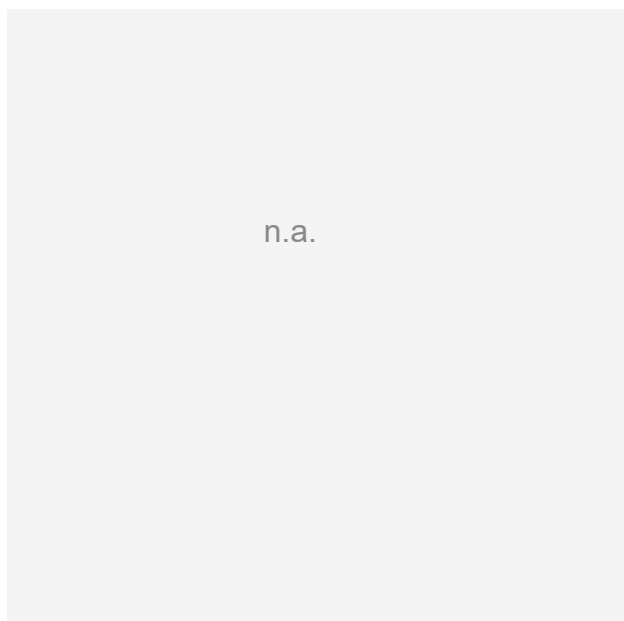
► Prevalence of childhood stunting is of 'high' concern and childhood wasting is of 'medium' concern.



Source: 1) Cambodia Demographic and Health Survey (DHS), 2014; 2) UNICEF and WHO Low Birthweight Estimates, 2019

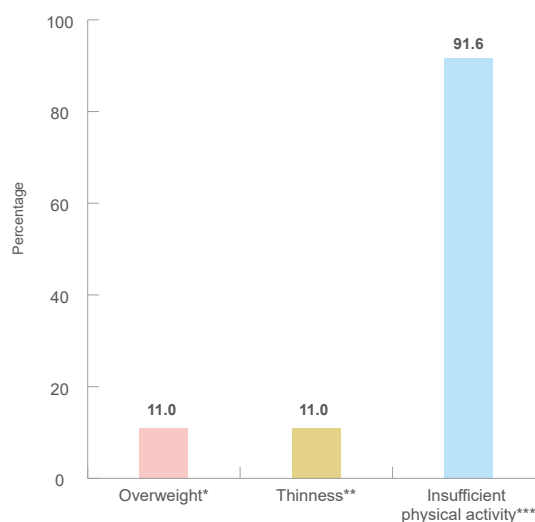


Co-existence of wasting, stunting and overweight in children under 5



Note: n.a., Data not available

Adolescent nutritional and physical activity status



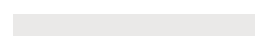
* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese
 ** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin
 *** Prevalence of insufficient physical activity among school going adolescents aged 11–17 years (crude estimate)

Source: 1) WHO Global Health Observatory, 2016; 2) NCD-RisC Lancet 2017: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642.

Note: Prevalence of underweight in children aged 13–17 years is 12.8 per cent and prevalence overweight is 3.4 per cent (Cambodia Global School-based student health survey 2013), and prevalence of insufficient physical activity among adolescents 13–17 years is 27.1 per cent (STEP Survey 2016).

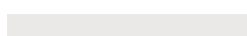
Micronutrient status of children

► There are limited data to assess micronutrient deficiencies in young children; however, prevalence of anaemia in children under 5 is a severe public health concern.



n.a.

Median Urinary Iodine Concentration
Children aged 6–12 years



n.a.

Vitamin A deficiency
Preschool-aged children



55.5%

Anaemia
Children aged 6–59 months

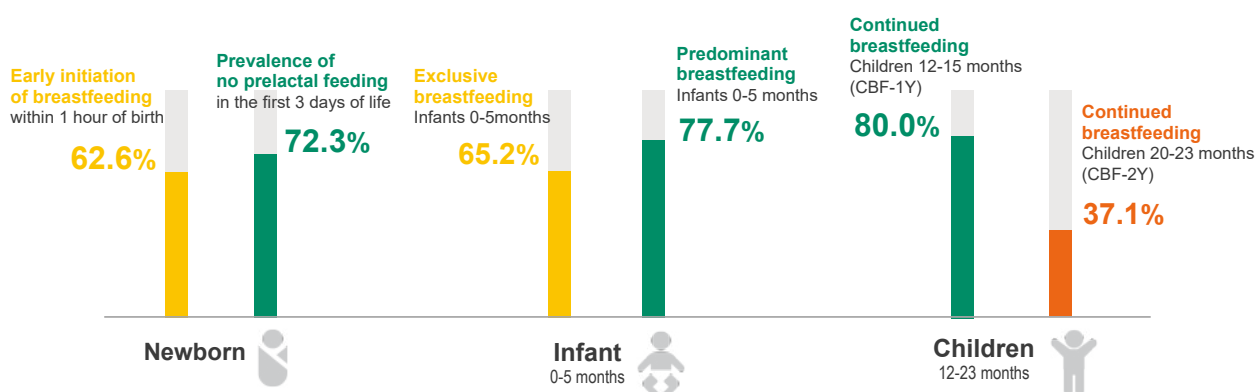
Source: Cambodia DHS, 2014.
Note: n.a., Data not available

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ Nearly two-thirds of infants benefit from exclusive breastfeeding in Cambodia. Continued breastfeeding, however, decreases substantially through the second year of life.

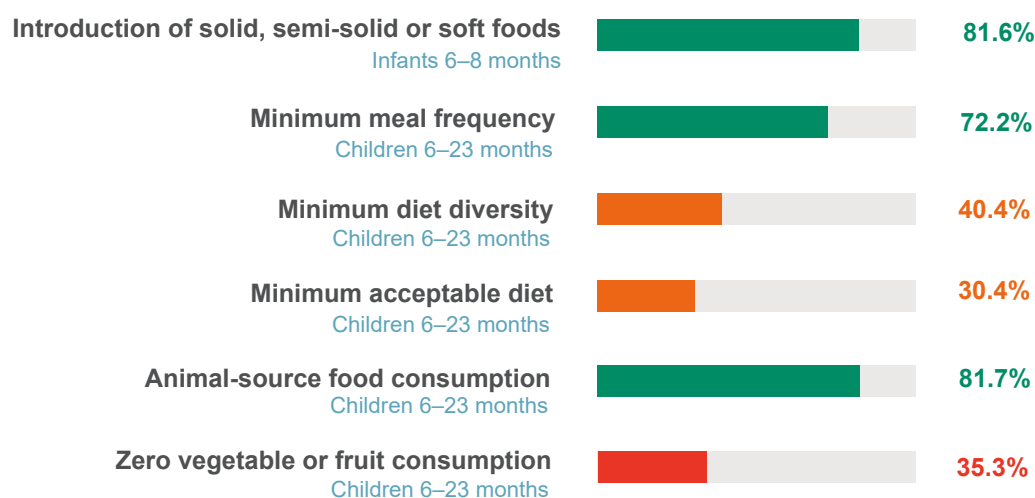


Source: Cambodia DHS, 2014

Quality of child diets

Complementary feeding

- ▶ Fewer than half of young children aged 6–23 months are receiving a minimally diverse diet, and more than a quarter are not consuming the recommended minimum meal frequency.



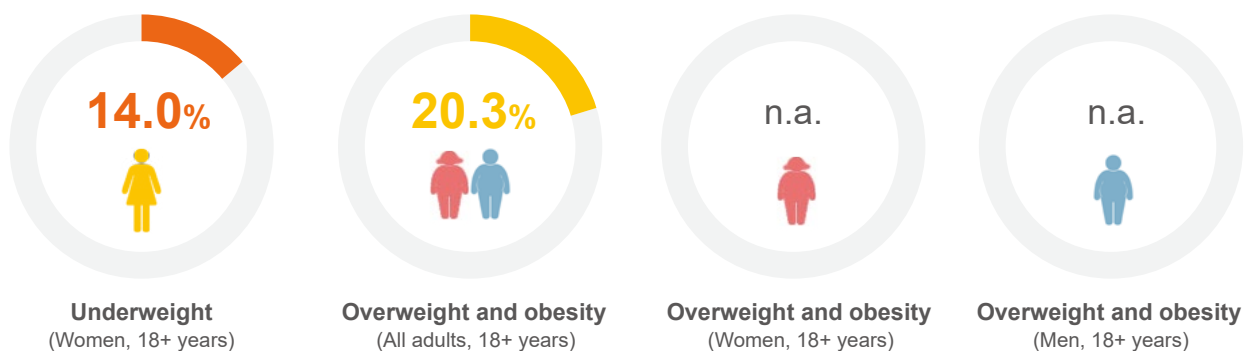
Source: Cambodia DHS, 2014

Note: These estimates are based on the most recent indicator definitions as established by UNICEF and WHO in 2017 and 2018. They were recalculated by UNICEF based on existing national data.

03 Nutritional status of adults

Nutritional status of adults

▶ Too many women in Cambodia are underweight, leading to increased risk of low birthweight in children. An increasing proportion of adults are also overweight.

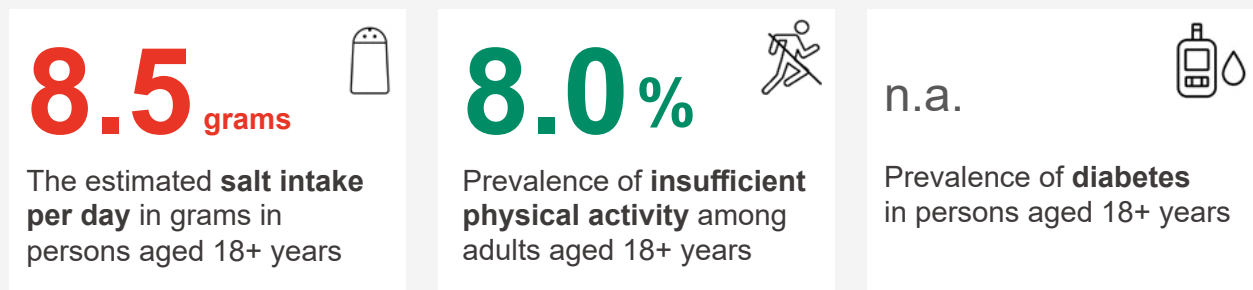


Source: 1) UNICEF State of the World's Children, 2019; 2) WHO Global Health Observatory, 2016
 Note: n.a., Data not available



Risk of non-communicable diseases

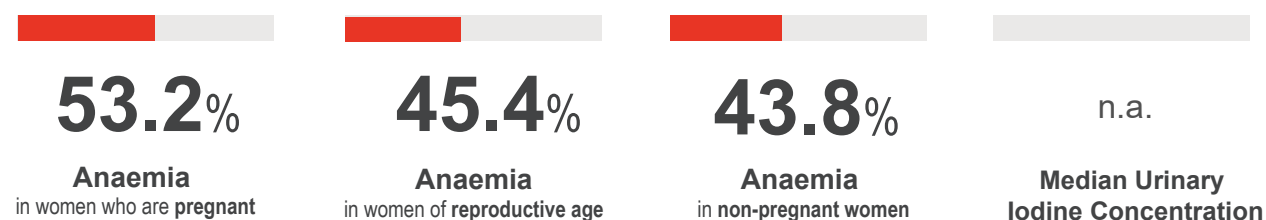
▶ Dietary and lifestyle factors increase the risk of NCDs in adults.



Source: Cambodia STEP Survey 2016; Note: n.a., Data not available.

Micronutrient status of adults

▶ A significant proportion of women are suffering from anaemia, reducing their work capacity and increasing their risk of cognitive impairment and negative maternal and child outcomes.



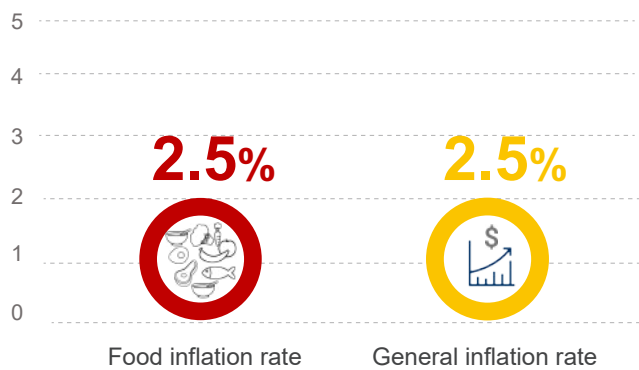
Source: Cambodia DHS, 2014; Note: n.a., Data not available.

04 Food access, availability and consumption

Access to food

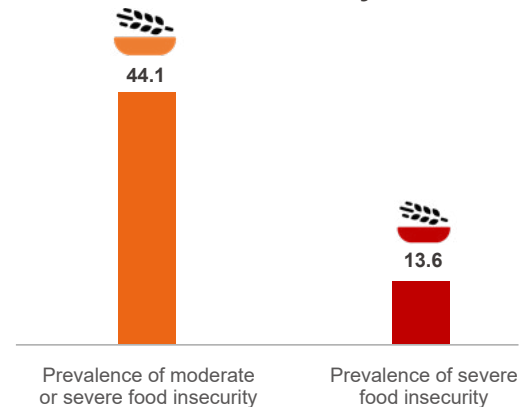
► Physical and economic access to food remains a challenge for millions of people in Cambodia.

Economic access to food



Source: 1) International Monetary Fund, Consumer Price Index, Food and non-alcoholic beverages, 2018; 2) International Monetary Fund, Consumer Price Index, General - Individual consumption expenditure of households, 2018

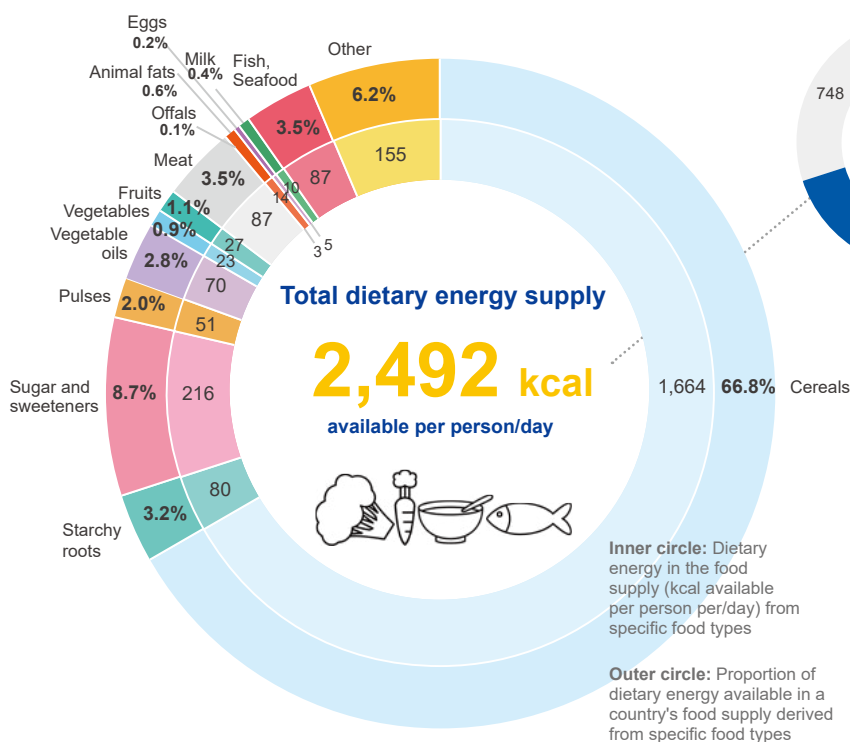
Food insecurity



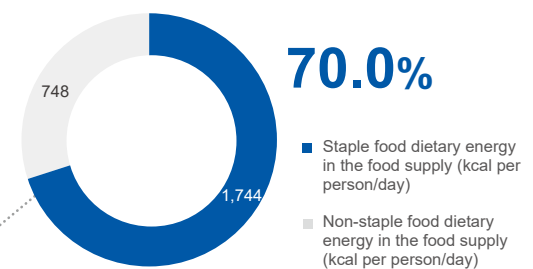
Source: FAOSTAT 2017–2019

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



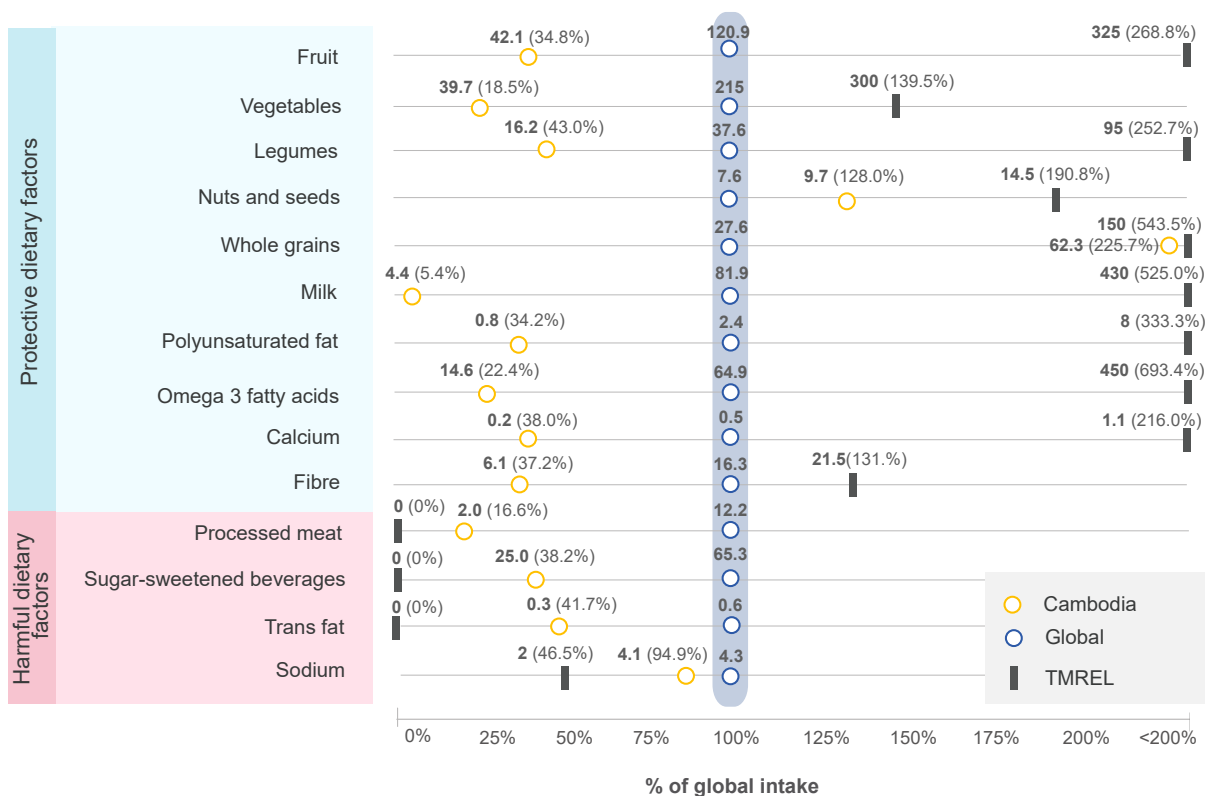
► Nutrient-rich fruits and vegetables constitute less than 5% of total dietary energy available in the national food supply, while starchy staple foods such as rice, cereals and roots and tubers dominate the food supply, contributing 70% of the total dietary energy available.

Source: FAOSTAT 2021 (data for 2018)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- ▶ National intake of protective dietary factors – such as fruit, vegetables and fibre – is well below global intake levels. Consumption of sugar-sweetened beverages is high.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables

n.a.

Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day

Note: n.a., Data not available



National fruit and vegetable availability

54

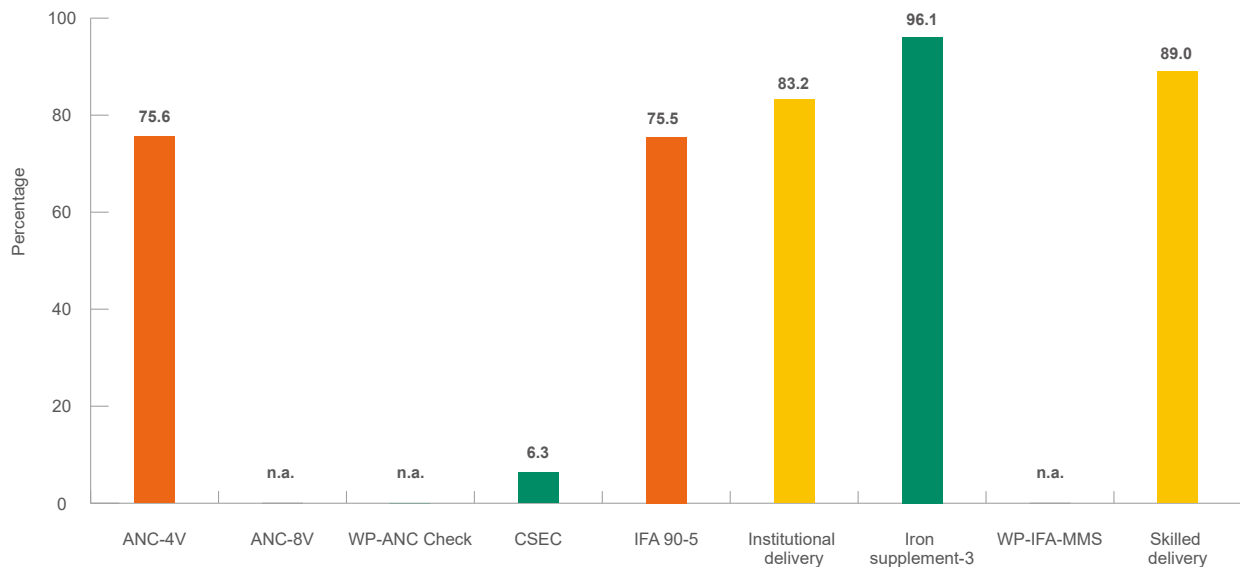
grams per capita

Source: FAOSTAT 2017

06 Coverage of essential services and interventions

Antenatal care

► Coverage of antenatal care and institutional and skilled delivery are high.



Source: Cambodia DHS, 2014

Note: n.a., No data available

ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy

ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visits during their last pregnancy

WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit

CSEC: Percentage of deliveries by Caesarean section

IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days

Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility

Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care.

WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy

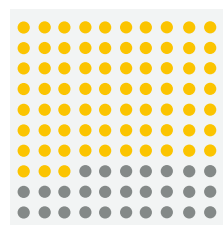
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children

► Over 70% of children 6 to 59 months are benefiting from potentially life-saving vitamin A supplementation.

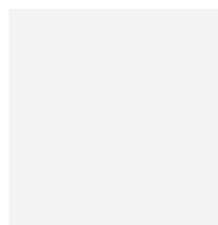
Vitamin A supplementation
(Children aged 6–59 months)

73.0%



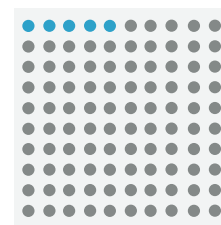
Deworming
(Children aged 12–59 months)

n.a.



Management of diarrhoea

5.4%



Source: 1) UNICEF Global Databases 2018; 2) Global Nutrition Report, 2020
Note: n.a., Data not available

Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

n.a.



Households consuming salt with any iodine

68.2%



Source: Cambodia DHS, 2014
Note: n.a., Data not available

07 Determinants

Undernourishment



Source: FAOSTAT 2017–2019; Note: n.a., Data not available.

Gender-related determinants

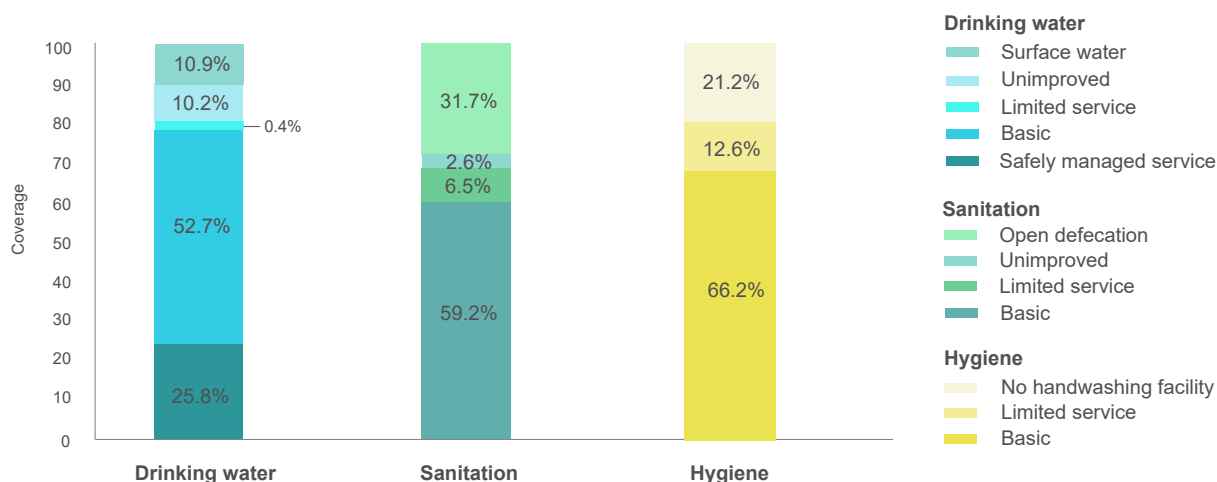
Women aged 20–24 years who gave birth before age 18	7.0%
Birth rate for adolescent girls aged 15–19 years	57.4
Child marriage before age 15	1.9%
Child marriage before age 18	18.5%
Education level of mothers	n.a.
Maternal mortality ratio	n.a.



Source: UNICEF State of the World's Children, 2019
Note: n.a., Data not available.

Water, sanitation and hygiene

► The vast majority of the population has access to improved drinking water, but 40% of the population lacks access to basic sanitation facilities.



Source: World Health Organization and United Nations Children's Fund Joint Monitoring Programme, 2017
Note: n.a., Data not available

08 Determinants

Economics and demography

 **7.5%**

Annual GDP growth rate

Source: 1) World Bank, Development Research Group; 2) World Bank, Global World Development Indicator, accessed July, 2020.
Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)

US\$4,160

GDP per capita, PPP

Income inequality

Gini index	Year
n.a.	

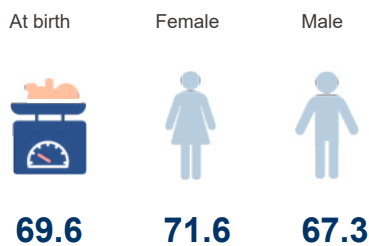
Note: n.a., Data not available

Poverty rate

Poverty rates below \$1.90/day	n.a.
Poverty rates below \$3.20/day	n.a.
Poverty Gap Ratio	n.a.

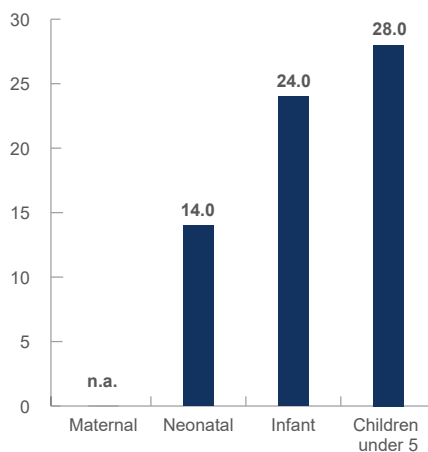
Note: n.a., Data not available

Life expectancy



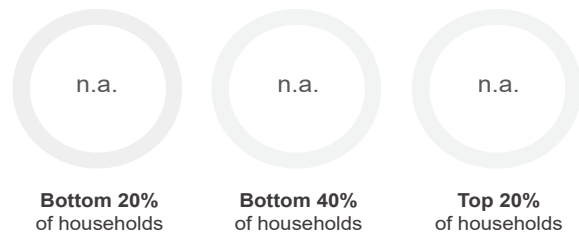
Source: 1) United Nations Children's Fund, The State of the World's Children 2019; 2) World Bank, Development Research Group

Mortality rate



Source: UNICEF State of the World's Children, 2019
Note: n.a., Data not available

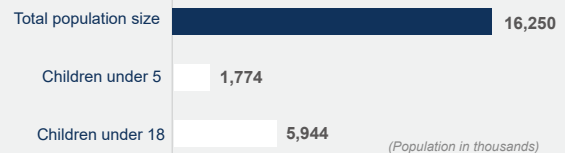
Income share



Note: n.a., Data not available

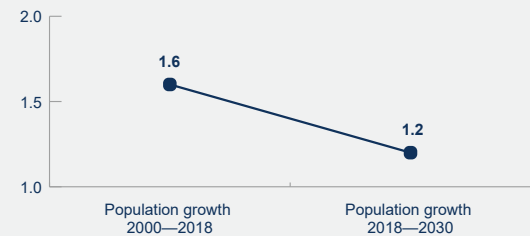
Population

Population size



Source: UNICEF State of the World's Children, 2019

Population growth



Source: UNICEF State of the World's Children, 2019



Source: 1) UNICEF's State of the World's Children, 2019; 2) World Bank, Development Research Group; Note: n.a., Data not available



Indonesia

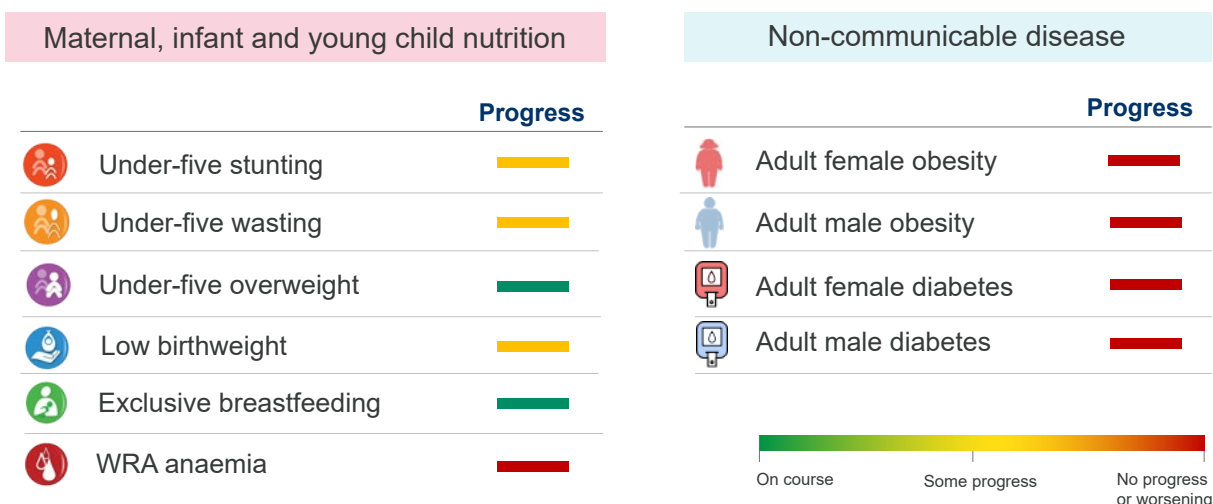
Overview

Indonesia has an annual percentage growth rate of GDP of >5 per cent. Despite economic progress, the prevalence of malnutrition in young children remains high: 28 per cent of children under 5 are stunted, 7 per cent are wasted and 4 per cent are overweight. Exclusive breastfeeding remains low, with only half of children benefitting, but 76 per cent of children are still breastfed at 1 year of age. The quality of young children’s diets between 6 and 23 months of age, however, is encouraging: 54 per cent consume a minimally diverse diet and 71 per cent consume meat or eggs.

Malnutrition persists into adolescence and adulthood. Approximately 10 per cent of adolescents are considered thin and 8 per cent of adult women are underweight. Further, 15 per cent of adolescents and 35 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including salt consumption in adults (4.6 grams per day) and insufficient physical activity (23 per cent in adults and 86 per cent in adolescents) – are increasing the risk of overweight and NCDs. Access to nutrient-rich fruits and vegetables may be hindered by limited availability: approximately 67 per cent of the dietary energy in the national food supply comes from starchy staple foods such as rice, cereals and roots and tubers, and only 4.5 per cent is derived from fruits and vegetables. Progress, however, is possible. Indonesia is on track to achieve the global nutrition target for child overweight and exclusive breastfeeding and has achieved ‘some progress’ towards child stunting, wasting and low birthweight targets.

Progress towards the global nutrition targets

- ▶ Indonesia is on course to meet the global targets for child overweight and exclusive breastfeeding and has made some progress on other maternal, infant and young child targets. But the country is off course to meet all NCD targets.



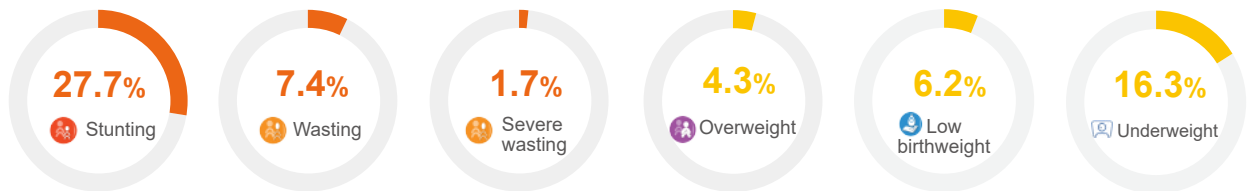
Source: Global Nutrition Report 2020

Note: Data on the adult indicators are based on modelled estimates. WRA: women of reproductive age (aged 15–49 years).

01 Nutritional status of children

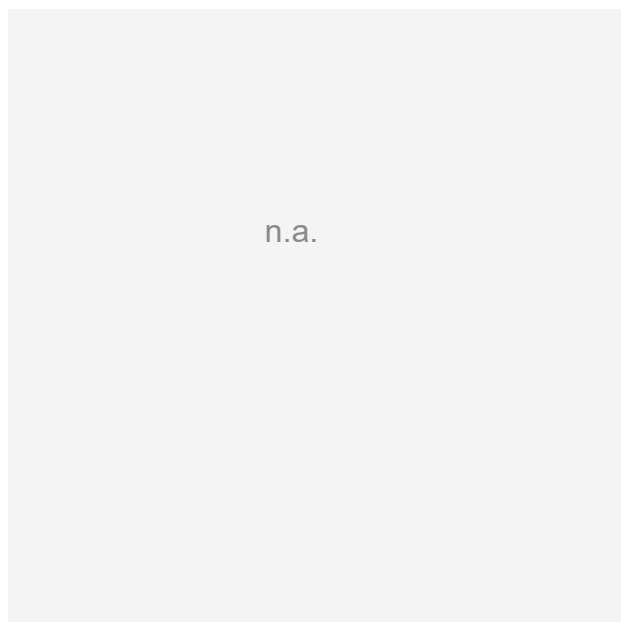
Nutritional status of children under 5

► Prevalence of childhood stunting is of 'high' public health concern, while wasting is of 'medium' public health concern.



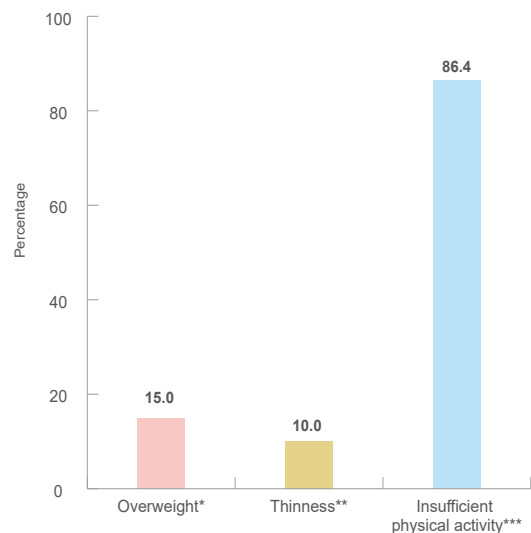
Source: 1) Indonesia Nutritional Status Survey, 2019; 2) Basic Health Research, RISKESDAS, 2018

Co-existence of wasting, stunting and overweight in children under 5



Note: n.a., Data not available

Adolescent nutritional and physical activity status

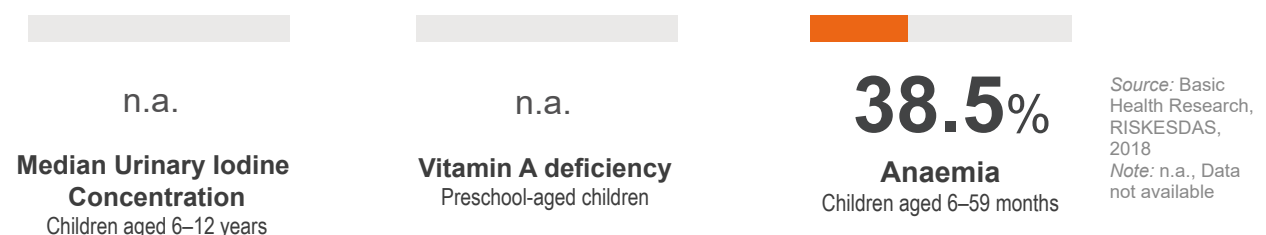


* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese
 ** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin
 *** Prevalence of insufficient physical activity among school going adolescents aged 11–17 years (crude estimate)

Source: 1) NCD-RisC Lancet 2017: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642. Last update: August 2019; 2) WHO Global Health Observatory, 2016.

Micronutrient status of children

► There are limited data to assess micronutrient deficiencies in young children. Anaemia prevalence in children under 5, however, is of moderate public health concern.



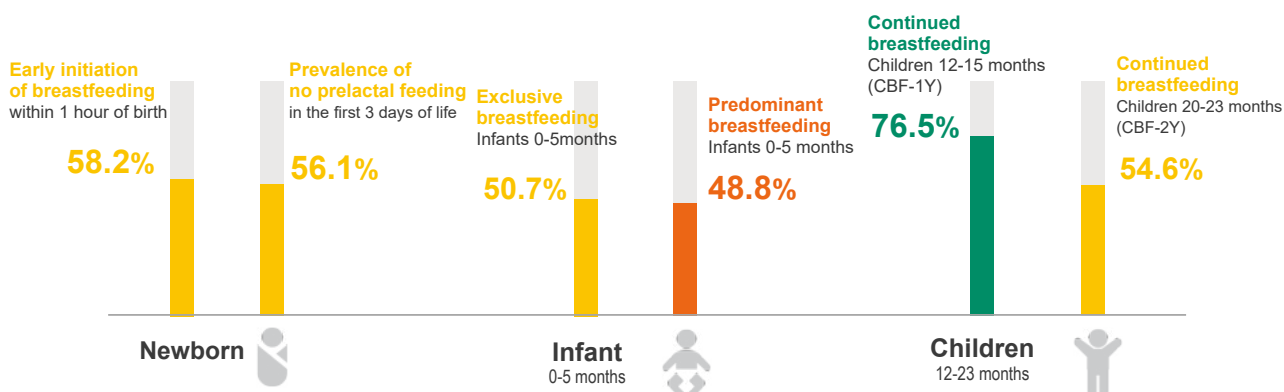
Source: Basic Health Research, RISKESDAS, 2018
 Note: n.a., Data not available

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ More than half of newborns are benefitting from early initiation of breastfeeding and half of infants are exclusively breastfed for the first six months of life.

