

Workshop Report

Southeast Asia Public Health Nutrition
Leadership Programme Workshop
26 October 2022 | Zoom Online Platform



Partner Societies/Associations:

Supported by Educational Grant from:



Food and Nutrition
Society of Indonesia



Nutrition Society of
Malaysia



Nutrition Foundation of
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Nutrition Association
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Maha Chakri Sirindhorn



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M P O C

1. BACKGROUND

The Southeast Asia Public Health Nutrition Network (SEA-PHN Network)* had planned to conduct a training programme in Malaysia to enhance the leadership capabilities of young nutrition professionals in the Southeast Asia (SEA) region in 2019. The Network had envisaged that the programme could contribute to the development of future leaders in food and nutrition science particularly in public health and community nutrition. It is imperative that there should be a critical mass of well-trained public health nutritionists who are inspired and capable to lead and contribute to the implementation of the identified programmes and activities in the National Plan of Action for Nutrition (NPANs) of the countries in the region.

NPANs have been developed by governments to serve as vital blueprint in guiding the nations on dealing with different nutritional issues and concerns of the population. The NPAN serves as a tool for action, an operational plan that sets out strategies; identifies projects and activities, with details of implementation such as what, how and when; designates responsibilities and accountability for the activities; identifies resource requirements; and sets out the plan for monitoring and evaluation. As NPANs are the key documents that countries use to combat all forms of malnutrition, it is vital that nutritionists are fully aware of these plans, particularly the NPAN of respective country, and determine how they can contribute to the identified programmes and activities.

However, due to the lock-downs enforced by countries in the region in the past three years brought about by the COVID-19 pandemic, the planned in-person nutrition leadership programme could not be conducted. After witnessing the devastating effects, including ill health brought about by the pandemic, it becomes even more crucial that the planned programmes and activities of the NPANs should be effectively implemented. While there is evidence that the countries in the region may be transitioning to an endemic phase, it is vital to ensure that the COVID-19 does not lead to malnutrition crisis, as well as to prevent non-communicable diseases that are risk factors for higher COVID-19 morbidity and mortality. It has also been recognised that the pandemic has brought significant challenges to the implementation of the NPAN's programmes and activities. Adjustments to strategies and approaches and alternatives are to be made in order to ensure successful implementation of the programmes and activities.

It has been recognised that it is challenging to organise an in-person nutrition leadership programme at this time as the threat of COVID-19 remains. The SEA-PHN Network and Malaysia Nutrition Leadership Programme (MyNLP) had therefore jointly organised the virtual Southeast Asia Public Health Nutrition Leadership Programme (SEA-PHN LP) Workshop on 26 October 2022. The Programme focused on the providing a better understanding and implementation of NPANs in the Southeast Asia region.

*About SEA-PHN Network

Established on June 2014, the Network is a public-private partnership (nutrition societies and corporate companies) in the Southeast Asia (SEA) region aims for a more effective implementation of public health nutrition measures to improve nutritional wellbeing of populations in the region. The current five member societies/associations of the network, which are affiliated with the Federation of Asian Nutrition Societies (FANS) and the International Union of Nutritional Sciences (IUNS) are Food and Nutrition Society of Indonesia, Nutrition Society of Malaysia, Nutrition Foundation of the Philippines, Inc., Nutrition Association of Thailand and Vietnam Nutrition Association. The current Associate Members (corporate partners) of the Network include BENEIO-Institute, IFF, PepsiCo Services Asia Ltd and Malaysian Palm Oil Council. More details of the Network are available on the Network website: <http://sea-phn.org>.

2. WORKSHOP OVERVIEW

The theme of this workshop was ‘understanding and implementation of NPANs in SEA countries’, with the general objective of contribute towards enhancing leadership competency among young nutritionists in the SEA region in the area of NPAN. Specifically, the workshop also aimed to provide a platform for nutritionists in the region to

- better understand the strategies and programmes adopted by NPAN within participants’ country as well as those of countries in SEA in tackling specific nutritional problems
- learn to communicate effectively and share their opinions and experiences, especially in the area of NPANs, among nutrition professionals from different sectors and different countries in SEA region
- hone the application of soft-skills and acquiring the requisite knack towards enhancing leadership competency among nutrition professionals
- establish professional and social networks with public health nutrition workers within country as well as countries in the region

A total of 23 Nutritionists from five SEA countries (Indonesia, Malaysia, Philippines, Thailand and Vietnam) participated the workshop. The workshop comprised two main components, namely:

- I. preparation of group assignment report on NPAN approaches in SEA countries in addressing selected nutrition problems
 - a. Iron deficiency anaemia
 - b. Iodine deficiency disorder (IDD)
 - c. Stunting and wasting
 - d. Obesity
 - e. Non-communicable diseases (NCDs)
- II. presentation of the group report and discussions on the specific nutritional problems identified

The Agenda of the Workshop, organised on a Zoom platform, is given in Appendix 1.

The participants of the workshop were pooled and assigned to five groups, each group comprised a mix of nutritionists from different countries and work background (public health, academia). Each group of participants was assigned a major nutritional problem identified in national NPANs and worked together via virtual meetings among members to jointly prepared a report prior to the workshop. The report provided comparison and comments on the strategies and programmes by different country NPANs to combat the assigned nutritional problem.

During the workshop, participants:

- Presented respective group assignment report
- Provided feedback and commented on group reports including comments made on own national NPAN and those pertaining to other countries’ NPAN
- Shared recommendations on future action at national/SEA level in addressing the nutritional problems assigned
- Shared views for future activities to enhance skills and training needs; strengthening networking and multisectoral approaches

The workshop was also attended by resources persons i.e. council members of the SEA-PHN Network and members of the Technical Working Committee of MyNLP. Resources person provided comments on group reports presented and shared more insights with participants regarding NPAN of respective country.

3. WELCOME AND INTRODUCTIONS

Opening remarks

The leadership programme workshop commenced with a welcome remark from Dr Tee E Siong (Dr Tee), chairman of the SEA-PHN Network. He welcomed and thanked participants for joining this workshop, the first of its kind in the region organised by the Network - a partnership of five nutrition society/association in the SEA region and supported by educational grant from four corporate companies BENEIO-Institute, IFF, PepsiCo Services Asia Ltd and Malaysian Palm Oil Council.

Dr Tee also shared an overview of the SEA-PHN Network, its activities and vision in promoting public health nutrition in the region through maintaining an interactive network among nutritionists and promoting periodic exchange of experiences and activities in all public health nutrition issues. He invited workshop participants to take part in more future activities of the Network and further share the works of the Network with colleagues/nutritionists in the region.

Introduction of Organizing Committee Members

The organising committee members of the workshop comprised:

- Council Members of the SEA-PHN Network
- Members of MyNLP Technical Working Committee

Assoc Prof Dr Mahenderan Appukutty (Assoc Prof Dr Mahenderan), chair of MyNLP Technical Working Committee shared the background of MyNLP and highlighted the importance of capacity building activities for nutritionists. He then introduced the committee members of MyNLP. Organising committee members also served as the resources persons for the workshop together with technical representatives from the Associate Members of the SEA-PHN Network.

Participants Self-Introduction Session

The workshop gathered 23 nutritionists from diverse backgrounds. Participants respectively presented a self-intro slide, shared their background, areas of practice, public health nutrition related experiences, as well as research interest in their 2 minutes self-introduction speech.

The list of resources person and participants self-intro slides are as given in Appendix 2.

4. PRESENTATIONS OF ASSIGNMENT REPORTS ON SPECIFIC NUTRITIONAL ISSUES

Group A. Iron Deficiency Anaemia (IDA)

Group participants: *Dr Law Leh Shii (Malaysia), Ms Hanis Bazila Abu Hasan (Malaysia), Ms Afina Rachma Sulistyaning (Indonesia), Dr Kansuda Wunjuntuk (Thailand) and Dr Truong Tuyet Mai (Vietnam)*

The presentation discussed prevalence of IDA and nutritional programmes & policies targeting IDA in three SEA countries i.e. Malaysia, Indonesia, and Thailand.

Key messages highlighted in the presentation:

- IDA is prevalent and continue to be a public health concern among the SEA countries, particularly among young children and women of reproductive age, and elderly groups.
- The lack of dataset on status of IDA in certain age groups [e.g. infants (0-2/3 years old), teenagers (13-14 years old) and elderly in Malaysia and Thailand] and the need of complete dataset for better policy making decision.
- There were more similarities than differences among the countries in the strategies/programmes taken to combat IDA, among the commonality include:
 - Nutrition surveillance
 - Nutrition education and counselling for high risk groups
 - Iron supplementation
 - Development of training materials for healthcare professionals
 - Multi-agencies collaboration
- Challenges and drawback of the policies in respective countries:
 - Malaysia
 - Challenges in meeting the projected target for IDA reduction especially among children below 5 years and female teenagers due to problems such as lack of budget, household food insecurity and low awareness among rural population despite promotion of iron-rich food messages.
 - Indonesia
 - While most teenagers and pregnant women received iron supplementation, many of them were receiving less than the minimum amount recommended and thus low percentage of targeted population consuming enough recommended iron. The further drawback includes low adherence to iron supplementation tablet consumption.
 - Thailand
 - Iron supplement intakes adherence issue among pregnant and reproductive age women, and that pregnant women undergoing antenatal care in private clinics may not be receiving sufficient supplementations. For children, despite the proactive action plans taken, the main drawbacks were the lack of attention from parents and health workers on the anaemia problem and its effect on children's physical and mental development, as well as the taste of the iron-fortified solution that decreases the adherence rate among children.
- Recommendations by the group on possible future action plans to improve the strategies and programmes include:
 - The conduct of national survey for iron intake/IDA status should be extended to cover elderly groups as well as middle age groups to have a better understanding on the overall situation.

- Anaemia education and iron supplementation could be part of study curriculum in school nationwide, and inclusion of consumption advice on supplementation package to increase compliance.
- Systematic surveillance system is important to provide clearer picture on IDA situation in the SEA countries.
- Sharing of experiences/regional collaboration among SEA countries should be continued to help identify strengths and weaknesses for the surveillance system and programmes implementation.

Discussion:

Dr Saipin Chotivichien (Dr Saipin), director of Bureau of Nutrition, Ministry of Public Health Thailand shared more insights of the Thailand's strategies in addressing IDA:

- The country has been implementing Thai Women Red Cheek Project and is working with multiple related organisations especially National Health Security Office to further implement this project, and that starting October 2022, every reproductive woman aged 20-45 years old would be able to receive folic and iron supplementation via visiting any public health centre including drug stores in Thailand.
- For pregnant women, Thailand is also working with the academic institute to share the strategies to ensure pregnant women receiving antenatal care in private clinics would be able to receive sufficient iron, iodine and folic acid supplements.
- Thailand does not currently have an iron or folic acid fortification programme.
- To a question on how countries in SEA can work together in strategies to combat IDA, she shared her view on the importance of health literacy and continue to raise the awareness of the population. It was suggested that participants of the workshop from academia/research institutions sector could explore further on this area and that universities are important platform to share health literacy information.

Ms Khairul Zarina (member of technical working committee of MyNLP and Assistant Director from Nutrition Division, Ministry of Health Malaysia) shared the results of the mid-term review process of NPAN Malaysia:

- Due to the extension of the global nutrition target (GNT) to 2030, some of Malaysia's targets have been reviewed to be in line with the extension of GNT.
- There are some indicators with new target, and that strategies for anaemia especially for women of reproductive age groups have been intensified.

Participants also discussed on potential future initiatives to strengthen iron supplementation programme:

- Iron supplementation and nutrition education should go hand in hand and there is a necessity to increase healthy eating practices especially diet with iron rich foods among the targeted population.
- The need to address the issue of lack of nutritionists to conduct nutrition education at grassroot level.
- Iron fortified chewable gummies could be explored to address the drawback of the unpleasant taste of iron tablets.

Group B. Iodine Deficiency Disorder (IDD)

Group participants: *Dr Praew Chantarasinlapin (Thailand), Dr Ngo Thi Ha Phuong (Vietnam), Dr Yong Heng Yaw (Malaysia), Ms Kimberly Wong Yuin Y'ng (Malaysia) and Ms Wanda Lasepa (Indonesia)*

The presentation shared an overview on the iodine deficiency disorders (IDD) scenario in Malaysia, Indonesia, Vietnam and Thailand, as well as compared the strategies and programmes in the four countries.

