2026 | Southeast Asia Public Health Nutrition Network

Summary Report

Webinar Series 1/2026 on
Relevance of Dietary Guidelines:
Evidence and Context for Southeast Asia

31 March 2026 |Zoom platform

SEA PHN
Southeast Asia Public Health Nutrition Network

Partner Societies/Associations:

Food and Nutrition Society of Indonesia
Nutrition Society of Malaysia
Nutrition Foundation of the Philippines, Inc
Nutrition Association of Thailand under the Patronage of Her Royal Highness Princess Maha Chakri Sirindhorn
Vietnam Nutrition Association
Myanmar Nutrition & Dietetics Association
Lao Nutrition Association

Supported by Educational Grant from:

QUAKER -EST® 1877-
Eat Well, Live Well.
AJINOMOTO

1. ABOUT SEA-PHN NETWORK

Established on 2nd June 2014, the Network aims for a more effective implementation of public health nutrition measures to improve nutritional wellbeing of populations in the region. The current 7 members 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 (Pergizi Pangan), Nutrition Society of Malaysia (NSM), Nutrition Foundation of the Philippines, Inc. (NFP), Nutrition Association of Thailand (NAT), Vietnam Nutrition Association (VINUTAS), Lao Nutrition Association (LAO) and the Myanmar Nutrition and Dietetic Association (MNDA). More details of the Network are available on the Network website: http://sea-phn.org.

2. WEBINAR BACKGROUND

Dietary guidelines by national authorities are important tools for promoting healthy eating. They are to be evidence-based, culturally appropriate, and relevant to local population needs. Consistent messages must be disseminated by various groups. There is a concern that the increasing use of social media and self-styled health and nutrition influencers may result in the rapid dissemination of conflicting and misleading information, potentially confusing and even harmful to the public. This is exacerbated when persons disseminate dietary messages from other national guidelines without scrutiny of their relevance to the population in countries in the Southeast Asia (SEA) region. An example of this is the release of the Dietary Guidelines for Americans (DGA) 2025-2030 in January 2026, which has generated discussion and varying interpretations among healthcare professionals and the public in countries in the region. As some of the recommendations are of doubtful relevance for this region, these could be detrimental to efforts to improve health in the region.

This webinar served as a regionally relevant platform to provide an overview of food-based dietary guidelines (FBDGs) across SEA and clarify key concepts and commonly debated areas in dietary guidelines, as well as strengthen professional alignment on nutrition communication. The webinar was organised into two sessions. The first session featured country presentations on national FBDGs from Malaysia, Lao PDR, Myanmar, the Philippines, Thailand and Vietnam. The second session brought together a panel of regional experts to present and discuss emerging issues relating to ultra-processed foods, meals away from home, and the implications of recent international dietary recommendations for SEA.

The webinar was attended by 892 participants, including nutritionists, dietitians, members of academia, researchers, policy makers, public health workers, nutrition graduates and postgraduate students, as well as other healthcare professionals. This report summarises the presentations and discussions at the webinar. The webinar was also live-streamed via NSM YouTube (https://www.youtube.com/live/NMTk_LD94ik?si=uhJyjc5fvo5T6W_m).

3. PROGRAMME

Time	Programme
14:30 - 14:35	**Welcome Remarks by SEA-PHN Network Chairman**
Part 1: Overview of Food-based Dietary Guidelines in SEA countries ***Chairperson: Clin Prof Dr Nalinee Chongviriyaphan, SEA-PHN Network***	
14:35 - 14:40	Prof Dr Ir. Hardinsyah Ridwan, Food and Nutrition Society of Indonesia (PERGIZI PANGAN Indonesia)
14:40 - 14:45	Dr Bounthom Phengdy, Lao Nutrition Association
14:45 - 14:50	Prof Dr Mahenderan Appukutty, Nutrition Society of Malaysia
14:50 - 14:55	Dr Kyae Mhon Htwe, Myanmar Nutrition and Dietetics Association
14:55 - 15:00	Mr. Carl Vincent D. Cabanilla, Food and Nutrition Research Institute – Department of Science and Technology, Philippines
15:00 - 15:05	Dr Visaratana Therakomen, Bureau of Nutrition, Department of Health, Ministry of Public Health, Thailand
15:05 – 15:10	Assoc Prof Dr Truong Tuyet Mai, National Institute of Nutrition, Vietnam
Part 2: Panel Discussion - Clarifying key concepts and debated areas in FBDGs ***Moderator: Dr Tee E Siong, SEA-PHN Network***	
15:30 - 17:00	Panel members: 1. Prof Dr C Jeyakumar Henry, Consultant, Global Centre for Asian Women's Health, National University of Singapore, Singapore 2. Prof Dr M Aman Wirakartakusumah, IPMI Institute and Indonesian Academy of Food and Nutrition AIPI 3. Prof Dr Purwiyatno Hariyadi, Southeast Asian Food & Agricultural Science & Technology (SEAFAST) Center, IPB University, Bogor, Indonesia 4. Dr Tee E Siong & Ms Voon Siok Hui, SEA-PHN Network
17:00	End