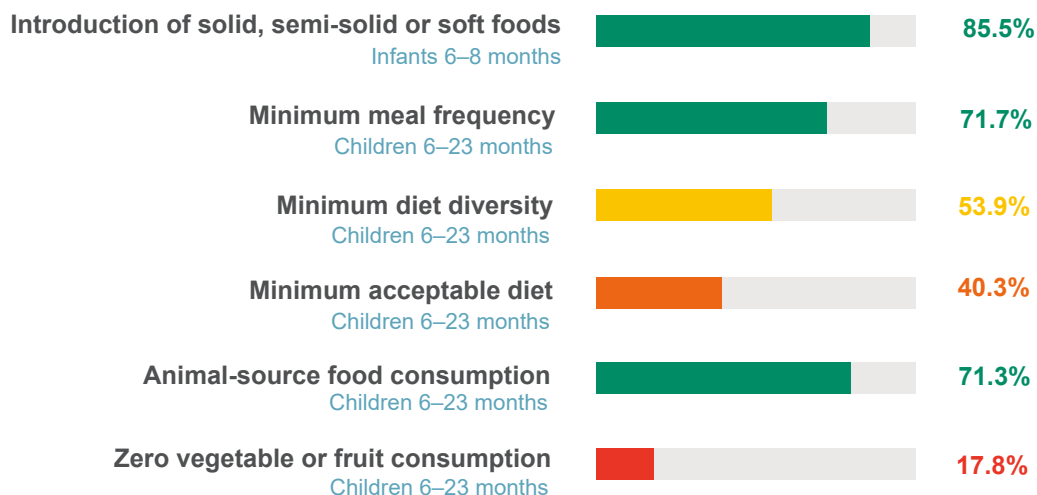


Source: 1) Indonesia DHS, 2017; 2) Indonesia DHS, 2012

Quality of child diets

Complementary feeding

- ▶ One in two children aged 6–23 months are receiving a minimally diverse diet and 70 per cent are consuming nutrient-rich animal source foods.



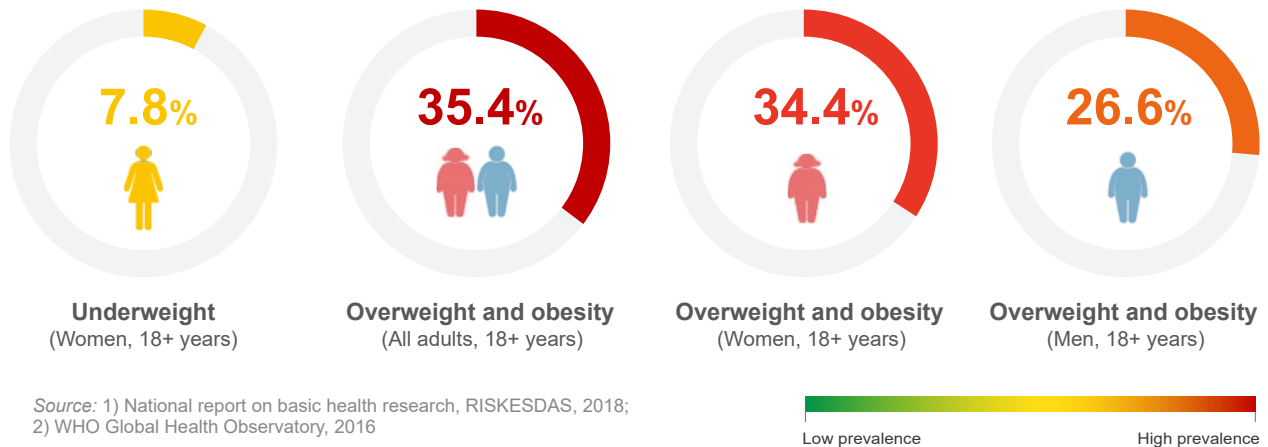
Source: Indonesia DHS, 2017

Note: These estimates are based on the most recent indicator definitions as established by UNICEF and WHO in 2017 and 2018. They were recalculated by UNICEF based on existing national data.

03 Nutritional status of adults

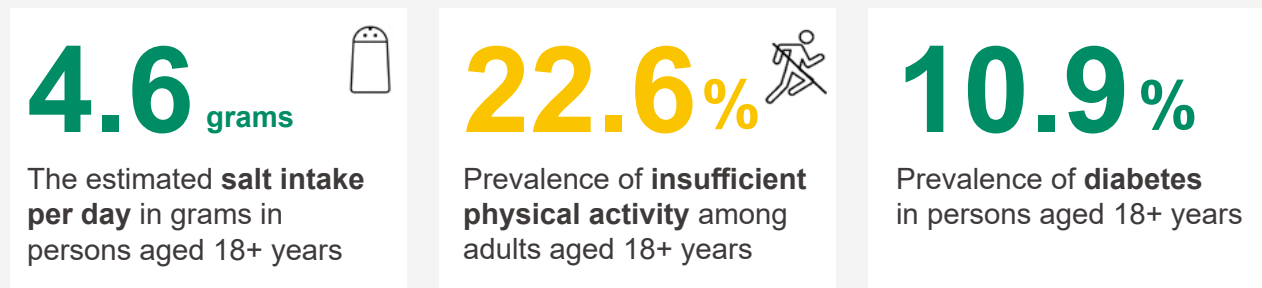
Nutritional status of adults

► An increasing proportion of adults in Indonesia are overweight.



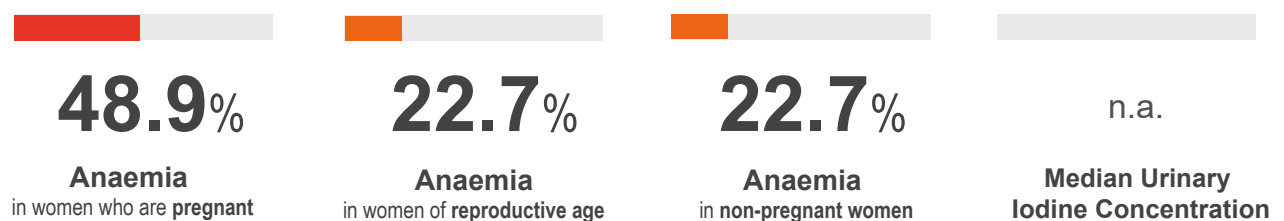
Risk of non-communicable diseases

► Dietary and lifestyle factors increase the risk of NCDs in adults.



Micronutrient status of adults

► A significant proportion of women are suffering from anaemia, reducing their work capacity, and increasing their risk of cognitive impairment and negative maternal and child outcomes.

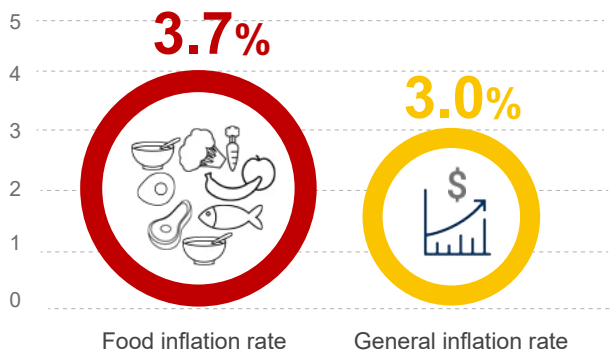


04 Food access, availability and consumption

Access to food

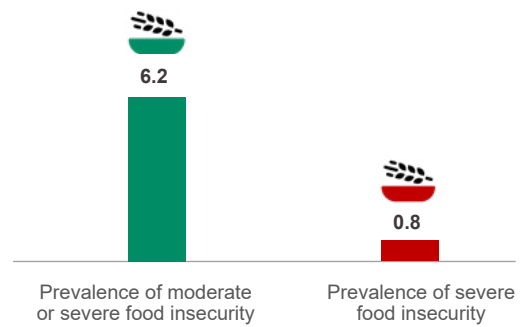
▶ A significant proportion of people in Indonesia do not have consistent access to the food they need to live healthfully.

Economic access to food



Source: 1) International Monetary Fund, Consumer Price Index, Food and non-alcoholic Beverages, 2019; 2) International Monetary Fund, Consumer Price Index, General - Individual consumption expenditure of households, 2019

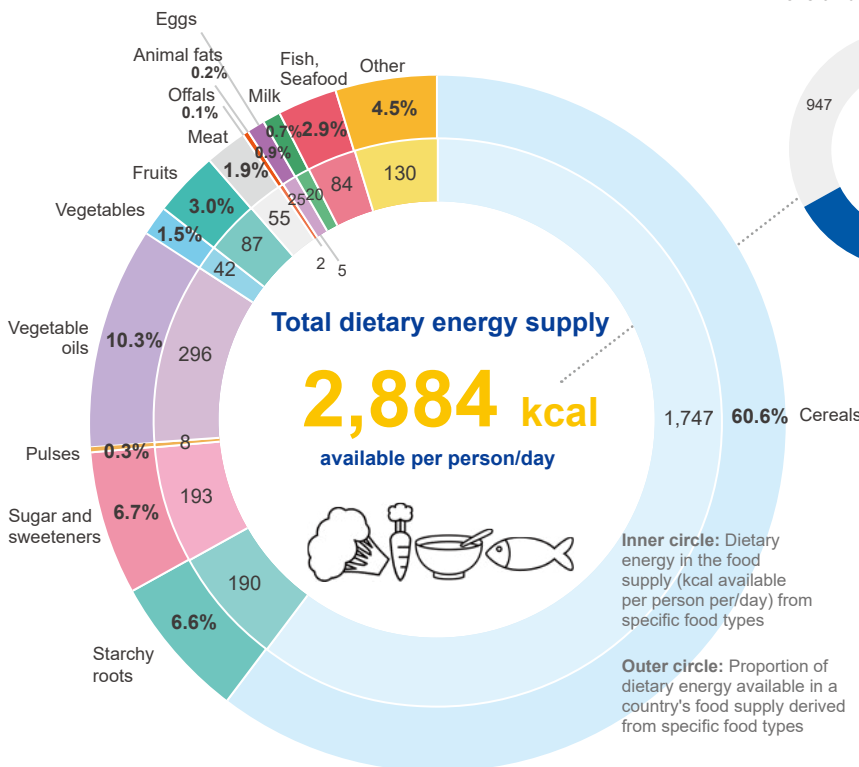
Food insecurity



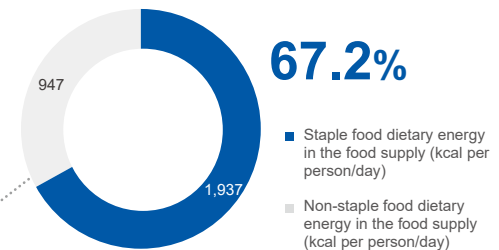
Source: FAOSTAT 2017–2019

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



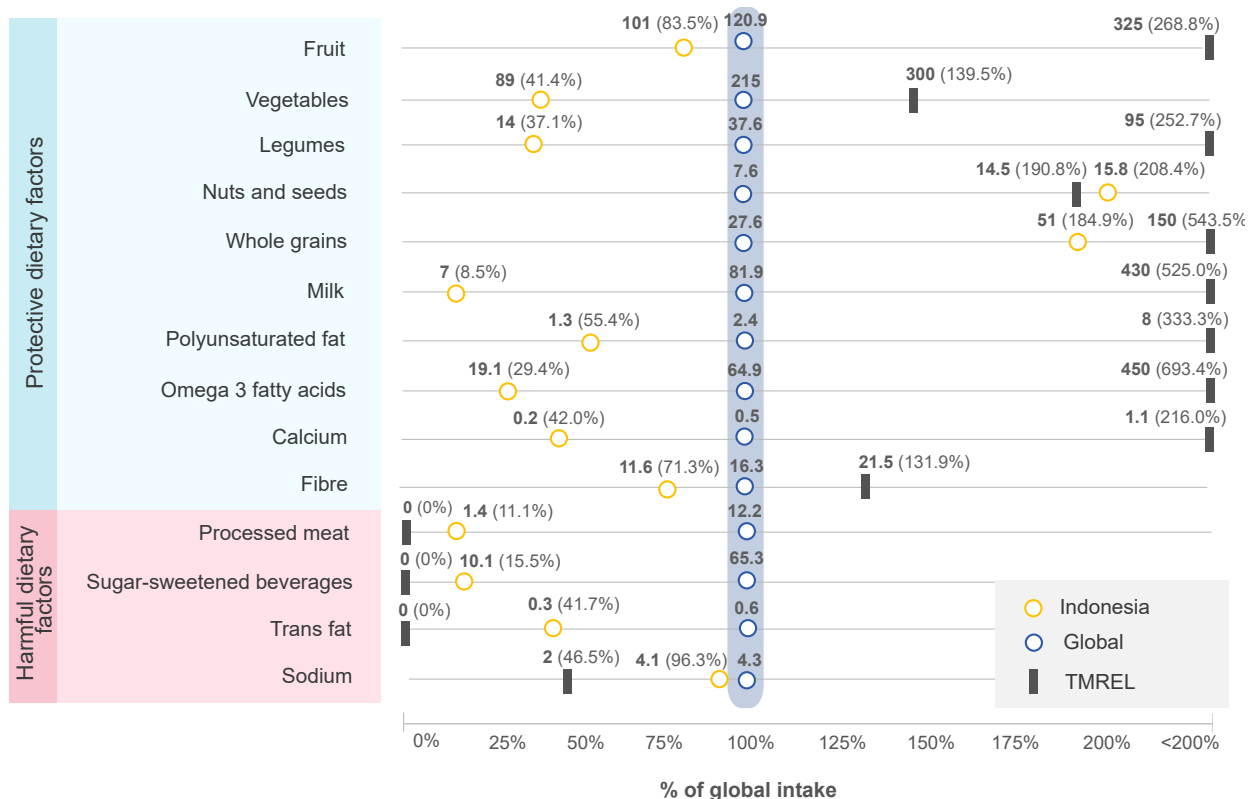
▶ Nutrient-rich fruits and vegetables constitute approximately 4.5% of total dietary energy available in the national food supply, while starchy staple foods such as rice, cereals and roots and tubers dominate the food supply, contributing 67% of the total dietary energy available.

Source: FAOSTAT 2021 (data for 2018)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- National intake of protective dietary factors – such as nuts and seeds and whole grains – is greater than global intake levels. Consumption of sodium and sugar-sweetened beverages is well above recommended intake levels.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables



Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day



National fruit and vegetable availability

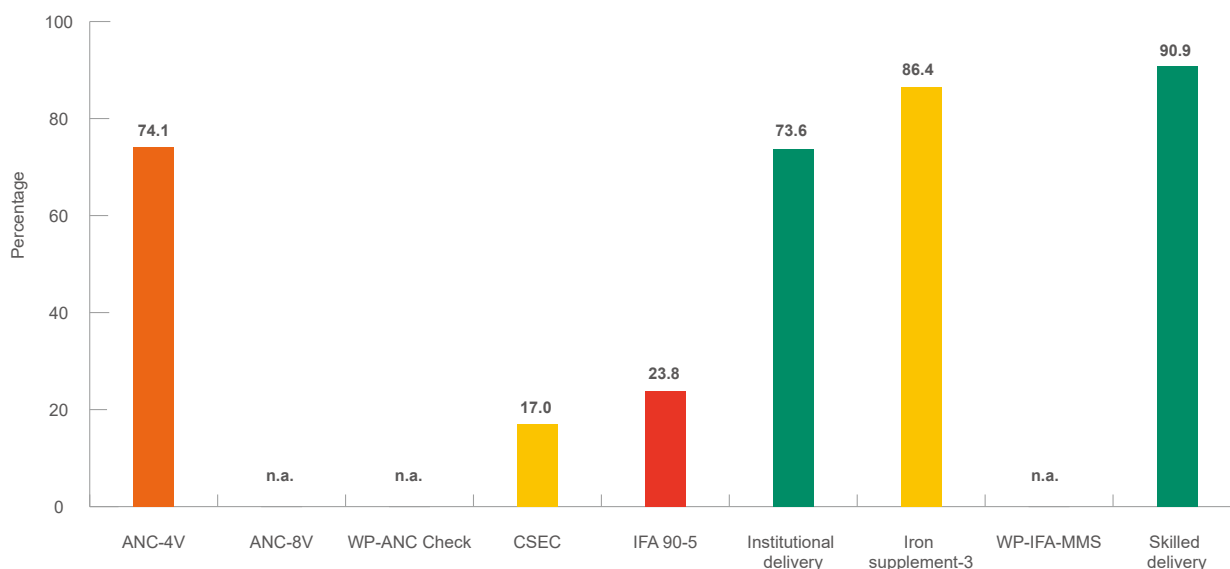
110.53
grams per capita

Source: Basic Health Survey, 2018

06 Coverage of essential services and interventions

Antenatal care

► Coverage of antenatal care and institutional and skilled delivery are high.



Source: 1) Indonesia DHS, 2017; 2) Basic Health Research (RISKESDAS) 2018.

Note: n.a., No data available

ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy

ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visit during their last pregnancy

WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit

CSEC: Percentage of deliveries by Caesarean section

IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days

Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility

Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care

WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy

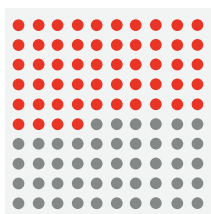
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children

► Approximately half of children 6 to 59 months are benefiting from potentially life-saving vitamin A supplementation.

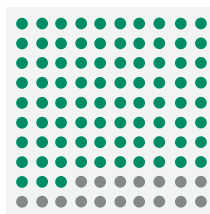
Vitamin A supplementation
(Children aged 6–59 months)

53.5%



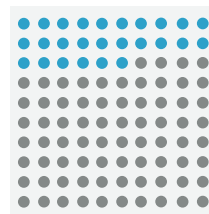
Deworming
(Children aged 12–59 months)

83.0%



Management of diarrhoea

26.1%

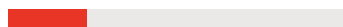


Source: 1) Basic Health Research (RISKESDAS) 2018; 2) Routine report, 2020

Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

22.9%



Households consuming salt with any iodine

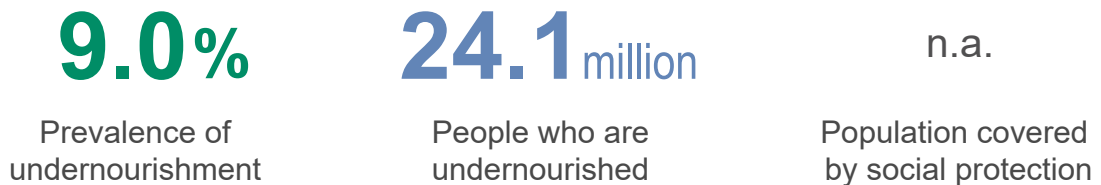
91.9%



Source: Basic health research, RISKESDAS, 2018

07 Determinants

Undernourishment



Source: FAOSTAT 2017-2019; Note: n.a., Data not available

Gender-related determinants

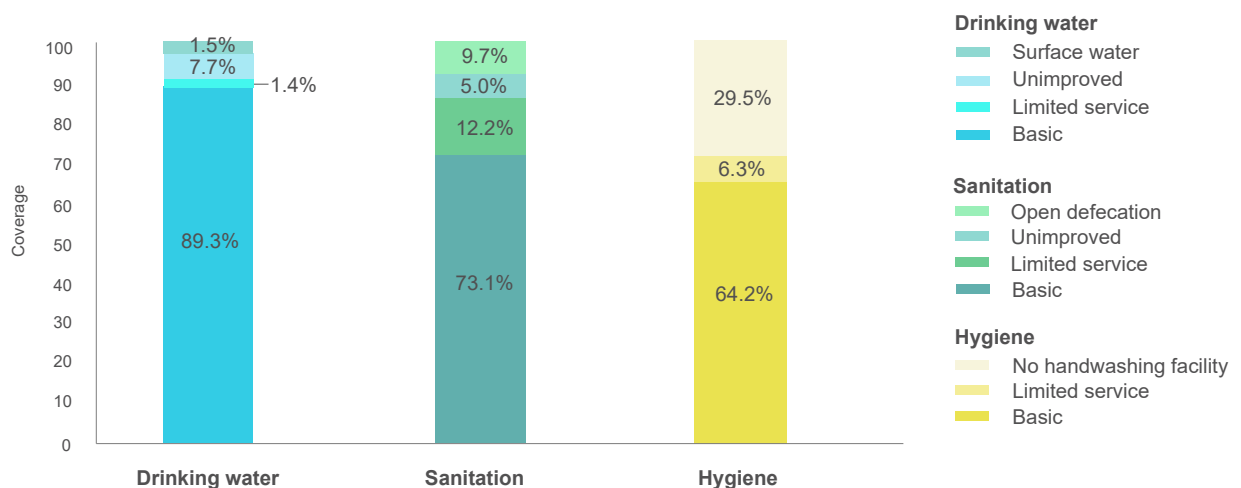
Women aged 20–24 years who gave birth before age 18	6.9%
Birth rate for adolescent girls aged 15–19 years	48.0
Child marriage before age 15	0.6%
Child marriage before age 18*	11.2%
Education level of mothers	n.a.
Maternal mortality ratio	n.a.



Source: UNICEF State of the World's Children, 2019
Note: n.a., Data not available

Water, sanitation and hygiene

► The vast majority of people have access to improved drinking water and sanitation services, but approximately 10% still practice open defecation.



Source: World Health Organization and United Nations Children's Fund Joint Monitoring Programme, 2017
Note: n.a., Data not available

08 Determinants

Economics and demography



Annual GDP growth rate

Source: 1) World Bank, Development Research Group; 2) World Bank, Global World Development Indicator, accessed July, 2020.
Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)



GDP per capita, PPP

Income inequality

Gini index	Year
39.0	2018

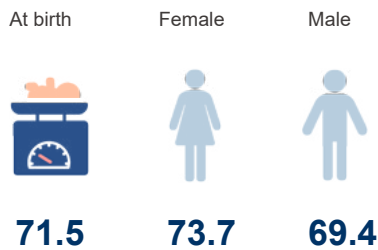
Source: World Bank, Development Research Group

Poverty rate

Poverty rates below \$1.90/day	4.6%
Poverty rates below \$3.20/day	24.2%
Poverty Gap Ratio	n.a.

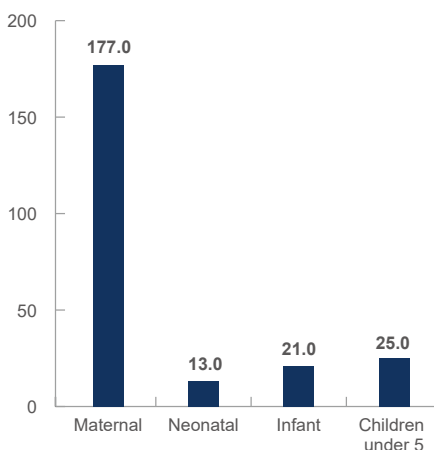
Source: Global Nutrition Report 2020; Note: n.a., Data not available

Life expectancy



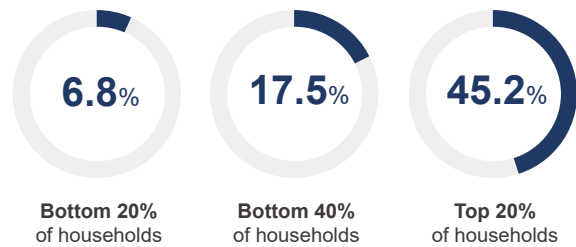
Source: 1) UNICEF State of the World's Children, 2019; 2) World Bank, Development Research Group

Mortality rate



Source: 1) WHO, UNICEF, UNFPA, World Bank Group and UNPD - September 2019; 2) UNICEF State of the World's Children, 2019

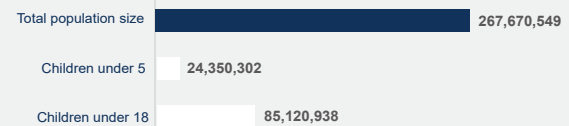
Income share



Source: UNICEF State of the World's Children, 2019, World Development Indicators

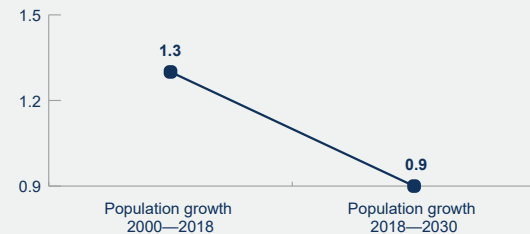
Population

Population size



Source: UNICEF State of the World's Children, 2019

Population growth



Source: UNICEF State of the World's Children, 2019



Source: 1) UNICEF State of the World's Children, 2019; 2) World Bank, Development Research Group



Lao People's Democratic Republic

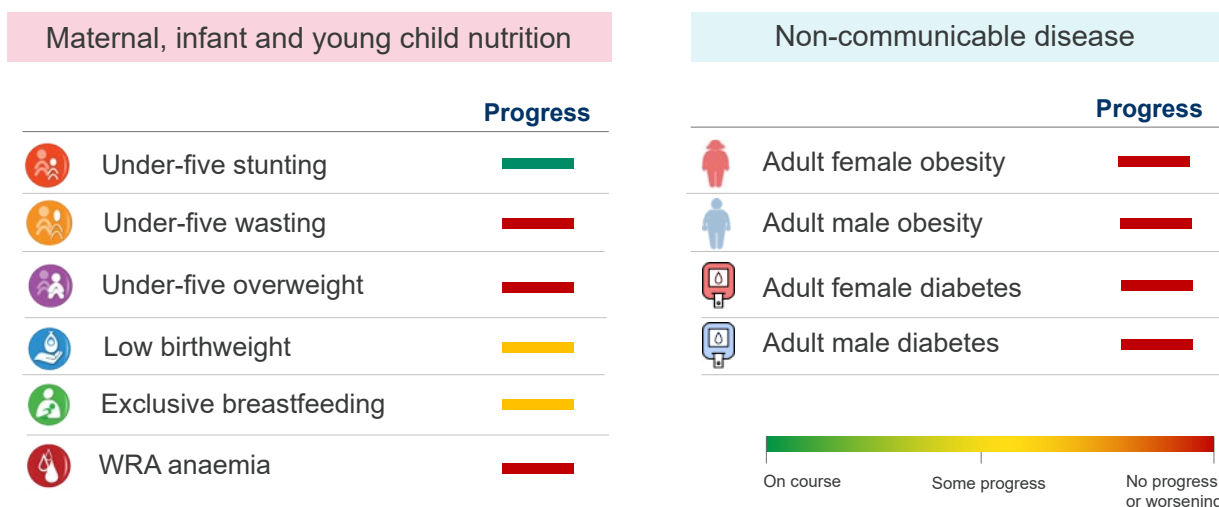
Overview

Lao People's Democratic Republic has an annual percentage growth rate of GDP of >6 per cent. Despite economic progress, the prevalence of malnutrition in young children remains high: 33 per cent of children under 5 are stunted, 9 per cent are wasted and 4 per cent are overweight. Approximately 17 per cent of newborns are also born with a low birthweight. Exclusive breastfeeding remains low, with only half of children benefitting. The quality of young children's diets between 6 and 23 months of age is suboptimal: only 36 per cent consume a minimally diverse diet and 36 per cent are not consuming fruits or vegetables.

Malnutrition persists into adolescence and adulthood. Approximately 9 per cent of adolescents are considered thin and 12 per cent of adult women are underweight. Further, 14 per cent of adolescents and 23 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including salt consumption in adults (4.4 grams per day) and insufficient physical activity (16 per cent in adults and 84 per cent in adolescents) – are increasing the risk of overweight or NCDs. Access to nutrient-rich fruits and vegetables may be hindered by limited availability: approximately 64 per cent of the dietary energy in the national food supply comes from starchy staple foods such as rice, cereals and roots and tubers and only 13 per cent is derived from fruits and vegetables. Progress, however, is possible: Lao People's Democratic Republic is on track to achieve the global nutrition target for child stunting and has achieved 'some progress' towards exclusive breastfeeding and low birthweight targets.

Progress towards the global nutrition targets

- ▶ Lao People's Democratic Republic is on course to meet the global target for child stunting and has made some progress on exclusive breastfeeding and low birthweight. But the country is off course to meet all other targets.



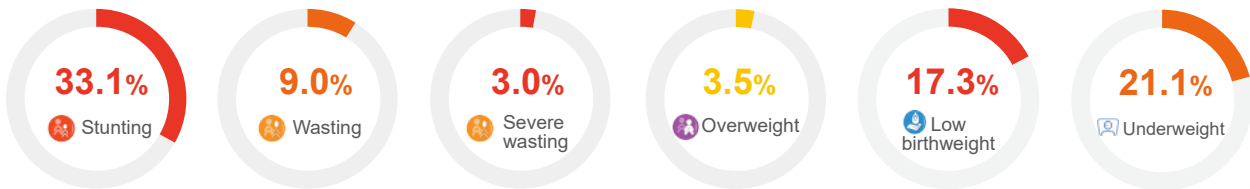
Source: Global Nutrition Report 2020

Note: Data on the adult indicators are based on modelled estimates. WRA: women of reproductive age (aged 15–49 years)

01 Nutritional status of children

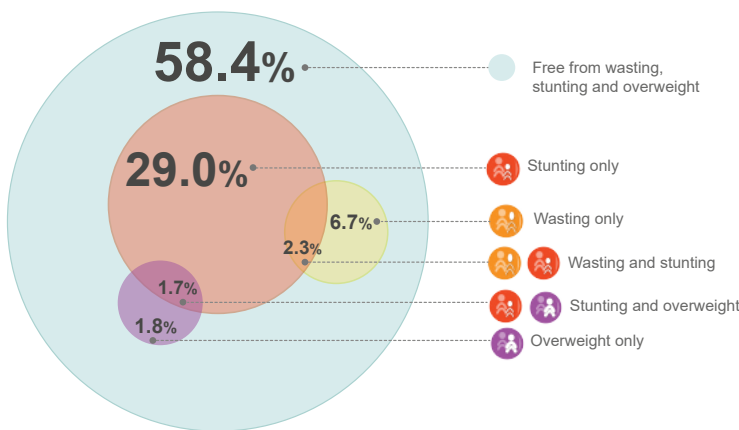
Nutritional status of children under 5

► Prevalence of childhood stunting is of very high public health concern and prevalence of low birthweight is notably high.



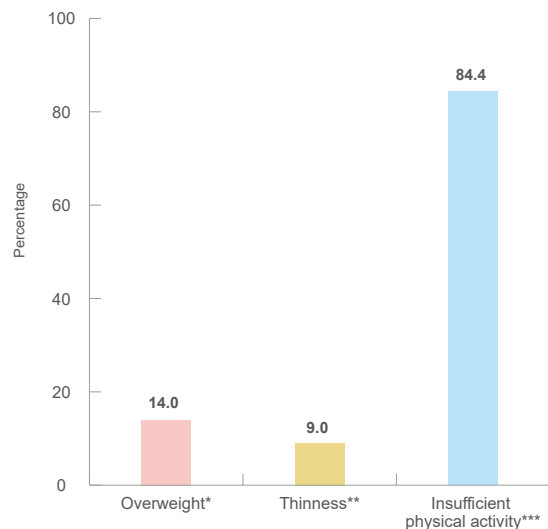
Source: 1) MICS-DHS: Lao Social Indicator Survey II, 2017; 2) UNICEF and WHO Low Birthweight Estimates, 2019

Co-existence of wasting, stunting and overweight in children under 5



Source: MICS-DHS: Lao Social Indicator Survey II, 2017

Adolescent nutritional and physical activity status

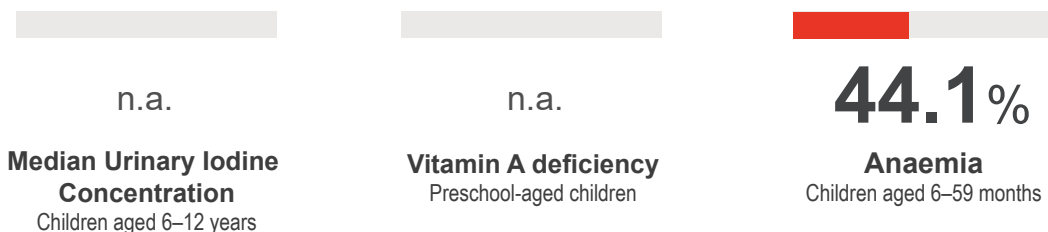


* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese
 ** Thinness (%) - The percentage of children aged 5-19 years who are thin and severely thin
 *** Prevalence of insufficient physical activity among school going adolescents aged 11–17 years (crude estimate)

Source: 1) WHO Global Health Observatory; 2) NCD-RisC Lancet 2017: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642. Last update: August 2019.

Micronutrient status of children

► There are limited data to assess micronutrient deficiencies in young children. Anaemia prevalence in children under 5, however, is of severe public health concern.



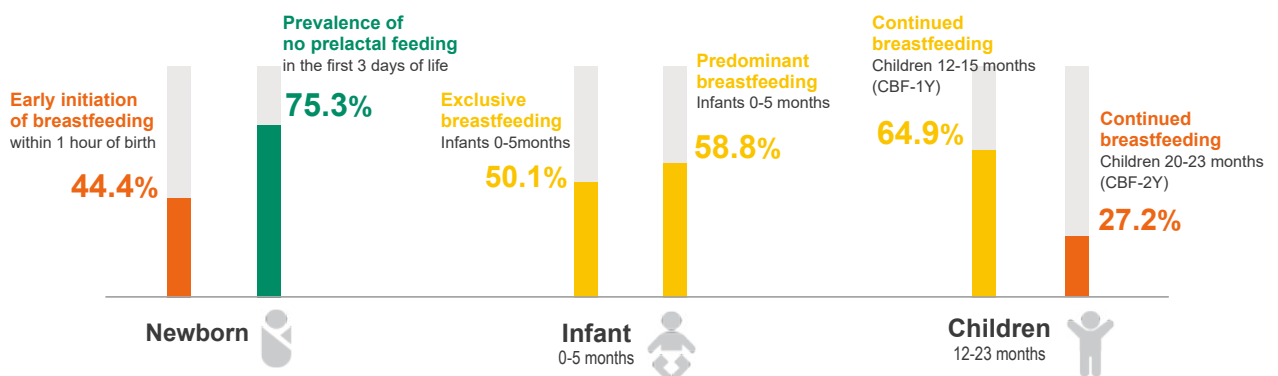
Source: MICS, 2017
 Note: n.a., Data not available

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ Fewer than half of newborns are benefitting from early initiation of breastfeeding and only half of infants are exclusively breastfed for the first six months of life.

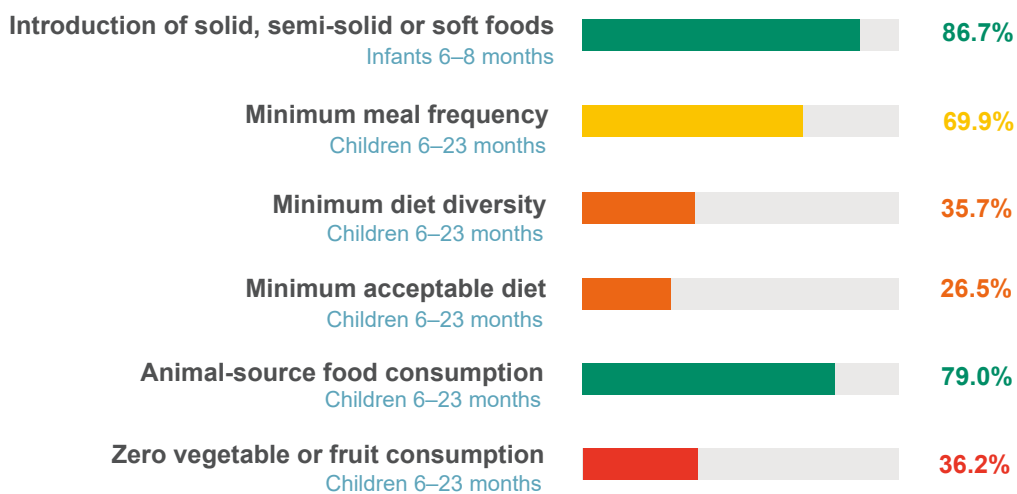


Source: MICS-DHS: Lao Social Indicator Survey II, 2017

Quality of child diets

Complementary feeding

- ▶ Only a third of children aged 6–23 months are receiving a minimally diverse diet, but nearly 80 per cent are consuming nutrient-rich animal source foods.



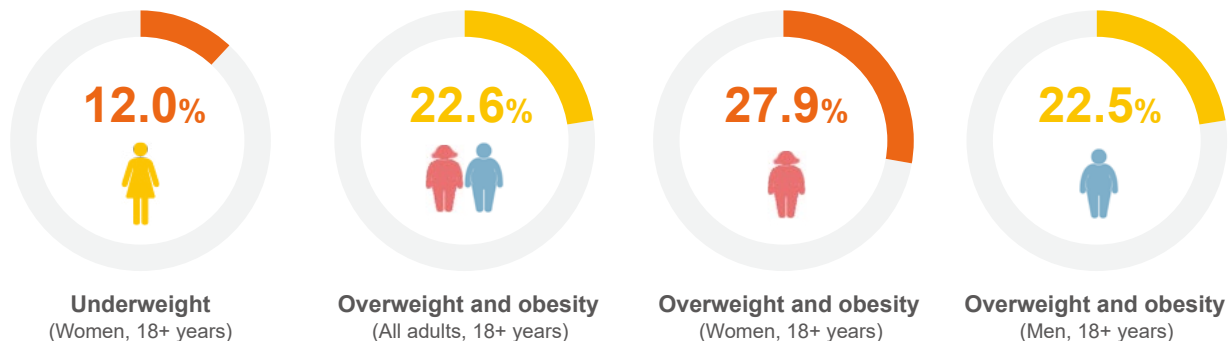
Source: MICS-DHS: Lao Social Indicator Survey II, 2017

Note: These estimates are based on the most recent indicator definitions as established by UNICEF and WHO in 2017 and 2018.

03 Nutritional status of adults

Nutritional status of adults

► Too many women in Lao People's Democratic Republic are underweight, leading to increased risk of low birthweight in children. An increasing proportion of adults are also overweight.

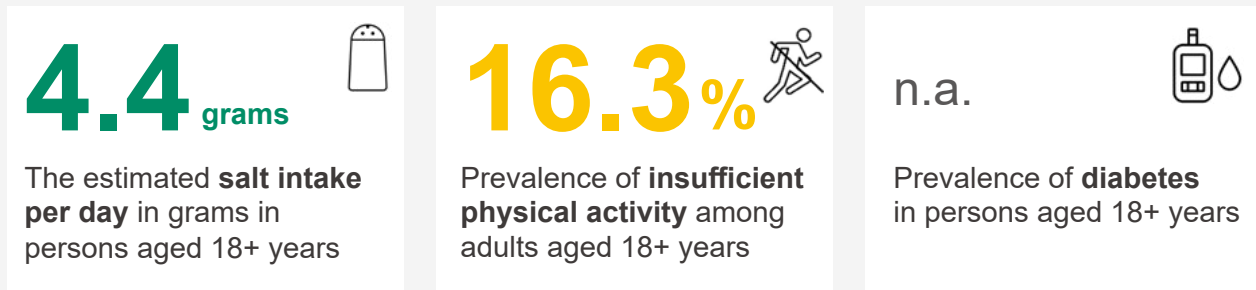


Source: 1) UNICEF State of the World's Children, 2019; 2) WHO Global Health Observatory; 3) Global Nutrition Report 2020



Risk of non-communicable diseases

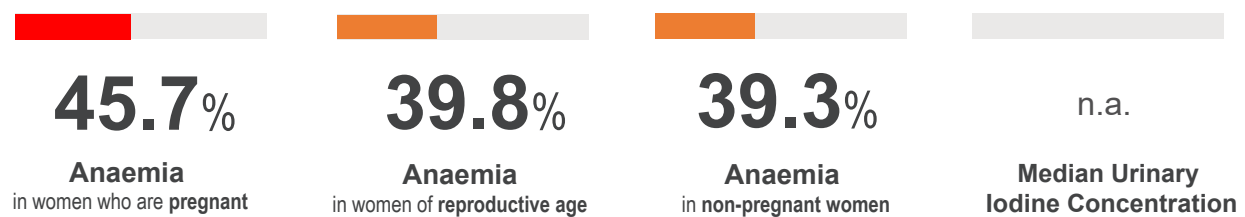
► Dietary and lifestyle factors increase the risk of NCDs in adults.