The key presentation points were:

- All four countries have iodine intake recommendations for the population; differences in the recommended iodine intake amounts are due to the different concentration and calculation methods used to derive the recommendations
- Similar strategies and programmes undertaken in combating IDD include:
 - Salt iodization programme is implemented in all four countries

- Provision of iodine supplementation (Thailand) /multi-micronutrient supplementation (Vietnam) to pregnant women
- Community engagement/education activities (Malaysia, Vietnam, Thailand)
- Country-specific programmes/strategies by respective country:
 - Distribution of iodised salt to pregnant mothers/children in endemic areas in Malaysia
 - Short-term iodised oil capsules programme in Indonesia
 - National plans to prevent iodine deficiency and establishment of national iodine database (digital platform) in Thailand
 - In Vietnam, IDD prevention activities are integrated with many programmes e.g. as part of a general food fortification programme, part of micronutrient supplementation programme, part of programme to control and prevent NCDs
- Universal salt iodisation programme significantly improved IDD status among certain population in the countries (e.g. children in Malaysia). However, the proportion of household using iodised salt/adequately iodised were less than half (30.2% Vietnam, 43.2% in Indonesia, 47.8% in Malaysia).
- Shortcomings identified for IDD elimination were common in most countries
 - Lack of publicity when promoting educational campaign and unable to reach all communities
 - High cost of iodised salt and iodine-containing foods
 - Iodine instability in salt over time
 - Lack of regular monitoring on IDD status (e.g. newborns, pregnant and lactating mother) as well as the quality control of the salt in food industry
 - Programme sustainability
- Challenges identified in implementing the IDD intervention programme include:
 - Low health literacy
 - Not familiar with technology, thus unable to access related educational information
 - Geographical and cultural barriers
 - COVID-19 pandemic preventing the pregnant mothers from seeking antenatal care earlier, thus delaying iodine supplementation
 - Food trends e.g. Himalayan salt
 - Quality control among local farmers

The group made the following recommendations for future strategies and activities to combat IDD in the countries:

- Fortification of iodised water and staple foods
- Regular monitoring of IDD and surveillance system on iodised salt usage in the community
- Evaluation of cost-effectiveness & effectiveness of programme/campaign
- Community activities, database and supplementation for vulnerable groups (pregnant mothers, children, newborns, lower socioeconomic groups) should be continued
- Increase health literacy on importance of iodine, sources of iodine, and proper use of iodised salt
- Multi stakeholders' partnership and commitment

Discussion:

- The use of MMS for other population groups e.g. children for other nutritional problem i.e. anaemia was discussed.
- Ms Goh Peen Ern (Ms Goh), resource person from BENEIO-Institute shared her view on the need to balance the public health messages on promoting the use of iodised salt and eating less salt to prevent NCD, i.e. hypertension.
- Dr Saipin shared Thailand's strategies in integrating the two educational messages in which the public are encouraged to choose iodised salt when selecting salt and consume not more than 1 teaspoon per day.

Group C. Stunting & Wasting

Group members: Ms Ainor Farahin (Malaysia), Ms Sukanya Buasri (Thailand), Ms Dian Luthfiana Sufyan (Indonesia) and Dr. Nurzalinda Zalbahar (Malaysia)

The presentation shared the programmes and strategies in combating stunting & wasting in Indonesia, Malaysia and Thailand, as well as the challenges in implementing the strategies and programmes.

The key messages presented include:

- Stunting and wasting are still public health concern in the three countries, with prevalence of stunting ranged from 8.7-30.7% while prevalence of wasting ranged from 5.4-12.7%; Thailand has the lowest stunting and wasting rate among the three countries.
- Countries have different strategies in addressing stunting and wasting problem:
 - Malaysia – focused on incorporation of nutrition objectives and components into policies/plans in all relevant ministries/agencies, multistakeholder approaches as overarching strategies; empowering individuals, families and communities as agents of change; strengthening monitoring & evaluation as well as research & development capacity
 - Indonesia – strategies focused on national campaign on behavioral changes & political commitment; consolidation of national and local community programmes; strengthening nutritional food security policy and nationwide surveillance for monitoring and evaluation
 - Thailand – strategies focused on ending hunger, achieving food security, promoting sustainable agriculture, increasing food and nutrition literacy of the population, development of technology and innovation for nutritious foods, and integrated food education programme throughout the food chain
- While the strategies taken were different among countries, there were some similarities in the programme and activities identified; these include:
 - Emphasise on nutrition promotion activities for the First 1000 Days of life
 - Pre-schoolers/school children/school milk programme
 - Micronutrient supplementation for women of reproductive age/pregnant women/adolescent girls
 - Promote the use of iodised salt
 - Food fortification programmes
 - Food and nutrition security enhancement programme
 - Nutrition education/promotion in schools
- In addition to nutrition specific intervention, nutrition sensitive interventions were also implemented in Indonesia, with involvement of various sectors and agencies.
- Lack of intersectoral/multi-stakeholder coordination in implementing the strategies/programme was identified as one of the common shortcoming in the countries.
- Other challenges of Malaysia appeared in the areas of financial resources commitment, human resource capacity, and monitoring and evaluation system
- In Indonesia, other key challenges include inter-generational cycle of stunting and wasting, demographic and geographic discrepancy issue, as well as complex intervention for double/triple burden of malnutrition.

Discussion:

- It was acknowledged that the prevalence of stunting in the countries are generally linked to lower socioeconomic status, poor sanitation and the cycle of infection and malnutrition.

- Transport facilities to access health services in rural areas would be another main problem/challenge to be tackled.
- Giving Malaysia's examples on the platforms available for multi-stakeholders collaboration on the issue of stunting, Ms Khairul Zarina opined that the real challenge lies in the coordination among multi-stakeholders is the commitment and efforts from different sectors in giving priority to nutrition.
- Dr Tee opined that intersectoral approaches have been improving and that moving forward, it is important to look into getting commitment from other agencies; the thinking of other agencies seeing nutrition as the sole responsibility of MOH should be tackled with.

Group D. Obesity

Group members: Dr Nurliyana Abdul Razak (Malaysia), Ms Adibah Zakaria (Malaysia), Mr Diyan Yunanto Setyaji (Indonesia) and Dr Wannachanok Boonchoo (Thailand)

The presentation shared the NPAN strategies and programmes in addressing obesity in Malaysia, Indonesia and Thailand as well as the achievement, shortcomings and challenges in combating obesity in these countries.

The presentation brought out the key messages that:

- The four countries have implemented different strategies in addressing obesity:
 - Malaysia's strategies covered different areas e.g. BMI as part of performance appraisal in workplace; health eating messages through media and ban of unhealthy food advertisements; tax/reduce subsidy on cooking oil and sugary drinks; and reduced service size/healthier options/nutrition information by restaurant and food companies.
 - Indonesia focused on involving and consolidating the efforts of central government, local government, communities and business industry in curbing obesity.
 - Thailand strategies for managing overnutrition focused on promoting nutrition literacy to develop desirable behaviour in healthy food consumption of people of all age groups.
- The programmes developed to prevent and address obesity that were unique among countries and targeting different population:
 - Malaysia has established obesity prevention and management programmes for different population i.e. workplace employees, community, school children and housewives.
 - In addition to community-based programmes, Indonesia has cross-sectoral collaboration programme, as well as peer groups in youth environment in an effort to educate and communicate on obesity prevention.
 - Thailand's programmes focused on supporting the food management settings, among other programmes that are in progress include presumptive nutrition labelling project and community-based nutrition education/nutrition courses in the community.
- Despite the strategies and programmes undertaken, there were challenges in meeting the target in the reduction of obesity.
- The shortcomings identified for the programmes/policies were mainly in the phase of execution e.g. programmes mainly confined to government agencies and lack of monitoring in Malaysia, insufficient nutritionists in community setting for programme execution and lack of collaboration among agencies in Thailand.
- Among the issues cited as challenges in implementing the programmes/strategies in these countries include:
 - Lack of private sectors involvement in obesity intervention programmes in Malaysia
 - Inter-generational nutritional problems and trans-generational consequences in Indonesia, in addition to low public awareness and poor policies decentralization and high regional disparities.

- Obesity prevention is being perceived as responsibility of Ministry of Public Health in Thailand

The group made the following suggestions on the future strategies and activities for obesity prevention and management in the countries:

- Malaysia
 - All agencies should work together to achieve a common goal.
 - Intervention programmes to be made available to all government and private sectors, with regular monitoring to determine the effectiveness of the implementation and identify improvement needed
- Indonesia
 - Cross-sectoral collaboration is needed to identify stakeholders, their roles and respective capacity in achieving food and nutrition improvements
- Thailand
 - Development of an efficient tracking and evaluation system
 - Seek collaboration and commitment of broader sectors to address obesity, defining roles and responsibilities for each of the stakeholders
 - Advocacy and support for research that demonstrates the leverage that can be used to close the country's gap

Discussion:

- The use of taxation for unhealthy food and beverages was discussed and it was pointed out that while taxation could be effective for big food industry players, there seem to be little impact on street foods provided by street food vendors. The lack of attention given to the abundance of street foods was one of the common challenges of the SEA countries in addressing obesity.
- There was concern on the easily accessible of high calorie, high salt, high sugar street foods near school areas in some SEA countries and that the authorities have been having difficulty on imposing tax on street foods sold.
- It was suggested more strategies should be applied to protect the younger generations.

Group E. Non-Communicable Diseases (NCDs)

Group members: Ms Agatha (Indonesia), Dr Aree Prachansuwan (Thailand), Dr Chang Chung Yuan, Henry (Malaysia), Ms Charms Trinidad (Philippines) and Dr Sudathip Sae-tan (Thailand)

The presentation focused on diet-related NCDs, particularly diabetes in Indonesia, Malaysia, Philippines and Thailand. The group shared the prevalence of diabetes in the countries, overview of national plans, programmes and indicators for NCDs, the common challenges in the implementation as well as success factors and recommendations for diabetes prevention and management.

Among the key messages shared were:

- The overall prevalence of diabetes in the four SEA countries ranged from 7.1% - 19.0%, with Malaysia has the highest rate of diabetes (19.0%), followed by Indonesia, Thailand and Philippines.
- There were no specific objective/policies on addressing diabetes alone in the NPANs of the four countries NPANs.
- Nevertheless, countries have implemented strategies and programmes closely related to diabetes and other NCDs prevention as well as creating good foundation to help combat diseases (e.g. overweight and obesity prevention and management programmes, tax on sugar-sweetened beverages, school nutrition promotion, healthy diet and lifestyle/health literacy promotion).

- Several indicators for NCDs were used by most of the countries, collected via national surveys:
 - Among the common indicators were rate of overweight and obesity among children under 5 and in adults.
 - Malaysia has included additional NCD indicators including prevalence of hypertension, hypercholesterolemia and diabetes in adults, and overweight and obesity in elderly.
 - Thailand has unique indicators on prevalence of tobacco use in population, the rate of cardiovascular prone population receiving drugs and consultancy as well as accessibility to treatment.
- Lack of multisectoral collaboration, political/leaders commitment and inadequate efficient monitoring and evaluation were the common challenges identified in implementing NPANs strategies on NCDs. Among other different challenges identified for each country include:
 - Lack of human resource capacity (Malaysia)
 - Lack of budget for formulation exercises (Philippines)
 - Integration of nutrition professions and networking partners need to be strengthened, and challenges of the academics and researchers to meet the nutritional gaps (Thailand)
- Some of the successful factors of the countries in implementing the programmes include:
 - Diabetes registry dataset for monitoring quality of care for people living with Diabetes (Malaysia)
 - Wide coverage of population for healthy diet and lifestyle promotion programmes to prevent diabetes and other NCDs e.g. national Healthy Living Community Movement (Indonesia)
 - Policies control (e.g. taxation on sugar-sweetened beverages) and promotion of school nutrition environments (Philippines)
 - Public campaign on health literacy and health behaviours with easy to remember code/slogan e.g. 3E 2S (eating, exercise, emotion, stop smoking, stop drinking)

The group participants provided some suggestions on improving the diabetes reduction strategies as well as developing sustainable programme for the public:

- Awareness programme can be age-group targeting e.g. specific easy-to-understand syllabus for children, teenagers, adults and elderlies.
- Information disseminations should not be solely on clinical management, but also on education for behavioural and lifestyle changes.
- Among other country-specific recommendations by the group were:
 - Indonesia:
 - Strengthen monitoring, evaluation and learning of the current national programmes, specifically on NCDs prevention
 - Strengthen a comprehensive approach to NCDs prevention, including sugar levy and food labelling regulations.
 - Strengthen social and behaviour change communication on healthy lifestyle at earlier age, including school-aged children.
 - Malaysia
 - Enhance monitoring and evaluation of the care outcomes.
 - Improve healthy eating/diabetes prevention education and awareness to the public, especially in the rural areas.
 - Philippines
 - Develop a comprehensive cost strategy and accountability mechanisms to address overweight and obesity through multiple sectors and systems.
 - Enhance social and behaviour change communication
 - Improve data collection and reporting on overweight and obesity through surveys and routine data
 - Thailand
 - Discover and specify clear target groups (i.e. high risk) for healthy behavioral change education
 - Active care of diabetic and hypertensive patients along with healthy behavioural changes and complications screening.
 - Strengthen public communication and provide reliable information
 - Develop IT systems to support action plan and to increase the community reach

Discussion:

- Ms Agatha shared that Indonesia has initiated a discussion on a specific task force and regulation on diabetes mellitus.
- It was discussed that the monitoring and evaluation were insufficient to prevent NCDs and that there was lack of strong monitoring on street food vendors.
- Dr Chang Chung Yuan (Dr Chang) opined that education to increase consumers awareness on healthy food choices would bring greater impact as compared to taxation on unhealthy foods.
- Ms Khairul Zarina pointed out that while taxation e.g. on sugar sweetened beverages may not be effective for all, the strategy is important in pushing and encouraging food industries to reformulate and lower the sugar level in the products so as not to exceed the ceiling level of the taxation. She further added that initiative with similar effect would be the 'healthier choice logo' initiative which encourages food manufacturers to reformulate the products to meet the criteria set for healthier choice.
- Participants generally shared the same view that no single strategy alone could address NCDs and that several strategies including nutrition literacy education, taxation, encouraging mindful eating should go hand in hand in tackling the problems.