4. WELCOME REMARKS

Dr Tee E Siong
Chair, Southeast Asia Public Health Nutrition (SEA-PHN) Network

Dr Tee E Siong welcomed participants to the webinar and introduced the Network's background and key activities in promoting public health nutrition in the SEA region. He informed participants that SEA-PHN Network completed a review of the FBDG of six SEA countries end of 2024 and the 107 page monograph is now available on the Network website (https://sea-phn.org). He pointed out that this webinar has been organised to share highlights of this FBDG review. In addition, he noted that the webinar will also discuss the growing regional interest following the release of the 2025–2030 U.S. Dietary Guidelines, which had generated considerable discussion regarding their relevance and applicability to SEA populations. He emphasised that while international dietary guidelines provide valuable scientific evidence, SEA countries differ substantially in terms of dietary patterns, food cultures, nutritional priorities, food environments and socioeconomic contexts. Dietary recommendations should not be adopted uncritically but instead be interpreted within local contexts and informed by country-specific evidence. The webinar therefore aimed to provide a regional platform for experts to examine the applicability of current dietary guidance and to share experiences in developing and implementing FBDGs across SEA.

5. SUMMARY OF PRESENTATIONS

Session 1 – Overview of Food-Based Dietary Guidelines in SEA Countries

Chairperson: Clin Prof Dr Nalinee Chongviriyaphan, SEA-PHN Network

Presentation 1
Healthy Eating for The Lao People – Food-Based Dietary Guidelines in Lao PDR
Dr Bounthom Phengdy, President, Lao Nutrition Association

Dr Bounthom Phengdy presented the current status of food-based dietary guidance in Lao PDR and discussed ongoing efforts to strengthen healthy eating promotion in the country. While Lao PDR has not yet developed a comprehensive national FBDG, key nutritional messages and dietary recommendations have been actively promoted through national nutrition policies and programmes led by the Ministry of Health, in collaboration with development partners. The aim is to improve diet quality and reduce malnutrition among the Lao population.

Dr Bounthom emphasised that key nutrition messages in Lao PDR focus on encouraging dietary diversity beyond rice using locally available foods, noting that relying mainly on rice may lead to micronutrient deficiencies. Messages also consistently promote increased consumption of vegetables, fruits, animal-source foods, legumes and nuts while encouraging households to maintain balanced meals and safe food preparation practices. Particular attention is given to improving dietary diversity among children and women, recognising the importance of adequate nutrition for this population.

Lao PDR's nutritional messages also emphasised nutritional needs during key stages of life, with exclusive breastfeeding being the key message promoted for infants 0-6 months, nutrient-dense complementary foods as key message for children aged 6-24 months, having balanced diets and reduced ultra-processed foods as key message for adolescents group and increased intake of iron, folate and calcium-rich foods for pregnant and lactating women. The messages on healthy eating habits promoted by the Lao PDR to reduce the risk of diet-related diseases include limiting sugar, sodium and unhealthy fats, choosing healthy fats, drinking safe and clean water and practising good food hygiene. To improve diet quality of the Lao population, several practical actions have been promoted in the country, including home gardening, encouraging diverse meals with vegetables and protein foods, supporting nutrition education in the communities and promoting healthy lifestyles through increased physical activity.

While acknowledging that the latest U.S. Dietary Guidelines provide comprehensive recommendations across the life course, she noted that some recommendations may not fully align with the Lao context, particularly regarding higher intake of protein and dairy products, due to differences in dietary culture and food accessibility. Thus, adaptation to local food systems, cultural practices, and availability of foods is essential when applying these guidelines in Lao PDR. She concluded that improving dietary diversity and promoting balanced diets using locally available foods are key to preventing micronutrient deficiencies and improving nutrition and health in Lao PDR. Continued collaboration between the government and development partners is essential to support national nutrition efforts.