Source: 1) Global Nutrition Report 2020; 2) WHO Global Health Observatory; Note: n.a., Data not available

Micronutrient status of adults

► A significant proportion of women are suffering from anaemia, reducing their work capacity, and increasing their risk of cognitive impairment and negative maternal and child outcomes.



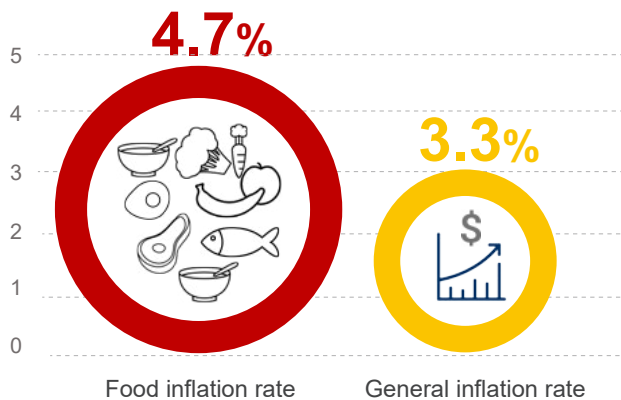
Source: 1) MICS 2017; 2) WHO Global Health Observatory
Note: n.a., Data not available

04 Food access, availability and consumption

Access to food

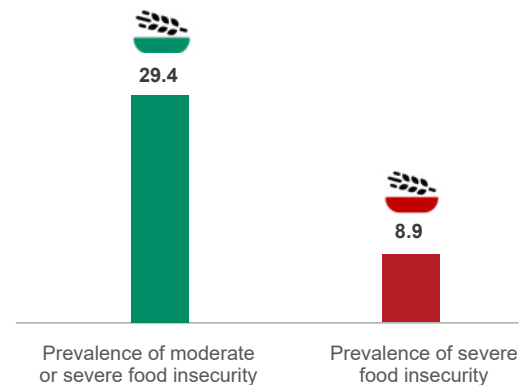
► Physical and economic access to food remains a challenge.

Economic access to food



Source: 1) International Monetary Fund, Consumer Price Index, Food and non-alcoholic Beverages, 2019; 2) International Monetary Fund, Consumer Price Index, General - Individual consumption expenditure of households, 2019

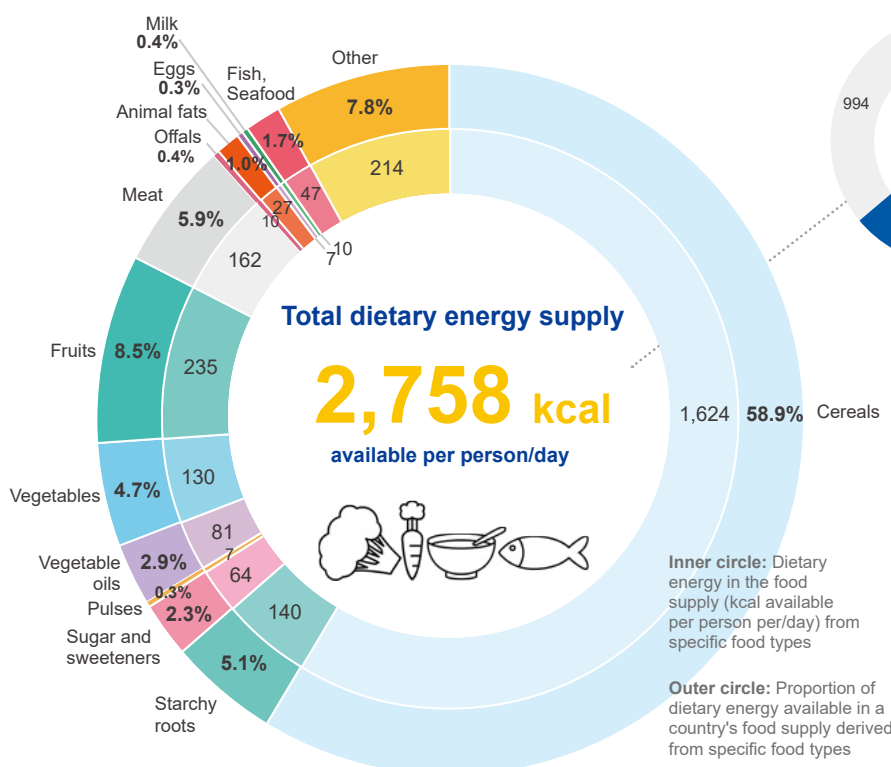
Food insecurity



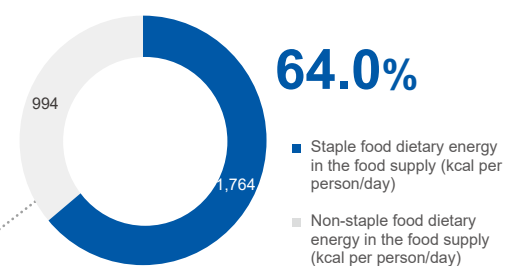
Source: FAOSTAT 2018-2020

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



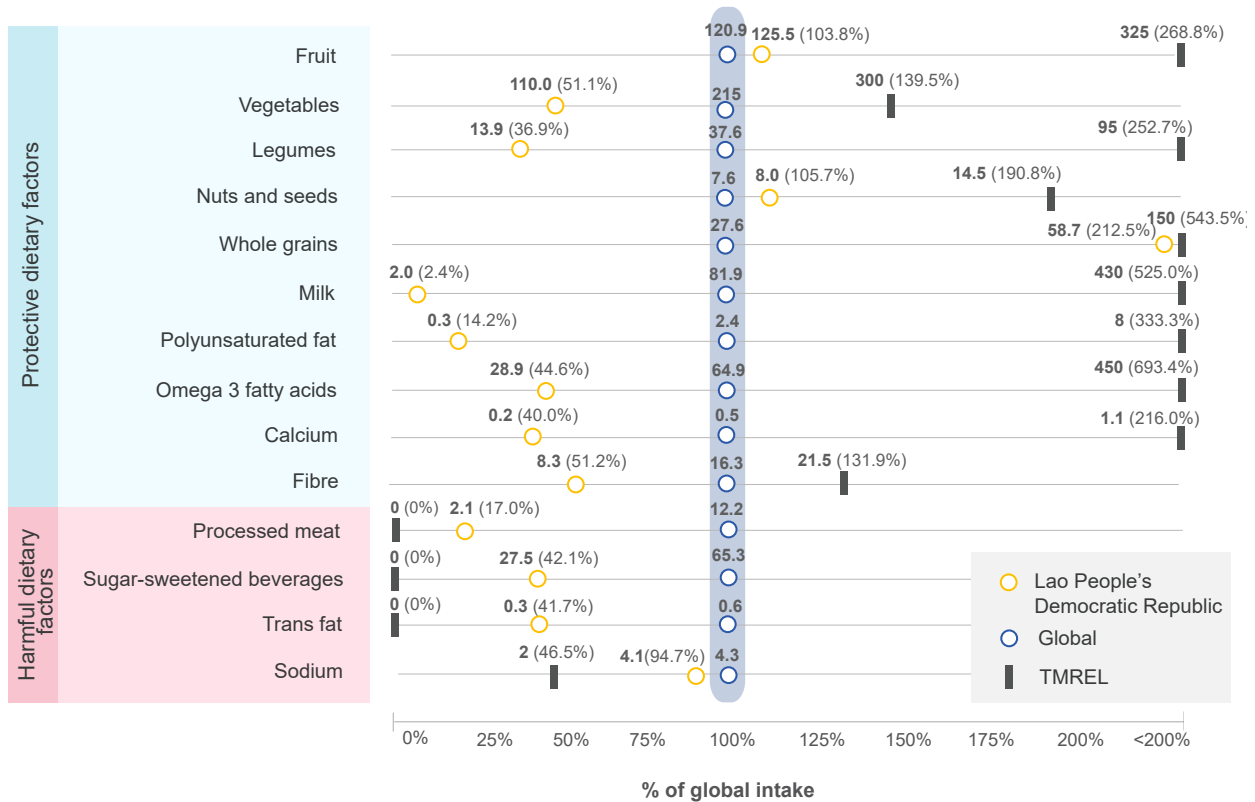
► Nutrient-rich fruits and vegetables constitute 13% of total dietary energy available in the national food supply, while starchy staple foods such as rice, cereals and roots and tubers dominate the food supply, contributing 64% of the total dietary energy available.

Source: FAOSTAT 2021 (data for 2018)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- ▶ National intake of protective dietary factors – such as fruit, nuts and seeds and whole grains – are greater than global intake levels. Consumption of sugar-sweetened beverages is above recommended intake levels.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include red processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables

n.a.

Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day



National fruit and vegetable availability

363.6
grams per capita

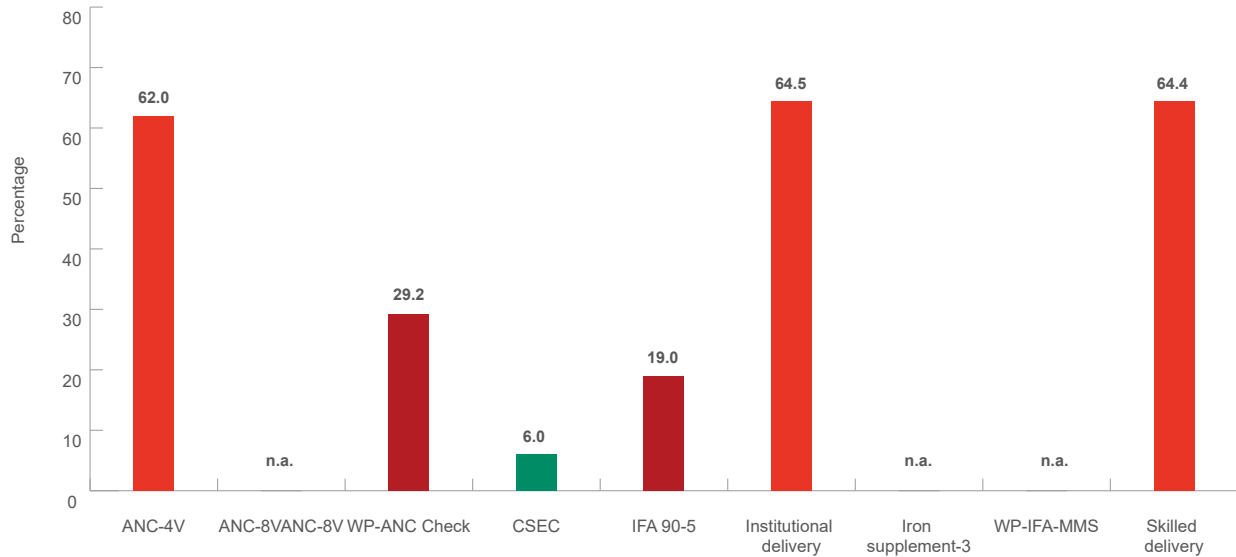
Source: FAOSTAT 2017

Note: n.a., Data not available

06 Coverage of essential services and interventions

Antenatal care

► Coverage of antenatal care is encouraging, but coverage of iron folic acid supplementation is low.



Source: MICS-DHS: Lao Social Indicator Survey II 2017

Note: n.a., No data available

ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy.

ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visits during their last pregnancy.

WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit

CSEC: Percentage of deliveries by Caesarean section

IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days

Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility

Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care.

WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy

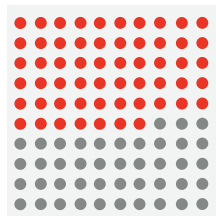
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children

► Approximately half of all children 6 to 59 months are benefiting from potentially life-saving vitamin A supplementation.

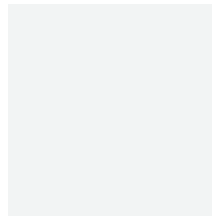
Vitamin A supplementation
(Children aged 6–59 months)

57.0%



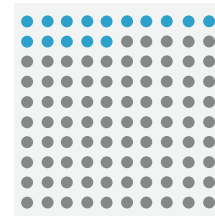
Deworming
(Children aged 12–59 months)

n.a.



Management of diarrhoea

15.2%



Source:
1) UNICEF Global Databases 2018;
2) MICS-DHS:Lao Social Indicator Survey II 2017
Note: n.a., Data not available.

Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

n.a.



Households consuming salt with any iodine

93.6%



Source: MICS-DHS: Lao Social Indicator Survey II 2017
Note: n.a., Data not available.

07 Determinants

Undernourishment



Source: FAOSTAT 2017–2019; Note: n.a., Data not available.

Gender-related determinants

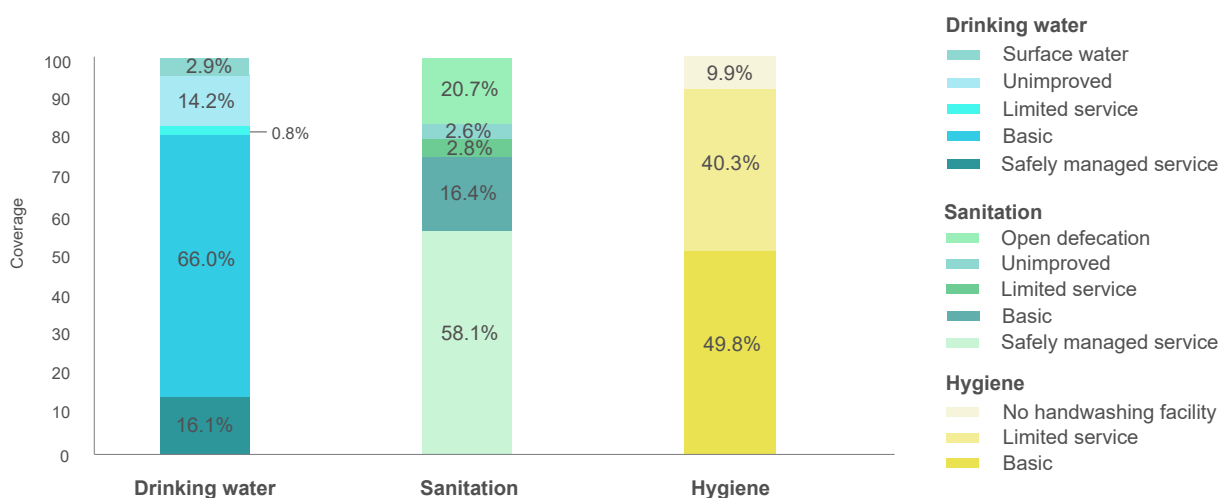
Women aged 20–24 years who gave birth before age 18	18.4%
Birth rate for adolescent girls aged 15–19 years	83.3
Child marriage before age 15	7.1%
Child marriage before age 18	32.7%
Education level of mothers	n.a.
Maternal mortality ratio	n.a.



Source: UNICEF State of the World's Children, 2019
Note: n.a., Data not available.

Water, sanitation and hygiene

► The vast majority of the population has access to improved drinking water and improved sanitation facilities, but half lack access to basic hygiene infrastructure.



Source: World Health Organization and United Nations Children's Fund Joint Monitoring Programme, 2017
Note: n.a., Data not available

08 Determinants

Economics and demography



Annual GDP growth rate

Source: 1) World Bank, Development Research Group; 2) World Bank, Global World Development Indicator, accessed July, 2020.
Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)



GDP per capita, PPP

Income inequality

Gini index	Year
36.4	2012

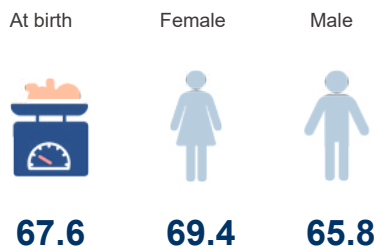
Source: World Bank, Development Research Group

Poverty rate

Poverty rates below \$1.90/day	8.6%
Poverty rates below \$3.20/day	36.0%
Poverty Gap Ratio	n.a.

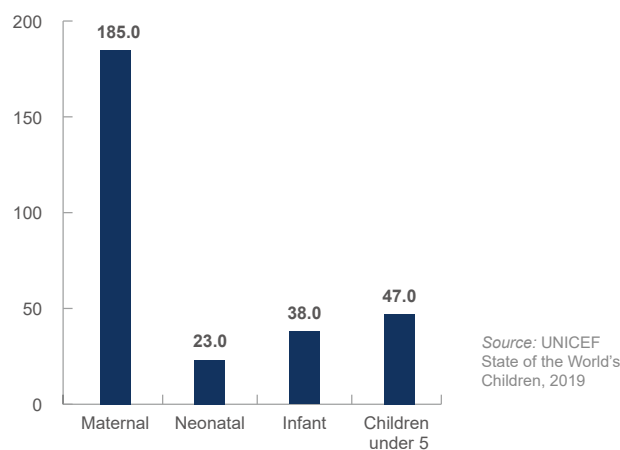
Source: Global Nutrition Report 2020; Note: n.a., Data not available

Life expectancy



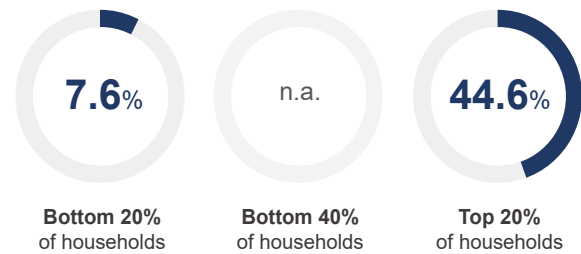
Source: 1) UNICEF State of the World's Children, 2019; 2) World Bank, Development Research Group, 2018

Mortality rate



Source: UNICEF State of the World's Children, 2019

Income share



Source: UNICEF State of the World's Children, 2019, World Development Indicators

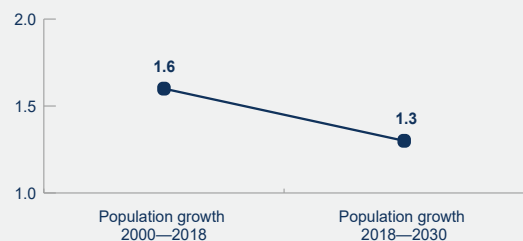
Population

Population size



Source: UNICEF State of the World's Children, 2019

Population growth



Source: UNICEF State of the World's Children, 2019



Source: 1) UNICEF State of the World's Children, 2019; 2) World Bank, Development Research Group



Malaysia

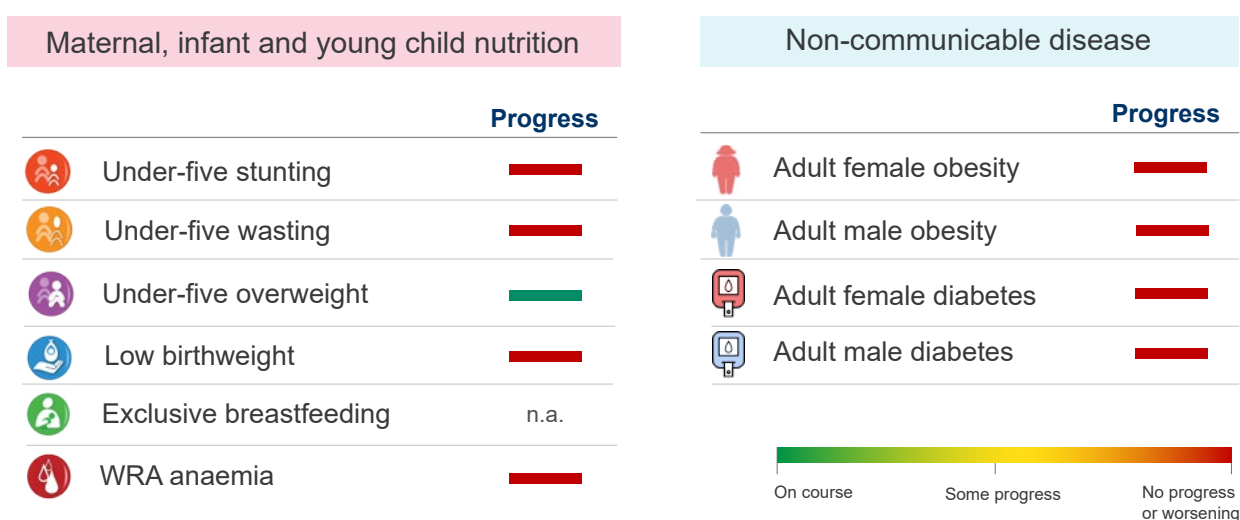
Overview

Access to at least basic drinking water and sanitation facilities is nearly universal in Malaysia and rates of neonatal, infant and child mortality are some of the lowest in the ASEAN region. However, prevalence of malnutrition in young children remains high: 22 per cent of children under 5 are stunted, 10 per cent are wasted and 5 per cent are overweight. Exclusive breastfeeding remains low, with fewer than half of children benefitting. The quality of young children’s diets between 6 and 23 months of age, however, is encouraging: 54 per cent consume a minimally diverse diet and 90 per cent consume meat or eggs.

Malnutrition persists into adolescence and adulthood. Approximately 10 per cent of adolescents are considered thin and 6 per cent of adult women are underweight. Further, an alarming 30 per cent of adolescents and 50 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including high salt consumption in adults (5.6 grams per day) and insufficient physical activity (25 per cent in adults and 86 per cent in adolescents) – are increasing the risk of overweight and NCDs. Approximately 95 per cent of adults consume less than five servings of fruits and vegetables each day. Access to nutrient-rich foods may be hindered by limited availability: only 4 per cent of the dietary energy in the national food supply comes from fruits and vegetables. Further, 15 per cent of people still experience either moderate or severe food insecurity. Progress, however, is possible: Malaysia is on track to achieve the global nutrition target for child overweight.

Progress towards the global nutrition targets

- ▶ Malaysia is on course to meet the global target for child overweight, but the country is off course to meet all other targets with adequate data.



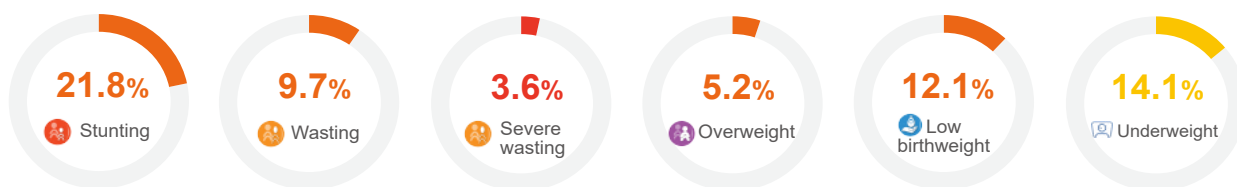
Source: Global Nutrition Report 2020

Notes: n.a., Data not available. Data on the adult indicators are based on modelled estimates. The most recent estimate of exclusive breastfeeding in the first 6 months of life is 40.3 per cent according to Over or Under: Double Burden of Child Malnutrition in Malaysia : A Landscape Analysis Report based on the National Health and Morbidity Survey (NHMS), 2016; WRA: women of reproductive age (aged 15–49 years).

01 Nutritional status of children

Nutritional status of children under 5

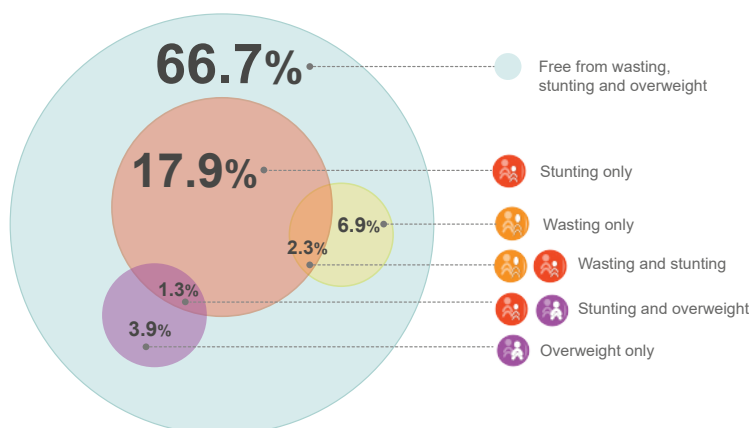
► Prevalence of childhood stunting is of "high" public health concern.



Source: 1) National Health and Morbidity Survey, 2019; 2) Department of Statistics Malaysia, 2020

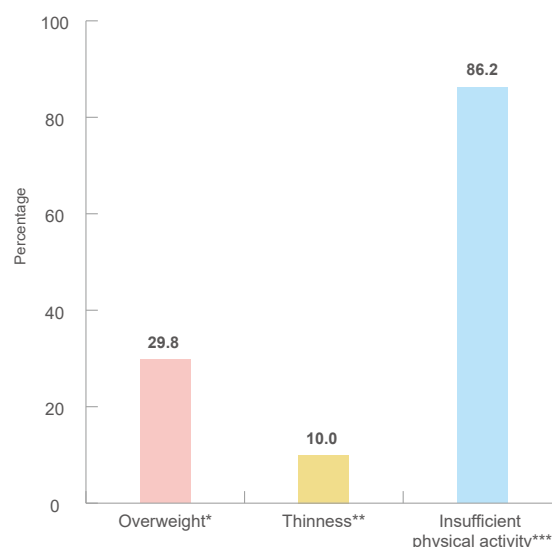


Co-existence of wasting, stunting and overweight in children under 5



Source: National Health and Morbidity Survey, 2019 (unpublished data)

Adolescent nutritional and physical activity status



* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese

** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin

*** Prevalence of insufficient physical activity among school-going adolescents aged 10–17 years (crude estimate)

Source: 1) National Health and Morbidity Survey: Adolescent Nutrition Survey, 2017; 2) WHO Global Health Observatory, 2016

Note: In Malaysia, prevalence of thinness among adolescents aged 10–17 years is 6.6 per cent, prevalence of overweight among adolescents aged 10–17 years is 30.4 per cent (National Health and Morbidity Survey, 2017) and prevalence of insufficient physical activity among children 10–17 years is 55.4 per cent (Source: NHMS, Adolescent Nutrition Survey, 2017)

Micronutrient status of children

► Anaemia prevalence in children under 5 is of moderate public health severity.

137.5 µg/L

Median Urinary Iodine Concentration
Children aged 8–10 years

n.a.

Vitamin A deficiency
Preschool-aged children

24.6%

Anaemia
Children aged 6–59 months

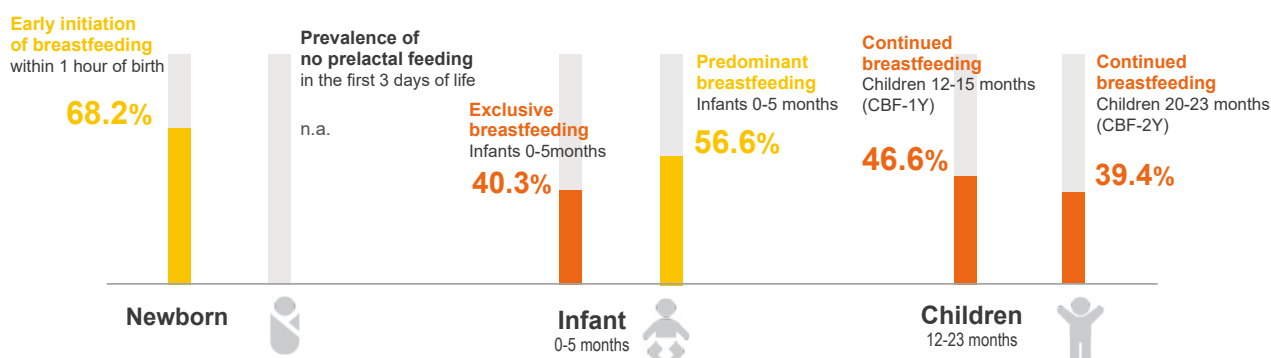
Source: 1) National IDD Monitoring among School Children Aged 8-10 years old in Malaysia (µg/l), 2018; 2) WHO Global Health Observatory 2019
Note: n.a., Data not available.

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ More than half of newborns are benefitting from early initiation of breastfeeding, but only 40 per cent are exclusively breastfed for the first six months of life.

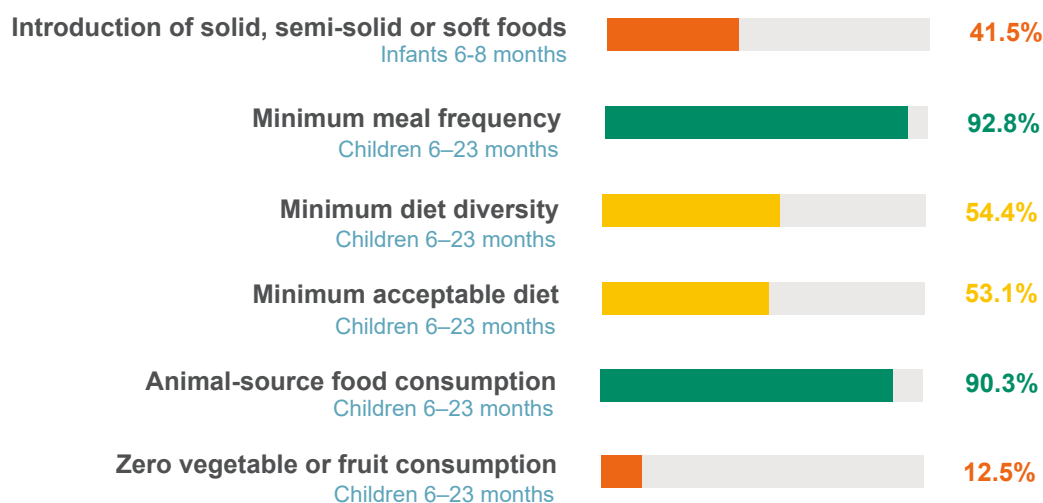


Source: 1) National Health and Morbidity Survey 2016, 2) Over or Under: Double Burden of Child Malnutrition in Malaysia : A Landscape Analysis Report based on the National Health and Morbidity Survey (NHMS), 2016;
 Note: n.a., Data not available

Quality of child diets

Complementary feeding

- ▶ Half of children aged 6–23 months are receiving a minimally diverse diet and 90 per cent are consuming nutrient-rich animal source foods.

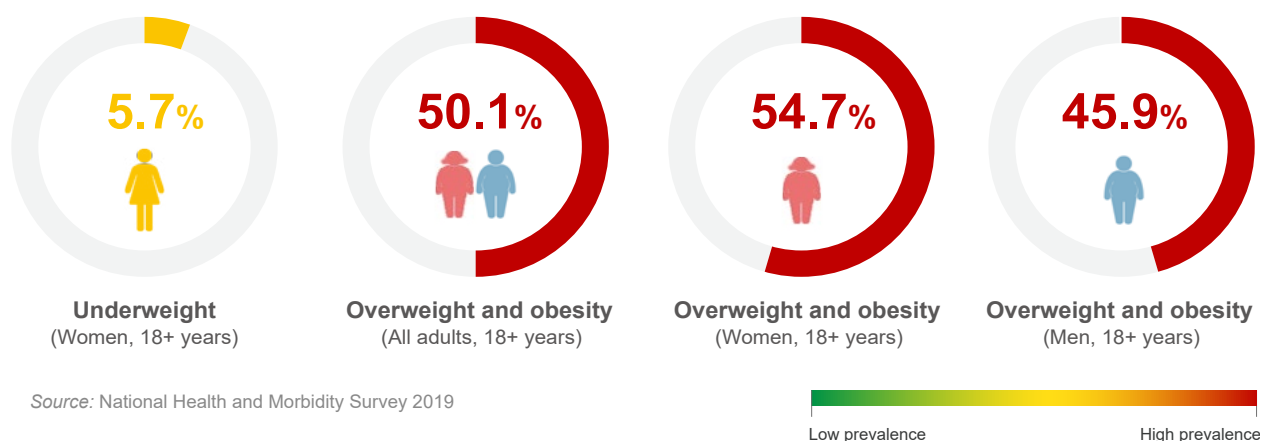


Source: National Health and Morbidity Survey 2016
 Note: These estimates are based on the most recent indicator definitions as established by UNICEF and WHO in 2017 and 2018.

03 Nutritional status of adults

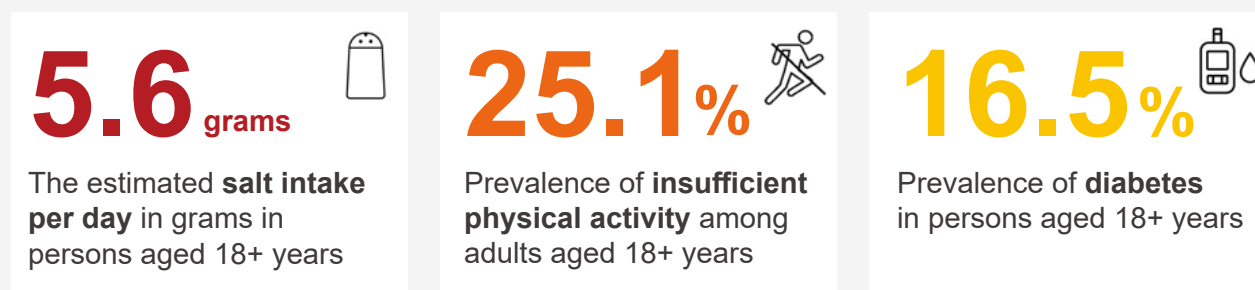
Nutritional status of adults

► An increasing proportion of adults in Malaysia are overweight.



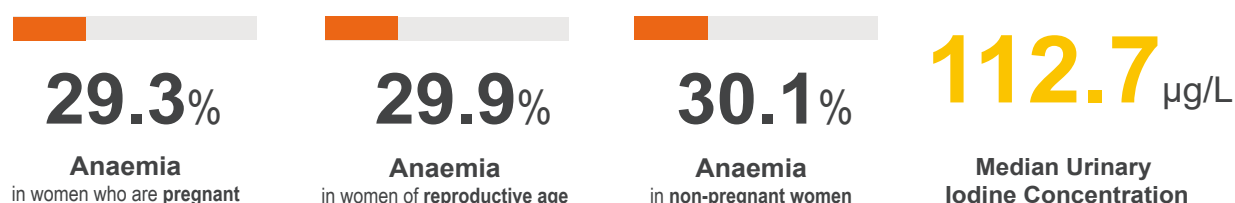
Risk of non-communicable diseases

► Dietary and lifestyle factors increase the risk of NCDs in adults.



Micronutrient status of adults

► A significant proportion of women are suffering from anaemia, reducing their work capacity, and increasing their risk of cognitive impairment and negative maternal and child outcomes.

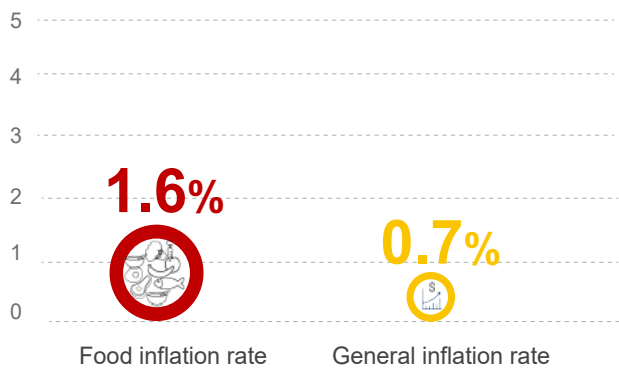


04 Food access, availability and consumption

Access to food

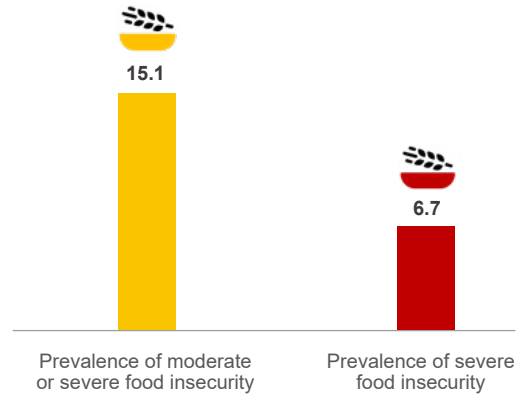
▶ A significant proportion of people in Malaysia still do not have consistent access to the food they need to live healthfully.