5. OVERALL DISCUSSION

The presentations were followed by an overall discussion forum, where participants and resources persons discussed further the suggestions/recommendations/possible action to improve future NPANs' strategies/programmes. The key discussions covered several areas:

Regular update and sharing of food composition database

- The increasing trend in travelling has increased the availability and accessibility of wide variety of foods across the countries.
- Dr Chang shared his view on the necessity to periodically update food composition within the country and share the database across countries in the region as a useful reference to enable countries to assess food consumption/nutrient intakes of the population more accurately.
- Ms Khairul Zarina shared that MOH Malaysia has been updating the food composition database periodically; one module on food industry has been added allowing food companies to share nutritional information about their products and that certified protocol for the analysis of product's nutrients has been developed for food industry reference.
- MOH Malaysia is also collaborating with laboratories conducting food analysis in the country to contribute related food composition data.
- She further added that Malaysia is looking forward to collaboration with ASEAN food composition Network in updating the food composition database.
- Countries in general recognised the need to have more food composition data and more frequent update of such database.
- Dr Tee shared an update on the recently concluded work by MOH Malaysia and ILSI on the analysis of sugar content in beverages, and that the data shall be released by MOH Malaysia once ready.
- Sharing Vietnam's experiences in building composition database for common dishes and street foods, Dr Ngo Thi Ha Phuong opined that moving forward, developing food composition for street foods could

be one of the priorities, as street foods have no nutritional labelling and thus there is a gap to know the nutritional content of those foods for consumers to make informed food choices.

Holistic approaches and conducive environment for NCDs prevention

- Assoc Prof Dr Wong Jyh Eiin (Assoc Prof Dr Wong), co-chair of MyNLP technical working committee shared her view that as all countries are undergoing rapid nutrition transition and food system modernisation, no country in the region is exempted from the nutritional issues discussed, and that due to the limitation in terms of resources available, it is important to reexamine intervention in a more holistic approach i.e. integrating actions to tackle all form of malnutrition.
- Referring to the example of using multivitamin fortification as an approach to address multiple nutritional issues, Assoc Prof Dr Wong further suggested that the way forward could leverage on actions/interventions that are already in place to address multiple forms of malnutrition simultaneously. Among the examples given by Assoc Prof Dr Wong include shifting the approach in evaluating IDD programme, i.e. not only evaluating the effectiveness in reducing the IDD but also whether the programme has any impact on hypertension.
- Ms Goh shared her view on the importance of improving infrastructure available in the countries, e.g. urban planning, accessibility to free exercise/physical facilities i.e. parks to encourage healthy lifestyle practices of the population. In this regard, participants acknowledged that most of the infrastructures are only available in urban cities and that more future planning is needed in this area.
- Discussing the time constraint as one of the main barriers to healthy eating and exercises, it was suggested that:
 - efforts should focus on creating awareness, commitment and dedication among the population on prioritising nutrition and physical activity
 - nutrition interventions should also focus on strategies to accommodate healthy lifestyle of working adults and busy urban families.
 - more practical support and attention shall be given to middle income and lower income groups who are struggling to maintain their economic weight and healthy lifestyle
 - targeted approach should be applied for educational intervention programme in order to reach the population who are in need of the related information, e.g. nutrition education for grandparents in the feeding of grandchildren whilst in their care
- There was general agreement that conducive environment for healthy eating should be given priority, e.g.
 - healthier workplace setting e.g. healthy canteen and cafeteria, healthy menu during meeting, time allocation/facilities for exercises to encourage healthy lifestyle practices
 - increasing the availability, accessibility and affordability of healthy foods. In this regard, Ms Agatha shared that Indonesia's study showed that more than half of population in Eastern Indonesia cannot afford nutritious diet, and that more policies and advocacies in this area are needed.

Stakeholders and regional countries collaboration

- Multistakeholders and SEA countries collaborations in addressing common nutritional issues and the strategies to enhance the collaborations were discussed.
- Among the key points discussed/recommendations include:
 - SEA-PHN Network could be the platform creating dialogue opportunities and facilitating collaboration among SEA countries on intervention programmes

- The collaborations among agencies shall focus on food system
- The roles of food industry in producing healthy food products yet keeping the price affordable. In the regard,
 - Dr Kit Phanvijhitsiri from PepsiCo shared that under the 'affordable nutrition' portfolio, the company has been working with several markets to fortify cereal (i.e. oats) with certain nutrients that have been identified to be insufficient in the population and keep the price as low as possible. Through the corporate responsibilities projects, the company also supplies goods e.g. clean drinking waters in certain countries e.g. Philippines on regular basis.
 - Similarly, from the ingredient company point of view, Ms Goh shared that BENE-O-Institute manufactures and supplies functional ingredients that could help to tackle some of the nutritional issues discussed at lower price through corporate social responsibilities projects. She gave an example of adding the functional ingredient chicory root fibre for food fortification to increase the bioavailability of the calcium and enhance its absorption.
- The need to explore strategies to make sustainable public-private collaborations
- The need to collaborate on the monitoring and evaluation of food-based dietary guidelines in the region
- The need to engage restaurant and street food vendors on providing healthier food options and increase consumers awareness on the nutrient content of unhealthy street foods.
- Incentive initiatives for healthy foods e.g. vegetables

Feedbacks for leadership workshop and possible action plans for future programmes

Participants of the workshop shared their feedback for the workshop and provided suggestions for future capacity building programmes:

- The workshop provided good platform to learn about NPANs of SEA countries, enabled exchange of knowledge and experiences and that the lesson learnt and success stories of other countries would serve as important references for countries in achieving NPANs goal.
- The workshop enabled young nutritionists who are at the early stage of careers/first-timer to gain more public health nutrition related knowledge and experiences from peers
- There was general suggestion and preference for physical workshop in the future so as to encourage better attention, more interaction and discussion.
- Future workshop could include more elements on skills to build rapport with peers from different countries

6. WORKSHOP CLOSING REMARKS

The workshop concluded with useful suggestions in improving future NPAN's strategies and programmes, as well as capacity building and training needs of nutritionists. Dr Tee thanked all attendees for participation, contribution, and lively discussion during the workshop.

7. PICTORIAL REPORT

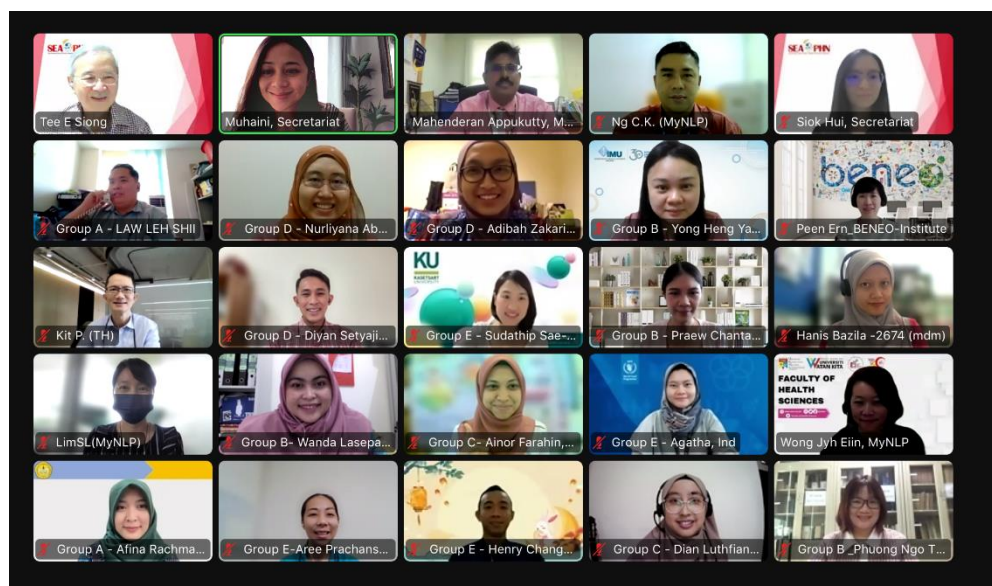


Figure 1. Group photo of the workshop attendees (1)

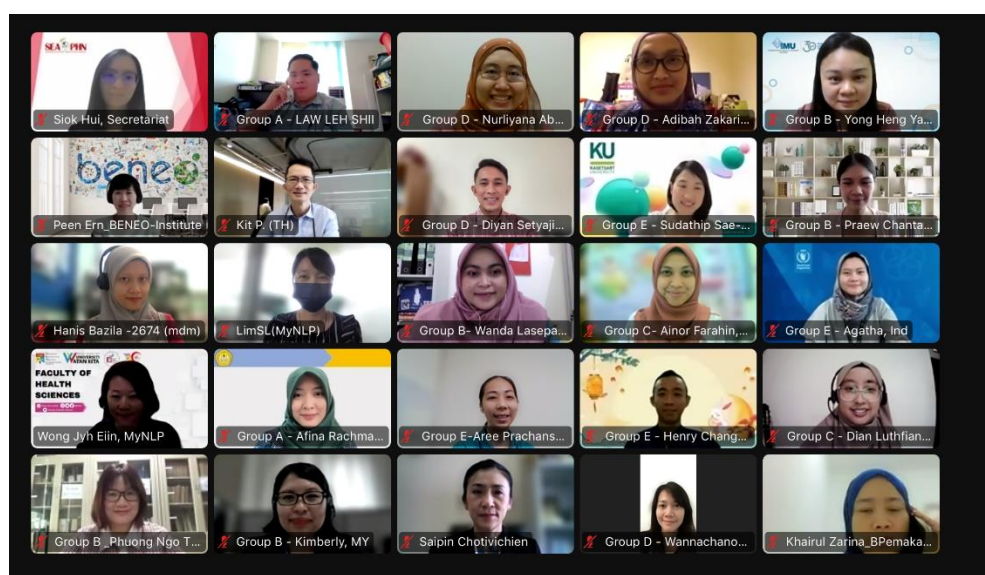


Figure 1. Group photo of the workshop attendees (2)

8. ACKNOWLEDGEMENT

SEA-PHN Network and MyNLP would like to thank all Council and Associate Members of the SEA-PHN Network and members of the Technical Working Committee of MyNLP who provided input in the planning and execution of the Workshop. They also participated in the Workshop and served as resources persons. The active participation of all 23 Nutritionists from five SEA countries (Indonesia, Malaysia, Philippines, Thailand and Vietnam) is certainly much appreciated as it enabled the workshop to be successfully conducted.

The Network acknowledges the educational grant provided by BENEIO-Institute, IFF, PepsiCo Services Asia Co. Ltd and Malaysian Palm Oil Council to support SEA-PHN Network activities and to enable this Leadership Programme Workshop to be carried out.

Appreciation is also conveyed to Versacomm Sdn Bhd for having served as secretariat for the SEA-PHN Network and organised the workshop.

Report prepared by:
Versacomm Sdn Bhd, Secretariat of SEA-PHN Network

Report vetted and approved by:
Dr Tee E Siong, Chairman of SEA-PHN Network

6 January 2023

(appendices in the following pages)

APPENDIX 1 WORKSHOP AGENDA

1st SEA PHN Leadership Programme Workshop 26 October 2022 (Wednesday) | Zoom Online Platform

9:00am-1:30pm (Kuala Lumpur, Manila, Singapore Time); 8am-12:30pm (Bangkok, Hanoi, Jakarta Time)

Agenda

Time	Items
8:45 – 9:00	Participants log in
9:00 – 9:15	Opening remarks by SEA-PHN Network Chairman
9:15 – 9:30	Introduction of Organizing Committee Members <ul style="list-style-type: none">SEA-PHN Network CouncilTechnical Working Committee of MyNLP
9:30 – 10:30	Self-introduction of participants
10:30 – 10:40	<i>Break</i>
10:40 – 13:00	Presentation of assignment reports (15 minutes presentation + 10 minutes discussion per group) <ul style="list-style-type: none">Presentation<ul style="list-style-type: none">A spokesperson from the group shall start the presentation, but all members of the group are expected to chip inDiscussion<ul style="list-style-type: none">All workshop participants, SEA PHN Network Council Members, Associate Members, MyNLP Committee MembersComments on group reports presented including strategies and programmes of country NPANs
13:00	Overall discussion and closing remarks <ul style="list-style-type: none">Suggestions for future action at national/SEA level, including enhancing skills and training needs; strengthening networking and multisectoral approaches
13:30	End of Workshop

Times indicated are Kuala Lumpur time (GMT +8hrs)


APPENDIX 2 WORKSHOP ATTENDEES

I. Participants

Indonesia

AFINA RACHMA SULISTYANING, M.Sc

- Education : Diponegoro University, Indonesia (Undergraduate)
King's College London, UK (MSc Nutrition)
- Employment : Lecturer in Undergraduate Nutrition Programmes,
Jenderal Soedirman University, Indonesia
- Research interest :
 1. Dietary and lifestyle factors on the development of chronic diseases
 2. Nutrition and lifestyle assessment as a preventive and risk-reduction approach
 3. Human intervention studies to investigate the roles of antioxidant-rich food in reducing chronic disease development



WhatsApp : (+62) 85641498009
Email : afina.sulistyaning@gmail.com



Wanda Lasepa, S.Gz, M.Gizi
Lecturer;
Acting Head of Riau Nutrition Center (RNC)
Department of Nutrition,
Universitas Pahlawan Tuanku
Tambusai

CONTACT

Email:
Wanda.lasepa@gmail.com;
Wandalasepa@universitaspahlawan.ac.id
Phone number:
+62-853-1322-4694
Address:
Jalan Bukit Barisan, Pekanbaru, Riau
Province

EDUCATION

2011 Nutrition, Faculty of Public Health, Universitas Indonesia
2016 Master of Community Nutrition, SEAMEO-RECFON, Faculty of Medicine, Universitas Indonesia

WORKING EXPERIENCE

2015 Internship for PKH Nutrition Study at TNP2K, Jakarta
2018 Full-time Research Assistant at Human Nutrition Research Center- IMERI Faculty of Medicine Universitas Indonesia, Jakarta
2020 Full-time Nutrition Officer- PT. Prima Mitra Jaya Mandiri (MP. Evans Group), East Kalimantan
2022 Full-time Lecturer at Universitas Pahlawan Tuanku Tambusai, Riau
2022 Acting Head of Riau Nutrition Center (RNC), Universitas Pahlawan Tuanku Tambusai

FIELDS OF INTEREST

School age children, adolescents and maternal nutrition; health promotion

Dian Luthfiana Sufyan, M.Gizi INDONESIA

- Education background
 - Bachelor in Health and Nutrition Science, University of Brawijaya 2013
 - Master of Nutrition, University of Indonesia 2016
- Working experience
 - Lecturer and researcher at Nutrition Department, Universitas Pembangunan Nasional Veteran Jakarta (UPNVJ) 2018 – to date
 - Reviewer board member at Research Ethics Committee UPNVJ 2020-to date
 - Affiliated researcher SEAMEO RECFON 2020-2021
- Research interest
 - Childhood overnutrition, triple burden of malnutrition



Diyan Yunanto Setyaji, S.Gz., MPH



diyansetyaji@stikespantirapih.ac.id
@diyansetyaji

- Bachelor of Nutrition, Universitas Diponegoro, Indonesia
- Master of Public Health, Universitas Gadjah Mada, Indonesia
- Master of Clinical Nutrition, University of Porto, Portugal

Nutrition Lecturer, STIKes Panti Rapih Yogyakarta

Research interest: Nutrition and diabetic, hypercholesterolemia, heart disease and obesity

Membership:

- IKATAN SARJANA GIZI INDONESIA
- PERGIZI PANGAN INDONESIA
- PERSAGI INDONESIA



AGATHA, S.GZ, M.SC

S.Gz/ B.Sc – Bachelor of Nutrition
University of Indonesia

M.Sc – Clinical and Public Health Nutrition University College London,
United Kingdom

United Nations World Food Programme, Indonesia Country Office
Nutrition Programme Associate (Nutritionist)

- Public health nutrition programme management
- Nutrition analysis
- Adolescent nutrition
- Social and Behaviour Change Communication (SBCC)

Malaysia

Name:
Law Le Shi

Nationality:
Malaysian

Employment:
Lecturer at Department of Community Medicine and Public Health, Faculty of
Medicine and Health Sciences, Universiti Malaysia Sarawak.

Education:

- Bachelor of Science (Nutrition and Community Health), UPM
- Master of Science (Community Nutrition), UPM
- Doctor of Philosophy (Community Nutrition), UPM
- Postgraduate Diploma in Higher Education Teaching and Learning, UNIMAS

Research Interest:
Community nutrition, especially in food security and body weight status

Current Research Project:

- An analytical framework for household food insecurity among indigenous communities in Sarawak, Malaysia
- Effectiveness of nutritional health promotion package in improving nutrition knowledge, attitude, and practice among indigenous community in Sarawak



ORCID: 0000-0002-7526-9317
SCOPUS ID: 56082346600
ResearchID: Z-1798-2019

E-mail: lslaw@unimas.my /
lehshii@gmail.com

Meet Nutritionist Hanis

Ts. Hanis Bazila is a Registered Professional Technologist under Malaysian Board of Technology Malaysia, a Nutritionist and a registered Lactation Consultant employed by Ministry of Health Malaysia and currently were based at Sabak Bernam District, Selangor, with more than 10 years of working experiences in health care clinic.

Hanis's background as a MSc in Nutrition (UKM) led her to develop a better plan of action for district approach intervention in nutrition to help managing the nutrition related issues in Sabak Bernam communities.

Currently she focus more on anemia issues among antenatal mothers that have poor appetite issues that lead to inadequate gestational weight gain within 36 weeks of gestation as to reduce the percentage of anemia in Sabak Bernam district.

In addition to that, she is highly passionate to find an effective intervention plan for school children at Sabak Bernam district in order to reduce the 30 % rates of obesity among school children there and promotes a healthier school meal in the canteen.



Ts. Hanis Bazila, Nutritionist
& Registered Lactation Consultant
(IBCLC, ILGA)
Yang Menjaga Unit Pemakanan
Pejabat Kesihatan Daerah Sabak Bernam

12/10/2022

NUTRITIONIST HANIS BAZILA



Dr Yong Heng Yaw

Lecturer
Division of Nutrition and Dietetics
International Medical University (IMU) Malaysia

RESEARCH INTERESTS

Maternal and Child Health (Gestational Weight Gain, Gestational Diabetes Mellitus, Iron Intake)
Weight management (Weight changes)
Women nutrition and health (breast cancer)
Cohort study/ longitudinal study
Trajectory analysis

Google Scholar



Kimberly Wong

Nutritionist

BSc (Nutrition), University Kebangsaan Malaysia, 2007
MSc (Nutrition), University Kebangsaan Malaysia, 2012
Phd (Medicine), University Malaysia, current

Senior Assistant Director (Nutrition Surveillance – Research Unit, Nutrition Division, Ministry of Health, Malaysia)

Previous work experiences:

Community nutritionist, Mother and Child Health Clinic, Kudat District Health Office, Sabah, Malaysia

Nutrition Specialist, Food Ingredient, DPO Malaysia

Research Assistant, Clinical Epidemiology Unit, Clinical Research Centre

Specialties: Nutrition Epidemiology



Ainor Farahin Binti Aziz

🇲🇾 MALAYSIA

State of Health Department, Federal Territory of Labuan

ainorfarahin.aziz@gmail.com

Research interest:
Maternal and child nutrition, Nutrition Behaviour and Undernutrition Prevention

Other interest:
Nutrition Policy, promotion on healthy eating towards school children and community

Background:
BHSc (Hons) (Nutrition), USM & MHSc (Community Nutrition), UKM

Nurzalinda Zalbahar

🇲🇾 MALAYSIA

Universiti Putra Malaysia

nurzalinda@upm.edu.my

Research interest:
Maternal and Child Nutrition Obesity

Other interest:
Teaching and sharing nutrition education with students and community

Background:
BSc (Nutrition and Community Health) & MSc (Community Nutrition), UPM
PhD, University of Queensland, AUS



ADIBAH ZAKARIA



- Bachelor of Food Technology and Nutrition UKM 2009
- Nutritionist at Health Clinic at Malaysia since 2013
- Lactation Counsellor since 2016
- Lactation Massage Therapist since 2019
- Love counselling mother and child's health
- One of panel of Mother's Health Project (Projek Ibu Sihat) join venture KKM-UPM 2020
- This is my first time joining SEA PHN Leadership Programme, willing to learn from all the experts here.
- A mother to 3 beautiful and handsome children



NURLIYANA ABDUL RAZAK

- B. Food Sc. (UMS), MSc. Community Nutrition (UPM), PhD Community Nutrition (UPM)
- Lecturer at UCSI University, Kuala Lumpur
- Professional membership: NSM, MASO, ISAK (Level 1 Anthropometrist)
- Research interests: Maternal and infant nutrition, childhood nutrition, nutrition & cognition, appetitive traits & obesity, wholegrain and gastrointestinal health
- Hobbies: Jogging, Group workout (Zumba, Saltar etc.)
- Attended the 1st Malaysia Nutrition Leadership Programme (MyNLP) 2017. Picture showing me doing the outdoor team building activity at the 1st MyNLP

(Email: nurliyana@ucsiuniversity.edu)

1

Chang Chung Yuan, Henry

Malaysia

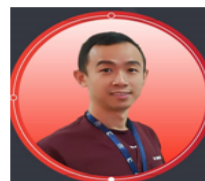
BSc Food Science and Nutrition (UCSI University, MY)

MMedSc Public Health (University of Malaya, MY)


PhD (Nutritional Sciences) (International Medical University, MY)

Clinical research manager, community nutritionist

Area of interest: Public Health and Nutrition for Infection diseases – HIV/AIDS and COVID19






Philippines



Charmaine Jean Trinidad, RND

- Project Lead
- Community Strategist
- Event Organizer and Host
- Accountability Lead

Thailand



About Me

Working Experience

- **Lecturer** : Department of Nutrition and Dietetics
Faculty of Allied Health Sciences, Chulalongkorn University

Education

- **Doctor of Philosophy in Dietetics and Nutrition** | April 2017
Florida International University, Miami, Florida, USA
- **Master of Science in Dietetics and Nutrition** | August 2013
Florida International University, Miami, Florida, USA
- **Bachelor of Science** | March 2011
Chulalongkorn University, Bangkok, Thailand

Research Interest

- Dietetics, Community nutrition, Functional foods, Elderly




Research Interest:

- Assessment nutritional status in children and elderly
- The promotion of food and nutrition in young children under multicultural and ethnic diversity
- Food safety
- Community nutrition

Background:
B.N.S. 2008 & M.P.H. 2013 (ChiangMai University)
M.Sc. (Food System Management for Nutrition) 2022
(Sukhothai Thammathirat Open University)

THAILAND *Sukanya Buasri*

Lecturer of Nursing Program
Department of Community nursing and primary care
Faculty of Nursing, Chiangrai College
Sukanya.buasri@crc.ac.th



Wannachanok Boonchoo

- **Bachelor's degree in Applied Biological Science** from Tokyo University of Agriculture and Technology, Japan
- **Master's degree in Applied Biological Chemistry** from Tokyo University of Agriculture and Technology, Japan
- **PhD in Nutrition** from Kagawa Nutrition University, Japan.
- A medical scientist at Bureau of Nutrition, Ministry of Public Health in Thailand since 2009.
- Have been working as part of a strategic planning team involved in planning nutrition improvement strategies, monitoring and evaluating a national plan of action on nutrition, and also work in coordination with the National Food Committee since 2019.
- Areas of interest: diet quality assessment, policy advocacy for supporting healthier food environment, community-based nutrition education/nutrition promotion program

Name-Surname
Aree Prachansuwan, PhD (Nutrition)

Country
Thailand 🇹🇹

Place of Work
**Institute of Nutrition,
Mahidol University**

Current Position
Lecturer

Email
aree.prc@mahidol.ac.th





Asst.Prof. Dr. Sudathip Sae-tan
Department of Food Science and Technology
Faculty of Agro-Industry
Kasetsart University

Lecture class: Food and Nutrition
Research: Diet for disease prevention






EDUCATION

ASST. PROF. KANSUDA WUNJUTUK, PH.D., RD., RN.