Economic access to food



Source: Household Income and Expenditure Survey (HIES) 2019

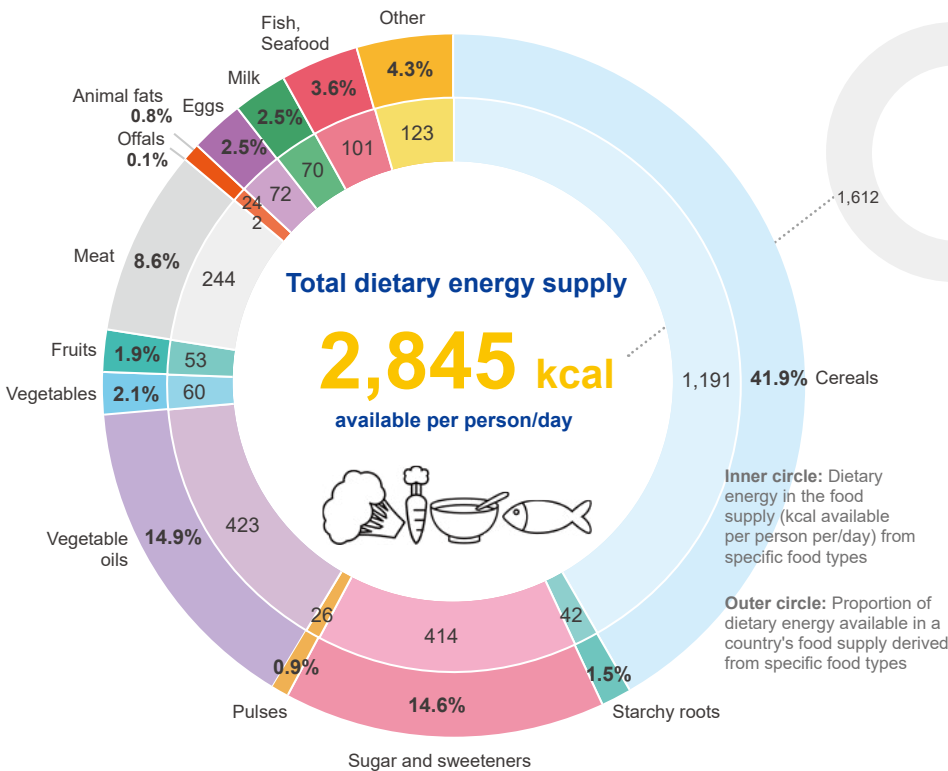
Food insecurity



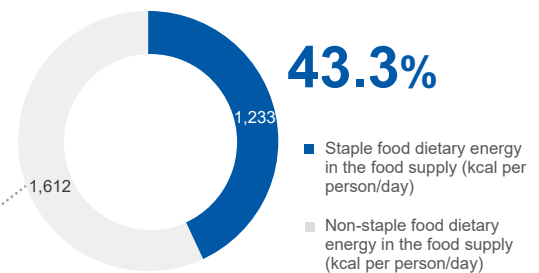
Source: FAOSTAT 2017–2019

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



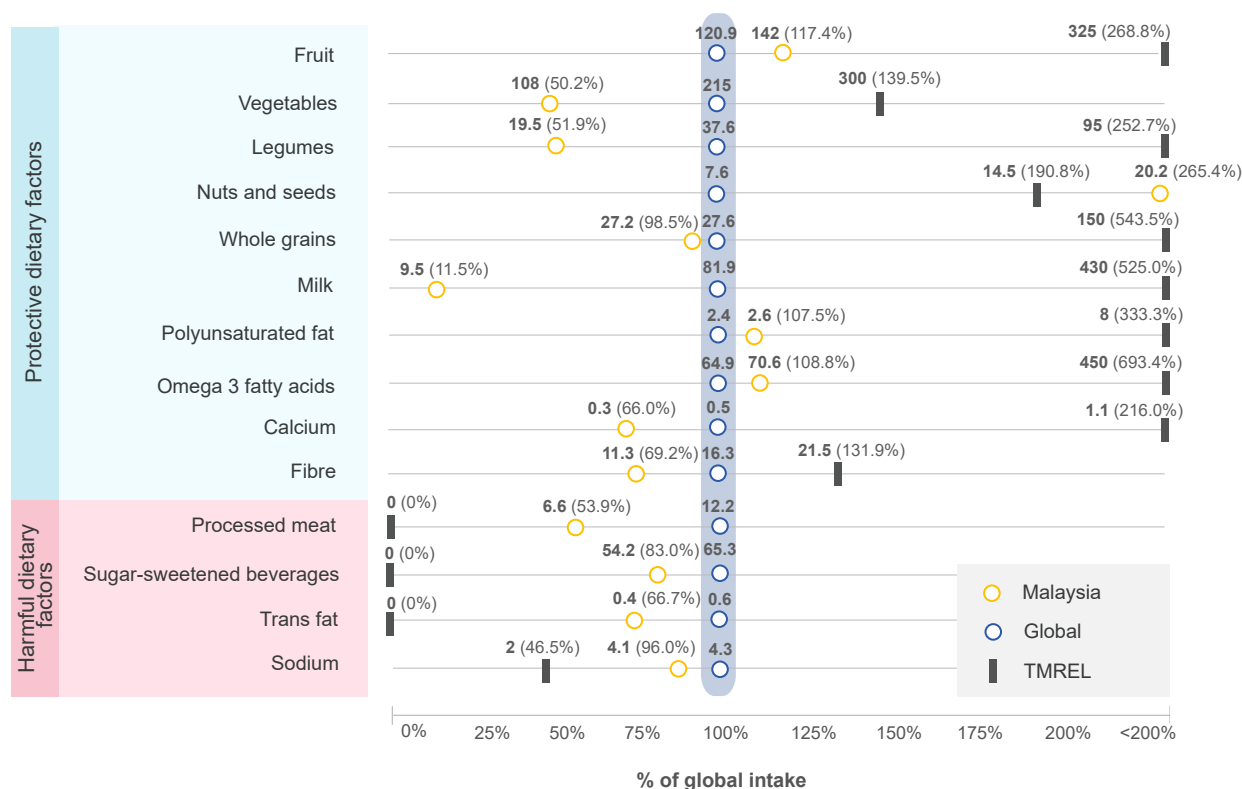
▶ Nutrient-rich fruits and vegetables constitute approximately less than 4% of total dietary energy available in the national food supply, while starchy staple foods such as rice, cereals and roots and tubers contribute 43% of the total dietary energy available.

Source: FAOSTAT 2021 (data for 2018)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- ▶ National intake of protective dietary factors - such as fruit and nuts and seeds - are greater than global intake levels. Consumption of sugar-sweetened beverages is alarmingly high.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables



Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day

Source: National Health and Morbidity Survey 2019



National fruit and vegetable availability

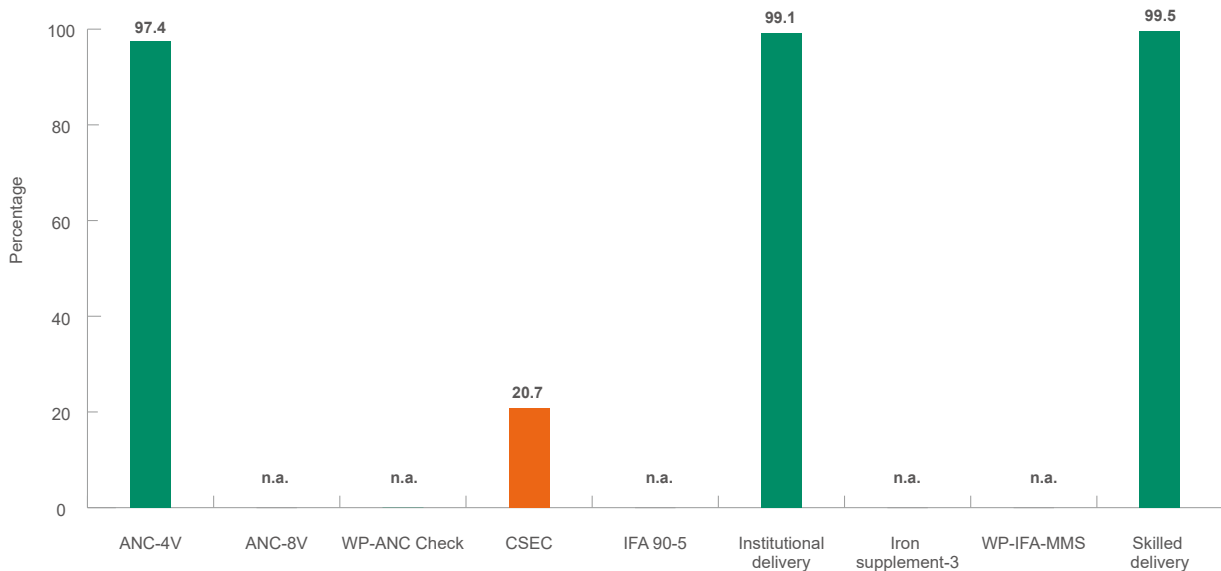
111.4
grams per capita

Source: FAOSTAT 2017

06 Coverage of essential services and interventions

Antenatal care

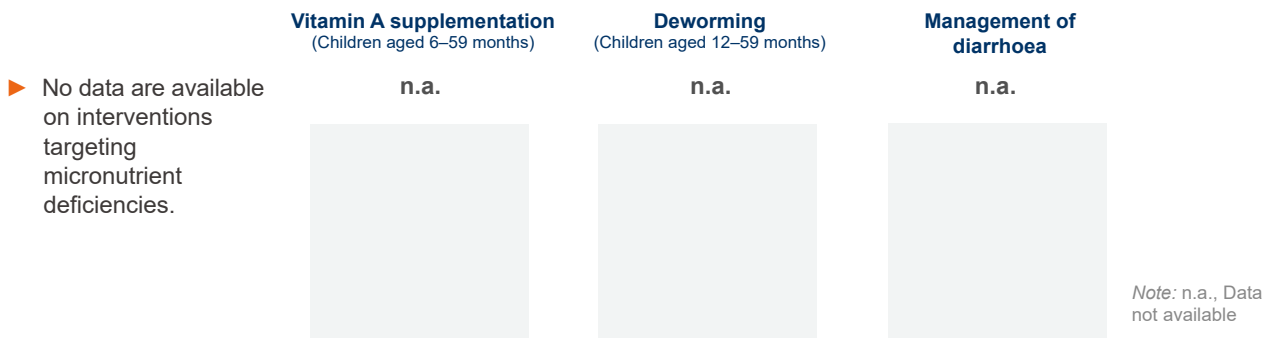
- ▶ Coverage of antenatal care is nearly universal, but limited data are available to assess the quality of services received.



Source: National Health and Morbidity Survey, 2016

Note: n.a., Data not available; In Malaysia iron folate supplementation is mandatory for all pregnant mothers as a prophylaxis and treatment for anaemia
ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy
ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visits during their last pregnancy
WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit
CSEC: Percentage of deliveries by Caesarean section
IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days
Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility
Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care
WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children



Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

n.a.



Households consuming salt with any iodine

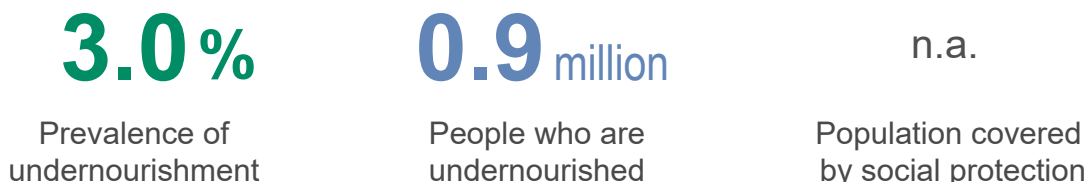
n.a.



Note: n.a., Data not available

07 Determinants

Undernourishment



Source: FAOSTAT 2017–2019; Note: n.a., Data not available.

Gender-related determinants

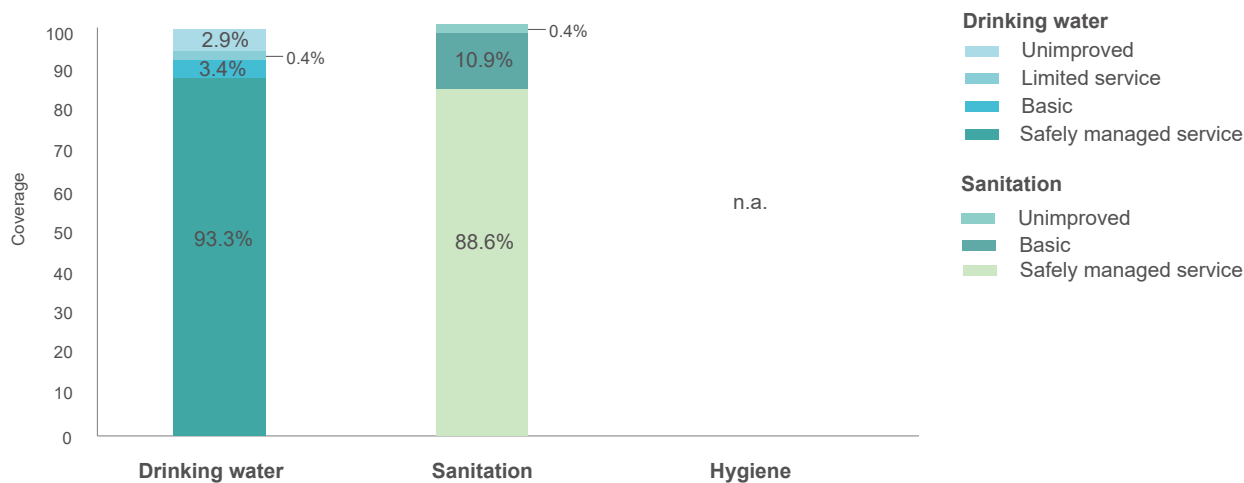
Women aged 20–24 years who gave birth before age 18	n.a.
Birth rate for adolescent girls aged 15–19 years	9
Child marriage before age 15	n.a.
Child marriage before age 18	n.a.
Education level of mothers (% with no education or pre–primary education)	1.8%
Maternal mortality ratio	21.1



Source: 1) UNICEF State of the World’s Children, 2019; 2) National Health and Morbidity Survey, 2016; 3) Vital Statistics, Department of Statistics Malaysia, 2020
Note: n.a., Data not available.

Water, sanitation and hygiene

► Access to safely managed water and sanitation facilities is nearly universal.



Source: World Health Organization and United Nations Children’s Fund Joint Monitoring Programme, 2017
Note: n.a., Data not available

08 Determinants

Economics and demography



Annual GDP growth rate

Source: 1) World Bank, Development Research Group; 2) World Bank, Global World Development Indicator, accessed July, 2020.
 Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)



GDP per capita, PPP

Income inequality

Gini index	Year
40.7	2019

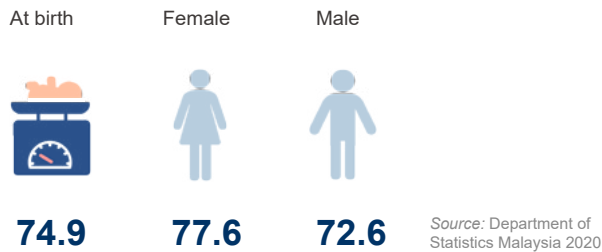
Source: Department of Statistics Malaysia, 2019

Poverty rate

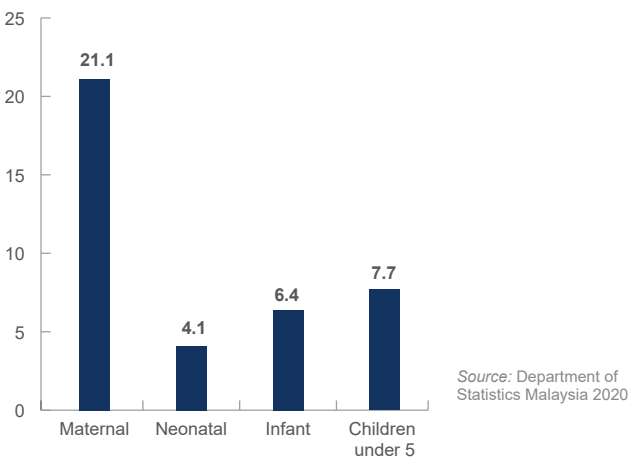
Poverty rates below \$1.90/day	0.3%
Poverty rates below \$3.20/day	2.5%
Poverty Gap Ratio	n.a.

Source: Department of Statistics, Malaysia, 2019
 Note: n.a., Data not available

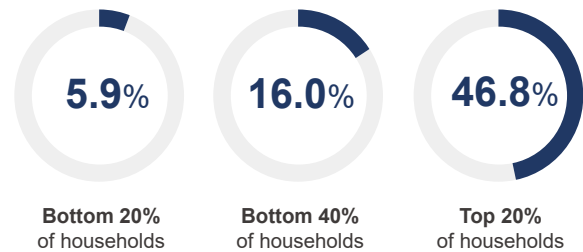
Life expectancy



Mortality rate



Income share



Note: Department of Statistics, Malaysia 2019

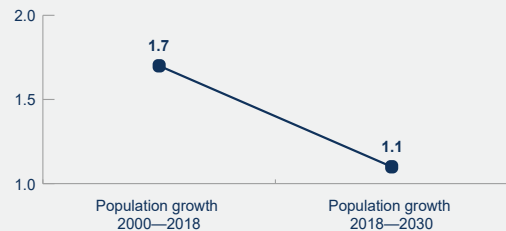
Population

Population size



Source: Department of Statistics Malaysia 2020

Population growth



Source: State of The World's Children, 2019



Source: 1) Department of Statistics Malaysia; 2) World Bank, Development Research



Myanmar

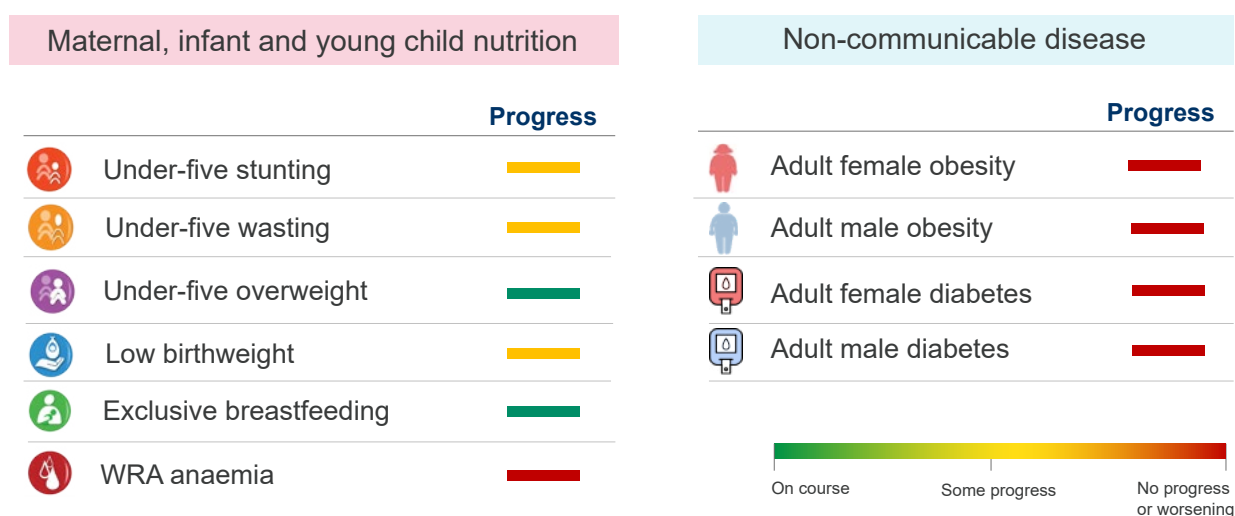
Overview

Myanmar has an annual percentage growth rate of GDP of >6 per cent. Despite economic progress, the prevalence of malnutrition in young children remains high: 27 per cent of children under 5 are stunted, 7 per cent are wasted and 1 per cent are overweight. Exclusive breastfeeding remains suboptimal, with only half of children benefitting, but 88 per cent of children are still breastfed at 1 year of age. The quality of young children’s diets between 6 and 23 months of age is poor: only 21 per cent consume a minimally diverse diet and 56 per cent are not consuming fruits or vegetables.

Malnutrition persists into adolescence and adulthood. Approximately 13 per cent of adolescents are considered thin and 14 per cent of adult women are underweight. Further, 12 per cent of adolescents and 25 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including salt consumption in adults (4.4 grams per day) and insufficient physical activity (11 per cent in adults and 87 per cent in adolescents) – are increasing the risk of overweight and NCDs. Access to nutrient-rich fruits and vegetables may be hindered by limited availability: approximately 52 per cent of the dietary energy in the national food supply comes from starchy staple foods such as rice, cereals and roots and tubers and only 5 per cent is derived from fruits and vegetables. Progress, however, is possible: Myanmar is on track to achieve the global nutrition targets for child overweight and exclusive breastfeeding and has achieved ‘some progress’ towards child stunting, wasting and low birthweight targets.

Progress towards the global nutrition targets

- ▶ Myanmar is on course to meet the global targets for child overweight and exclusive breastfeeding and has made some progress on other maternal, infant and young child nutrition targets. But the country is off course to meet all NCD targets.



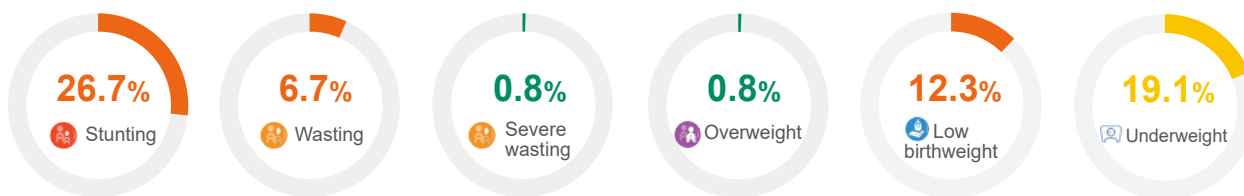
Source: Global Nutrition Report 2020

Note: Data on the adult indicators are based on modelled estimates. WRA: women of reproductive age (aged 15–49 years)

01 Nutritional status of children

Nutritional status of children under 5

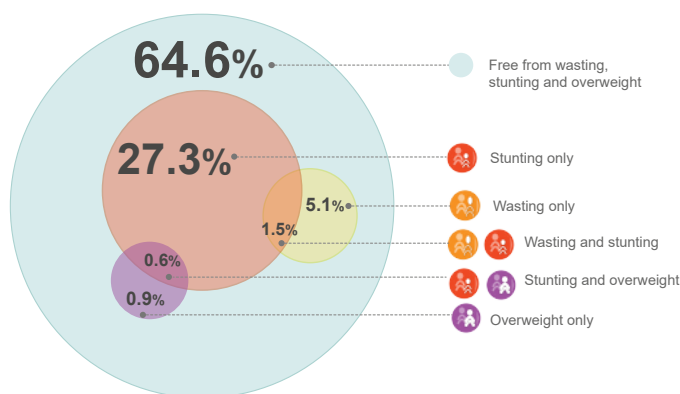
► Prevalence of childhood stunting and wasting remain of public health concern.



Source: 1) Myanmar Micronutrient and Food Consumption Survey 2017–2018; 2) UNICEF and WHO Low Birthweight Estimates, 2019

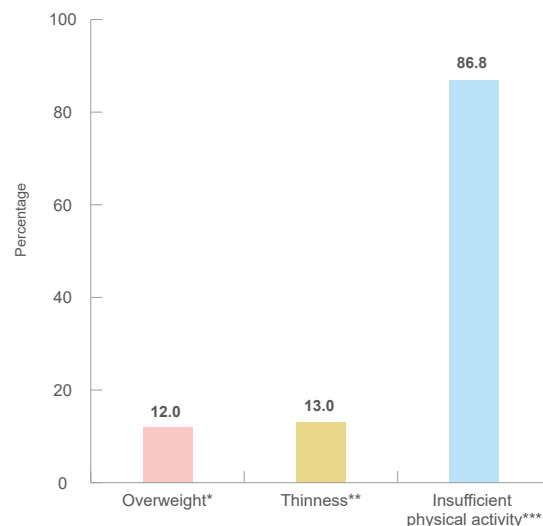


Co-existence of wasting, stunting and overweight in children under 5



Source: Myanmar DHS 2015–2016

Adolescent nutritional and physical activity status



* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese

** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin

*** Prevalence of insufficient physical activity among school-going adolescents aged 11–17 years (crude estimate)

Source: 1) NCD-RisC Lancet 2017: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642; 2) WHO Global Health Observatory, 2016.

Note: In Myanmar, among children aged 5–9 years prevalence of thinness is 14.6% and prevalence of overweight is 3.3 per cent. Among female adolescents aged 10–14 years, prevalence of thinness is 18.8 per cent and prevalence of overweight is 5.2 per cent (Myanmar Micronutrient and Food Consumption Survey, 2017–2018).

Micronutrient status of children

► Anaemia prevalence in children under 5 is of moderate public health concern.

138.5 µg/L

Median Urinary Iodine Concentration
Children aged 6–12 years

n.a.

Vitamin A deficiency
Preschool-aged children

35.6%

Anaemia
Children aged 6–59 months

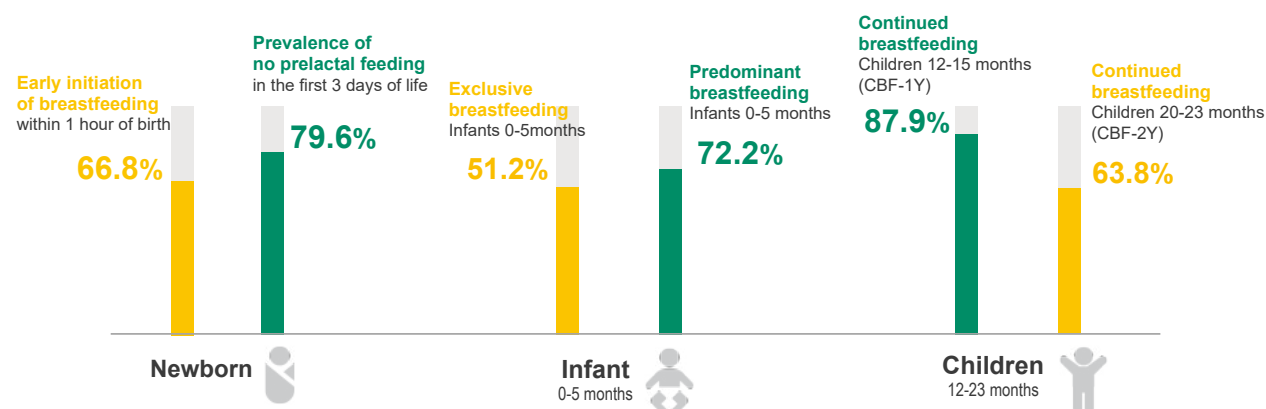
Source: Myanmar Micronutrient and Food Consumption Survey 2017–2018
Note: n.a., Data not available; Median urinary iodine concentration data for children 5–9 years only

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ Two-thirds of newborns in Myanmar benefit from early initiation of breastfeeding and half of all infants are exclusively breastfed for the first six months of life.

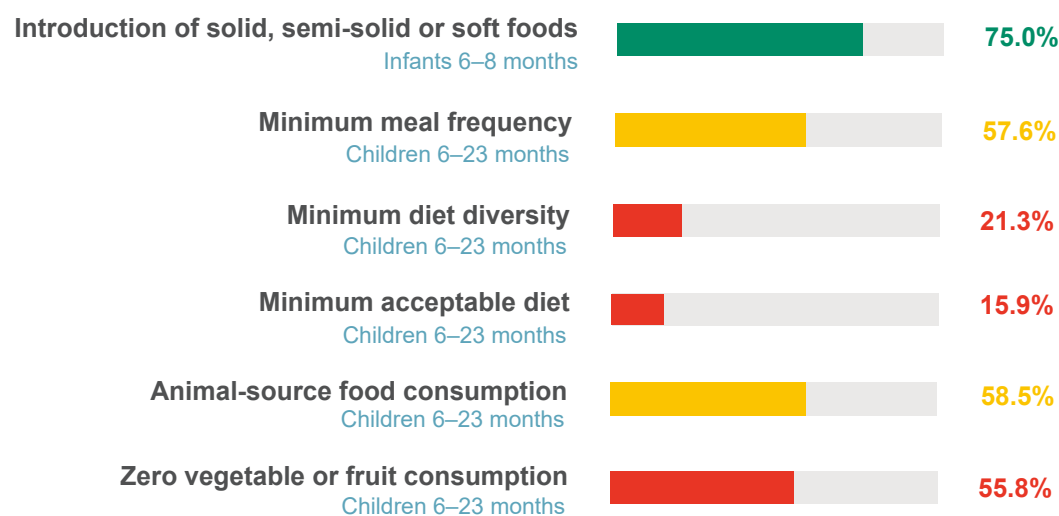


Source: 1) UNICEF State of the World's Children, 2019; 2) Myanmar DHS 2015–2016.

Quality of child diets

Complementary feeding

- ▶ Fewer than a quarter of young children aged 6–23 months are receiving a minimally diverse diet, and more than half are not consuming any fruits and vegetables.



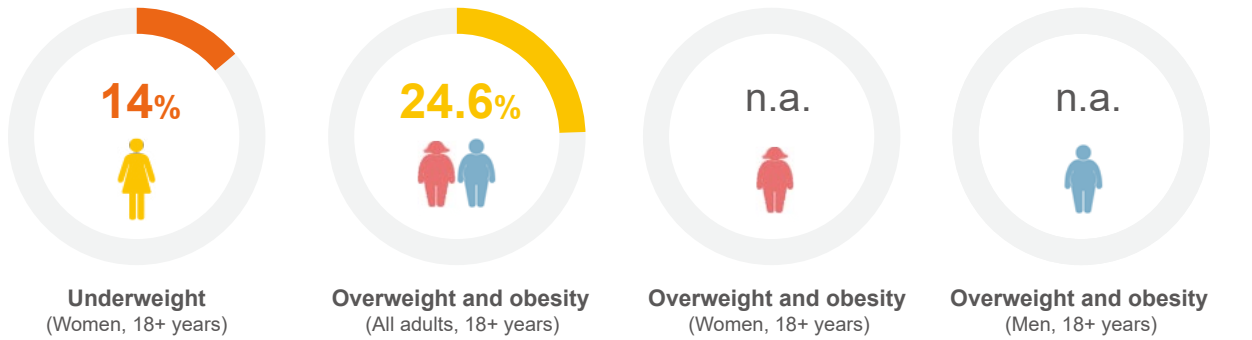
Source: Myanmar DHS 2015–2016 and UNICEF Global Infant and Young Child Feeding Database

Note: These estimates are based on the most recent indicator definitions as established by UNICEF and WHO in 2017 and 2018. They were recalculated by UNICEF based on existing national data.

03 Nutritional status of adults

Nutritional status of adults

▶ Too many women in Myanmar are underweight, leading to increased risk of low birthweight in children.

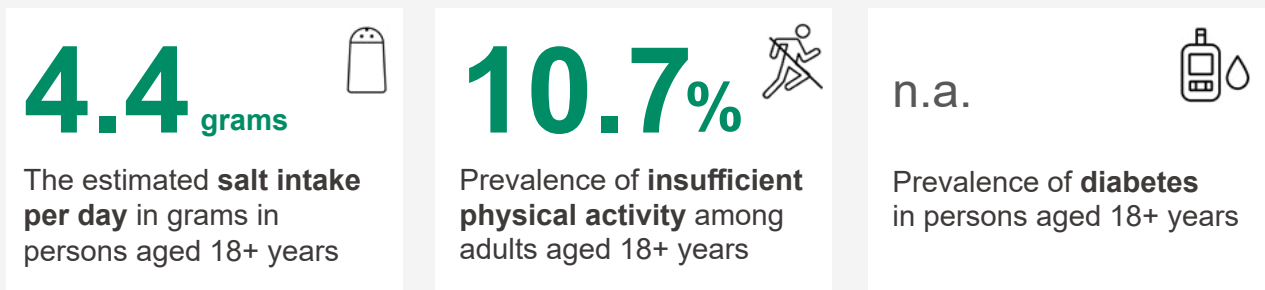


Source: 1) UNICEF State of the World's Children, 2019; 2) WHO Global Health Observatory, 2016
 Note: n.a., Data not available In Myanmar, prevalence of underweight in women of reproductive age (15–49 years) is 14.3 per cent and prevalence of overweight (BMI>=25 and <30) in women of reproductive age is 22.9 per cent and obesity (BMI >=30) is 7.3% (Myanmar Micronutrient and Food Consumption Survey, 2017–2018).



Risk of non-communicable diseases

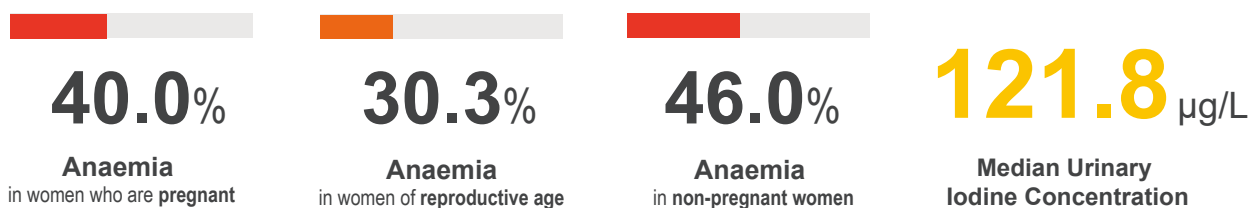
▶ Dietary and lifestyle factors increase the risk of NCDs in adults.



Source: 1) Global Nutrition Report, 2020; 2) WHO Global Health Observatory, 2016; Note: n.a., Data not available

Micronutrient status of adults

▶ A significant proportion of women are suffering from anaemia, reducing their work capacity, and increasing their risk of cognitive impairment and negative maternal and child outcomes.



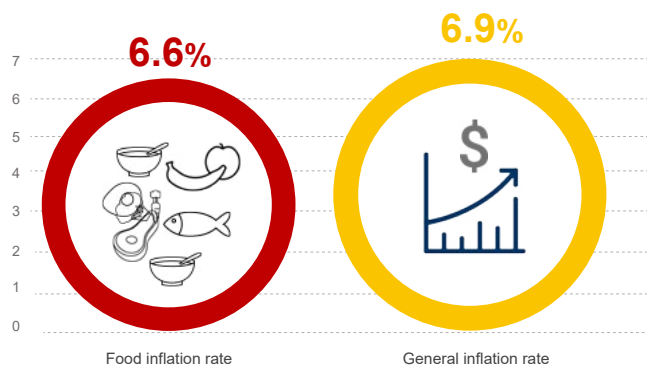
Source: 1) Myanmar Micronutrient and Food Consumption Survey 2017–2018; 2) WHO Global Health Observatory 2016

04 Food access, availability and consumption

Access to food

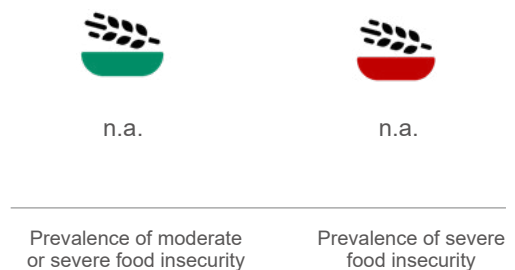
► Physical and economic access to food remains a challenge.

Economic access to food



Source: 1) International Monetary Fund, Consumer Price Index, Food and non-alcoholic beverages, 2018; 2) International Monetary Fund, Consumer Price Index, General - Individual consumption expenditure of households, 2018

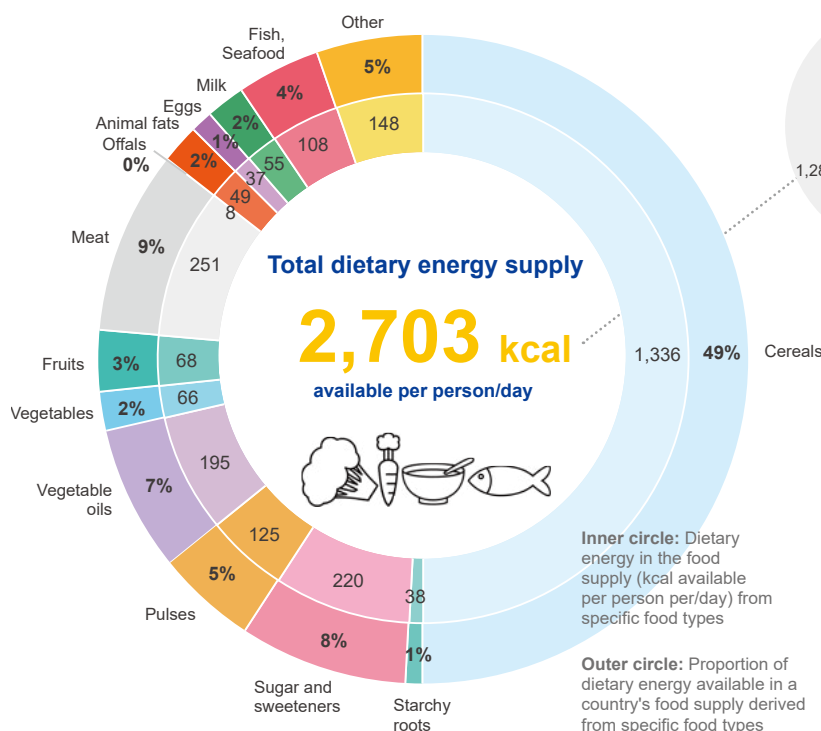
Food insecurity



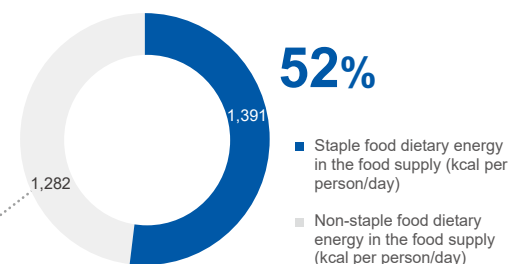
Note: n.a., Data not available. Prevalence of moderate household food insecurity was 15.5 per cent and severe food insecurity 6.1 per cent according to the Myanmar Micronutrient and Food Consumption Survey 2017–2018-Interim Report.

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



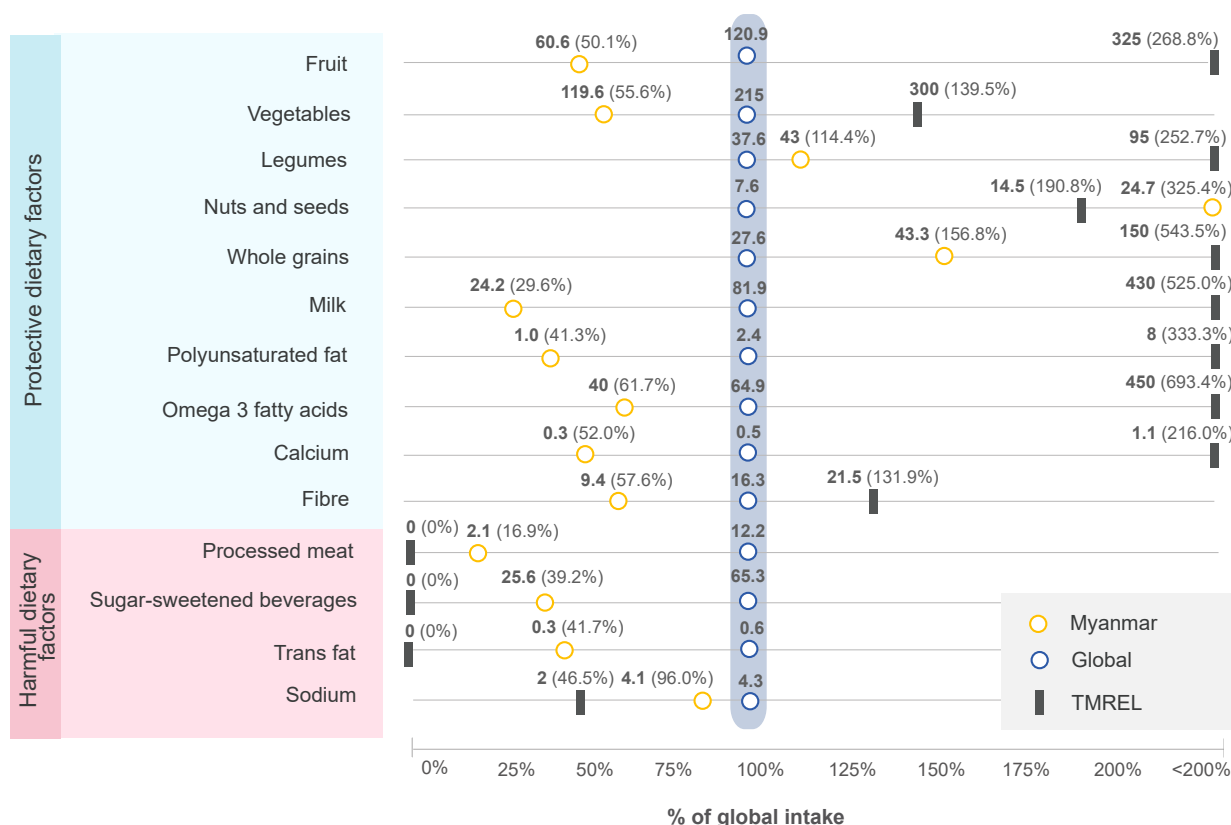
► Nutrient-rich fruits and vegetables constitute only 5% of total dietary energy available in the national food supply, while starchy staple foods such as rice, cereals and roots and tubers dominate the food supply, contributing 52% of the total dietary energy available.

Source: FAOSTAT 2021 (for the year 2018)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- ▶ National intake of protective dietary factors – such as legumes, nuts and seeds and whole grains – are well above global intake levels. Consumption of sugar-sweetened beverages is above recommended intake levels.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables

n.a.

Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day



National fruit and vegetable availability

130
grams per capita

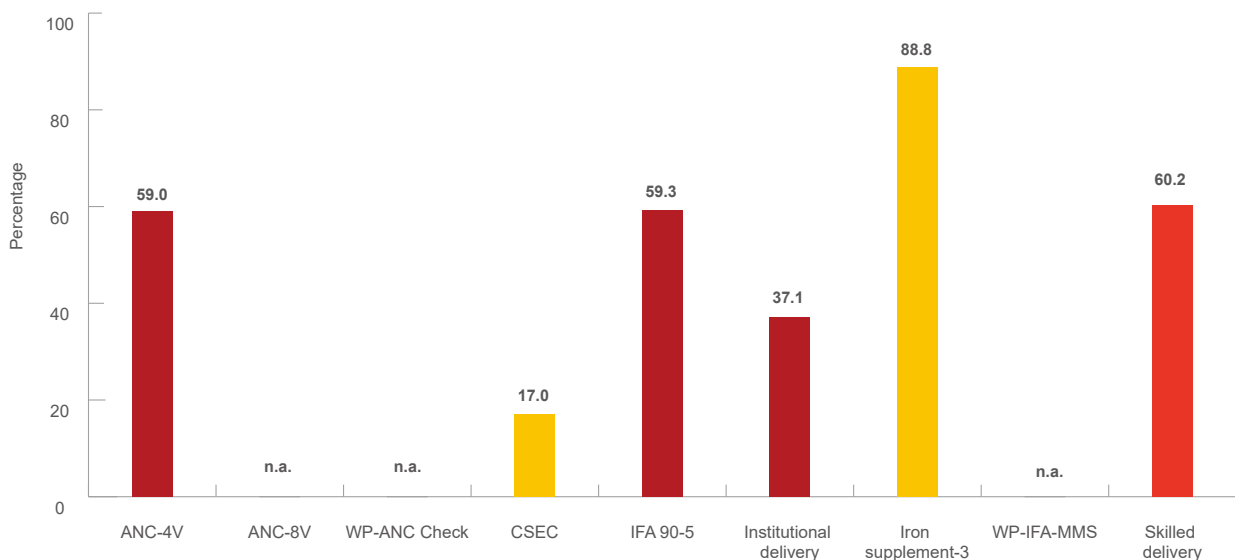
Note: n.a., Data not available

Source: FAOSTAT 2017

06 Coverage of essential services and interventions

Antenatal care

- ▶ More than half of pregnant women are receiving at least four antenatal care visits, but only 37 per cent give birth in a health facility.



Source: Myanmar DHS 2015–2016

Note: n.a., No data available

ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy

ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visits during their last pregnancy

WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit

CSEC: Percentage of deliveries by Caesarean section

IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days

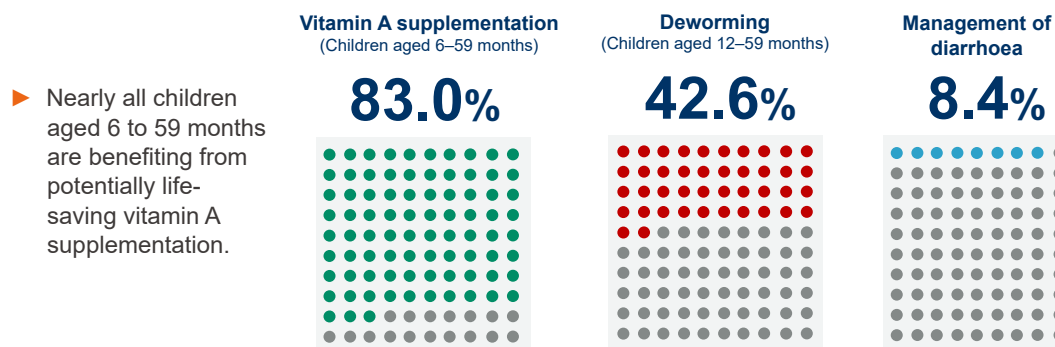
Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility

Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care

WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy

Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children



- ▶ Nearly all children aged 6 to 59 months are benefiting from potentially life-saving vitamin A supplementation.

Source: 1) UNICEF Global Databases, 2018; 2) Myanmar DHS 2015–2016; 3) Global Nutrition Report, 2020.

Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

n.a.



Households consuming salt with any iodine

85.0%



Source: Myanmar Micronutrient and Food Consumption Survey 2017–2018
Note: n.a., Data not available.
Approximately 65 per cent of households use adequately iodized salt per the Myanmar Micronutrient and Food Consumption Survey 2017–2018

07 Determinants

Undernourishment



Source: FAOSTAT 2017–2019; Note: n.a., Data not available.

Gender-related determinants

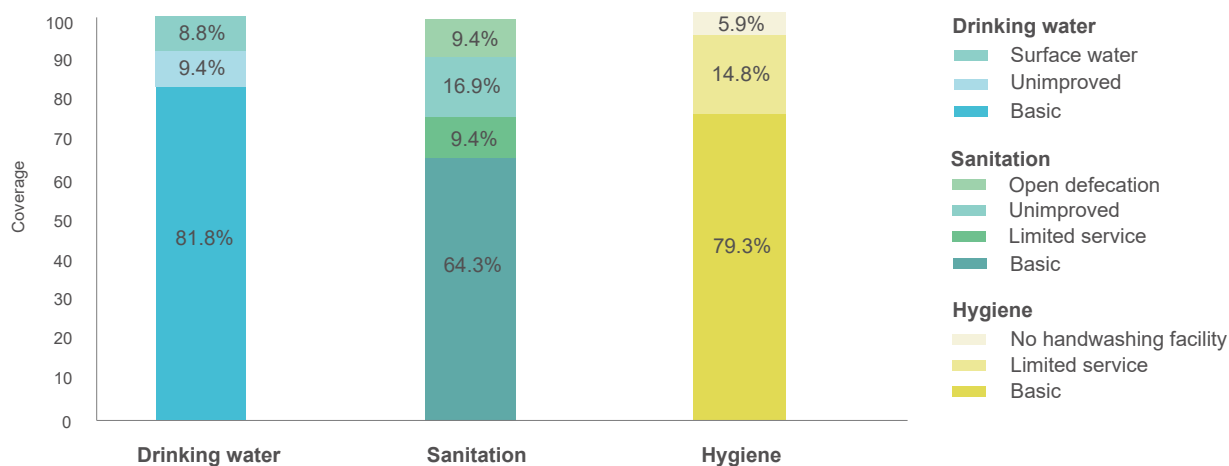
Women aged 20–24 years who gave birth before age 18	5.1%
Birth rate for adolescent girls aged 15–19 years	36.0
Child marriage before age 15	1.9%
Child marriage before age 18	16.0%
Education level of mothers	n.a.
Maternal mortality ratio	n.a.



Source: UNICEF State of the World's Children, 2019
Note: n.a., Data not available.

Water, sanitation and hygiene

► The vast majority of the population has access to improved drinking water, but more than 30% of the population lacks access to improved sanitation facilities.



Source: World Health Organization and United Nations Children's Fund Joint Monitoring Programme, 2017

08 Determinants

Economics and demography



Annual GDP growth rate

US\$4,877

GDP per capita, PPP

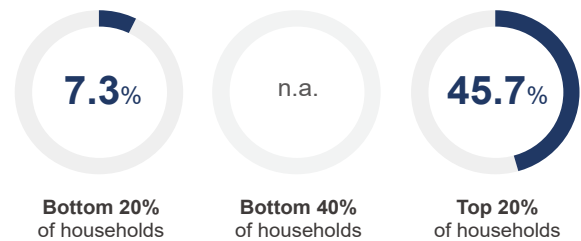
Source: 1) World Bank, Development Research Group, 2018; 2) World Bank, Global World Development Indicator, accessed July, 2020.
 Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)

Income inequality

Gini index	Year
30.7	2017

Source: World Bank, Development Research Group

Income share



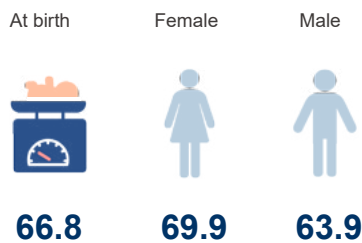
Source: UNICEF State of the World's Children, 2019, World Development Indicators;
 Note: n.a., Data not available

Poverty rate

Poverty rates below \$1.90/day	1.5%
Poverty rates below \$3.20/day	16.0%
Poverty Gap Ratio	n.a.

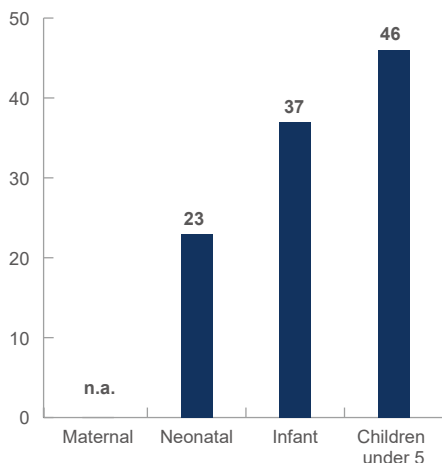
Source: Global Nutrition Report 2020; Note: n.a., Data not available

Life expectancy



Source: 2014 Myanmar Population and Housing Census

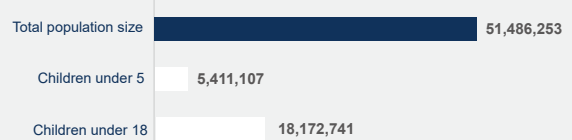
Mortality rate



Source: UNICEF State of the World's Children, 2019
 Note: n.a., Data not available

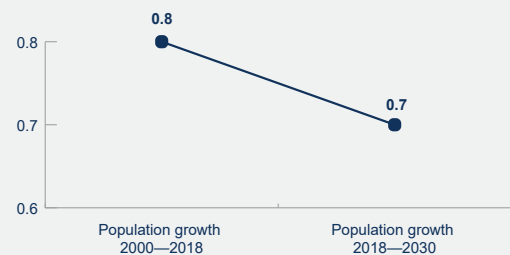
Population

Population size



Source: 2014 Myanmar Population and Housing Census

Population growth



Source: UNICEF State of the World's Children, 2019

30.0% **40.0%** **n.a.**

Proportion of urban population Unemployment rate Agriculture population density

Source: 2014 Myanmar Population and Housing Census



Philippines

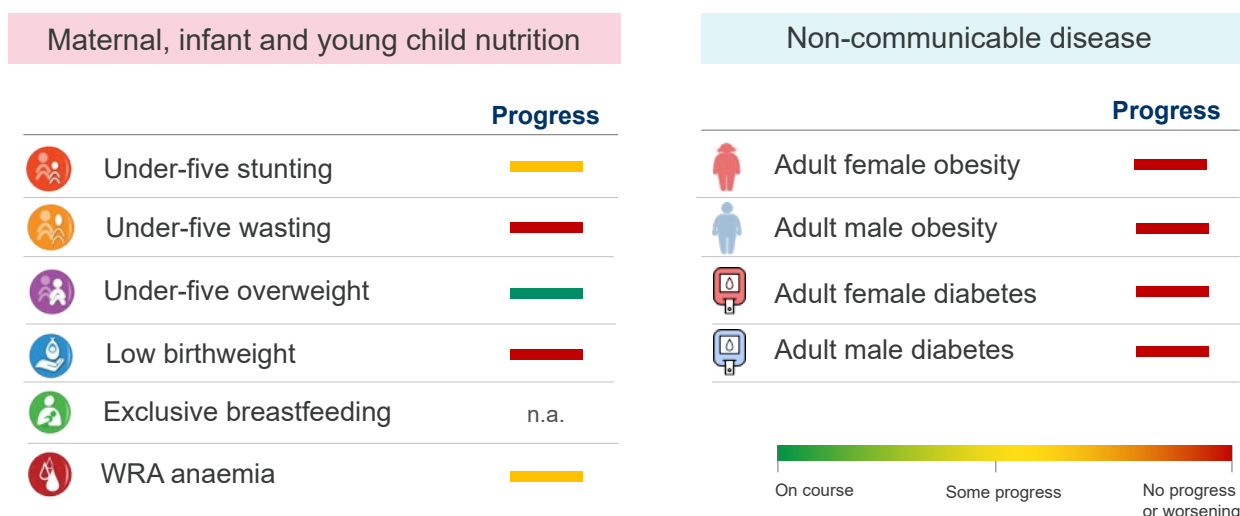
Overview

The Philippines has one of the highest annual percentage growth rates of GDP in the ASEAN region. Despite economic progress, the prevalence of malnutrition in young children remains high: 29 per cent of children under 5 are stunted, 6 per cent are wasted and 3 per cent are overweight. Approximately 15 per cent of newborns are also born with a low birthweight. Breastfeeding practices are encouraging: approximately three-quarters of children are benefitting from early initiation of breastfeeding. Further, the quality of young children’s diets between 6 and 23 months of age also show positive signs, with 84 per cent receiving solid foods by 6–8 months of age.

Malnutrition persists into adolescence and adulthood. Approximately 10 per cent of adolescents are considered thin and 14 per cent of adult women are underweight. Further, 13 per cent of adolescents and 37 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including high salt consumption in adults (4.5 grams per day) and insufficient physical activity (40 per cent in adults and 93 per cent in adolescents) – are increasing the risk of overweight NCDs. Access to nutrient-rich fruits and vegetables may be hindered by limited availability: approximately 60 per cent of the dietary energy in the national food supply comes from starchy staple foods such rice, cereals and roots and tubers and only 7 per cent is derived from fruits and vegetables. Further, 53 per cent of people still experience either moderate or severe food insecurity. Progress, however, is possible: the Philippines is on track to achieve the global nutrition target for child overweight and has achieved ‘some progress’ towards child stunting and anaemia in women or reproductive age targets.

Progress towards the global nutrition targets

- ▶ The Philippines is on course to meet the global target for child overweight and has made some progress towards targets for child stunting and anaemia in women of reproductive age. But the country is off course to meet all other targets with adequate data.



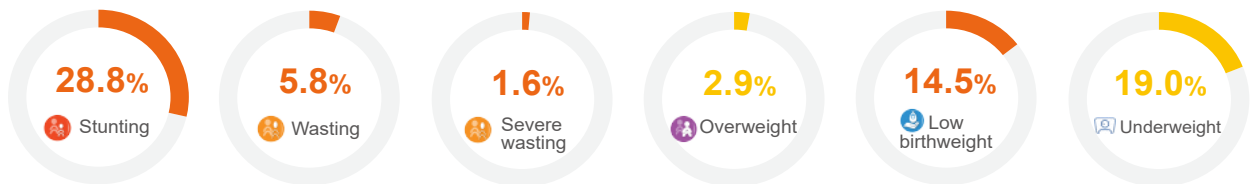
Source: Global Nutrition Report 2020

Notes: n.a., Data not available. Data on the adult indicators are based on modelled estimates.

01 Nutritional status of children

Nutritional status of children under 5

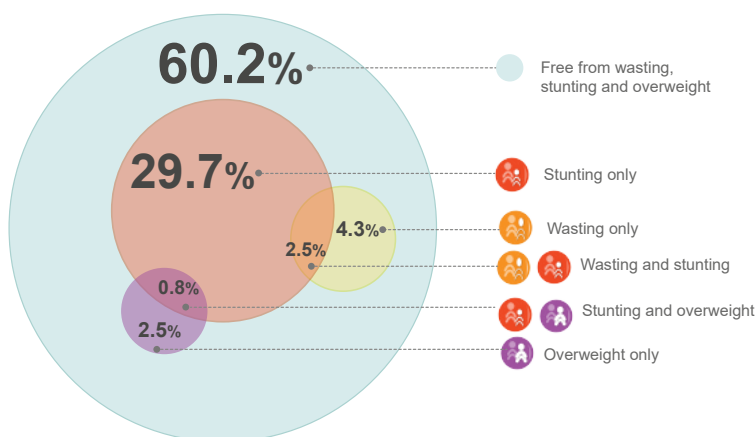
► Prevalence of childhood stunting and wasting are of public health concern.



Source: 1) 2019 Expanded National Nutrition Survey; 2) 2015 National Nutrition Survey; 3) Philippines DHS, 2017.

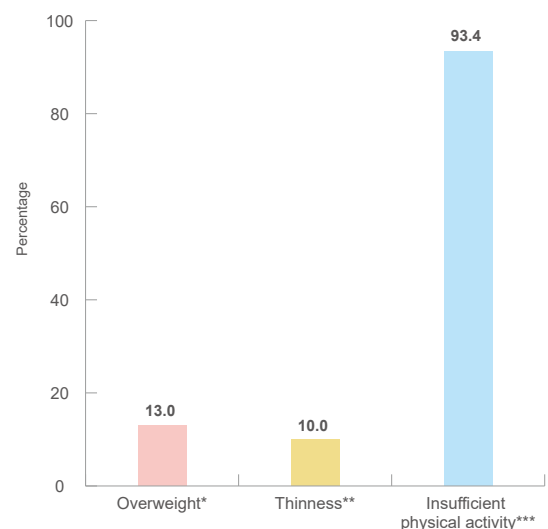


Co-existence of wasting, stunting and overweight in children under 5



Source: National Health and Morbidity Survey, 2019 (unpublished data)

Adolescent nutritional and physical activity status



* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese
 ** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin
 *** Prevalence of insufficient physical activity among school-going adolescents aged 11–17 years (crude estimate)

Source: 1) NCD-RisC Lancet 2017: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642; 2) WHO Global Health Observatory (2016).

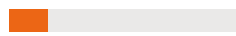
Note: Prevalence of thinness in children 10–19 years was 11.7 per cent and prevalence of overweight in children 10–19 years was 9.8 per cent, prevalence of insufficient physical activity among adolescents 10–17 years is 84.6 per cent (2019 Expanded National Nutrition Survey).

Micronutrient status of children

► Median urinary iodine concentration in children indicates adequate iodine intake and anaemia prevalence in children under 5 is a mild public health concern.

180 µg/L

Median Urinary Iodine Concentration
Children aged 6–12 years



16.9%

Vitamin A deficiency
Preschool-aged children



12.5%

Anaemia
Children aged 6–59 months

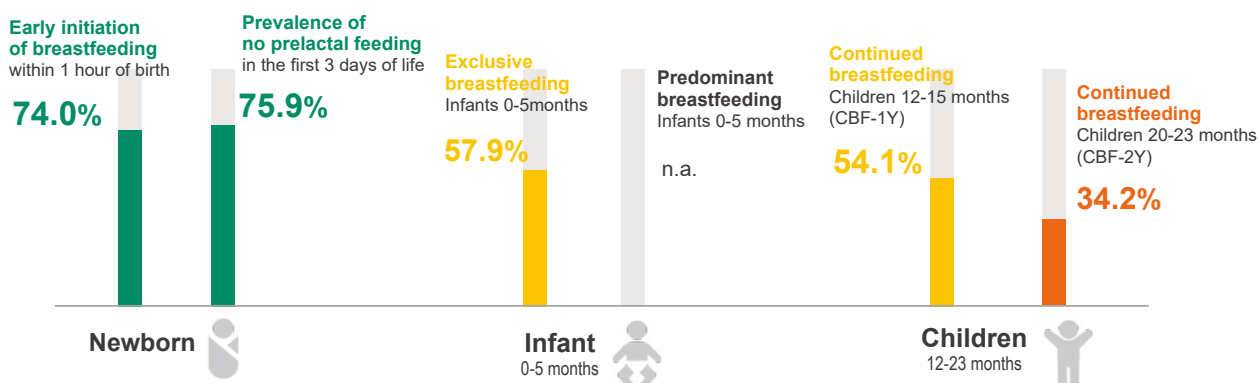
Source: 2018 and 2019 Expanded National Nutrition Survey

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ More than half of newborns are benefitting from early initiation of breastfeeding and more than half of infants are exclusively breastfed for the first six months of life.

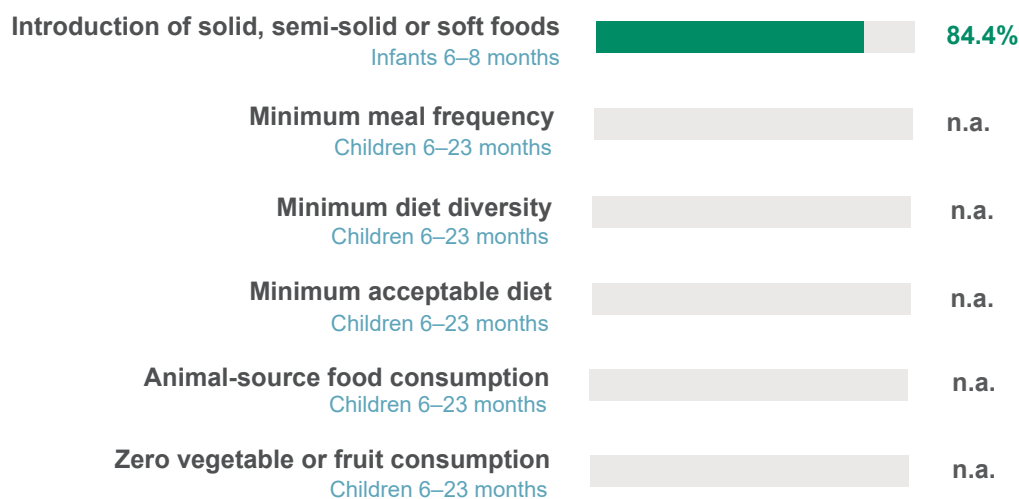


Source: 1) Philippines DHS, 2017; 2) 2019 Expanded National Nutrition Survey
 Note: n.a., Data not available. Data on predominant breastfeeding (52.5 per cent) is from the 2008 DHS and thus too old to present in this report.

Quality of child diets

Complementary feeding

- ▶ Limited data are available to assess the diets of young children.

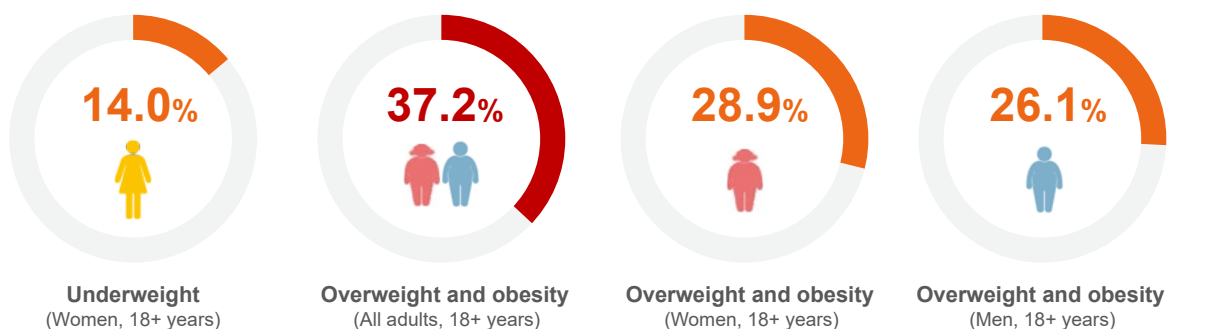


Source: 2019 Expanded National Nutrition Survey
 Note: The Philippines collected data on minimum meal frequency (92.2 per cent), minimum dietary diversity (20.1 per cent) and minimum acceptable diet (9.9 per cent) in the 2019 Expanded National Nutrition Survey, however these estimates are based on the old indicator definitions and thus are not included. The only data available for animal-source food consumption (75.2 per cent) and zero fruit or vegetable consumption (21.8 per cent) is from the 2008 DHS and thus too old to present in this report.

03 Nutritional status of adults

Nutritional status of adults

► Too many women in the Philippines are underweight, leading to increased risk of low birthweight in children. An increasing number of women are also suffering from overweight and obesity.

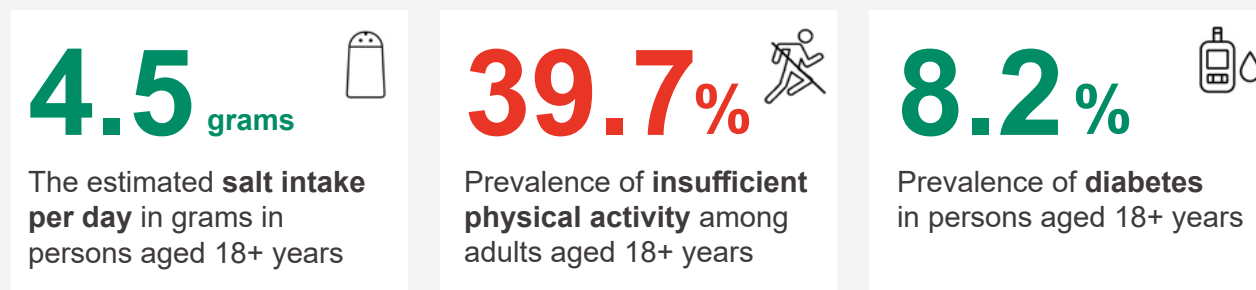


Source: 1) UNICEF State of the World's Children, 2019; 2) 2018 Expanded National Nutrition Survey; 3) Global Nutrition Report, 2020;
 Note: Prevalence of underweight (BMI<18.5) in women of reproductive age was 8.0 per cent and adult (20+) overweight and obesity was 36.0 per cent according to the 2019 Expanded National Nutrition



Risk of non-communicable diseases

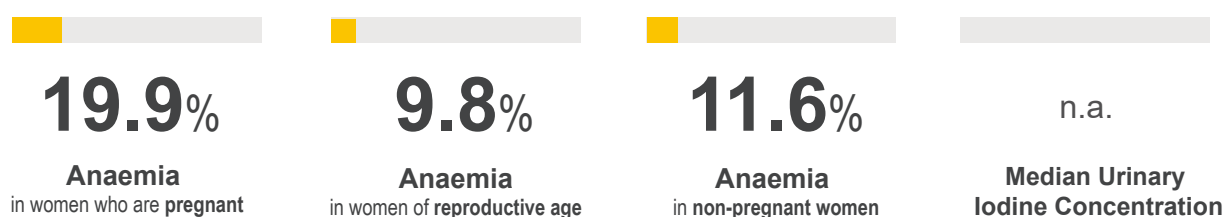
► Dietary and lifestyle factors increase the risk of NCDs in adults.



Source: 1) Global Nutrition Report, 2020; 2) WHO Global Health Observatory, 2016; 3) 2019 Expanded National Nutrition Survey
 Note: Prevalence of insufficient physical activity among adults aged 20–59 years is 37.1 per cent (2019 Expanded National Nutrition Survey).

Micronutrient status of adults

► A significant proportion of women are suffering from anaemia, reducing their work capacity, and increasing their risk of cognitive impairment and negative maternal and child outcomes.



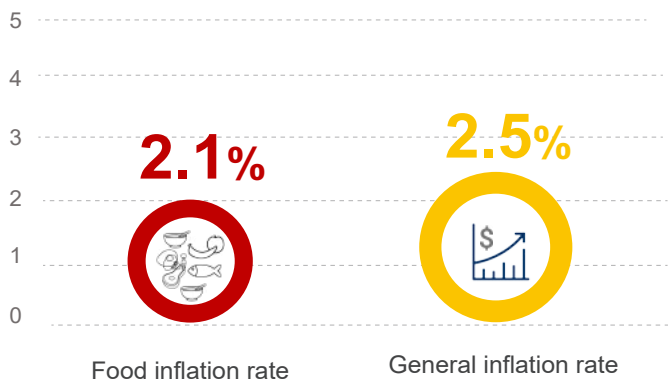
Source: 2019 Expanded National Nutrition Survey
 Note: n.a., Data not available

04 Food access, availability and consumption

Access to food

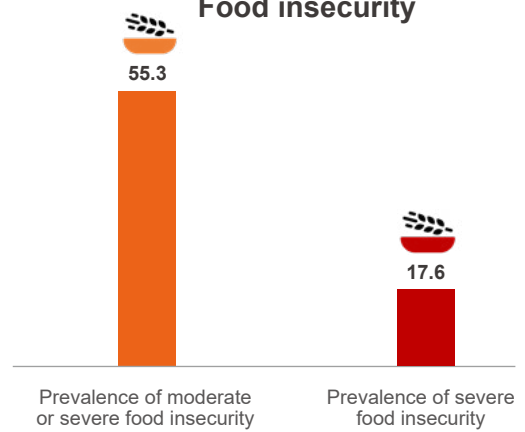
► Physical and economic access to food remains a challenge for millions of people in the Philippines.

Economic access to food



Source: 1) International Monetary Fund, Consumer Price Index, Food and non-alcoholic beverages, 2019; 2) International Monetary Fund, Consumer Price Index, General - Individual consumption expenditure of households, 2019

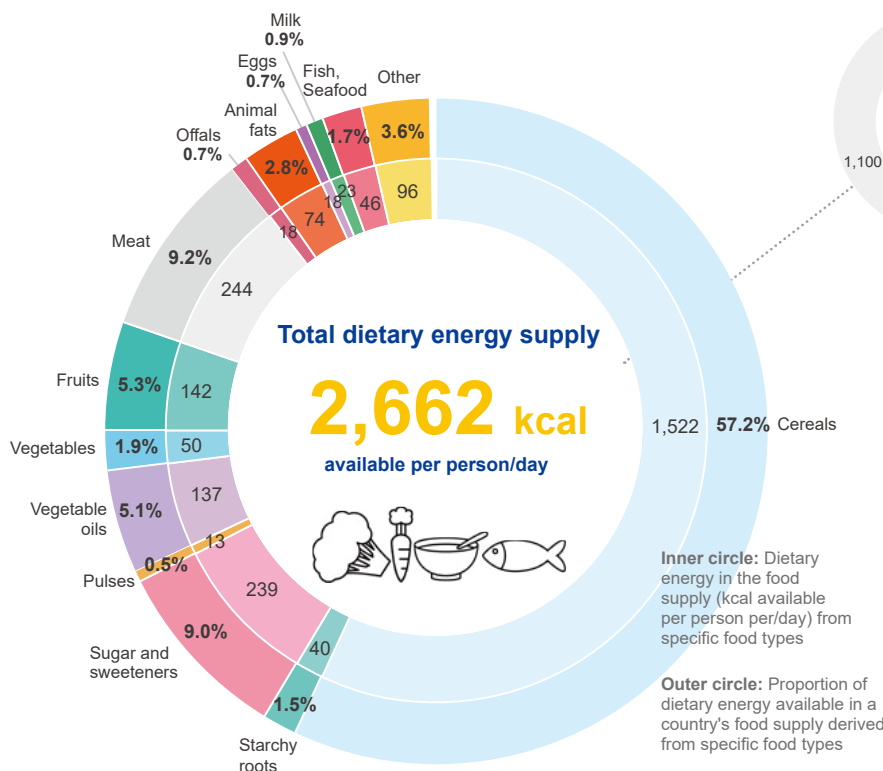
Food insecurity



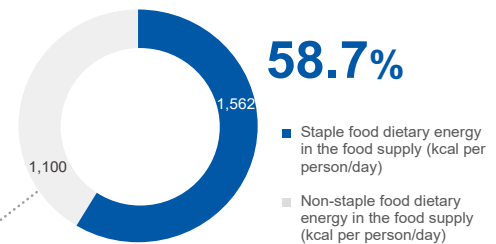
Source: FAOSTAT2017-2019
 Note: Prevalence of moderate and severe food insecurity measured as 44.2 per cent and severe food security as 5.1 per cent in the 2019 Expanded National Nutrition Survey.

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



► Nutrient-rich fruits and vegetables constitute 7% of total dietary energy available in the national food supply, while starchy staple foods such as rice, cereals and roots and tubers dominate the food supply, contributing 59% of the total dietary energy available.

Source: FAOSTAT 2021 (Data for 2018)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- National intake of protective dietary factors – such as fruit, nuts and seeds and whole grains – are well above global intake levels. Consumption of sugar-sweetened beverages is alarmingly high.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include red meats, processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables

n.a.

Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day



National fruit and vegetable availability

160.7
grams per capita

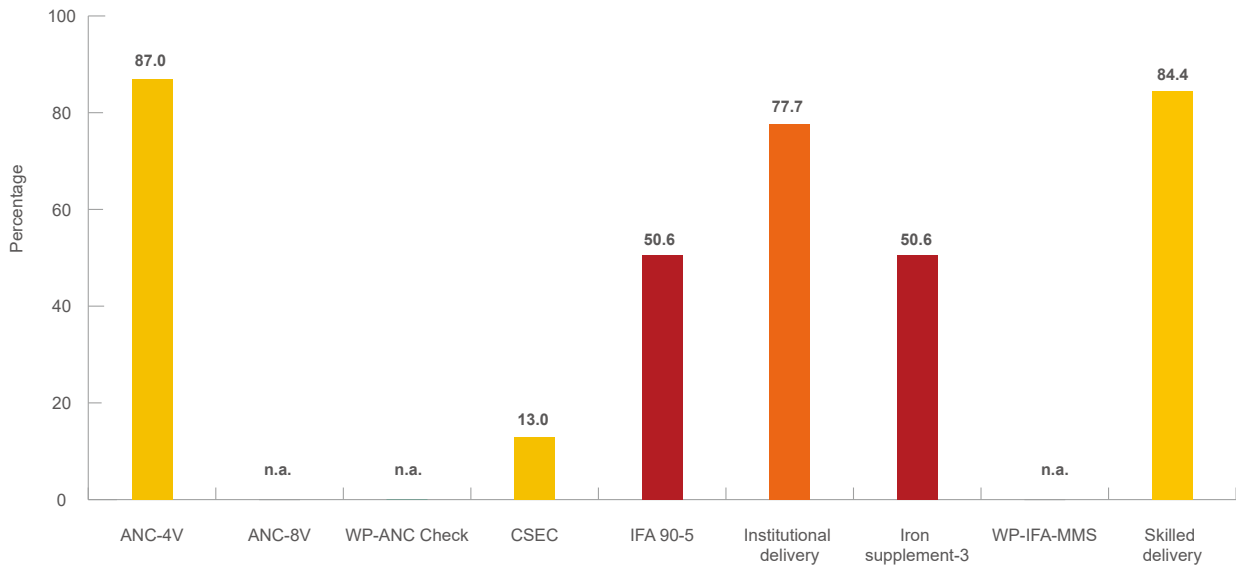
Note: n.a., Data not available

Source: FAOSTAT 2017

06 Coverage of essential services and interventions

Antenatal care

► Coverage of antenatal care and institutional and skilled delivery is high.



Source: Philippines DHS, 2017

Note: n.a., Data not available; In Malaysia iron folate supplementation is mandatory for all pregnant mothers as a prophylaxis and treatment for anaemia
ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy.
ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visits during their last pregnancy.
WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit
CSEC: Percentage of deliveries by Caesarean section
IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days
Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility
Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care.
WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children

► Approximately two-thirds of children aged 6 to 59 months are benefiting from potentially life-saving vitamin A supplementation, yet fewer than half received deworming prophylaxis.

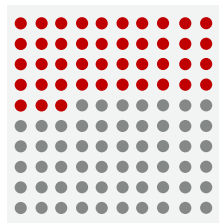
Vitamin A supplementation
(Children aged 6–59 months)

68.0%



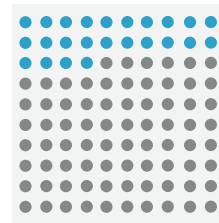
Deworming
(Children aged 12–59 months)

43.2%



Management of diarrhoea

24.4%



Source:
 1) UNICEF Global Databases, 2018;
 2) Philippines DHS, 2017; 3) Global Nutrition Report, 2020

Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

n.a.



Households consuming salt with any iodine

61.6%



Source: 2018 Expanded National Nutrition Survey
 Note: n.a., Data not available.

07 Determinants

Undernourishment

14.5%

Prevalence of undernourishment

15.4 million

People who are undernourished

n.a.

Population covered by social protection

Source: FAOSTAT 2017–2019

Gender-related determinants

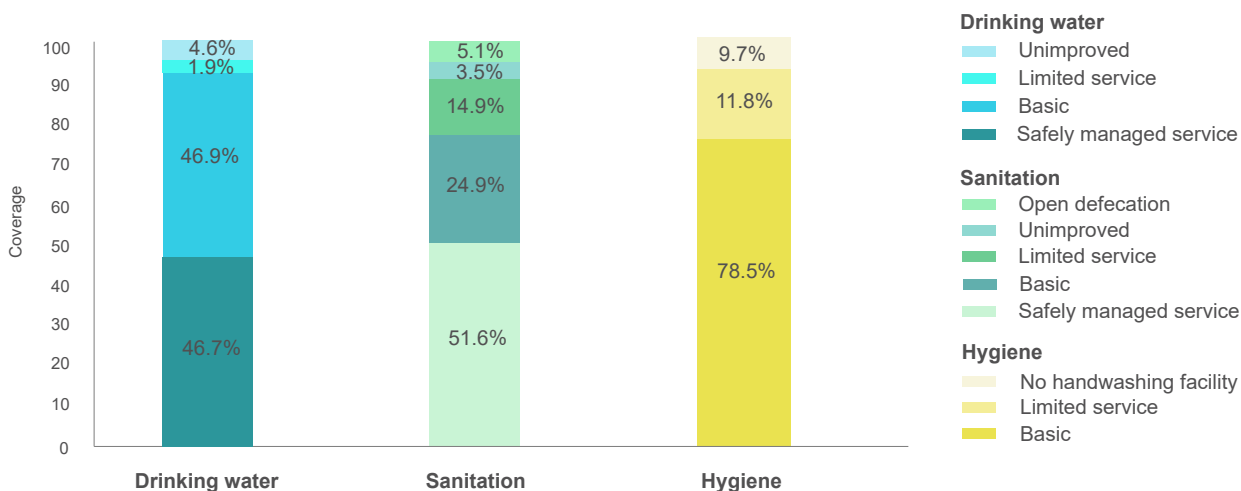
Women aged 20–24 years who gave birth before age 18	10.5%
Birth rate for adolescent girls aged 15–19 years	46.9
Child marriage before age 15	2.2%
Child marriage before age 18	16.5%
Education level of mothers	n.a.
Maternal mortality ratio	n.a.



Source: UNICEF State of the World's Children, 2019

Water, sanitation and hygiene

► The majority of the population has access to improved drinking water and improved sanitation facilities.



Source: World Health Organization and United Nations Children's Fund Joint Monitoring Programme, 2017

08 Determinants

Economics and demography



Annual GDP growth rate

US\$8,123

GDP per capita, PPP

Source: 1) World Bank, Development Research Group, 2018; 2) World Bank, Global World Development Indicator, accessed July, 2020.
Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)

Income inequality

Gini index	Year
44.4	2015

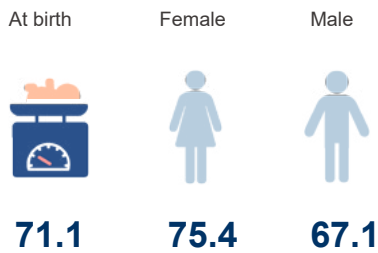
Source: World Bank, Development Research Group

Poverty rate

Poverty rates below \$1.90/day	4.6%
Poverty rates below \$3.20/day	24.6%
Poverty Gap Ratio	n.a.