<p>2015 Ph.D. (Nutrition) Faculty of Medicine Ramathibhodi Hospital & Institute of Nutrition Mahidol University, Thailand</p> <p>2009 M.S. (Nutrition) Police Nursing College, Chulalongkorn University, Thailand</p> <p>2005 B.Sc. (Second-class honors) Police Nursing College, Chulalongkorn University, Thailand</p>	<p>2022 Certificate of Human and Health (Human Microbiome) Wageningen University & Research, Netherlands</p> <p>2010 Certificate of Short Course Training in Science and Art of Teaching in Nursing Praboromarajchanok Institute, Ministry of Public Health, Thailand</p>	<p>02-579-5514 kansuda.w@ku.th https://www.researchgate.net/profile/Kansuda-Wunjutuk-2 Department of Home Economics Faculty of Agriculture, Kasetsart University</p>
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CERTIFICATE CERTIFICATE & SHORT COURSE TRAININGS

EXPERTISE • Experimental nutrition and food biochemistry
• Nutrition throughout the life cycle
• Antioxidants & Anti-inflammation
• Nutrition communication

Work Experiences

2010 - 2016 LECTURER
FACULTY OF NURSING,
EASTERN ASIA UNIVERSITY

2016 - 2019 LECTURER
FACULTY OF AGRICULTURE,
KASETSART UNIVERSITY

2018 - NOW
EXECUTIVE COMMITTEE AND ASSISTANT EDITOR OF
JOURNAL OF THE NUTRITION ASSOCIATION OF THAILAND

2018 - 2020
HEAD OF PUBLIC RESPONSE TEAM OF
THE NUTRITION ASSOCIATION OF THAILAND

2019 - Now
ASSISTANT PROFESSOR, FACULTY OF AGRICULTURE,
KASETSART UNIVERSITY

2021 - 2023
REGISTRAR OF THE NUTRITION ASSOCIATION OF THAILAND



KANSUDA WUNJUTUK

Vietnam



Vietnam

Phuong Ngo Thi Ha, M.S.
General Doctor
Master of Nutrition Science
Researcher, Nutrition Information and Education
Center, National Institute of Nutrition, MOH,
Hanoi, Vietnam
<http://viendinhduong.vn>

About me:
15 years experience in nutrition
Behavior change communication in nutrition
Education and communication activities
Food and Nutrition Policy
National Target Program





II. Resource persons attended the workshop

1. Dr Tee E Siong
Chairman, SEA-PHN Network
President, Nutrition Society of Malaysia
Advisor, Technical Working Committee of MyNLP
2. Clin Prof Dr Naline Chongviriyaphan
Vice-Chairman, SEA-PHN Network
President, Nutrition Association of Thailand
3. Assoc Prof Dr Mahenderan Appukutty
Council Member, SEA-PHN Network
Vice-President, Nutrition Society of Malaysia
Chairperson, Technical Working Committee of MyNLP
4. Assoc Prof Dr Truong Tuyet Mai
Council Member, SEA-PHN Network
Council Member, Vietnam Nutrition Association
5. Assoc Prof Dr Wong Jyh Eiin
Co-Chairperson, Technical Working Committee of MyNLP
6. Ms Khairul Zarina Binti Mohd Yusop
Member, Technical Working Committee of MyNLP
7. Ms Ng Chee Kai
Member, Technical Working Committee of MyNLP
8. Ms Lim Siew Ling
Member, Technical Working Committee of MyNLP
9. Ms Goh Peen Ern
Associate Member, SEA-PHN Network
Manager Nutrition Communication, BENEIO-Institute
10. Dr Kit Phanvijhitsiri
Associate Member, SEA-PHN Network
R&D Life Sciences Manager (Quaker), PepsiCo Services Asia Ltd
11. Dr Saipin Chotivichien
Director, Bureau of Nutrition, Department of Health, Ministry of Public Health, Thailand

APPENDIX 3 GROUP REPORT PRESENTATION SLIDES

Group A: Iron Deficiency Anaemia

**SEA PHN Leadership Programme workshop:
Strategies and Programmes to
Combat Iron Deficiency
Anaemia (IDA)**

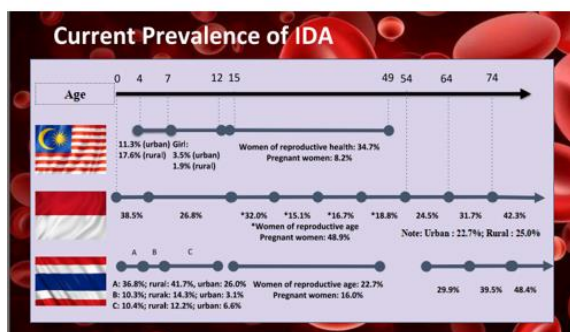
Group A

Dr Law Leh Shii (Malaysia)
Ms Hanis Bazila Abu Hasan (Malaysia)
Ms Afina Rachma Sulistyaning (Indonesia)
Dr Kansuda Wunjutuk (Thailand)
Dr Truong Tuyet Mai (Vietnam)

Members of Group A



Dr Law Leh Shii
Ms Hanis Bazila Abu Hasan
Ms Afina Rachma Sulistyaning
Dr Kansuda Wunjutuk
Dr Truong Tuyet Mai




Nutritional Programmes Targeting IDA

- Provision of full cream milk, fortified with iron (B40 and pregnant women)
- District level approach
- Required health screening, including anaemia, for bride-to-be
- Strategies are targeting iron-deficiency anaemia at different age groups

Similarity:

- Nutrition Surveillance on Pregnant Women and Infants, Nutrition Education for Mothers, Nutrition Counselling for Pregnant and Lactating Women or high-risk groups
- Iron supplementation
- Iron-Fortified flour
- Training module / materials for anaemia for health professionals
- Monitoring on the public or private institutions
- Collaboration between / among government agencies

Achievements



Malaysia: Pregnant women with anaemia: reduced from 38.3% (2004) to 8.2% (2015). 26.1% of adults achieved the recommendation of iron intake.

Indonesia: Scope of iron supplementation for pregnant women 98%. Reports: 87.6% (Rikesdas, 2018) → 90.4% (SSGI, 2021).

Thailand: (2008/09 - 2014) 14-45 age group: 23.7% @ 22.7%. 60-69 age group: 34.5% @ 29.9%. 70-70 age group: 48.4% @ 39.5%. >79.9 age group: 60.7% @ 48.4%. 47.6% 6m to 5y children, 20.7% 6 to 14y, 75.9% of pregnant women received supplementation.

Policy Result and Evaluation (Malaysia)

Policy Result and Evaluation (2015)

- Anaemia: Children below 5 years (Hb <11g%)
- Target: Reduce from 18.0% to 9.0% (Source: WHO/ UNICEF 2000)
- SEANUTS 2013 study: prevalence of anaemia among 4 to 7 years were 11.3% for urban and 17.6% for rural. Projected target may not be met.
- Anaemia: Female teenagers
- Target: Not more than 20.0%
- SEANUTS 2013 study: prevalence of anaemia among girls aged 7 to 12 years were 3.5% for urban and 1.9% for rural. Projected target may not be met.
- Anaemia: Pregnant women
- Target: Reduce from 22.0% to 16.0%
- Percentage of pregnant women 8.2% (achieved)

Drawback (Discussion)

- Latest comprehensive data needed for better evaluation, for children + elderly
- 2 years of MCO: food insecurity + unemployed issues
- Awareness: rural still low → despite messages on iron rich food servings are delivered
- Budget problem in preparing meals at Taska and family as well despite available suitable menu
- Food security
- Complications of pregnancy (folate deficiency + vomiting)
- Problems with drug tolerance
- Small birth gap

Policy Result and Evaluation (Malaysia)

New Challenges

- Reducing percentage of pregnant women with anaemia from 8.3% to not more than 5%
- Reducing percentage of anaemia among women in reproductive aged 15-49 years old from 22.8% to not more than 11%

New Proposed Strategies

- Develop Training Module on Therapeutic Diet for pregnant women comprising: Gestational Diabetes Mellitus, Under and over-nutrition, Anaemia, & Hypertension
- Develop a Guideline on Anaemia Prevention & Control Programme among Women of Reproductive Age by 2017
- 100% of women attending government health clinics received iron and folic acid supplementation
- Percentage coverage of iron and folic acid supplementation to secondary school aged (>15 years old) adolescent girl in 50% of prioritised areas by 2025
- All identified school aged adolescent girls given supplement by 2025
- Conduction of National survey for iron for children under 5 by 2025

Policy Result and Evaluation (Indonesia)

Policy Result and Evaluation (teenagers) (2018)

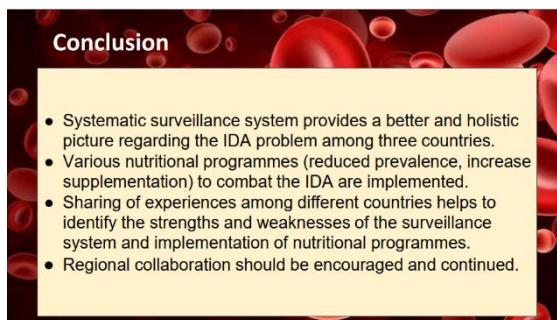
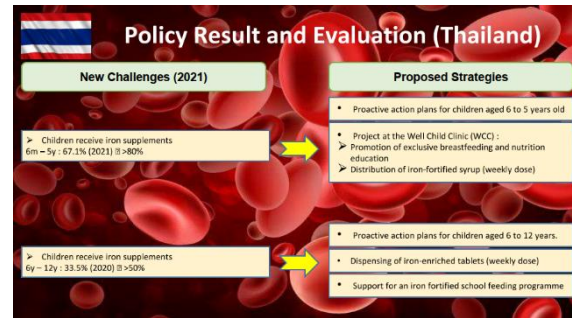
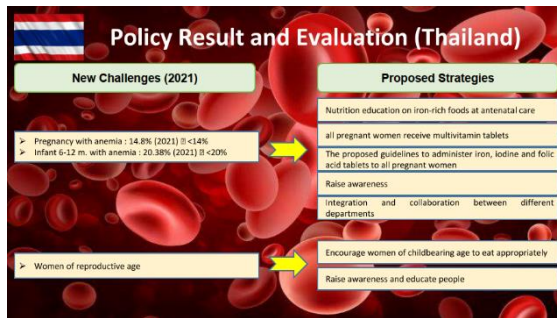
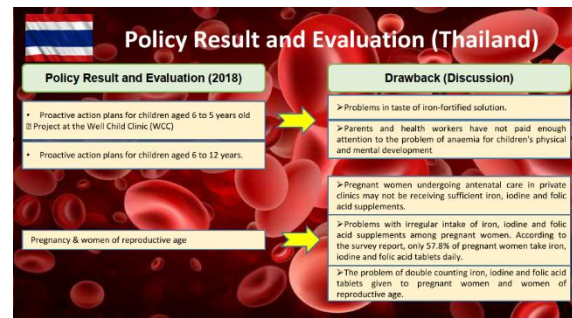
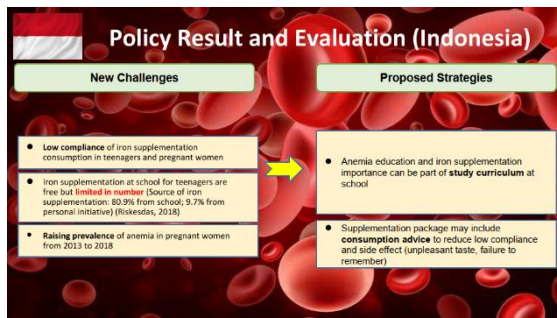
- Most teenagers (targeted population) received and consumed the iron supplementation, but under the requirement (< 52 tablets / year)
- 96.4 % female teenagers received iron supplementation < 52 tablets per year; only 3.53% received ≥ 52 tablets.
- 97.9 % female teenagers consumed iron supplementation < 52 tablets per year; only 2.13% consumed ≥ 52 tablets.