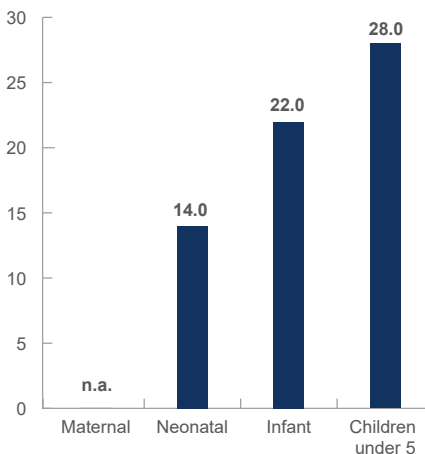
Source: Global Nutrition Report 2020; Note: n.a., Data not available

Life expectancy



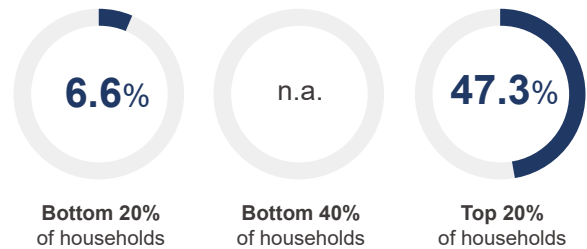
Source: 1) UNICEF State of the World's Children, 2019; 2) World Bank, Development Research Group

Mortality rate



Source: UNICEF State of the World's Children, 2019; Note: n.a., Data not available.

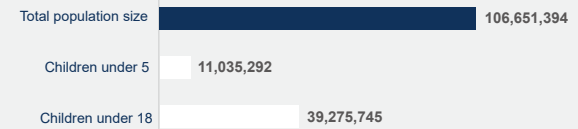
Income share



Note: UNICEF State of the World's Children, 2019, World Development Indicators

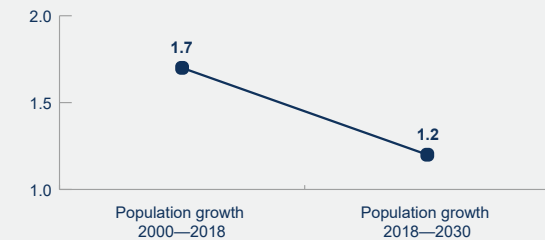
Population

Population size



Source: UNICEF State of the World's Children, 2019

Population growth



Source: UNICEF State of the World's Children, 2019



Source: 1) PSA 2015 Population Census; 2) PSA Labor Force Survey 2019



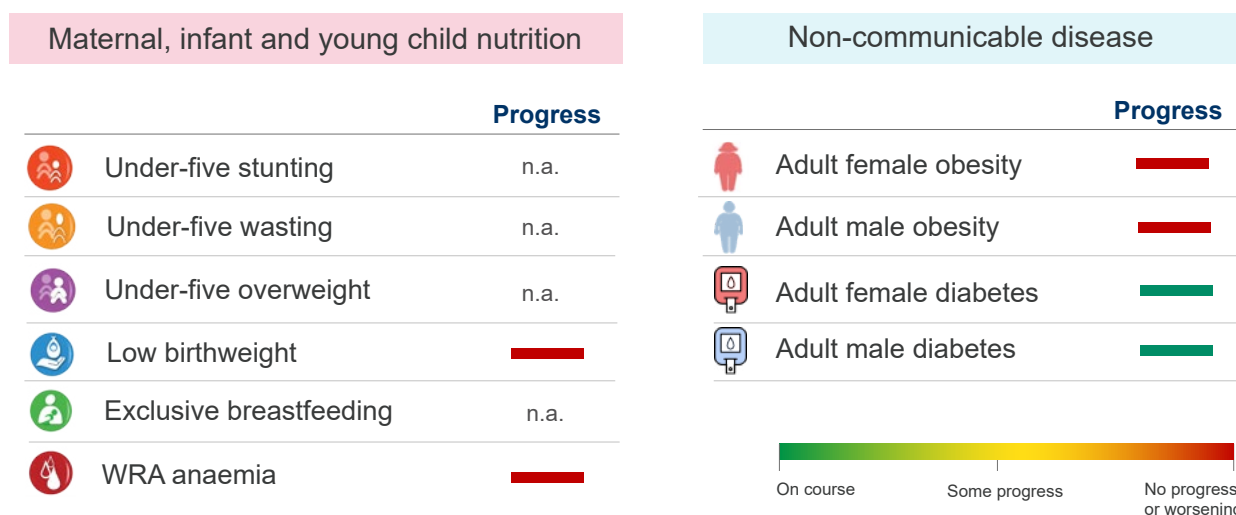
Singapore

Overview

Life expectancy in Singapore is high, access to safe drinking water and sanitation facilities is universal and rates of neonatal, infant and child mortality are the lowest in the ASEAN region. Despite achievements in maternal health and water, sanitation and hygiene infrastructure, the prevalence of low birthweight remains notable. Assessment of child malnutrition and infant and young child feeding practices is challenging due to unavailability of data. Approximately 2 per cent of adolescents are considered thin and 8 per cent of adult women are underweight. Further, 22 per cent of adolescents and 34 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including high salt consumption in adults (6.5 grams per day) and insufficient physical activity (20 per cent in adults and 76 per cent in adolescents) – are increasing the risk of overweight and NCDs. An estimated 4.7 per cent of residents still experience either moderate or severe food insecurity. Progress on improving nutrition in Singapore is possible: the country is on track to achieve the global NCD targets for adult diabetes. More data are required to assess progress towards other global nutrition targets.

Progress towards the global nutrition targets

- ▶ Singapore is on course to meet the global targets for adult diabetes. More data are required to assess progress towards other global nutrition targets.



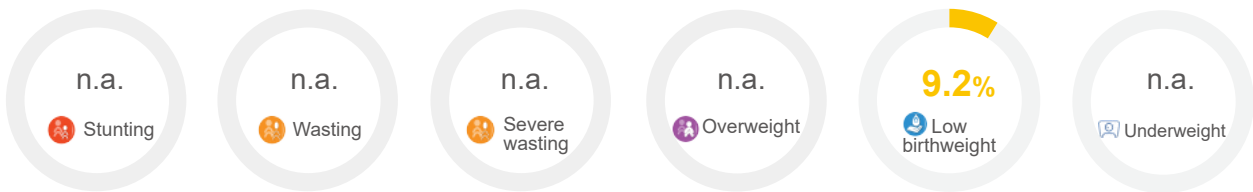
Source: Global Nutrition Report 2020

Note: n.a., Data not available. Data on the adult indicators are based on modelled estimates.

01 Nutritional status of children

Nutritional status of children under 5

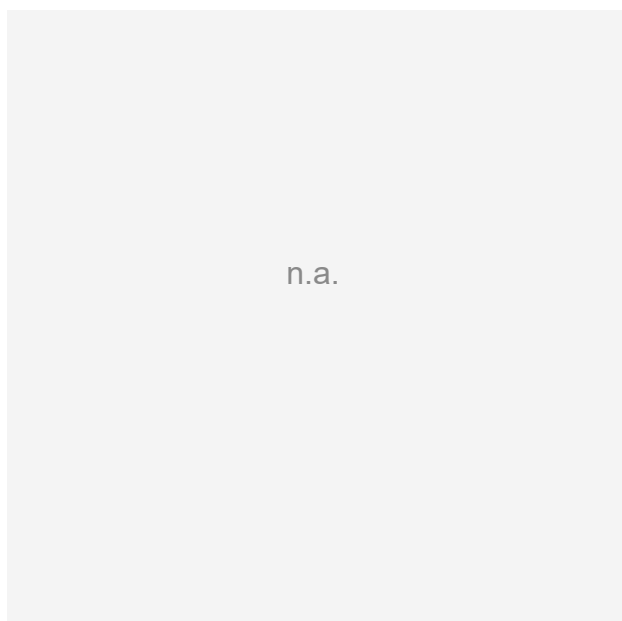
▶ Limited data are available to assess the nutritional status of young children.



Source: Report on Registration of Births and Deaths, 2019
 Note: n.a., Data not available; Singapore does not routinely collect data on stunting, wasting in Singapore due to low prevalence. There are currently no official published data on the prevalence of overweight children under 5.

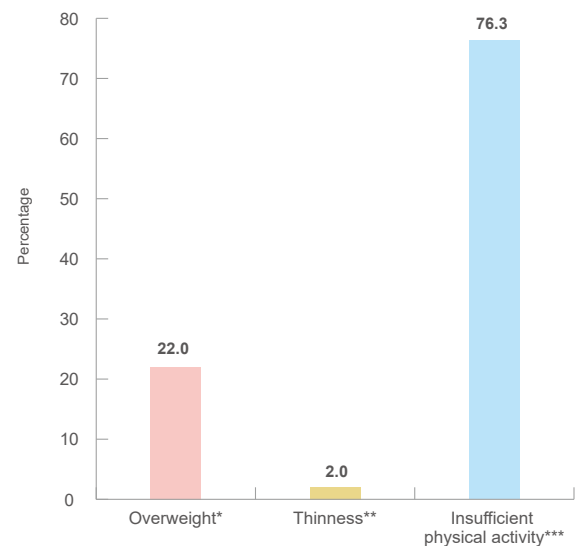


Co-existence of wasting, stunting and overweight in children under 5



Note: n.a., Data not available

Adolescent nutritional and physical activity status

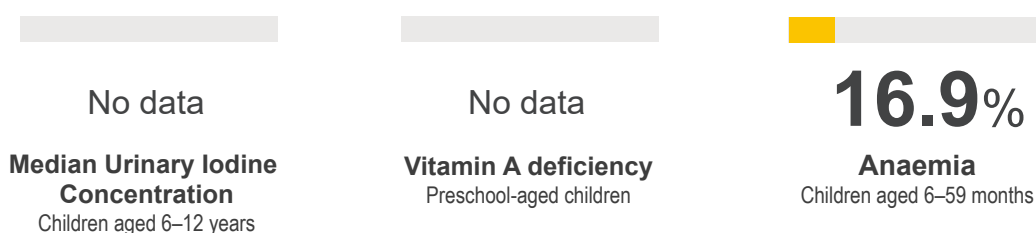


* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese
 ** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin
 *** Prevalence of insufficient physical activity among school-going adolescents aged 11–17 (crude estimate)

Source: 1) WHO Global Health Observatory (2016); 2) NCD-RisC Lancet 2017: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642.

Micronutrient status of children

▶ There are limited data to assess micronutrient deficiencies in young children.



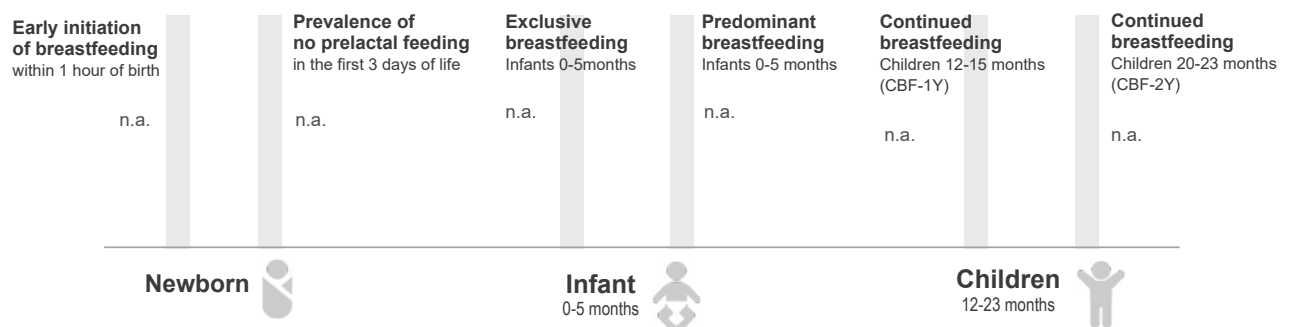
Source: WHO Global Health Observatory, 2016.
 Note: n.a., Data not available.

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

► No data are available to assess the quality of breastfeeding practices.



Note: n.a., Data not available. Based on Singapore's National Breastfeeding Survey conducted in 2011, 99 per cent of the new mothers attempted to breastfeed their babies and 50 per cent of newborns were exclusively breastfed when leaving the hospital. At 6 months of age, 42 per cent of the infants were receiving some breastmilk and 1 per cent were exclusively breastfed.

Quality of child diets

Complementary feeding

► No data are available to assess the diets of young children.

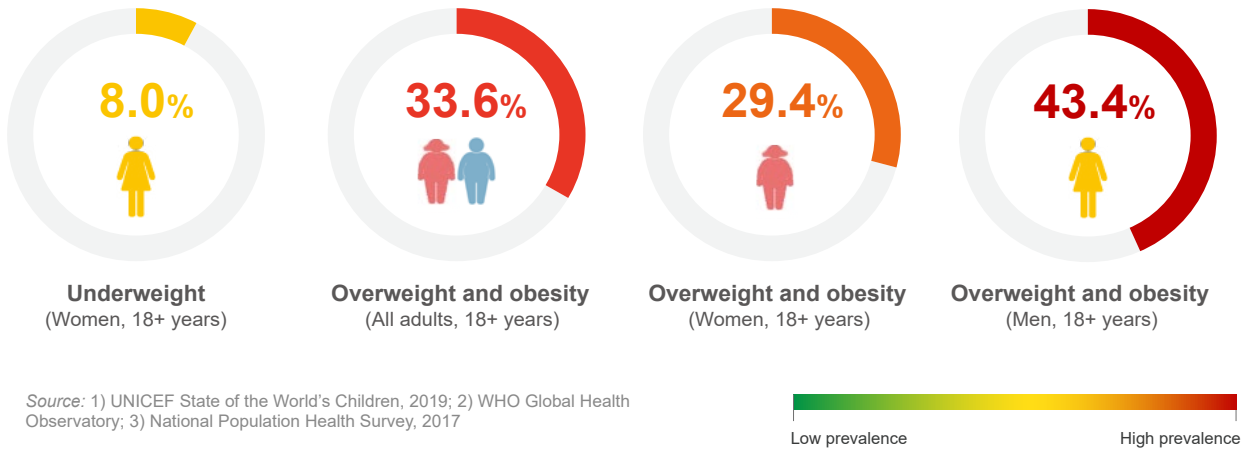
Introduction of solid, semi-solid or soft foods Infants 6–8 months	n.a.
Minimum meal frequency Children 6–23 months	n.a.
Minimum diet diversity Children 6–23 months	n.a.
Minimum acceptable diet Children 6–23 months	n.a.
Animal-source food consumption Children 6–23 months	n.a.
Zero vegetable or fruit consumption Children 6–23 months	n.a.

Note: n.a., Data not available

03 Nutritional status of adults

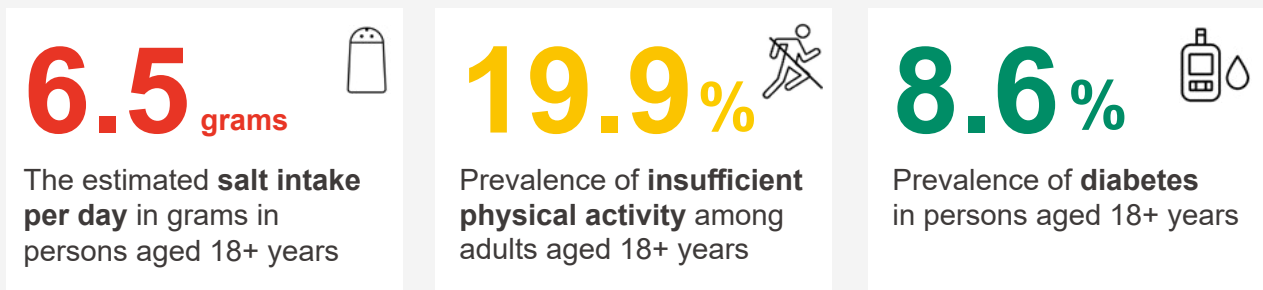
Nutritional status of adults

► An increasing proportion of adults are overweight or obese, particularly adult men.



Risk of non-communicable diseases

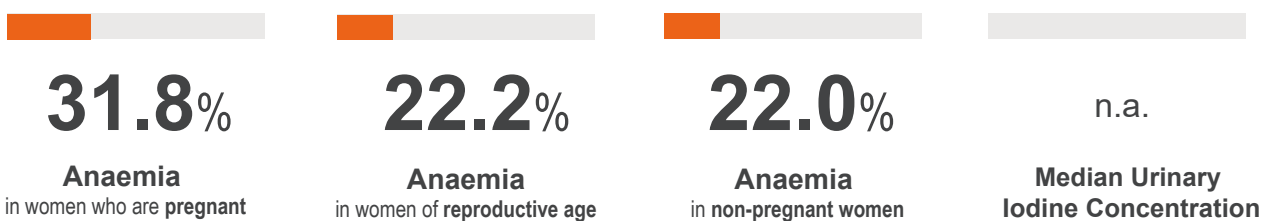
► Dietary and lifestyle factors increase the risk of NCDs in adults.



Source: 1) Global Nutrition Report 2020; 2) National Population Health Survey 2019, 3) National Population Health Survey, 2017

Micronutrient status of adults

► A notable proportion of women are suffering from anaemia, reducing their work capacity, and increasing their risk of cognitive impairment and negative maternal and child outcomes.



Source: WHO Global Health Observatory

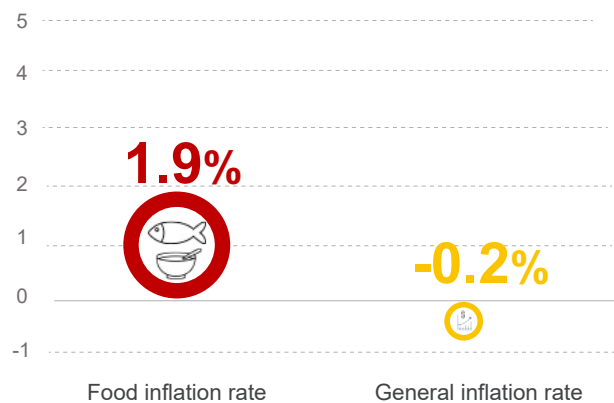
Note: n.a., Data not available. Singapore does not routinely collect data on the adult median urinary iodine concentration as iodine insufficiency is not a major public health concern in Singapore.

04 Food access, availability and consumption

Access to food

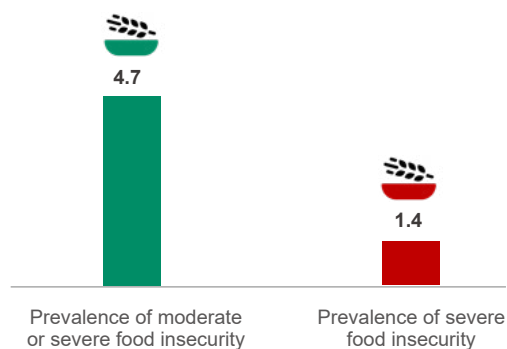
- ▶ Nearly 5 per cent of people in Singapore do not have consistent access to the food they need to live healthfully.

Economic access to food



Source: Singapore Department of Statistics (2019 as base-year)

Food insecurity



Source: FAOSTAT 2017-2019

Food availability and supply

Dietary energy in the food supply

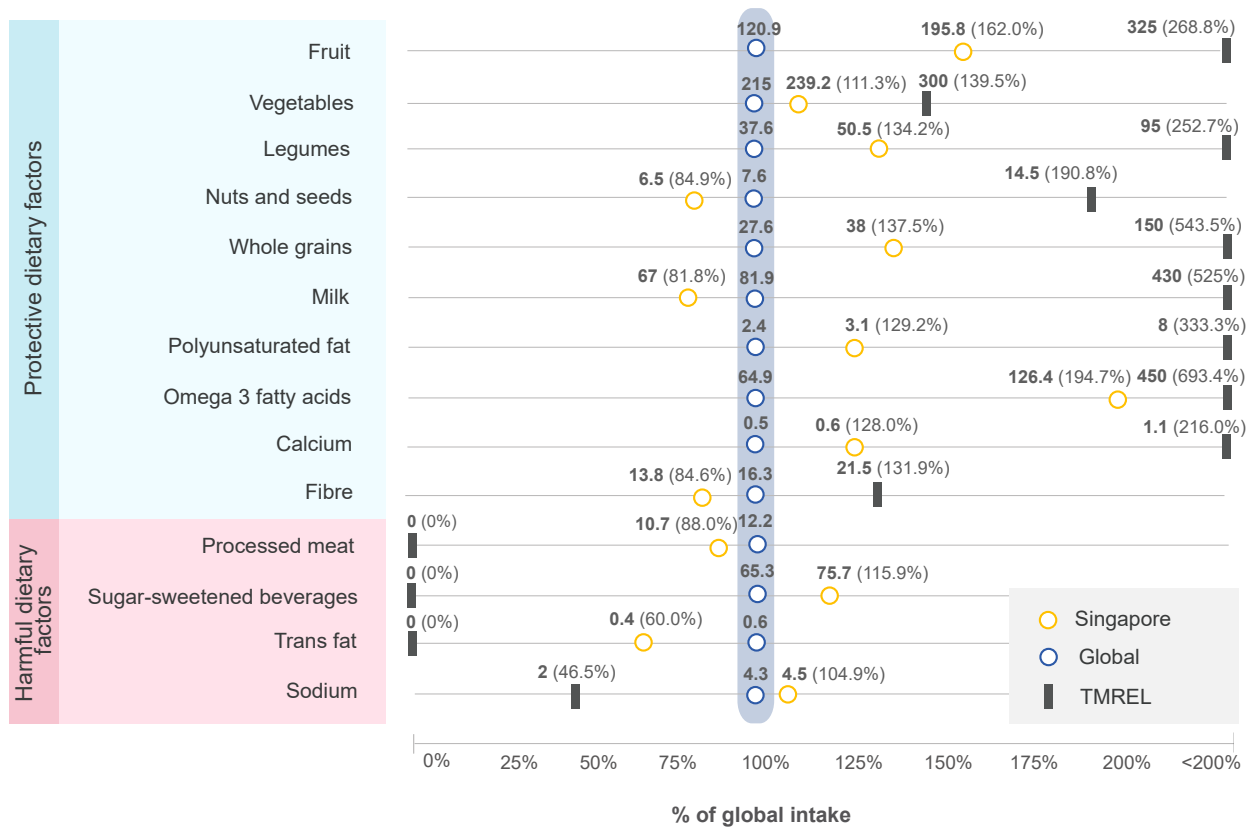
n.a.

Note: n.a., Data not available. Based on Singapore's National Nutrition Survey in 2018, the proportion of unrefined carbohydrates as a proportion of total carbohydrates increased from 14 per cent to 17 per cent between 2010 and 2018. This was largely the result of increased consumption of wholegrains, as well as fruit and vegetables. Saturated fat as a proportion of total fat decreased by 2 per cent, from 2010 (38 per cent) to 2018 (36 per cent). About 80 per cent of Singaporeans meet the daily recommended protein intake.

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- ▶ National intake of protective dietary factors – such as fruit, vegetables and omega 3 fatty acids – are well above global intake levels. Consumption of sugar-sweetened beverages is alarmingly high.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables

n.a.

Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day



National fruit and vegetable availability

455
grams per capita

Source: National Nutrition Survey 2018

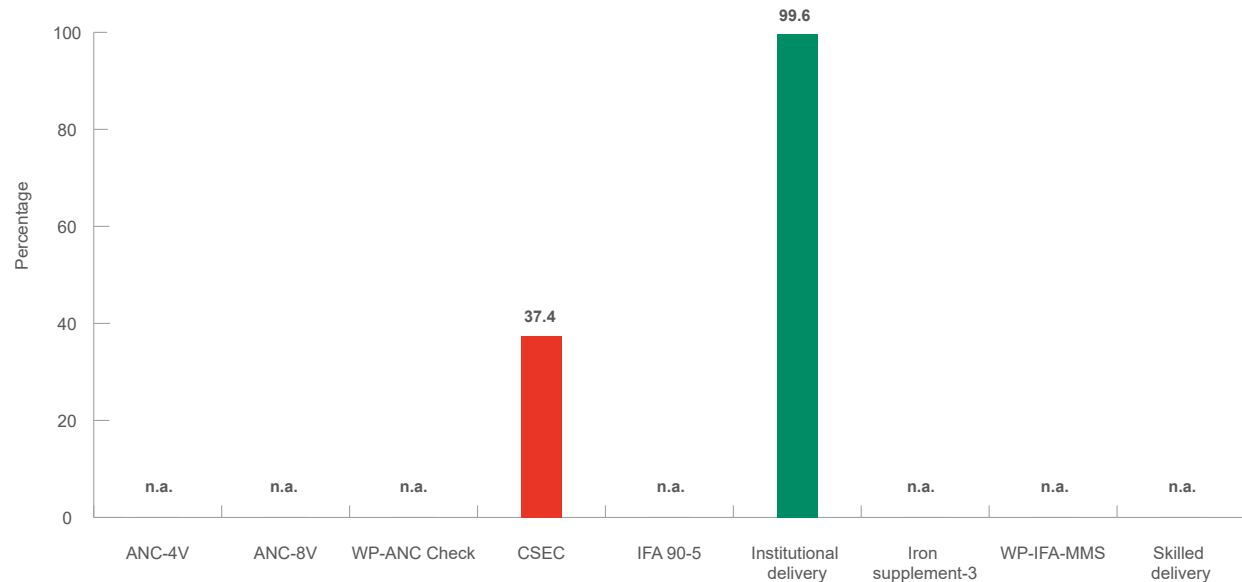
Note: n.a., Data not available. About 19 per cent of adults aged 18 to 69 years consume at least two servings of both fruits and vegetables each day.

Source: Singapore Food Agency

06 Coverage of essential services and interventions

Antenatal care

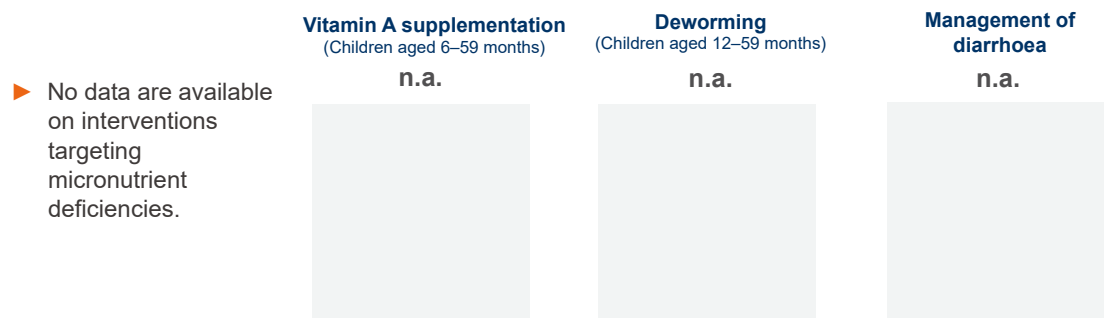
- ▶ Institutional and skilled delivery are universal, but limited data are available to assess the quality of services received.



Source: 1) <https://pubmed.ncbi.nlm.nih.gov/29453821/>; 2) Yearbook of Statistics 2016

Note: n.a., No data available. Antenatal care coverage is generally high although there are limited publicly available data to assess the quality of services received.
ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy
ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visit during their last pregnancy
WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit
CSEC: Percentage of deliveries by Caesarean section
IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days
Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility
Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care
WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children



- ▶ No data are available on interventions targeting micronutrient deficiencies.

Note: n.a., Data not available. Singapore does not routinely collect data on interventions targeting micronutrient deficiencies as they is not a major public health concern in Singapore. Patients who require nutritional supplementation would be prescribed by health care professionals.

Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

n.a.



Households consuming salt with any iodine

n.a.



Note: n.a., Data not available; Singapore does not track these indicators due to low prevalence. Adolescent girls and women who require supplements (such as iron) will be provided as necessary by health care professionals.

07 Determinants

Undernourishment

n.a.	n.a.	n.a.
Prevalence of undernourishment	People who are undernourished	Population covered by social protection

Note: n.a., Data not available. The burden of undernourishment is low in Singapore, so data are not routinely collected.

Gender-related determinants

Women aged 20–24 years who gave birth before age 18	n.a.
Birth rate for adolescent girls aged 15–19 years	2.3
Child marriage before age 15	n.a.
Child marriage before age 18	n.a.
Education level of mothers	n.a.
Maternal mortality ratio	0.0

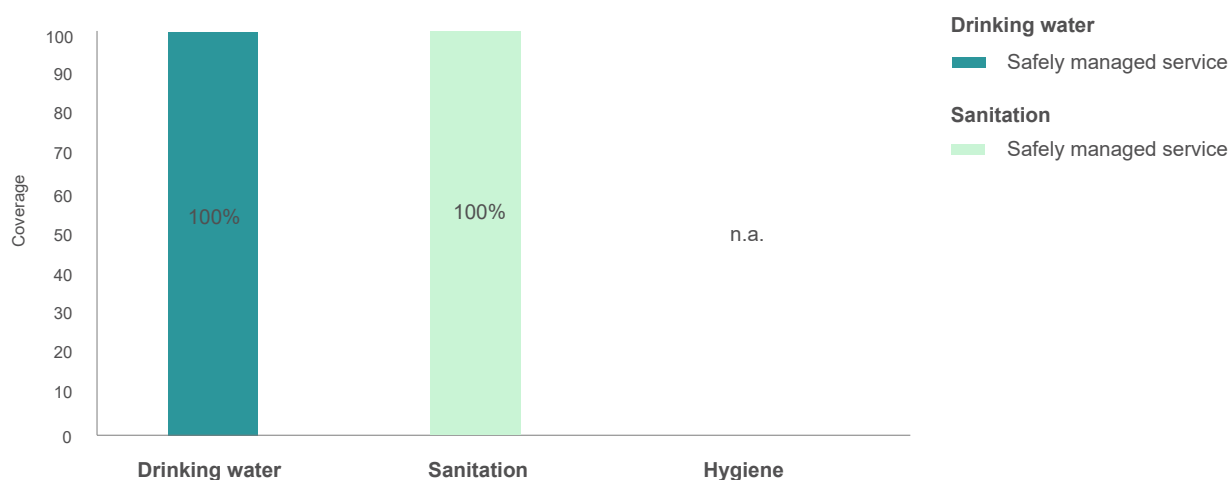


Source: 1) Department of Statistics Singapore, 2020; 2) Department of Statistics Singapore, Immigration & Checkpoints Authority

Note: n.a., Data not available. There were only eight marriages in children under 18 in 2020 (Source: Department of Statistics Singapore); Median age of women who are Singapore citizens/permanent residents at first marriage was 28.6 years and median age at first birth was 30.9 years in 2019 (Population in Brief report, 2020).

Water, sanitation and hygiene

► Access to safely managed water and sanitation facilities is universal.



Source: World Health Organization and United Nations Children’s Fund Joint Monitoring Programme, 2017; Note: n.a., Data not available

08 Determinants

Economics and demography



Annual GDP growth rate

Source: 1) Department of Statistics Singapore 2020 2) World Bank, Global World Development Indicator, accessed July, 2020. Note: GDP per capita, purchasing power parity (PPP, constant 2017 international). The GDP per capita 2010–2020 was US\$7,909.

US\$96,477

GDP per capita, PPP

Income inequality

Gini index	Year
0.452	2020

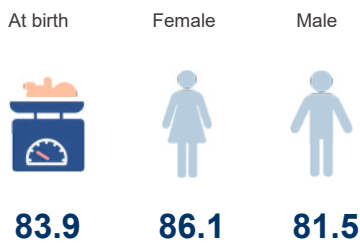
Source: Department of Statistics Singapore

Poverty rate

Poverty rates below \$1.90/day	n.a.
Poverty rates below \$3.20/day	n.a.
Poverty Gap Ratio	n.a.

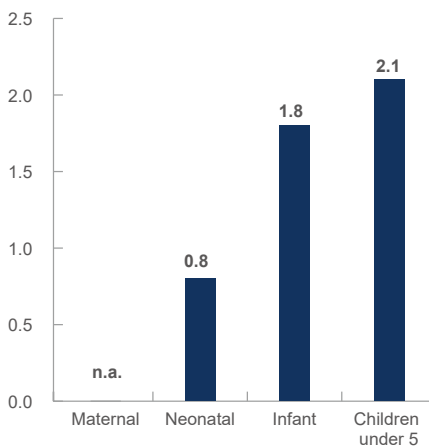
Note: n.a., Data not available. Poverty rates below \$1.90/day and below \$3.20/day are not applicable as Singapore does not use an international poverty line.

Life expectancy



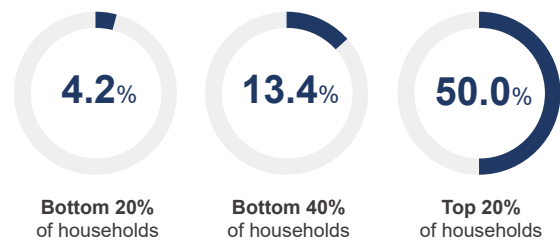
Source: Department of Statistics Singapore
Note: Data refer to 2020 and are preliminary

Mortality rate



Source: Department of Statistics Singapore, Immigration & Checkpoints Authority
Note: n.a., Data not available. Data refer to 2020 and are preliminary.

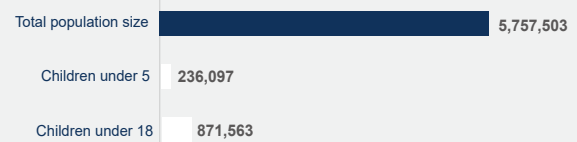
Income share



Source: Department of Statistics, Singapore
Note: Refers to household income from work per member including employer Central Provident Fund (CPF) contributions among resident employed households*

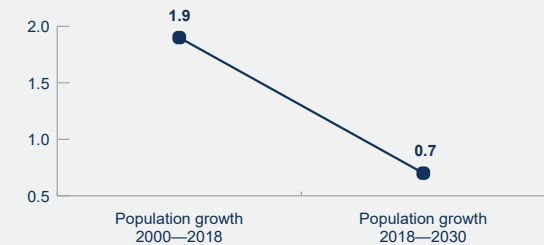
Population

Population size



Source: UNICEF State of the World's Children, 2019

Population growth



Source: UNICEF State of the World's Children, 2019



Source: 1) UNICEF State of the World's Children, 2019; 2) World Bank, Development Research Group 2019; Note: Per Ministry of Manpower, Singapore, unemployment rate in 2019 was 2.3%



Thailand

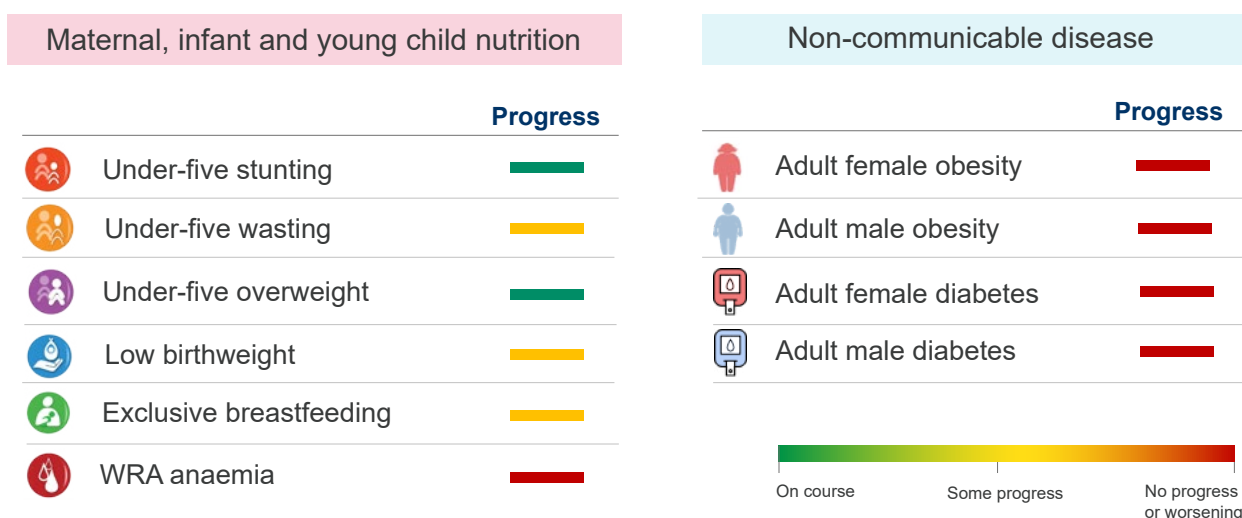
Overview

Prevalence of malnutrition in young children remains notable in Thailand: 13 per cent of children under 5 are stunted, 8 per cent are wasted and 9 per cent are overweight. Breastfeeding practices remain suboptimal: only 14 per cent of children are benefitting from exclusive breastfeeding in the first six months of life and only 25 per cent are still breastfed at 1 year of age. The quality of young children’s diets between 6 and 23 months of age, however, is encouraging: 75 per cent receive a minimally diverse diet and 90 per cent consume meat or eggs.

Malnutrition persists into adolescence and adulthood in Thailand. Approximately 8 per cent of adolescents are considered thin and 8 per cent of adult women are underweight. Further, 22 per cent of adolescents and 35 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including high salt consumption in adults (9.1 grams per day) and insufficient physical activity (25 per cent in adults and 78 per cent in adolescents) – are increasing the risk of overweight and NCDs. Access to nutrient-rich fruits and vegetables may be hindered by limited availability: approximately half of the dietary energy in the national food supply comes from starchy staple foods such as rice, cereals and roots and tubers and only 5 per cent is derived from fruits and vegetables. Progress, however, is possible: Thailand is on track to achieve the global nutrition targets for child stunting and overweight and has achieved ‘some progress’ towards child wasting, exclusive breastfeeding and low birthweight targets.

Progress towards the global nutrition targets

- ▶ Thailand is on course to meet the global targets for child stunting and overweight and has made some progress on other maternal, infant and young child nutrition targets. But the country is off course to meet all NCD targets.



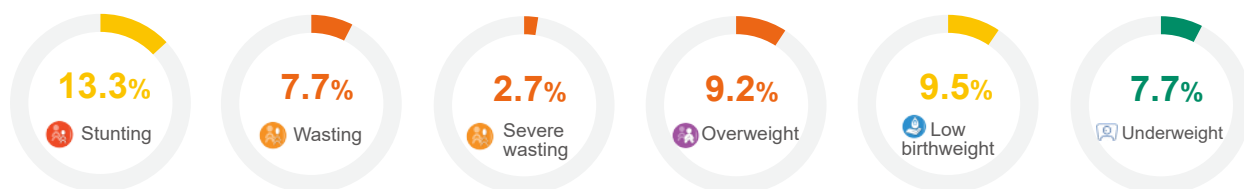
Source: Global Nutrition Report 2020

Notes: Data on the adult indicators are based on modelled estimates. WRA: women of reproductive age (aged 15–49 years)

01 Nutritional status of children

Nutritional status of children under 5

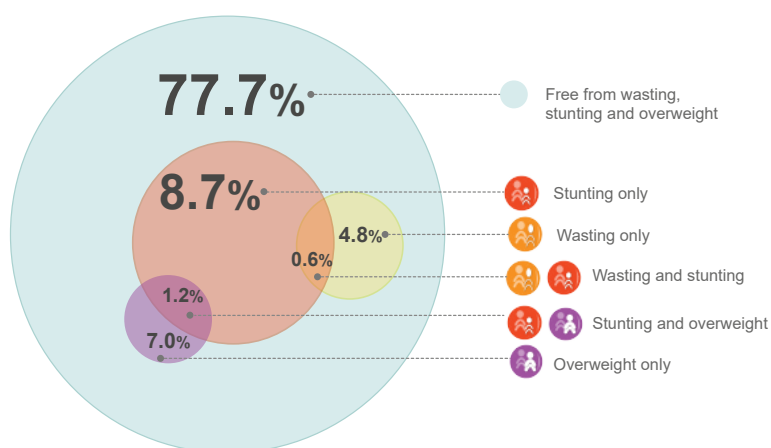
► Prevalence of childhood stunting has decreased, while childhood overweight is increasing.