Policy Result and Evaluation (Pregnant Women) (2018)

- 87.6% have received iron supplementation tablets
- 49.0% received < 90 tablets and 51.0% received ≥ 90 tablets / year
- 62.3% consumed iron supplementation < 90 tablets / year; 37.7% consumed iron supplementation ≥ 90 tablets / year

Drawback: Reason Not Consume Iron Supplementation (2018)

- 28.8% thought it was not necessary
- 20.8% thought it smell and taste unpleasant
- 17.8% said they forgot to consume the tablets frequently
- 9.4% said only consumed the tablets during period
- Taste unpleasant: 21.2%
- Bored: 20.1%
- Don't remember: 20.0%



References

- de Benoist, B., McLean, E., Egli, I., Cogswell, M. Worldwide prevalence of anaemia 1993-2005. WHO Global Database on Anaemia 2008
- Balarajan, Y., Ramakrishnan, U., Ozaltin, E., Shankar, A. H., Subramanian, S. V. Anemia in low-income and middle-income countries. The Lancet 2011; 378 2123-35. doi:10.1016/S0140-6736(10)62304-5
- Basic Health Research (Risksdas), Ministry of Health, Republic of Indonesia, 2018
- Health Nutrition Status Study (SSGI), Ministry of Health, Republic of Indonesia, 2021



Group B: Iodine Deficiency Disorder

Iodine Deficiency Disease: Strategies and Programs

Malaysia, Indonesia, Vietnam, Thailand

(Group B)

Dr Praew Chantarasirapin (Thailand)
Dr Ngo Thi Ha Phuong (Vietnam)
Dr Yong Heng Yaw (Malaysia)
Ms Kimberly Wong Yui Y'ng (Malaysia)
Ms Wanda Lasepa (Indonesia)

Recommended Iodine Intake (µg/day)

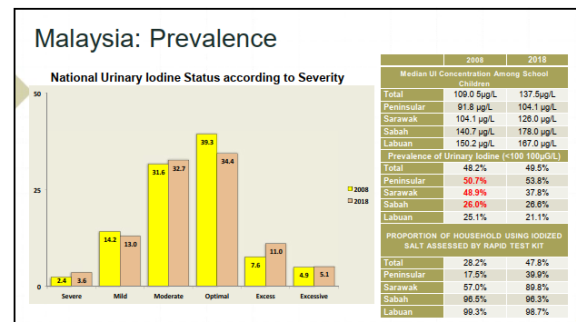
Malaysia			Indonesia			Vietnam			Thailand		
Age group	Males	Females	Age group	Males	Females	Age group	Males	Females	Age group	Males	Females
0-2 months	67.5	63	0-5 months	90	90	0-5 months	RDA	AI	0-5 months	Male	Female
3-5 months	105	96	6-11 months	120	120	6-11 months	100	90	6-11 months	From breastmilk	From breastmilk
6-8 months	124.5	114	1-3 year	90	90	6-11 months	130	120	12-13 months	70	70
9-11 months	138	127.5	4-6 year	120	120	1-2 year	90	90	1-2 year	90	90
1-3 year	73.2	69	7-9 year	120	120	3-5 year	90	90	3-5 year	120	120
4-6 year	109.8	109.2	10-12 year	120	120	6-7 year	90	90	6-7 year	130	130
7-9 year	101.6	100	13-15 year	150	150	8-14 year	120	120	8-14 year	130	130
10-12 year	133.6	141.6	16-18 year	150	150	15-19 year	150	150	15-19 year	150	150
13-15 year	99.2	93	19-25 year	150	150	20-40 year	150	150	20-40 year	150	150
16-18 year	116.4	106.6	>65 year	150	150	>70 year	150	150	>70 year	150	150
19-25 year	122.8	105.9	Pregnant	-	+70	Pregnant	220	1100	Pregnant	-	+50
30-59 year	121.2	104.4	Lactating	-	+140	Lactating	250	1100	Lactating	-	+50
60-89 year	116.2	99									
Pregnant & Lactating	-	200									

Malaysia

Malaysia: Prevalence

- 1995 - National study on primary school students aged 8 – 10 years old - Overall prevalence of goiter 2.2%, median of urine iodine 82.4 µg/L. Several schools in the state of Perlis, Kedah, Perak, Pahang, Kelantan dan Terengganu – prevalence > 5.0%
- 2003 - primary school students aged 8 – 10 years old in Kedah
 - Padang Terap District - 52.8 µg/L (insufficient, Mild iodine deficiency)
 - Sik District - 72.5 µg/L (insufficient, Mild iodine deficiency)
 - Baling District - 74.0 µg/L (insufficient, Mild iodine deficiency)
- 2004 - primary school students aged 8 – 10 years old in Perak
 - Hulu Perak – 71.5 µg/L
 - Kuala Kangsar – 61.0 µg/L
- 2005 - primary school students aged 8 – 10 years old in Pahang
 - 70.0 – 90.9 µg/L
- 2010 - first trimester pregnant women (265.3 µg/L)

No data on lactating women, and women of reproductive age



Malaysia: Strategies and Programs

Universal Salt Iodization Program (in phases)

NATIONAL GAZETEMENT

FOOD ACT 1983, FOOD REGULATION 1985, REVISION 2000:

Public Health Nutrition program:

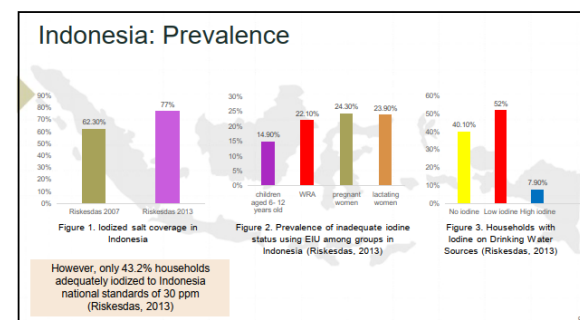
- Distribution of iodized salt to pregnant mothers in endemic areas
- Nutrition education on how to increase iodine intake through decreasing goitrogen substance and usage of iodized salt.

4 LEVELS OF MONITORING USING RAPID-TEST KITS

- Entry point- every new consignment which arrives at entry point of Port.
- Manufacturer/ factory –ad hoc basis.
- Retail- Monitoring at small towns every 6 months.
- Consumers – integrated into postnatal home visits (Indicator: 90% of households used iodized salt)

Lim et al. 2022 – The iodization program significantly improved IDD status among children in Sarawak

Indonesia



Indonesia: Policy and Programs

Policy	Programs	Shortcomings
The Indonesian Presidential Decree Number 69/1994 on USI requires the use of iodized salt	Long term program: Universal Salt Iodization (working together with Nutrition International)	1. Availability of non iodized salt on the open market with lower price 2. Lack of socialization to the citizens
	Short term program: Iodated Oil Capsules (200 mg)	1. Distributed to the endemic area only 2. The capsules were not equally distributed 3. Currently, the implementation remains unclear

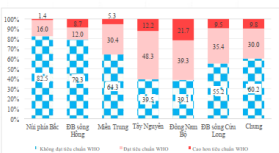


Vietnam

Vietnam: Prevalence

Households consuming adequate iodized salt (WHO standard) (2021)	Goiter in children ages 8-10 years (2017)	The median urinary iodine level (2017)
30.2%	9.8%	8.3 mcg/dl

Goiter prevalence in the mountainous areas is higher, 12.1%, and in the same areas 30.5% of the population has urinary iodine levels of less than 10 micrograms per deciliter (National Hospital of Endocrinology 2017).



Percentage of households consuming iodized salt meeting the standards of disease prevention according to the standards of the World Health Organization

The main findings of National Nutrition Survey 2019 – 2020, NIN

Vietnam: Strategies or program or policy

	National Nutrition Strategy for the 2021 – 2030 period with a vision to 2045	National Plan of Action for Nutrition to 2025	Salt Iodisation as a National target Programme 1993 - 2005	Decree No. 09/2016 /ND-CP of the Government: Regulations on fortification of micronutrients in food	Multi-Micronutrient Supplementation for Pregnant women in 85 low-income districts of 28 provinces (from 2019 to now)
Indicators	STILL VALID The percentage of households using iodized salt meeting the standards for disease prevention or iodized salted seasoning daily will increase to over 80% by 2025 and over 90% by 2030.	STILL VALID Median urinary iodine levels in women of childbearing age (18-49 years): 9.7 mcg/dl by 2020; 10 - 20 mcg/dl by 2025 by 2030.	NOT VALID The median urinary iodine level Goiter prevalence	STILL VALID Salt used for direct consumption and food processing must be fortified with iodine	STILL VALID Provide MMS for women: during pregnancy and one month after giving birth 48,955 pregnant women in 2019

NO National Target Programme for Prevention of IDD in Viet Nam. IDD prevention activities are integrated with many programs in different fields. The IDD programme should not be a stand-alone programme. Ideally it would be part of a general food fortification programme or micronutrient programme or it might be part of a programme to control and prevent non-communicable diseases (NCDs), linked to obesity reduction and salt intake.



Salt iodisation in Vietnam: Learning from the Past and Building Back Better. UNICEF, October 2013.

Vietnam: Strategies or program or policy

Multi-Micronutrient Supplementation for Pregnant women in 85 low-income districts of 28 provinces (from 2019 to now)

Provide MMS for women: during pregnancy and one month after giving birth
48,955 pregnant women in 2019



Leaflet "Guideline of using MMS for pregnant women" that was distributed to target audiences in program

Thailand

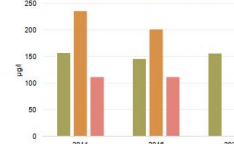
Thailand: Prevalence

Prevalence of Goiter in School Children (1989-2003)



According to the most recent data (2014), the prevalence of goiter in school children was 1.3%.

Median Urinary Iodine Concentration



	< 150 µg/l	≥ 150 µg/l
2014	150	150
2016	150	150
2021	150	150

National Plans to Prevent Iodine Deficiency in Thailand (2022-2026)

Building Partnership with All Stakeholders

Development and Quality Control of Iodized Salt and Products

Main Strategies

National Iodine Database (Digital Platform)

Social Activities and Public Relation

Activities to Prevent Iodine Deficiency in Thailand



- Providing pregnant women, lactating women and children 0-2 years with high-protein foods and iodized salt



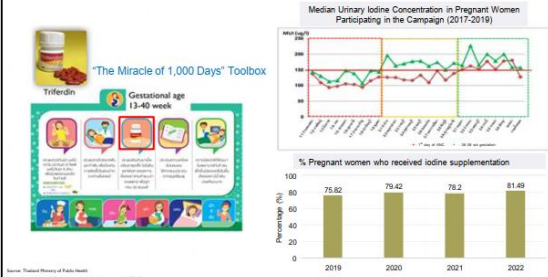
- Teaching how to buy grocery items containing iodine with community health workers
- Training village health volunteers to determine iodine content in edible salt using rapid test kit



- Campaign promoting the use of iodized salt in household and local food shops



Thailand: Provision of Nutritional Supplements



SUMMARY: Comparison and comments on the strategies and programs to combat IDD

Strategy/Program	Malaysia	Indonesia	Vietnam	Thailand
Salt iodization (Universal iodized salt)	/	/	/	/
Iodine intake recommendation	/	/	/	/
Community activities			/	/
National iodine database				/
Iodine Supplementation			/ (MMS for pregnant women)	/

Shortcomings

- Lack of public relation/ socialization
 - ✓ Not enough campaign advertising
 - ✓ Not all communities are reached
- High cost of iodized salt and iodine-containing foods (e.g., farmers skip the iodization process)
- Iodine stability in salt
- Lack of regular monitoring
 - ✓ IDD (e.g., vulnerable groups, such as newborns, pregnant and lactating mother)
 - ✓ Food industry (e.g., quality)
- Program sustainability

Challenges

- Low health literacy
- Low sociodemographic
- Not familiar with technology
- Geographical and cultural barriers
- COVID-19
- Food trends e.g. Himalayan salt
- Quality control among local farmers

Suggestions

- Fortification: Iodized water, staple foods
- Monitoring IDD and surveillance system
- Evaluation of cost-effectiveness & effectiveness of program/campaign
- Community activities, Database, Supplementation (e.g., vulnerable groups: pregnant mothers, children, newborns, lower SES)
- Increase health literacy on importance of iodine, sources of iodine, proper use of iodized salt to raise the awareness of the society
- Building partnership and commitment with all stakeholders

Thank You

Group C: Stunting and Wasting

SEA PHN
Southeast Asia Public Health Nutrition Network

Strategies and programs to combat stunting & wasting in three SEA Countries

The 1st SEA PHN Leadership Programme Workshop | 26 October 2022

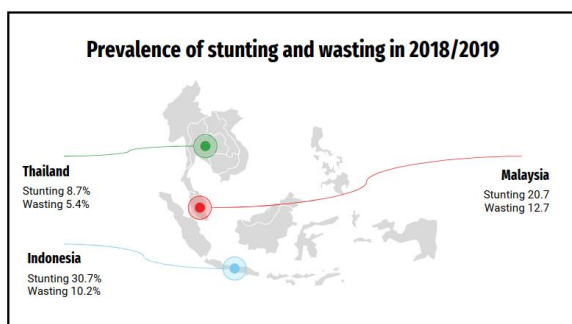
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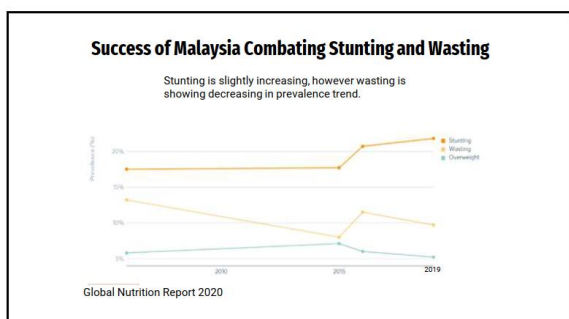
Malaysian Strategies to Combat Stunting and Wasting

1. Promoting and advocating Maternal and Infant and Young Children Nutrition.
2. Incorporating nutritional objectives, considerations and components into the national development policies, action plans and programmes.
3. Concerted effort through multi-sectoral approaches involving key agencies such as the Ministry of Agriculture, food industries and inter-sectoral collaboration with NGO's.
4. Empowering the individuals, families and communities as agents of change and be responsible for their nutritional well-being.
5. Enhancing nutrition strategies and programmes for infants and young children, adolescents and women at reproductive age group.
6. Strengthening monitoring and evaluation as well as research and development capacity on food and nutrition across sectors.

Contoh program: Nutrition information centre, nutrition counselling services.

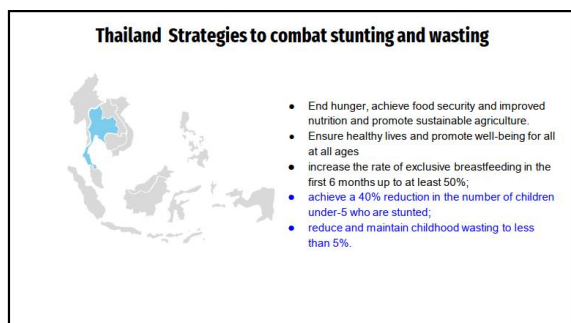
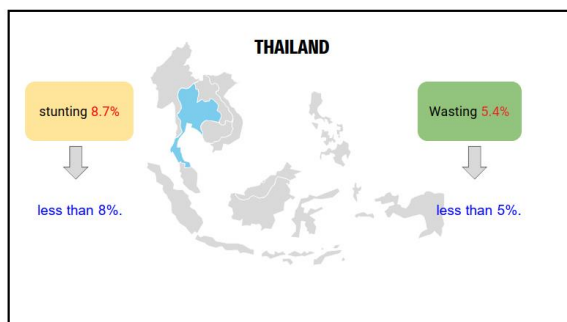
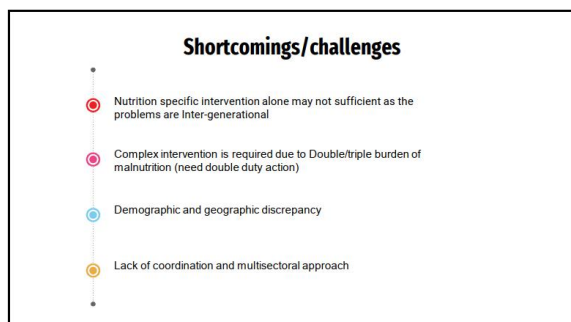
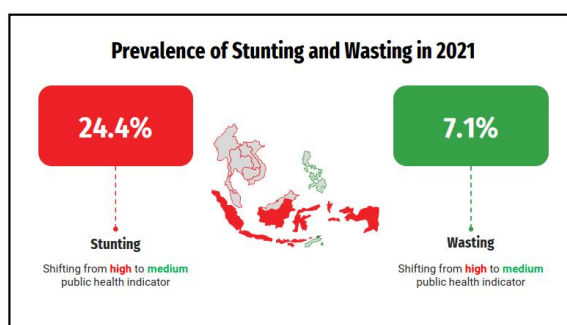
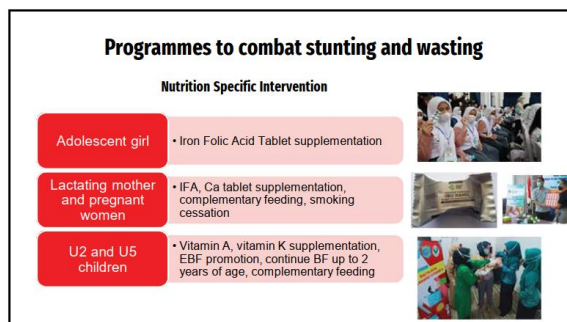
Programmes to Combat Stunting and Wasting

- Nutrition promotion for First 1000 Days of Life (e.g. Anak Malaysia Sihat, BFHI, BFC, promoting exclusive breastfeeding and complementary feeding, breastfeeding support group).
- Pre-schoolers/school children/school feeding or school milk programme.
 - Rehabilitation for undernourished children program (PPKZM).
 - Community Feeding Program (PCF).
- Micronutrient supplementation (Iron and folic acid) for women of reproductive age / pregnant women / adolescent girls.
 - Hematinic
- Promote the use of iodised salt (Universal Salt Codification Program).
- Food fortification programmes (mandatory iron and folic acid fortification of wheat flour has been planned; universal salt iodisation).
- Food and nutrition security enhancement programmes / activities (affordable accessibility of fruits and vegetables and healthier foods, food wastage reduction, underutilised crops promotion).
- Promotion of diversified local food production and utilisation.
- Nutrition promotion / education in schools.



Shortcomings/challenges

- Lack of intersectoral and multi-stakeholder coordination as one of the major challenges.
- The commitment of financial resources and human resource capacity.
- Lack of managing or monitoring and evaluation system.
- Intensive advocacy activities at state level to further increase the number of private hospitals with Baby Friendly Hospital Initiative.



Expected Outcome in 2023

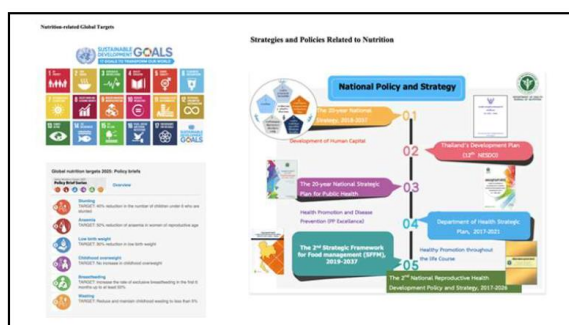
Targets	Health Indicator**	Situation*		Expected outcome
		2012	2016	
SDG 2.2, Global Nutrition Target; Target 1	Prevalence of stunting in children under 5 years of age	16.4 %	10.5%	Not over 8%
SDG 2.2, Global Nutrition Target; Target 5	Prevalence of wasting in children under 5 years of age	6.7%	5.4%	Not over 5%
SDG 2.2, Global Nutrition Target; Target 4	Prevalence of overweight in children under 5 years of age	10.9%	8.2%	Not over 8%

Targets	Health Indicator**	Situation*		Expected outcome
		2014	2018	
Health promotion and environmental health Strategic Plan	Average HI, in children at age 12 years	(r) 147.07 cm, (v) 148.52 cm	(r) 148.35 cm, (v) 149.59 cm	(r) 154 cm, (v) 155 cm

Targets	Health Indicator**	Situation*		Expected outcome
		2014	2018	
SDG 3.4, 9 Voluntary Global Targets; Target 7	Normal BMI (18.5-22.9)	54.1%	49.1%	52%

Targets	Health Indicator	Situation*		Expected outcome
		2014	2018	
The 20-year National Strategic Plan for Public Health : SHALE at age 75, LE at age 85	Health-Adjusted Life Expectancy (HALE)	66.8 years old	66.8 years old	Not less than 75 years old

*Source: World Health Statistics 2018, WHO



Action Plan for Nutrition in 5-year National Plan (2019-2023)

- Increase knowledge on food and to distribute food in the food chain, improve the food and nutrition literacy to people of all age groups: Guide line, standard tool, media innovation, infographic (online, offline) that easy to access and appropriate communication channels.
- Development of Surveillance system on food and nutrition situation : food and nutrition established, monitor the situation of food and nutrition at the community level, reports on food and nutrition surveillance/ monitoring (monthly, quarterly, yearly).
- Promote the development of technology and innovation for nutritious foods : Kiddiary (Evaluation nutritional status in children), Thai-school lunch (organized lunch program in the school: created a recipes, analysis nutritional value). Establish an integrated food education program throughout the food chain to reduce malnutrition problems of all age groups: support apply food research to food, nutrition and food

Kiddiary application
(Evaluation and Surveillance of nutritional status in children)

School LUNCH

Automatic recommendation system for lunch program

Project and activity to reduce stunting and wasting

- Assessment nutritional status, food consumption by stand tool
- Provide health education and be consultant for parent : effect of malnutrition, stunting and wasting
- Iodine, Ferrous and folic acid supplement to pregnancy
- **Promoting Breastfeeding**
- Assessment anemia and take iron supplement to children (6 month - 5 years) for protection Iron deficiency anemia.
- Provide a high-energy and high-protein diet for wasting, apply a recipes suitable for nutritional status.
- Evaluation and monitoring children : home visit, information system, school health.

Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%

Overview of some common nutrition programs identified in 3 countries

Programs/activities	Indonesia	Malaysia	Thailand
Nutrition promotion for the First 1000 Days of Life	✓	✓	✓
Pre-schoolers / school children / school milk program	✓	✓	✓
Micronutrient supplementation for women of reproductive age / pregnant women / adolescent girls	✓	✓	✓ (weekly dose of iron and folic acid supplementation for 20-49 years old women who want to have a child, daily dose for pregnant women)
Multiple micronutrient supplementation	✓ (poudre supplementation)		
Vitamin A supplementation	✓ (lactating women & children aged 6-59 months)		

Overview of some common nutrition programs identified in 3 countries

Programs/activities	Indonesia	Malaysia	Thailand
Zinc supplementation for diarrhea prevention and control in children	✓		-
Promote the use of iodised salt	✓	✓	✓
Food fortification programs	✓ (iodized salt, iron fortification in wheat flour, vitamin A in margarine)	✓ (iodized salt, mandatory, folic acid in wheat flour)	✓ (rice with B1, B2 and B3, margarine and condensed milk with Vitamin A)
Food and nutrition security enhancement program	✓	✓	✓
Nutrition promotion / education in schools	✓	✓	✓





Group D: Obesity

OBESITY

MALAYSIA, INDONESIA & THAILAND

Group D

Group Members

MALAYSIA	INDONESIA	THAILAND
 <p>Nurriyana Abdul Razak Lecturer UCSI University Kuala Lumpur</p>	 <p>Adibah Zakaria Nutritionist Klinik Kesihatan Bandar Tun Hussein Onn</p>	 <p>Diyan Yunanto Setyaji Lecturer STIKes Panti Rapih Yogyakarta</p>
		 <p>Wannachanok Boonchoo Medical Scientist Bureau of Nutrition Ministry of Public Health</p>

NPAN Strategies on Obesity

Malaysia	Indonesia	Thailand
<ul style="list-style-type: none"> No increment in the prevalence of overweight/obesity in both children and adults Workplace: Screening, BMI as part of the performance appraisal and weight management Media: Healthy eating messages, ban of unhealthy foods advertisement Tax/subsidy: Reduce cooking oil subsidy, increase tax on unhealthy foods & beverages Restaurant/food companies: Nutrition information on menu, reduce serving size, healthier options in vending machine, operation hours max until 12 am 	<ul style="list-style-type: none"> The Indonesian government made innovative efforts to involve the central government, local governments, communities, and the business world to curb the obesity prevalence rate >18 yo in Indonesia of 21.8% (in 2019) by the end of 2024. 	<ul style="list-style-type: none"> By 2023, Thailand sets its goal for childhood obesity of fewer than 8% among children ages 0 to 5. Since Thailand's NPAN is developed in line with the food education strategy in the country's 2nd strategic framework for Food Management in Thailand 2018-2037, Thailand has established strategies for managing overnutrition with a focus on promoting nutrition literacy to develop desirable behavior in healthy food consumption of people of all age groups.