Source: Thailand Multiple Indicator Cluster Survey (MICS) 6, 2019

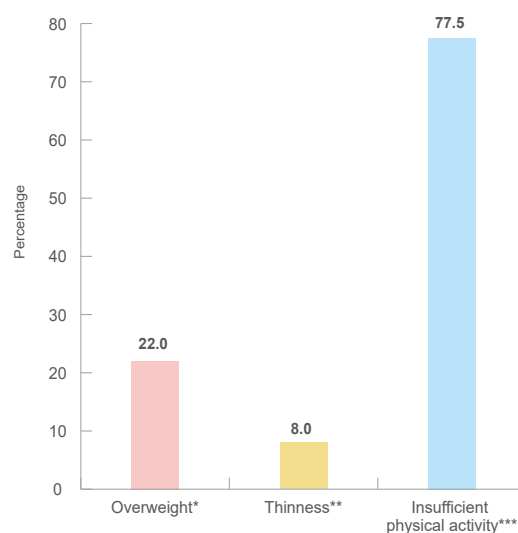


Co-existence of wasting, stunting and overweight in children under 5



Source: Thailand MICS 2015–2016

Adolescent nutritional and physical activity status



* Overweight (%) - The percentage of children aged 5–19 years who are overweight and obese
 ** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin
 *** Prevalence of insufficient physical activity among school-going adolescents aged 11–17 years (crude estimate)

Source: 1) WHO Global Health Observatory; 2) NCD-RisC Lancet 2017: NCD Risk Factor Collaboration (NCD-RisC), based on Worldwide trends in body-mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. The Lancet 2017, 390 (10113): 2627–2642. Last update: August 2019.

Micronutrient status of children

► Median urinary iodine concentration in children indicates adequate iodine intake, and anaemia prevalence in children under 5 is of moderate public health concern.

157 µg/L

Median Urinary Iodine Concentration
Children aged 6–12 years

n.a.

Vitamin A deficiency
Preschool-aged children

23.8%

Anaemia
Children aged 6–59 months

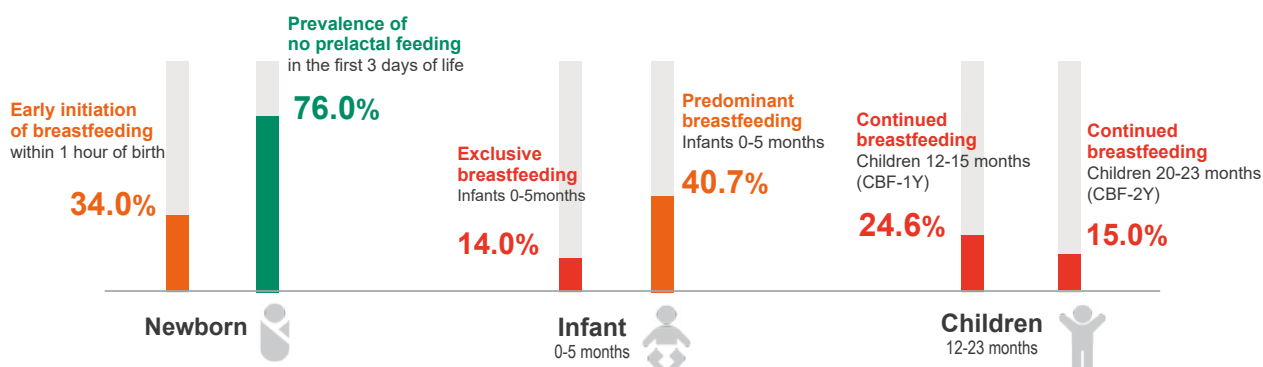
Source: 1) The 5th Thailand National Health Exam Survey, 2016; 2) SEANUTS: The nutritional status and dietary intakes of 0.5–12-year-old Thai children, 2016.
 Note: n.a., Data not available. Data on median urinary iodine concentration is for children aged 10–14 years

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ Far too few newborns, infants and young children are benefitting from the life-saving power of breastfeeding.

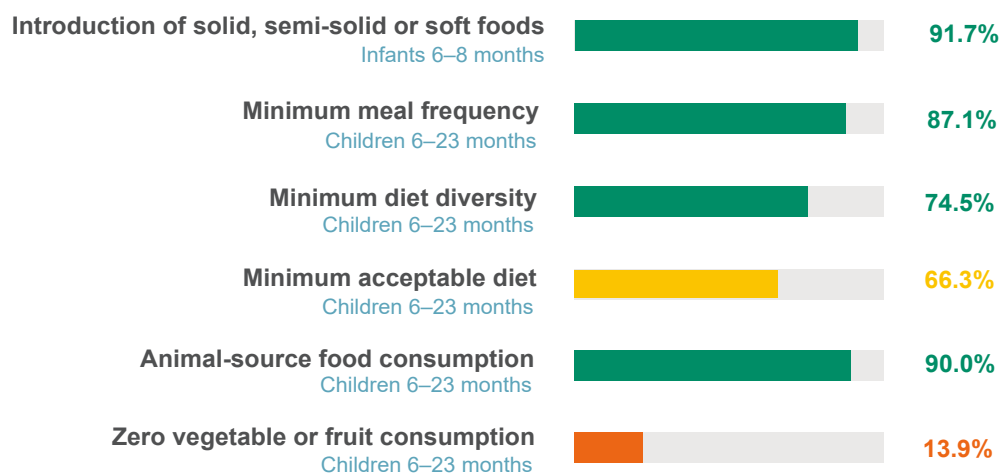


Source: 1) Thailand MICS 6, 2019; 2) Thailand MICS, 2015–2016

Quality of child diets

Complementary feeding

- ▶ Three in every four children aged 6–23 months are receiving a minimally diverse diet, and almost 90 per cent are consuming nutrient-rich animal source foods.



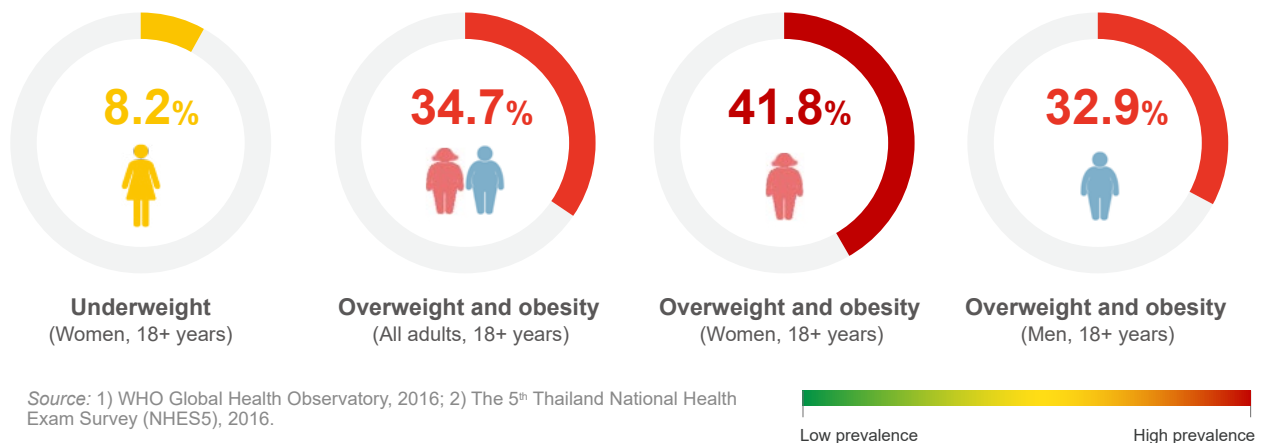
Source: Thailand MICS 6, 2019

Note: These estimates are based on the most recent indicator definitions as established by UNICEF and WHO in 2017 and 2018.

03 Nutritional status of adults

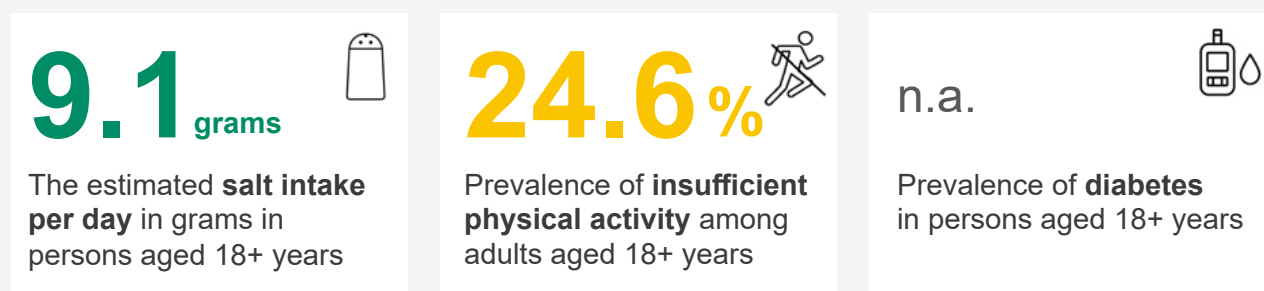
Nutritional status of adults

- ▶ Overweight and obesity are increasing in adults, particularly adult women.



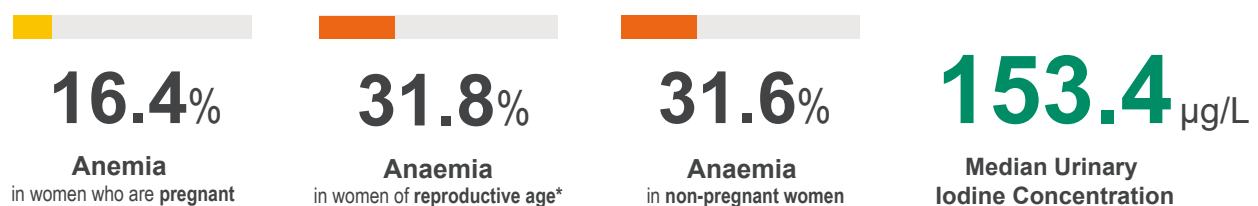
Risk of non-communicable diseases

- ▶ Dietary and lifestyle factors increase the risk of NCDs in adults.



Micronutrient status of adults

- ▶ A significant proportion of women are suffering from anaemia, reducing their work capacity, and increasing their risk of cognitive impairment and negative maternal and child outcomes.



* **Anaemia in women of reproductive age:** The data reported here match the indicator definitions. There are, however, national level estimates available for anaemia prevalence that are calculated for different age groups. In Thailand, prevalence of anaemia in non-pregnant, non-lactating women age 15–44 years was 22.6 per cent (The Fifth Thailand Nation Health Exam Survey [NHES 5]).

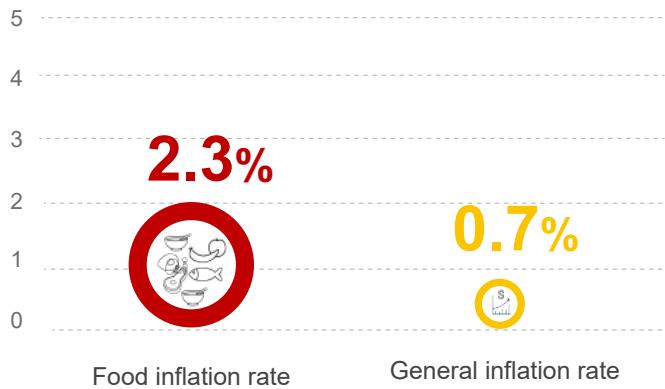
Source: 1) WHO Global Health Observatory; 2) Bureau of Nutrition, Department of Health. Progress Report on Iodine Deficiency Disorder Prevention and Control Programme, 2018–2020. July 2020

04 Food access, availability and consumption

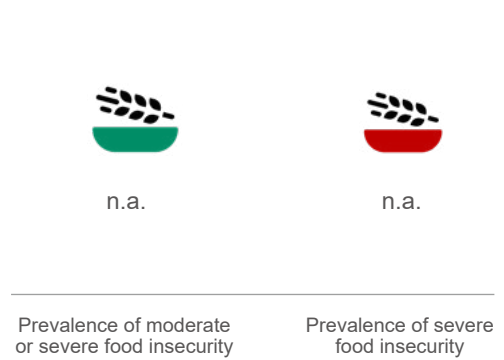
Access to food

▶ Limited evidence is available to estimate food insecurity in Thailand.

Economic access to food



Food insecurity

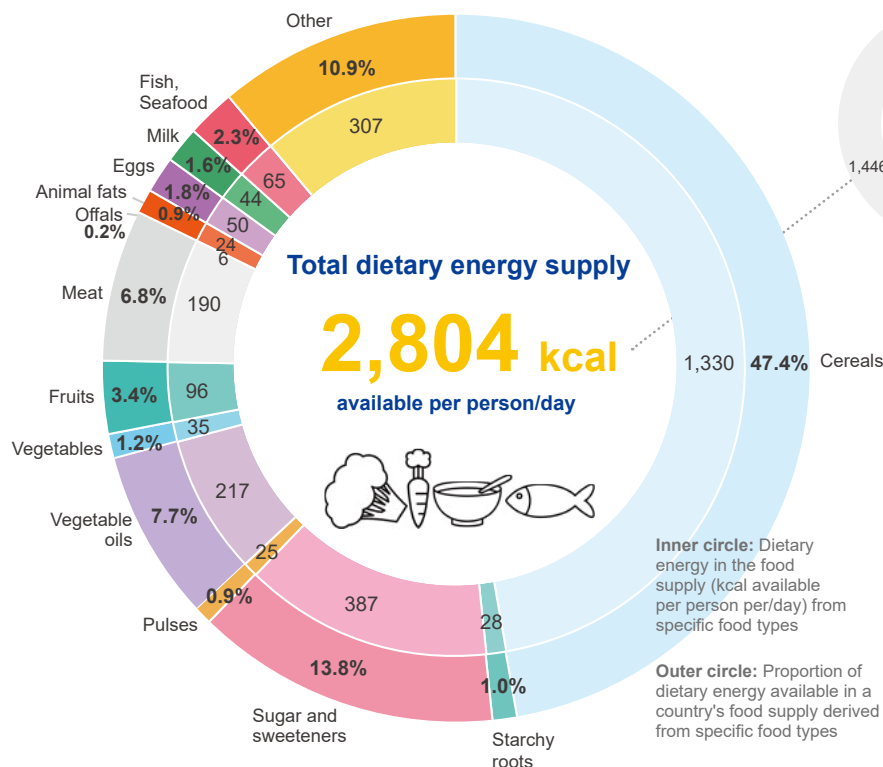


Source: 1) International Monetary Fund, Consumer Price Index, Food and non-alcoholic beverages, 2019; 2) International Monetary Fund, Consumer Price Index, General - Individual consumption expenditure of households, 2019

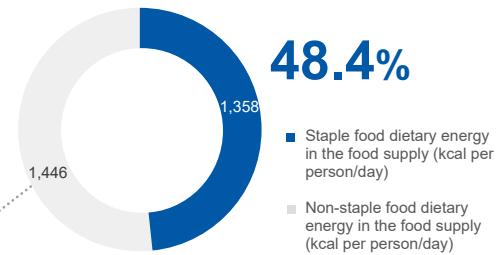
Note: n.a., Data not available

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



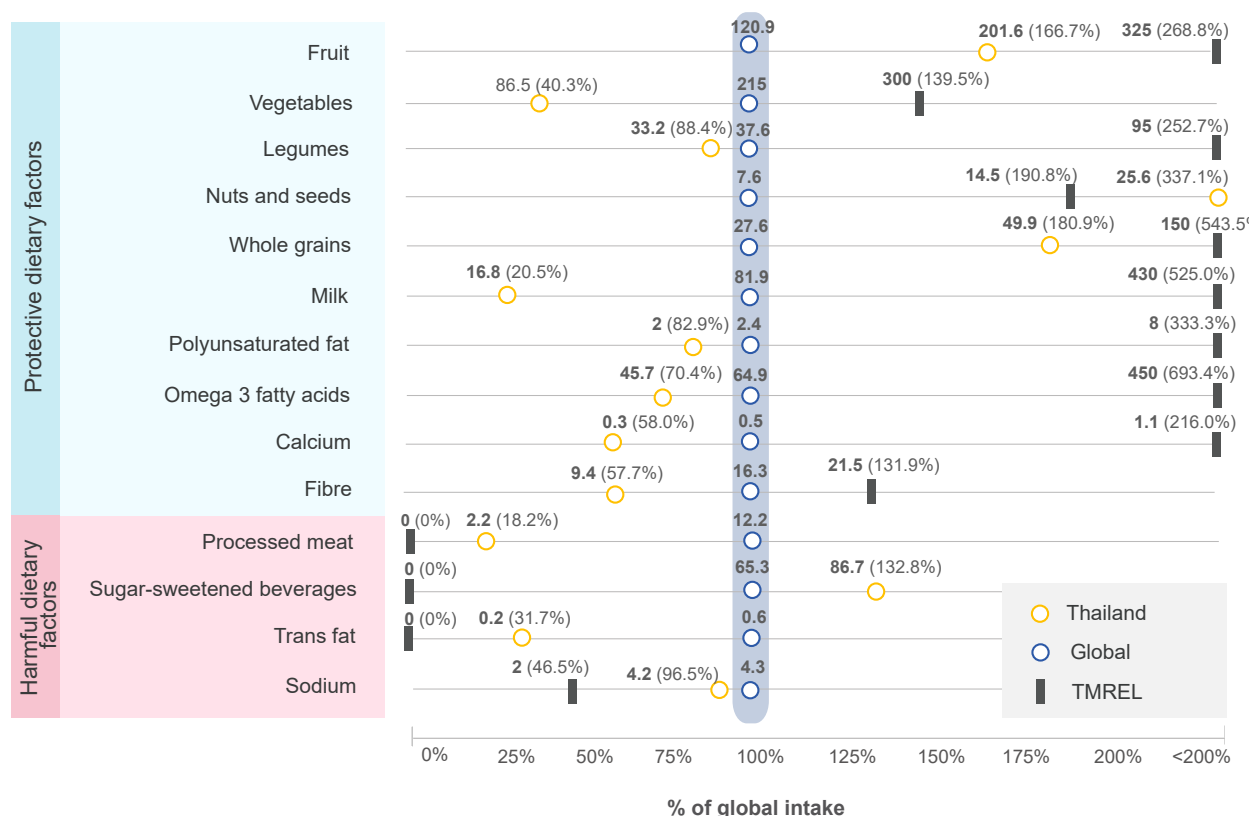
▶ Nutrient-rich fruits and vegetables constitute 5% of total dietary energy available in the national food supply, while **starchy staple foods** such as rice, cereals and roots and tubers dominate the food supply, contributing **48%** of the total dietary energy available.

Source: FAOSTAT 2021 (data for 2018)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- ▶ National intake of protective dietary factors – such as fruit and nuts and seeds – are above global intake levels. Consumption of sugar-sweetened beverages is alarmingly high.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020.

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of death combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables

n.a.

Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day



National fruit and vegetable availability

132.3
grams per capita

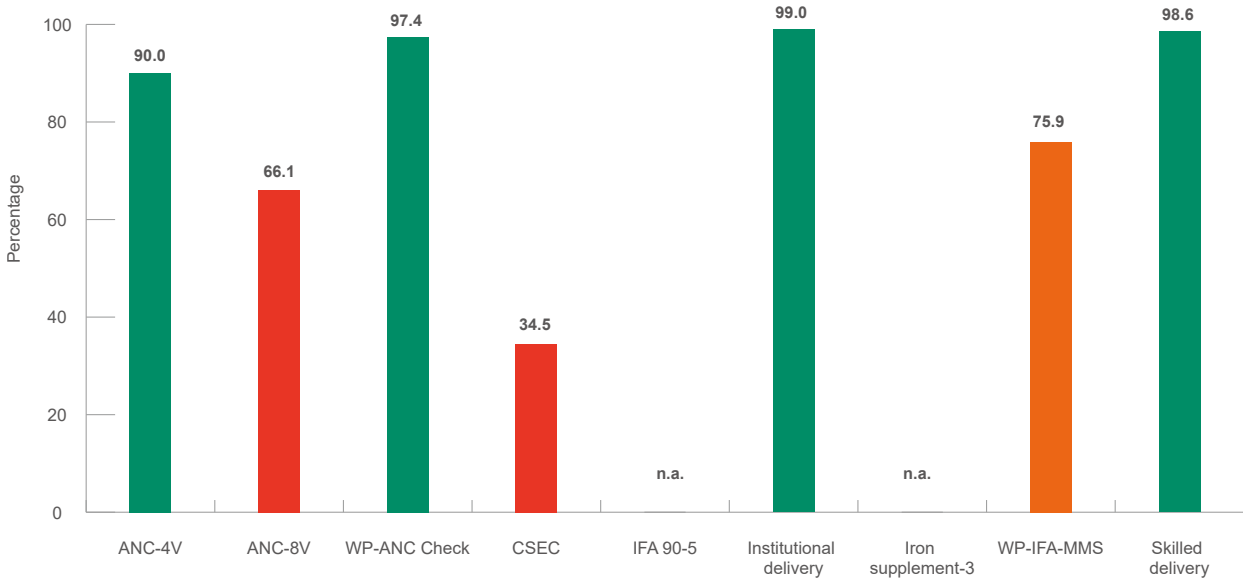
Note: n.a., Data not available

Source: FAOSTAT 2018

06 Coverage of essential services and interventions

Antenatal care

► Coverage of antenatal care and institutional and skilled delivery are high.



Source: 1) Thailand MIC6, 2019; 2) Health Data Center, MoPH, 2020

Note: n.a., Data not available

ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy

ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visits during their last pregnancy

WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit

CSEC: Percentage of deliveries by Caesarean section

IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days

Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility

Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care

WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy

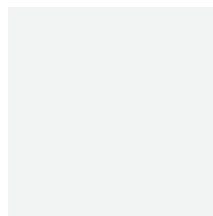
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children

► No data are available on interventions targeting micronutrient deficiencies.

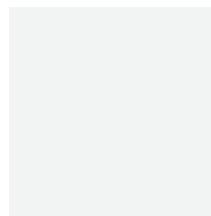
Vitamin A supplementation
(Children aged 6–59 months)

n.a.



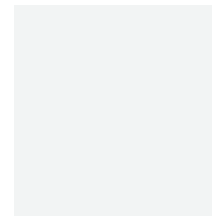
Deworming
(Children aged 12–59 months)

n.a.



Management of diarrhoea

n.a.



Note: n.a., Data not available.

Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplement

n.a.



Households consuming salt with any iodine

84.6%



Source: MICS 6, 2019

Note: n.a., Data not available.

07 Determinants

Undernourishment



Source: FAOSTAT 2017–2019; Note: n.a., Data not available.

Gender-related determinants

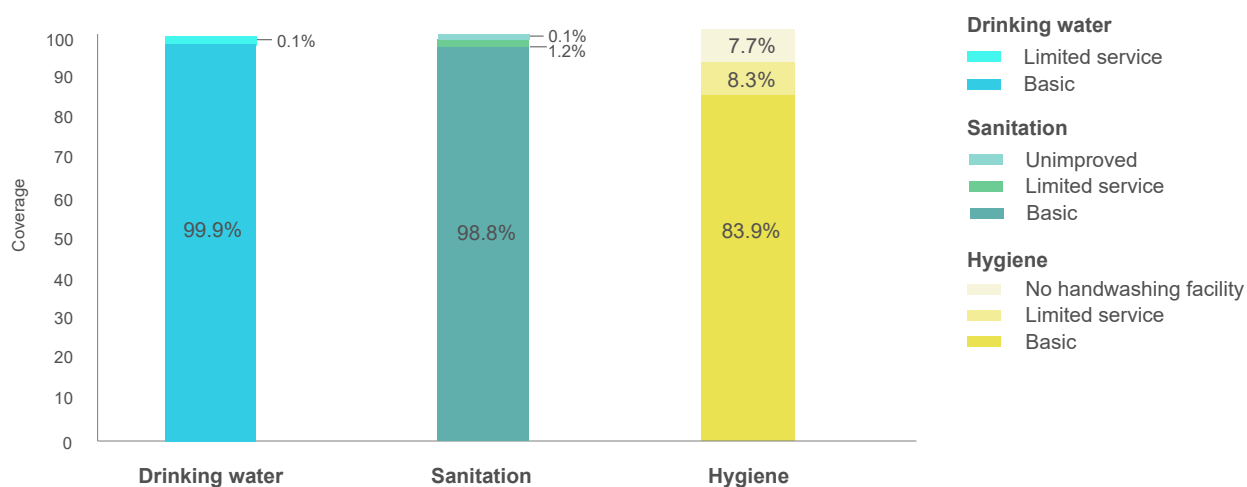
Women aged 20–24 years who gave birth before age 18	9.4%
Birth rate for adolescent girls aged 15–19 years	31.3
Child marriage before age 15	3.0%
Child marriage before age 18	20.2%
Education level of mothers	n.a.
Maternal mortality ratio	n.a.



Source: 1) Public Health Statistic data from MOI 2019; 2) Thailand MICS 6, 2019
Note: n.a., Data not available

Water, sanitation and hygiene

► Access to improved drinking water, sanitation and hygiene facilities is nearly universal.



Source: World Health Organization and United Nations Children’s Fund Joint Monitoring Programme, 2017
Note: n.a., Data not available

08 Determinants

Economics and demography



Annual GDP growth rate

Source: 1) World Bank, Development Research Group; 2) World Bank, Global World Development Indicator, accessed July, 2020.
Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)

US\$18,042

GDP per capita, PPP

Income inequality

Gini index	Year
36.4	2018

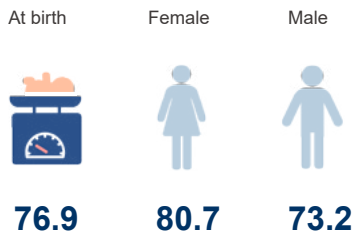
Source: World Bank Group, Development Research

Poverty rate

Poverty rates below \$1.90/day	0.02%
Poverty rates below \$3.20/day	0.5%
Poverty Gap Ratio	n.a.

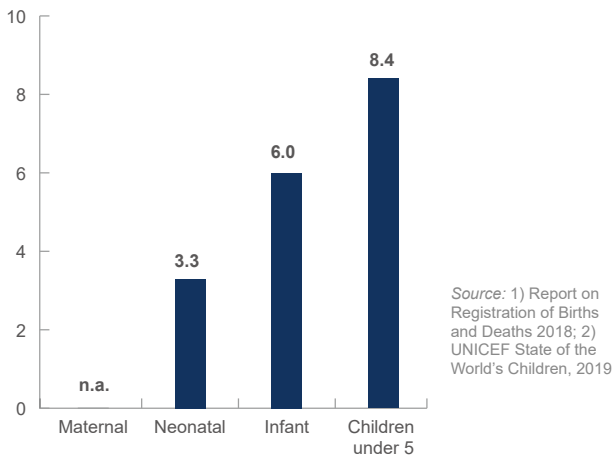
Source: Global Nutrition Report 2020; Note: n.a., Data not available

Life expectancy



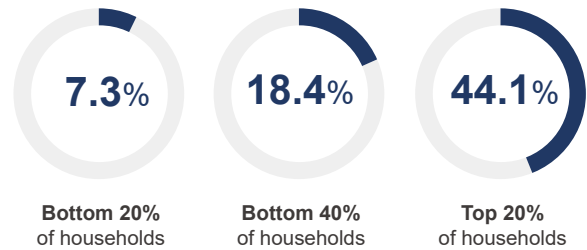
Source: 1) UNICEF State of the World's Children, 2019; 2) World Bank, Development Research Group

Mortality rate



Source: 1) Report on Registration of Births and Deaths 2018; 2) UNICEF State of the World's Children, 2019

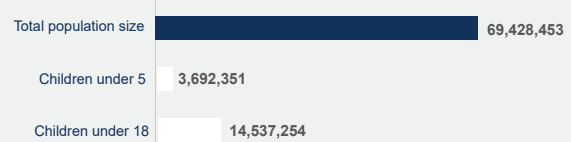
Income share



Note: UNICEF State of the World's Children, 2019, World Development Indicators

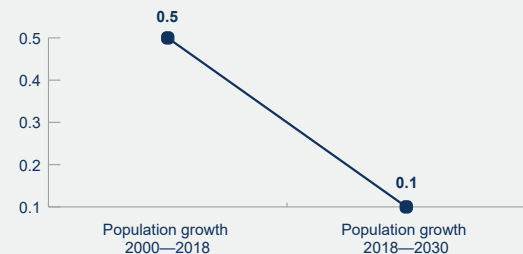
Population

Population size



Source: UNICEF State of the World's Children, 2019

Population growth



Source: UNICEF State of the World's Children, 2019



Source: 1) UNICEF State of the World's Children, 2019; 2) ASEAN Key Figures 2020



Viet Nam

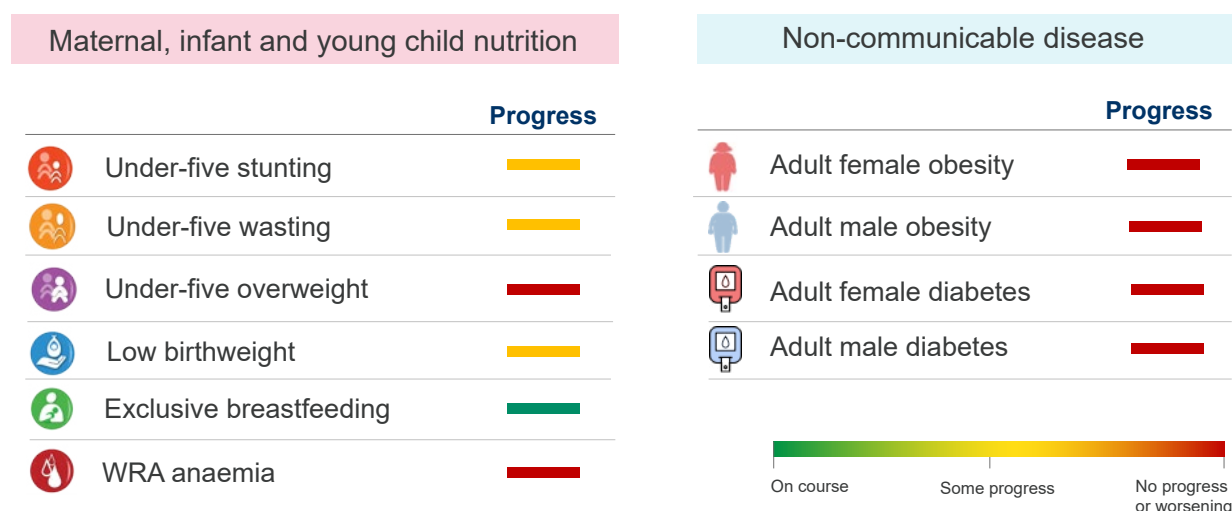
Overview

Viet Nam has one of the highest GDP growth rates in the ASEAN region. Despite economic progress, prevalence of malnutrition in young children remains high: 20 per cent of children under 5 are stunted, 5 per cent are wasted and 7 per cent are overweight. Breastfeeding practices remain suboptimal: only 45 per cent of children are benefitting from exclusive breastfeeding in the first six months of life. The quality of young children's diets between 6 and 23 months of age, however, is encouraging: 42 per cent receive a minimally diverse diet and 50 per cent consume meat or eggs.

Malnutrition persists into adolescence and adulthood in Viet Nam. Approximately 12 per cent of adolescents are considered thin and 18 per cent of adult women are underweight. Further, 10 per cent of adolescents and 18 per cent of all adults are overweight or obese. Dietary and lifestyle factors – including high salt consumption in adults (9.4 grams per day) and insufficient physical activity (28 per cent in adults and 86 per cent in adolescents) – are increasing the risk of overweight and NCDs. Over half of adults consume fewer than five servings of fruits and vegetables each day. Access to nutrient-rich fruits and vegetables may be hindered by limited availability: approximately half of the dietary energy in the national food supply comes from starchy staple foods such as rice, cereals and roots and tubers and less than 10 per cent is derived from fruits and vegetables. Further, 6 per cent of people still experience either moderate or severe food insecurity. Progress, however, is possible: Viet Nam is on track to achieve the global nutrition target for exclusive breastfeeding and has achieved 'some progress' towards childhood stunting, wasting and low birthweight targets.

Progress towards the global nutrition targets

- ▶ Viet Nam is on course to meet the global nutrition target for exclusive breastfeeding, but the country is off course to meet targets for all other indicators with adequate data.



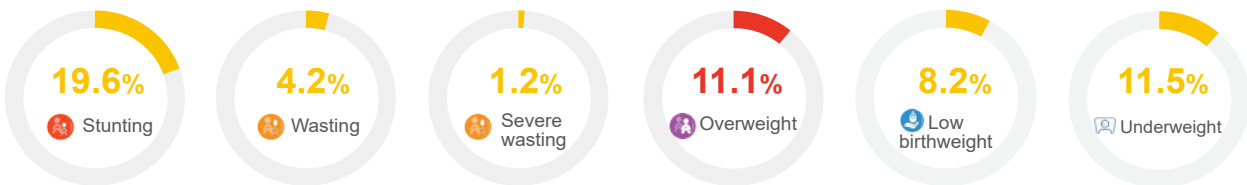
Source: Global Nutrition Report 2020

Note: Data on the adult indicators are based on modelled estimates

01 Nutritional status of children

Nutritional status of children under 5

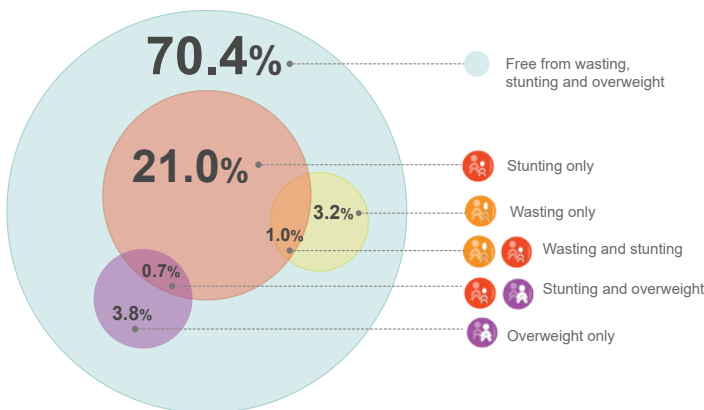
▶ While significant progress has been made to reduce stunting in Viet Nam, the prevalence remains elevated while overweight in children is worsening.



Source: 1) National General Nutrition Survey, 2020; 2) National Nutrition Surveillance Network, 2019; 3) UNICEF, WHO Low birthweight estimates, 2019 edition

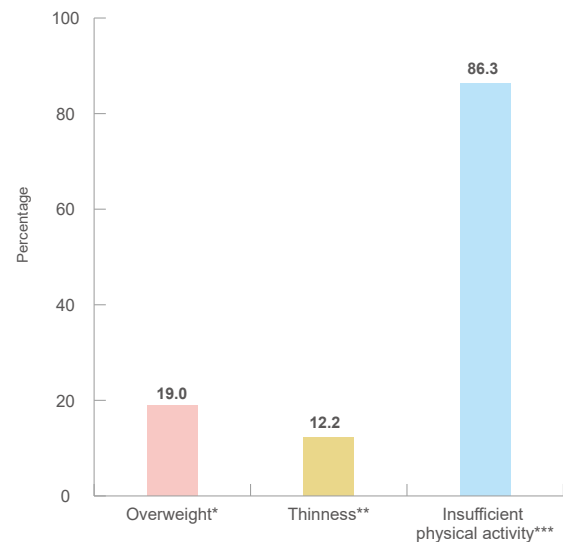


Co-existence of wasting, stunting and overweight in children under 5



Source: Viet Nam MICS 2011

Adolescent nutritional and physical activity status

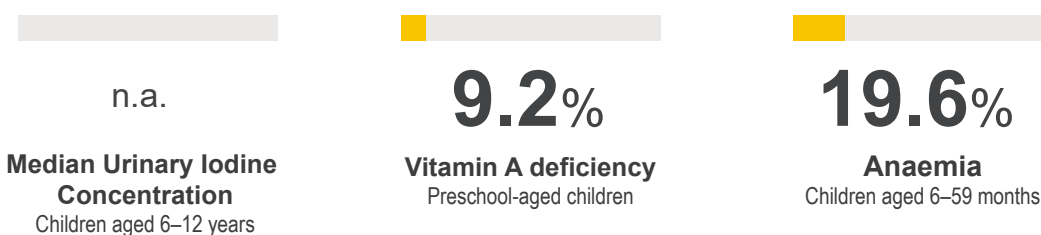


* Overweight (%) - The percentage of children aged 5–18 years who are overweight and obese
 ** Thinness (%) - The percentage of children aged 5–19 years who are thin and severely thin
 *** Prevalence of insufficient physical activity among school-going adolescents aged 11–17 years (crude estimate)

Source: 1) National General Nutrition Survey 2020; 2) WHO Global Health Observatory, 2016

Micronutrient status of children

▶ Vitamin A deficiency and anaemia are mild public health concerns while there are no data on iodine status in school-age children.



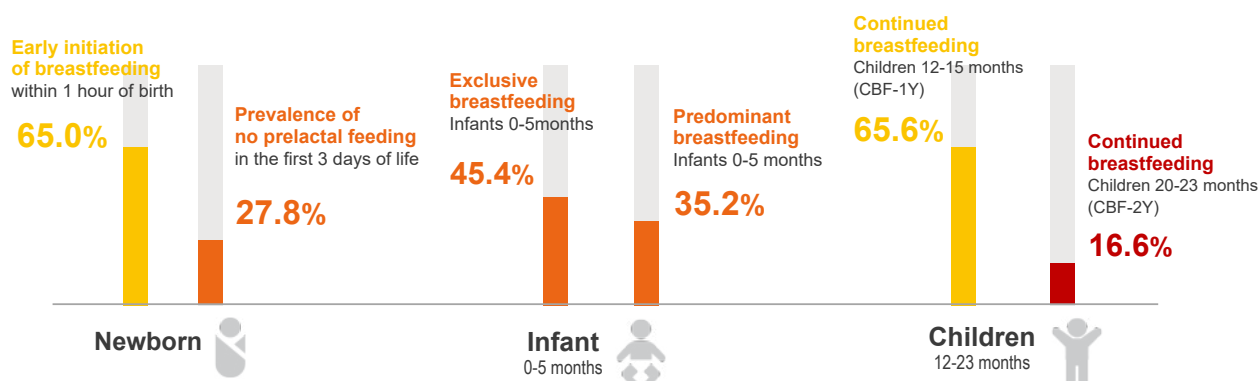
Source: National General Nutrition Survey 2020
 Note: n.a., Data not available

02 Infant and young child feeding

Quality of breastfeeding practices

Breastfeeding practices

- ▶ From the first hour of life to a child's second birthday, far too few infants and young children are benefiting from recommended breastfeeding practices they need to thrive.