Programmes for Obesity

Malaysia	Indonesia	Thailand
<ul style="list-style-type: none"> Trim & Fit weight management at workplace program for employee who are obese BMI > 30 in government agencies Development of Komuniti Sihat Pembina Negara (KOSPEN) by the Ministry of Health My Body Fit & Fabulous (MyBFF) for school children and MyBFF@home for housewives BMI is part of the SEGAK program in school 	<ul style="list-style-type: none"> Strengthening promotive-preventive efforts through the "Healthy Community Movement" (GERMAS) campaign, "Regular health check" (CERDIK) campaign (which consists of getting rid of cigarette smoke, diligent physical activity, healthy and balanced diet, adequate rest, and managing stress), synergy and cross-programme, cross-sectoral collaboration and the existence of peer groups in the youth environment in an effort to educate and communicate risks related to the prevention and risk of obesity. 	<ul style="list-style-type: none"> Thailand has a program to support the management of food settings but no specific plan for addressing overnutrition in school-age children. The school meal program is a good example of this. Project is expected to serve as a link between promoting healthy eating habits and educating school-aged children on nutrition. Presumptive nutrition labelling project and as well as a project to expand community-based nutrition education and nutrition courses in the community are both in progress.

Successes

Malaysia	Indonesia	Thailand
<ul style="list-style-type: none"> Despite of the many programs being conducted, it was not a success as we can see that the prevalence of overweight/obesity in both children and adults are increasing in the NHMS 2019. We are not meeting the NPAN's target of no increment in the prevalence of obesity. 	<ul style="list-style-type: none"> The success of government activities and programs has not been seen in reducing obesity rates in adults. 	<ul style="list-style-type: none"> Thailand's NPAN is developed in line with the country's strategic framework for Food Management, which allow the planning, implementation and evaluation of integrated actions at national and community levels.

Shortcomings

Malaysia	Indonesia	Thailand
<ul style="list-style-type: none"> Program implementation only being realized in government agencies and institutions, and not widespread to the private sectors. Lots of program but lack of program monitoring → do not know the effectiveness of programs. 	<ul style="list-style-type: none"> Government programs and policies have not been implemented properly. The prevalence of obesity in adults >18 yo, which is expected to be maintained at 15.4% in the 2014-2019 period, has actually increased to 21.8% in 2019. 	<ul style="list-style-type: none"> Insufficient number of nutritionists in community-based setting to drive work with Ministry of Public Health. Lack of collaboration among agencies and cooperation with private sector.


Challenges

Malaysia	Indonesia	Thailand
<ul style="list-style-type: none"> Intervention programs should also include the private sectors and should also focus on reducing the price of healthy foods as one the enabling strategies. 	<ul style="list-style-type: none"> Nutritional problems are inter-generational and their consequences are trans-generational. Lack of knowledge and awareness of public nutrition on the importance of nutrition. Decentralization with poor nutrition program policies and high regional disparities. 	<ul style="list-style-type: none"> Responsibility for prevention of obesity is perceived as the Ministry of public health. Since there are numerous factors that contribute to obesity, efforts made by the Ministry of Health alone may be impractical and challenging to complete.

Suggestions

Malaysia	Indonesia	Thailand
<ul style="list-style-type: none"> Ministry of Health should not work in silos. All agencies should work together to achieve a common goal. Intervention programs should be made available to all government and private sectors. Each program should be monitored regularly to determine the effectiveness of the implementation and improvement that can be made. 	<ul style="list-style-type: none"> Cross-sectoral collaboration is needed to find out who has a role and should be involved and the capacity they have to achieve food and nutrition improvements. 	<ul style="list-style-type: none"> An efficient tracking system and evaluations of the projects carried out should be developed. Seek collaboration with broader sectors to address obesity by making a clear commitment, defining the roles and responsibilities for each of the stakeholders. Research that demonstrates the leverage that can be used to close the country's gap should be advocated for and supported.

Group E: Non-communicable diseases



GROUP E

Diet Related-NCDs

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Sudatip Sae-tan (Dr), Thailand

Southeast Asia Public Health Nutrition Network
2022

Outline

1. Prevalence of diabetes around the countries

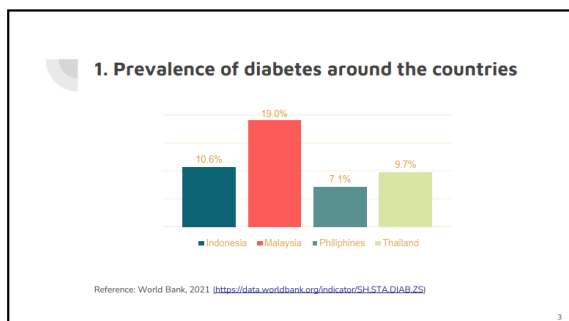
2. National plan's nutrition focus on NCDs

3. Overview of the current nutrition programmes

4. Current nutrition indicators for NCDs

5. Common challenges in implementing NPANs

6. Diabetes prevention & management programmes: success & recommendations



2. National plan's nutrition focus on NCDs

Indonesia	Malaysia
<ul style="list-style-type: none"> To eradicate hunger and all forms of malnutrition (undernutrition, micronutrient deficiency, overweight or obesity) Reduce the burden of diet-related NCDs across all age groups. 	<ul style="list-style-type: none"> Enhancing nutritional status and reducing diet-related NCDs.
Philippines	Thailand
<ul style="list-style-type: none"> No increase of childhood overweight and reduction of overweight adolescent and adults. 	<ul style="list-style-type: none"> To reduce the avoidable burden of illness, death, and disability results from NCDs by means of cooperation between various alliance networks and collaboration on a national, regional, and global level to ensure population are of good health, to optimize the productivity of all age groups, and to ensure that these NCDs do not hinder the quality of life and economic development.

3. Overview of the current nutrition programmes

Indonesia	Malaysia
<ul style="list-style-type: none"> Optimising the first 1,000 days of life to prevent stunting (IFA supplementation, exclusive breastfeeding, complementary feeding). Anaemia prevention for WRA and pregnant women (IFA supplementation). Fruit and vegetable consumption promotion to prevent obesity and NCDs. Limitation of sugar, salt and fat intake to prevent obesity and NCDs. 	<ul style="list-style-type: none"> Current programmes mainly focused on pregnant women, infants and school children. For adults, promoting healthy eating. [overweight/obesity] reduce oil subsidy; taxation on unhealthy foods; guidelines of weight management at workplace.
Philippines	Thailand
<ul style="list-style-type: none"> [overweight/obesity] Management and prevention programme weight management (all age group); guideline, regulating marketing and selling of unhealthy food and beverages. 	<ul style="list-style-type: none"> Current NCDs control operation mainly focused on youth, working age, and older adult whose risks increased in all aspects, including smoking, alcohol consumption, fruit and vegetable intake, insufficient exercise, and inactive lifestyle.

4. Current nutrition indicators for NCDs

Indonesia	Malaysia
<ul style="list-style-type: none"> Overweight/obesity in under-5 children. Overweight/obesity & central obesity in adults. Hypertension, diabetes, stroke. Fruit and vegetable consumption. Sugary, salty and fatty food consumption (>=3 years old). Alcohol consumption. Physical activity. 	<ul style="list-style-type: none"> Overweight/obesity in children <5 years old. Overweight/obesity in adult. Overweight/obesity in elderly > 60 years old. Prevalence of hypercholesterolemia among adults >18 years old. Prevalence of diabetes among adults >18 years old. Prevalence of hypertension among adults >18 years old.
Philippines	Thailand
<ul style="list-style-type: none"> Overweight/obesity in children <5 years old. To reduce overweight adolescent. Overweight/obesity in adults. 	<ul style="list-style-type: none"> Reduction of premature mortality from NCDs. Volume of harmful use of alcohol decreases. Prevalence of physical inactivity decreases. Average salt/sodium intake of population decreases. Prevalence of tobacco use in population. Prevalence of raised blood pressure decreases. Prevalence of diabetes and obesity does not increase. CVD prone population receives drugs and consultancy. Extensive necessary drug and technology (accessibility to treatment).

5. Common challenges in implementing NPANs

Indonesia	Malaysia
<ul style="list-style-type: none"> Lack of involvement of the non-government sector in the sub-national regions to participate in food and nutrition activities. The sustainability of sub-national leaders' commitment to prioritising food and nutrition development in their regions. 	<ul style="list-style-type: none"> Lack of coordinated roadmap. Insufficient political commitment to tackling malnutrition, hence, led to financial shortfall for implementing sustainable programmes and interventions. Lack of human resource capacity (e.g. number of nutritionists). Need to improve on timely data collection for large national survey.
Philippines	Thailand
<ul style="list-style-type: none"> Lack of budget for formulation exercises. Inadequate efficient monitoring and evaluation of the NPANs. 	<ul style="list-style-type: none"> Lack of collaboration among agencies and cooperation with private sectors. Integration of nutrition professions and networking partners need to be strengthened. Academics and researchers in the country cannot meet the nutritional gaps.

6. Diabetes prevention & management programmes: success

Indonesia	Malaysia
<ul style="list-style-type: none"> A chronic disease management programme (Prolanis): a secondary and tertiary prevention programme specifically for diabetes and hypertension patients. It is integrated to the Universal Health Coverage (UHC) programme. A regular national survey (every 5 years), including diabetes and hypertension. Healthy diet and lifestyle promotion to prevent diabetes and other NCDs through a national Healthy Living Community Movement/ GERMAS). 	<ul style="list-style-type: none"> The registry dataset is a useful tool for monitoring quality of care for people living with Diabetes in MOH health clinics. The rate of screening for complications has also improved over the years.
Philippines	Thailand
<ul style="list-style-type: none"> Nutrition-specific programmes. Tax on sugar-sweetened beverages. Controls on marketing of breast milk substitutes. Focus on the first 1000 days of life to create a good foundation to help combat diseases in the future. School nutrition environments. 	<ul style="list-style-type: none"> Public campaign to increase health literacy and health behaviors 3E 2S (Eating, Exercise, Emotion, Stop Smoking, Stop Drinking) Sugar-sweetened beverage tax (2017) Diet and Physical Activity Clinic: DPAC and NCD Clinics Plus in the local hospitals throughout the country.

6. Diabetes prevention & management programmes: recommendations

Indonesia	Malaysia
<ul style="list-style-type: none"> Strengthen monitoring, evaluation and learning of the current national programmes, specifically on NCDs prevention. Strengthen a comprehensive approach to prevent NCDs, including sugar levy and food labelling regulations. Strengthen social and behaviour change communication on healthy lifestyle at earlier age, including school-aged children. 	<ul style="list-style-type: none"> Enhance monitoring and evaluation of the outcomes of care. Improve education and awareness to the public regarding healthy eating for diabetes prevention, especially in the rural areas.
Philippines	Thailand
<ul style="list-style-type: none"> Develop a comprehensive cost strategy and accountability mechanisms to address overweight and obesity through multiple sectors and systems. Enhance social and behaviour change communication to create awareness and improve nutrition practices. Improve data collection and reporting on overweight and obesity through surveys and routine data. 	<ul style="list-style-type: none"> Discover and specify clear target groups who have high risk and encourage healthy behaviour. Improve action plan for community and organization to encourage healthy behaviour and change environment to facilitate behaviour modification. Active care of diabetic and hypertensive patients along with change to healthy behaviour and screen for complications. Develop and strengthen public communication to increase awareness and provide reliable information. Develop IT systems to support action plan.

Reference

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10