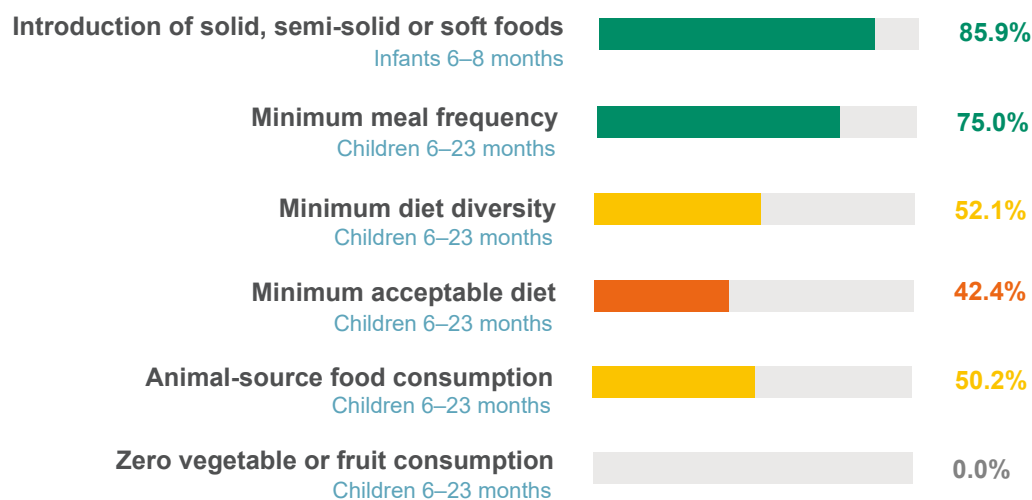


Source: 1) National General Nutrition Survey 2020; 2) Viet Nam MICS, 2014; 3) Viet Nam National Nutrition Surveillance Network, 2015

Quality of child diets

Complementary feeding

- ▶ Half of child 6-23 months are consuming a minimally diverse diet.



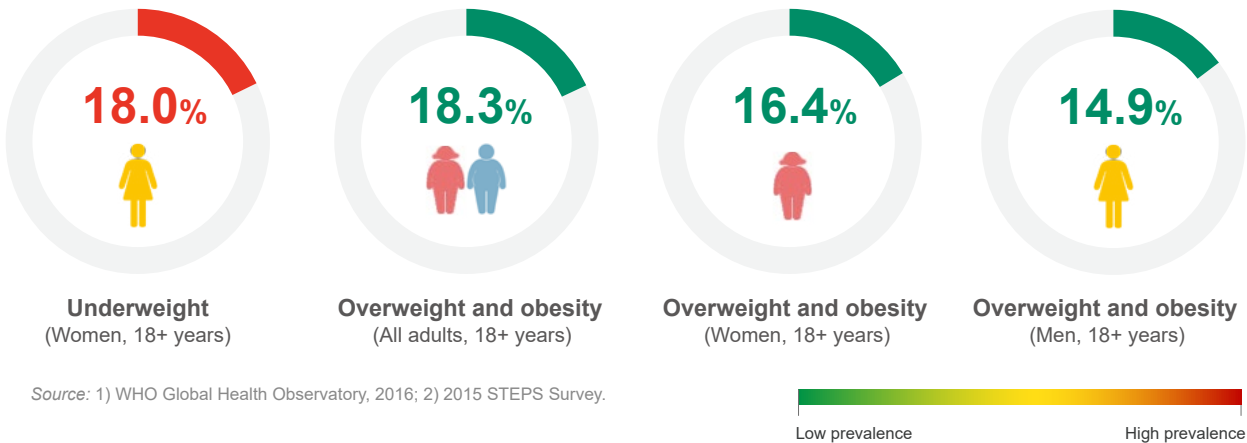
Source: National General Nutrition Survey 2020

Note: These estimates are based on the most recent indicator definitions as established by UNICEF and WHO in 2017 and 2018.

03 Nutritional status of adults

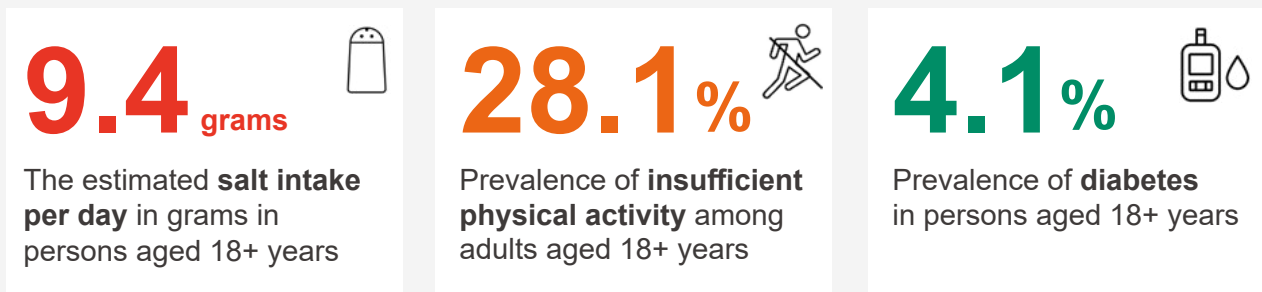
Nutritional status of adults

▶ Too many women in Viet Nam are underweight, leading to increased risk of low birthweight in children. In contrast, efforts to prevent overweight and obesity in adults have been successful.



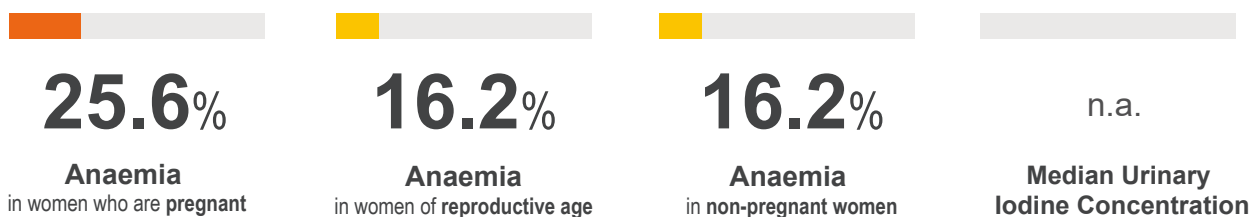
Risk of non-communicable diseases

▶ Dietary and lifestyle factors increase the risk of NCDs in adults.



Micronutrient status of adults

▶ A significant proportion of women are suffering from anaemia, reducing their work capacity, and increasing their risk of cognitive impairment and negative maternal and child outcomes.

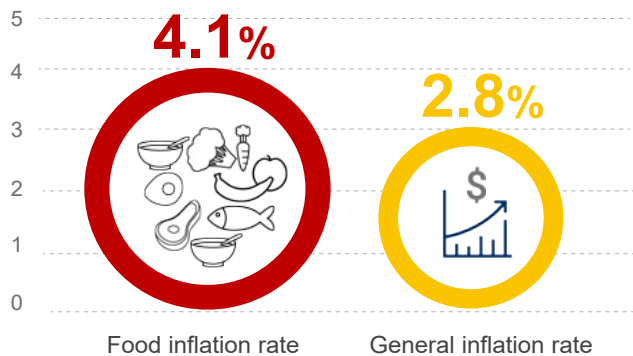


04 Food access, availability and consumption

Access to food

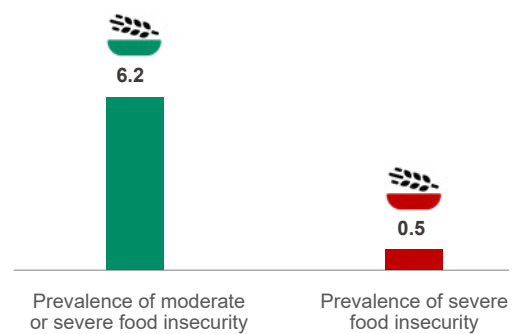
► Physical and economic access to food remains a challenge for millions of people in Viet Nam.

Economic access to food



Source: 1) International Monetary Fund, Consumer Price Index, Food and non-alcoholic beverages, 2019; 2) International Monetary Fund, Consumer Price Index, General - Individual consumption expenditure of households, 2019.

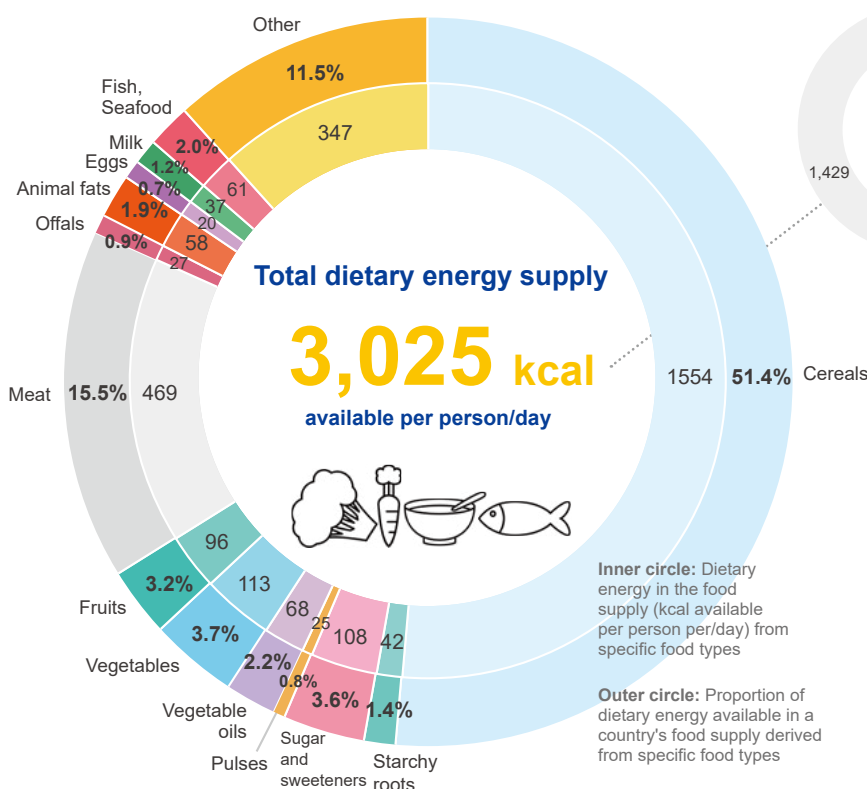
Food insecurity



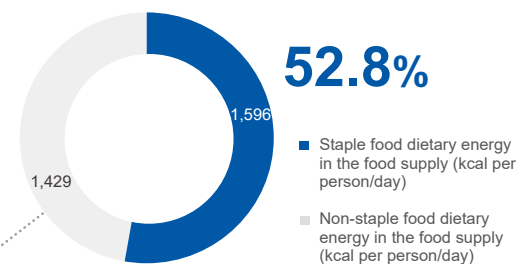
Source: FAOSTAT 2017-2019

Food availability and supply

Dietary energy in the food supply



Staple food contribution to the overall dietary energy supply



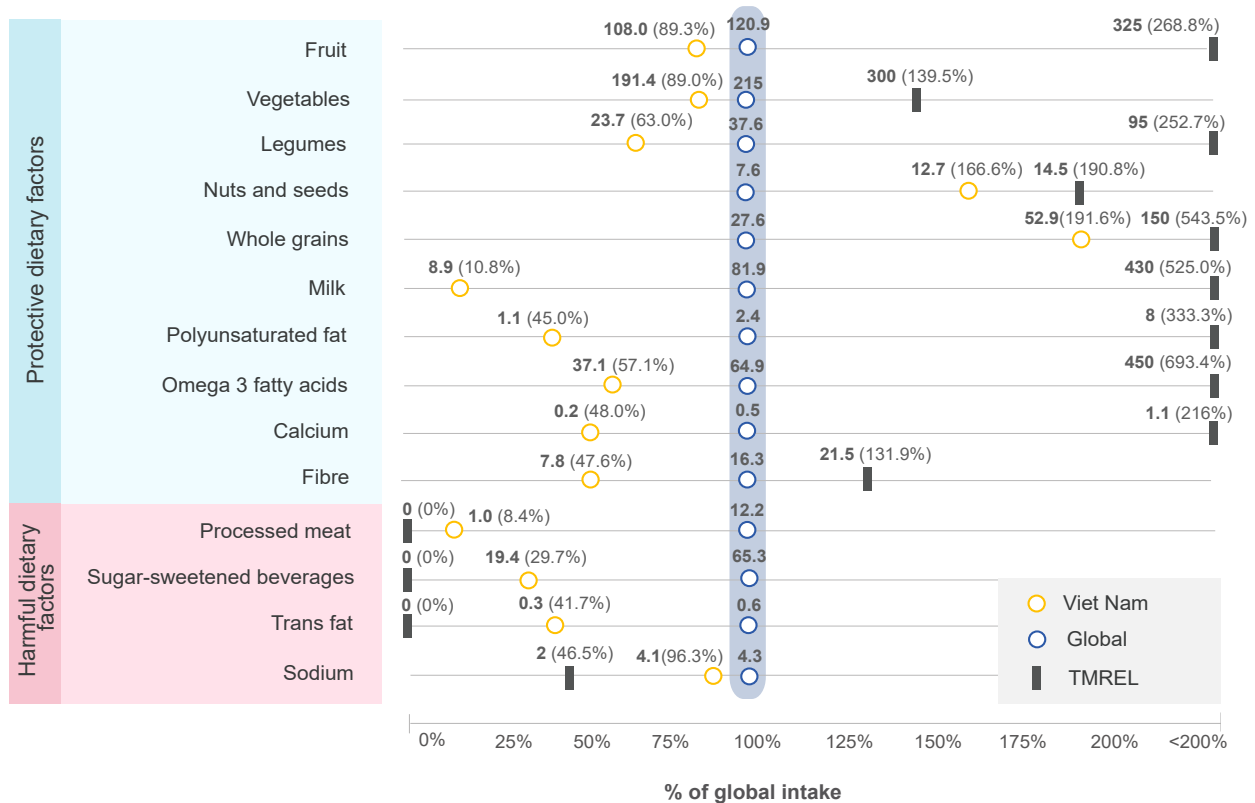
► Nutrient-rich fruits and vegetables constitute less than 10% of total dietary energy available in the national food supply, while starchy staple foods such as rice, cereals and roots and tubers dominate the food supply, contributing 52.8% of the total dietary energy available.

Source: FAOSTAT 2021 (data for 2018)

05 Dietary intake

Dietary intake of key foods and nutrients in adults aged 25 years and over

- ▶ National intake of protective dietary factors – such as nuts and seeds and whole grains – is well above global intake levels. Consumption of trans fats is high.



Source: Global Nutrition Report 2020, Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2020

Note: Intakes are reported in grams per day (g/d) for all dietary factors, except for omega 3 fatty acids (milligrams per day; mg/d) and polyunsaturated and trans fatty acids (percentage of daily energy intake; %E). Intakes are based on modelled estimates for adults aged 25 years and older. The dietary factors have been selected as those diet components that have a statistically significant relationship with at least one disease endpoint that can be generalizable to all populations. Protective dietary factors include fruit, vegetables, legumes, nuts and seeds, whole grains, milk, polyunsaturated fat, omega 3 fatty acids and calcium. Harmful dietary factors include processed meats, sugar-sweetened beverages, trans fat and sodium. The theoretical minimum risk of exposure level (TMREL) represents the optimal dietary intake that minimizes risk from all causes of deaths combined. For protective dietary factors, risk is assessed for intakes below the TMREL; intakes above the TMREL do not further reduce the risk. For all harmful dietary factors, except sodium, TMREL is set to zero, hence risk is assessed for intakes above the TMREL; for sodium, intakes below the TMREL provide no additional health benefit.

Consumption of fruits and vegetables



Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400grams) of fruit and vegetables per day

Source: National General Nutrition Survey, 2020



National fruit and vegetable availability

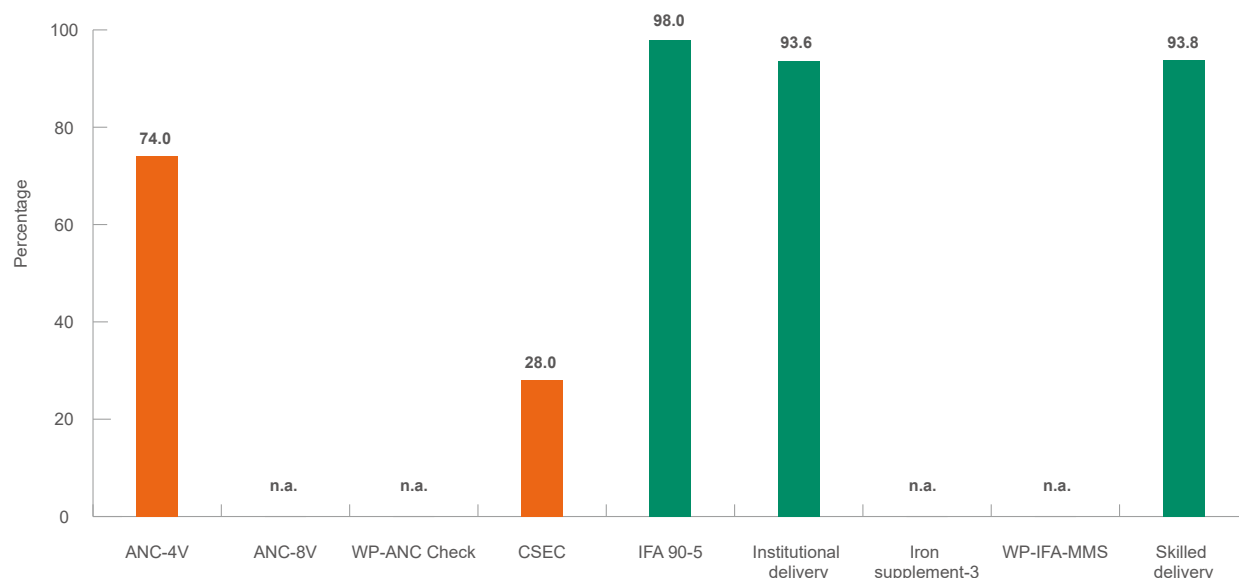
254.8
grams per capita

Source: FAOSTAT

06 Coverage of essential services and interventions

Antenatal care

► Coverage of antenatal care is encouraging, but limited data are available to assess the quality of services received.



Source: 1) Viet Nam MICS, 2013–2014, 2) 2016 NNS

Note: n.a., No data available.

ANC-4V: Percentage of women aged 15–49 years who attended at least four or more antenatal visits during pregnancy

ANC-8V: Percentage of women who gave birth in the last two years who received eight or more antenatal care visits during their last pregnancy

WP-ANC Check: Percentage of pregnant women aged 15–49 years with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit

CSEC: Percentage of deliveries by Caesarean section

IFA 90-5: Women with a birth in the past five years who took iron tablets or syrup for 90+ days

Institutional delivery: Percentage of women aged 15–49 years who gave birth in a health facility

Iron supplement-3: Women with a birth in the past three years who received iron tablets or syrup in antenatal care

WP-IFA-MMS: Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy

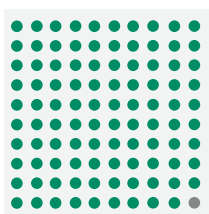
Skilled delivery: Percentage of births attended by skilled health personnel

Essential services for children

► Nearly all children aged 6 to 59 months are benefiting from potentially life-saving vitamin A supplementation.

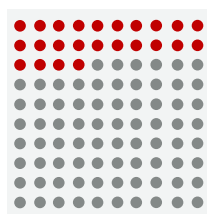
Vitamin A supplementation
(6 to 59 months children)

99.0%



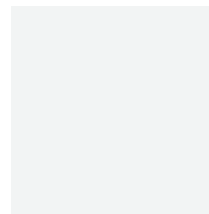
Deworming
(12 to 59 months children)

24.4%



Management of diarrhoea

n.a.



Source: 1) UNICEF Global databases; 2) Viet Nam National Nutrition Surveillance Network, 2014
Note: n.a., Data not available

Essential interventions for other populations

Adolescent girls and non-pregnant women receiving iron supplements

n.a.



Households consuming salt with any iodine

60.9%



Source: Viet Nam MICS 2011 (MICS), final report, Ha Noi, Viet Nam, 2011
Note: n.a., Data not available

07 Determinants

Undernourishment



Note: FAOSTAT 2017–2019

Gender-related determinants

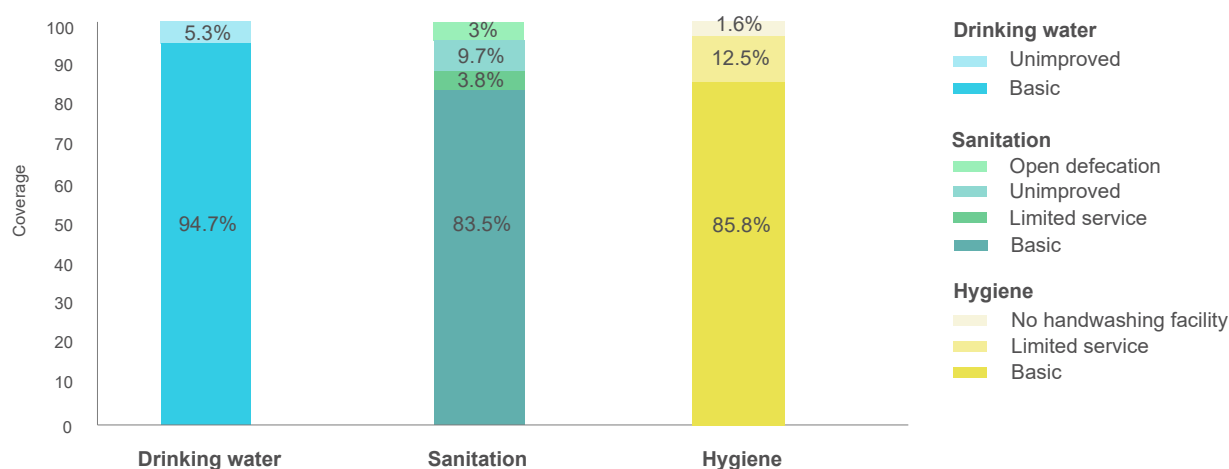
Women aged 20–24 years who gave birth before age 18	4.7%
Birth rate for adolescent girls aged 15–19 years	30.1
Child marriage before age 15	0.9%
Child marriage before age 18	10.6%
Education level of mothers	n.a.
Maternal mortality ratio	43



Source: 1) UNICEF State of the World's Children, 2019; 2) MICS and other national household surveys, Last updated May 2019; 3) Vietnam DHS, Last update: (female) March 2019; (male) August 2019
 Note: n.a., Data not available

Water, sanitation and hygiene

► The majority of the population has access to improved drinking water, but approximately 15% lack access to improved sanitation facilities and basic hygiene infrastructure.



Source: World Health Organization and United Nations Children's Fund Joint Monitoring Programme, 2017
 Note: n.a., Data not available

08 Determinants

Economics and demography



Annual GDP growth rate

Source: 1) World Bank, Development Research Group; 2) World Bank, Global World Development Indicator, accessed July, 2020.
Note: GDP per capita, purchasing power parity (PPP, constant 2017 international)



GDP per capita, PPP

Income inequality

Gini index	Year
35.7	2018

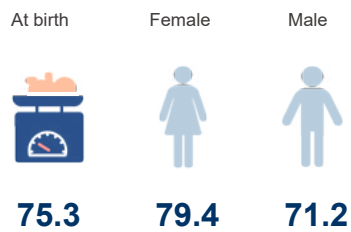
Source: World Bank, Development Research Group

Poverty rate

Poverty rates below \$1.90/day	1.9%
Poverty rates below \$3.20/day	7.0%
Poverty Gap Ratio	n.a.

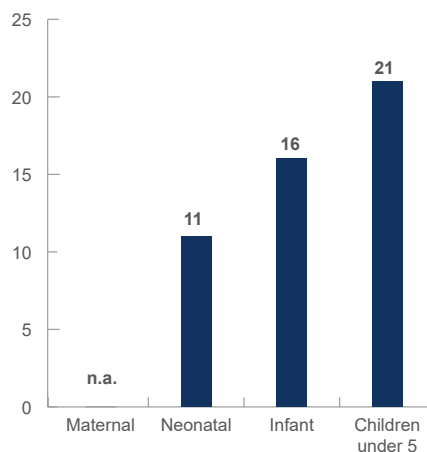
Source: Global Nutrition Report 2020

Life expectancy



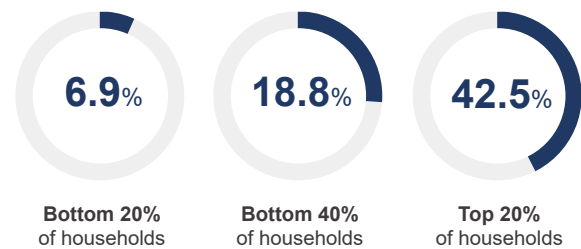
Source: 1) United Nations Children's Fund, The State of the World's Children 2019; 2) World Bank, Development Research Group

Mortality rate



Source: UNICEF State of the World's Children, 2019
Note: n.a., Data not available

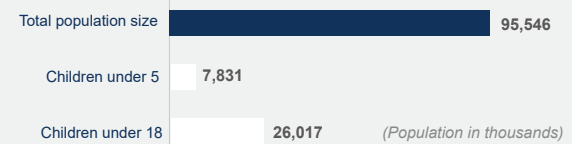
Income share



Source: UNICEF State of the World's Children, 2019, World Development Indicators

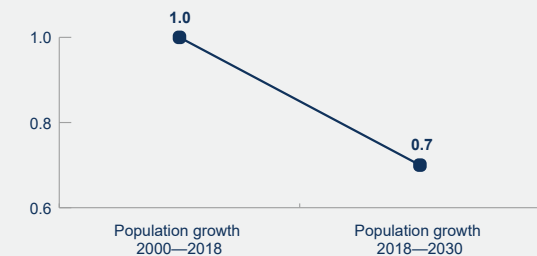
Population

Population size



Source: UNICEF State of the World's Children, 2019

Population growth



Source: UNICEF State of the World's Children, 2019



Source: 1) UNICEF State of the World's Children, 2019; 2) World Bank, Development Research Group



ANNEX

Annex

Indicator definitions

Low birthweight	Percentage of live births that weigh less than 2,500 grams in a given time period.
Stunting in children under 5 years of age	Percentage of under-fives falling below minus 2 standard deviations (moderate and severe) from the median height-for-age of the reference population.
Wasting in children under 5 years of age	Percentage of children under 5 years of age falling below -2 standard deviations (moderate and severe) from the median weight-for-height of the reference population.
Severe wasting in children under 5 years of age	Percentage of children under 5 years of age falling below -3 standard deviations (severe) from the median weight-for-height of the reference population.
Underweight in children under 5 years of age	Percentage of under-fives falling below minus 2 standard deviations (moderate and severe) from the median weight-for-age of the reference population.
Overweight in children under 5 years of age	Percentage of children under 5 years of age falling above 2 standard deviations (moderate and severe) from the median weight-for-height of the reference population.
Wasting and stunting in children under 5 years of age	Percentage of children under 5 years of age who are both wasted and stunted (children under 5 falling below -2 standard deviations from the median weight-for-height and falling below -2 standard deviations from the median height-for-age of the reference population).
Stunting and overweight in children under 5 years of age	Percentage of children under 5 years of age who are both stunted and overweight (children under 5 falling below -2 standard deviations from the median height-for-age and falling at or above +2 standard deviations from the median weight-for-height of the reference population).
Children under 5 years of age free from wasting, stunting and overweight	Percentage of children under 5 years of age who neither overweight, nor stunted, nor wasted (children under 5 falling between -2 and +2 standard deviations from the median weight-for-height and falling at or above -2 standard deviations from the median height-for-age of the reference population).
Thinness among children aged 5–19 years	Percentage of children aged 5–19 years with a BMI less than 2 standard deviations below the median, according to the WHO references for school-age children and adolescents.
Overweight among children aged 5–19 years	Percentage of children aged 5–19 years with a BMI > 1 standard deviations above the median, according to the WHO references for school-age children and adolescents.
Underweight among women	Percentage of women aged 18 years and older with a BMI less than 18.5 kg/m ² .
Overweight and obesity among women of reproductive age	Percentage of women aged 15–49 years of age with a BMI of 25 kg/m ² or higher.
Overweight and obesity among all adults	Percentage of men and women aged 18 and older with a BMI of 25 kg/m ² or higher.
Overweight and obesity among adult men	Percentage of men aged 18 and older with a BMI of 25 kg/m ² or higher.
Overweight and obesity among adult women	Percentage of women aged 18 and older with a BMI of 25 kg/m ² or higher.

Anaemia in children aged 6–59 months	Percentage of children aged 6–59 months with a haemoglobin concentration of less than 110 g/L, adjusted for altitude.
Anaemia in women of reproductive age	Percentage of women aged 15–49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking.
Anaemia in pregnant women	Percentage of pregnant women aged 15–49 years with a haemoglobin concentration less than 110 g/L, adjusted for altitude and smoking.
Anaemia in non-pregnant women	Percentage of non-pregnant women aged 15–49 years with a haemoglobin concentration less than 120 g/L, adjusted for altitude and smoking.
Median urinary iodine concentration in children 6–12 years of age	Median urinary iodine concentration in children 6–12 years of age (adequate is considered 100-299 µg/l).
Median urinary iodine concentration in pregnant women	Median urinary iodine concentration in pregnant women (adequate is considered 150-299 µg/l).
Vitamin A deficiency in children under 5	Percentage of children aged 6-59 months with a serum or plasma retinol < 0.70 µmol/l.
Early initiation of breastfeeding	Percentage of children born in the last 24 months who were put to the breast within one hour of birth.
Prelacteal feeding	Per cent of breastfed newborns receiving liquids or foods other than breastmilk in the first three days of life.
Exclusive breastfeeding under 6 months of age	Percentage of infants 0–5 months of age who were fed exclusively with breastmilk during the previous day. * Exclusive breastfeeding is defined as breastfeeding with no other food or drink, not even water. Breastfeeding by a wet nurse, feeding of expressed breastmilk, and feeding of donor human milk all count as being fed breast milk. Prescribed medicines, oral rehydration solution, vitamins and minerals are not counted as fluids or foods. However, herbal fluids and similar traditional medicines are counted as fluids, and infants who consume these are not exclusively breastfed.
Predominant breastfeeding	Percentage of infants 0–5 months of age who received breastmilk as the predominant source of nourishment during the previous day. * Predominant breastfeeding is defined as no food, animal milk or formula but consumption of breastmilk, water, water-based drinks (sweetened or flavoured water, teas, infusions, etc.), fruit juice, oral rehydration salts; drop and syrup forms of vitamins, minerals, and medicines.
Continued breastfeeding in children aged 12–23 months	Percentage of children 12–23 months of age who were fed breastmilk during the previous day.
Continued breastfeeding at 1 year of age	Percentage of children 12–15 months of age who were fed breastmilk during the previous day.
Continued breastfeeding at 2 years of age	Percentage of children 20–23 months of age who were fed breastmilk during the previous day.
Introduction of solid, semi-solid or soft foods at 6–8 months of age	Percentage of infants 6–8 months of age who consumed solid, semi-solid or soft foods during the previous day.
Minimum dietary diversity at 6–23 months of age	Percentage of children 6–23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day. *The eight food groups are: (i) breastmilk; (ii) grains, roots and tubers; (iii) legumes and nuts; (iv) dairy products (infant formula, milk, yogurt, cheese); (v) flesh foods (meat, fish, poultry and liver/organ meats); (vi) eggs; (vii) vitamin-A rich fruits and vegetables; (viii) other fruits and vegetables.

Minimum meal frequency at 6–23 months of age	<p>Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day.</p> <p>*Minimum is defined as: two times solid, semi-solid or soft foods for breastfed infants 6–8 months of age; three times solid, semi-solid or soft foods for breastfed children 9–23 months of age; and four times solid, semi-solid or soft foods and/or milk feeds for non-breastfed children 6–23 months of age.</p>
Minimum acceptable diet at 6–23 months of age	<p>Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day.</p> <p>*Breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day AND non-breastfed children 6–23 months of age who received at least two milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day.</p>
Egg and/or flesh food consumption at 6–23 months of age	<p>Percentage of children 6–23 months of age who consumed egg and/or flesh food during the previous day.</p> <p>*This indicator is based on consumption of flesh foods (meat, fish, poultry, and liver/organ meats) and eggs. Children are counted if either food group has been consumed.</p>
Zero vegetable or fruit consumption at 6–23 months of age	<p>Percentage of children 6–23 months of age who did not consume any vegetables or fruits during the previous day.</p> <p>* This indicator is based on consumption of vitamin A-rich fruits and vegetables and other fruits and vegetables described in the minimum dietary diversity indicator. Children are counted if there was no consumption of either food group. Plantains, starchy roots and tubers (such as white potatoes, yams and cassava) do not count for this indicator.</p>
Insufficient physical activity in children aged 11–17 years	Percentage of children aged 11–17 years attaining less than 60 minutes of moderate- to vigorous-intensity activity daily.
Insufficient physical activity in adults aged 18 years and older	Percentage of adults aged 18 years and older attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.
Raised blood pressure in adults aged 18 years and older	Percentage of adults aged 18 years and older with systolic blood pressure \geq 140 OR diastolic blood pressure \geq 90).
Salt intake in adults	Estimated intake of salt (sodium chloride) per day in grams in adults aged 18 years and older.
Raised blood glucose/diabetes	Percentage of adults aged 18 years and older with a fasting plasma glucose concentration \geq 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose.
Antenatal care (at least four visits)	Percentage of women aged 15–49 years with a live birth that received antenatal care four or more times in a given time period.
Antenatal care (at least eight visits)	Percentage of women aged 15–49 years with a live birth that received antenatal care eight or more times in a given time period.
Weight and blood pressure monitored during antenatal care	Percentage of pregnant women aged 15–49 with a live birth in the previous two years who had weight and blood pressure monitored during their first antenatal visit.
C-section	Percentage of births by caesarean section among all live births in a given time period.

Iron tablets or syrup for 90+ days during pregnancy	Women with a birth in the past 5 years who took iron tablets or syrup for 90+ days.
Institutional delivery	Percentage of women aged 15–49 years who gave birth in a health facility.
Receipt of iron tablets or syrup during antenatal care	Women with a birth in the past three years who received iron tablets or syrup in antenatal care.
Receipt of iron folic acid or multiple micronutrient supplements in first trimester of pregnancy	Percentage of pregnant women who received iron folic acid supplementation or multiple micronutrient supplementation in the first 12 weeks of pregnancy.
Skilled birth attendant	Percentage of births from mothers aged 15–49 years attended by skilled health personnel (typically a doctor, nurse or midwife).
Two-dose vitamin A supplementation coverage in children aged 6–59 months	Proportion of 6–59-month-olds receiving two high-dose vitamin A supplements in a calendar year (lower of semester 1 and semester 2 coverage).
Deworming coverage in children aged 1 to 5 years	Percentage of children 12–59 months of age who received deworming (400 mg albendazole or 500 mg mebendazole) in the previous 6 months.
Management of diarrhoea	Percentage of children under 5 years of age with diarrhoea receiving zinc treatment.
Households consuming salt with iodine	Percentage of households consuming salt with any iodine (>0 ppm).
Women aged 20–24 years who gave birth before age 18	Women aged 20–24 years who gave birth before age 18.
Birth rate for adolescent girls aged 15–19 years	Number of births per 1,000 adolescent girls aged 15–19 years.
Child marriage before age 15	Child marriage – Percentage of women aged 20–24 years who were first married or in union before they were 15 years old.
Child marriage before age 18	Percentage of women aged 20–24 years who were first married or in union before they were 18 years old.
Maternal mortality ratio	Number of deaths of women from pregnancy-related causes per 100,000 live births during the same time period.
Safely managed drinking water	Drinking water from an improved water source which is located on premises, available when needed and free from faecal and priority chemical contamination.
Basic drinking water	Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing.
Limited drinking water	Drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip including queuing.
Unimproved drinking water	Drinking water from an unprotected dug well or unprotected spring.
Surface water (drinking water)	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal.
Safely managed sanitation	Use of improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site.
Basic sanitation	Use of improved facilities which are not shared with other households.
Limited sanitation	Use of improved facilities shared between two or more households.
Unimproved sanitation	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines.
Open defecation	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste.

Basic hygiene facilities	Availability of a handwashing facility on premises with soap and water.
Limited hygiene facilities	Availability of a handwashing facility on premises without soap and water.
No hygiene facility	No handwashing facility on premises.
Undernourishment	Proportion of the population whose habitual food consumption is insufficient to provide the dietary energy levels that are required to maintain a normal active and healthy life. It is expressed as a percentage.
Moderate to severe food insecurity	Prevalence of moderate or severe food insecurity based on Food Insecurity Experience Scale (FIES).
Severe food insecurity	Prevalence of severe food insecurity based on FIES.
Food inflation rate	Food inflation - base-year is rescaled to 2010, National consumer price index (CPI) by COICOP, percentage change from previous year (%), Food and non-alcoholic beverages.
General inflation rate	General inflation - base-year is rescaled to 2010, National CPI by COICOP, percentage change from previous year (%), General - Individual consumption expenditure of households.
Total dietary energy in the food supply	Total Dietary Energy Supply in the food supply (kcal/capita/day) for specific food groups.
National fruit and vegetable availability	National fruit and vegetable availability in grams/capita. Food supply quantity (kg/capita/year).
Fewer than five servings of fruits and vegetables in adults	Percentage of adults aged 18 years and older of persons consuming less than five total servings (400 grams) of fruit and vegetables per day.
Annual GDP growth rate	Annual percentage growth rate of GDP at market prices based on constant local currency. Aggregates are based on constant 2010 U.S. dollars. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources.
GDP per capita, PPP	GDP per capita based on purchasing power parity (PPP). PPP GDP is gross domestic product converted to international dollars using purchasing power parity rates. An international dollar has the same purchasing power over GDP as the U.S. dollar has in the United States. GDP at purchaser's prices is the sum of gross value added by all resident producers in the country plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources.
Gini coefficient	Gini index measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The Gini index measures the area between the Lorenz curve and a hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. Thus, a Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.

Poverty rates below \$1.90/day	Percentage of the population living on less than \$1.90 a day at 2011 international prices. The 'international poverty line' is currently set at \$1.90 a day at 2011 international prices.
Poverty rates below \$3.20/day	Percentage of the population living on less than \$3.20 a day at 2011 international prices.
Poverty gap ratio	The poverty gap ratio is the mean shortfall of the total population from the poverty line (counting the non-poor as having zero shortfall), expressed as a percentage of the poverty line.
Life expectancy at birth	Number of years newborn children would live if subject to the mortality risks prevailing for the cross-section of population at the time of their birth.
Life expectancy at birth (female)	Number of years newborn female children would live if subject to the mortality risks prevailing for the cross-section of population at the time of their birth.
Life expectancy at birth (male)	Number of years newborn male children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.
Income share – bottom 20 per cent of households	Percentage of income received by the 20 per cent of households with the lowest income (2010–2018).
Income share – bottom 40 per cent of households	Percentage of income received by the 40 per cent of households with the lowest income (2010–2018).
Income share – top 20 per cent of households	Percentage of income received by the 20 per cent of households with the highest income (2010–2018).
Neonatal mortality rate	Probability of dying during the first 28 days of life, expressed per 1,000 live births.
Infant mortality rate	Probability of dying between birth and exactly 1 year of age, expressed per 1,000 live births.
Under-five mortality rate	Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.
Population growth rate (2010–2018)	Average rate of growth of the population. It is calculated as $\ln(P_t/P_0)/t$ where t is the length of the period. It is expressed as a percentage.
Population growth rate (2018–2030)	Average rate of growth of the population. It is calculated as $\ln(P_t/P_0)/t$ where t is the length of the period. It is expressed as a percentage.
Proportion of urban population	Urban population as a percentage of the total population.
Unemployment rate	Unemployment, total (% of total labour force) (modelled International Labour Organization estimate): Unemployment refers to the share of the labour force that is without work but available for and seeking employment.



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one community

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