Presentation 2
Indonesia Food-Based Dietary Guidelines
Prof Dr Ir. Hardinsyah Ridwan, Food and Nutrition Society of Indonesia (PERGIZI PANGAN Indonesia)

Prof Hardinsyah shared the key recommendations and ongoing review of Indonesia's FBDGs. The FBDGs, which were first introduced in 1995 and subsequently revised twice, with the current edition published in 2014.

The current Indonesian FBDGs retain several core principles from previous editions, including encouraging dietary diversity through consumption of a variety of foods, promoting regular breakfast consumption, and limiting sugar, salt, and cooking oil intake. Current guidelines also include recommendations to increase plain water consumption and encourage the maintenance of a healthy body weight.

Prof Hardinsyah highlighted Indonesia's pictorial food guide, *Isi Piringku* ("My Plate"), which translates the dietary guidelines into a simple plate model for public use. The model recommends filling half the plate with fruits and vegetables, while the remaining half consists of cereals or grains and protein-rich foods. He noted that the current Indonesian guidelines do not specifically recommend whole grain consumption.

After more than a decade of implementation, Indonesia is preparing to develop a new set of dietary guidelines to reflect evolving nutrition priorities and scientific evidence. The country is currently reviewing its dietary guidelines as part of a broader national review of nutrition standards and food policies to guide future food and nutrition policies. The outcomes of this review are expected to inform the development of Indonesia's next FBDGs.

Presentation 3
Malaysia Food-Based Dietary Guidelines
Prof Dr Mahenderan Appukutty, President, Nutrition Society of Malaysia

Prof Dr Mahenderan presented an overview of the Malaysian Dietary Guidelines (MDG) 2020 and discussed how the latest U.S. Dietary Guidelines could inform, but should not replace, food-based dietary guidance in Malaysia and Southeast Asia. Malaysia has periodically updated its dietary guidelines since 1999, with the latest edition released in 2020.

The MDG 2020, developed under the National Coordinating Committee on Food and Nutrition, Ministry of Health Malaysia, comprises 14 key messages, 52 recommendations, and 244 practical "how-to-achieve" statements, developed using local scientific evidence and adapted to Malaysian dietary culture and health priorities. In addition to the general guidelines, Malaysia has developed dietary guidelines for specific population groups, including children and adolescents, older adults, pregnant women, and vegetarians, and the guidelines are complemented by the Malaysian Healthy Plate (Quarter-Quarter-Half, *Suku-Suku Separuh*) model to facilitate public understanding.

Prof Mahenderan emphasised that while the new U.S. Dietary Guidelines offer useful signals such as promoting whole and minimally processed foods and reducing ultra-processed food consumption, they should not be adopted directly in Southeast Asia without careful contextualisation. In this regard, he discussed several considerations for adapting such recommendations to Malaysia and the region, highlighting that public health efforts should continue to prioritise improving diet quality, encouraging fresh foods and home cooking, and providing practical guidance for the region's prevalent eating-out culture. Protein recommendations should emphasise adequacy, diversity and affordability, while recommendations regarding dairy consumption should consider local dietary practices, lactose intolerance, affordability, and accessibility. He also cautioned against extensively promoting full-fat dairy or increasing animal-source food consumption, noting that such recommendations may not be appropriate for all populations. Furthermore, he stressed that not all processed foods are inherently unhealthy, as the health impact depends on the type and extent of processing.

Prof Mahenderan concluded that Southeast Asian dietary guidelines should be anchored in local evidence, epidemiology, cultural practices, affordability, and food environments. Global dietary guidance should serve as a reference rather than a template, recognising that a "one-size-fits-all" approach is inappropriate. He proposed an “Adopt, Adapt, Avoid” approach when considering global dietary recommendations from a Southeast Asian perspective. Instead, Malaysia and Southeast Asia need dietary guidance that is evidence-based, regionally aligned, and locally usable, enabling effective translation into national policy and effective support for public health practice.

Presentation 4
The Myanmar Food-Based Dietary Guidelines
Dr Kyae Mhon Htwe, Myanmar Nutrition & Dietetics Association

Dr Kyae Mhon Htwe presented an overview of the Myanmar FBDGs, developed in 2007 by the National Nutrition Centre under the Ministry of Health with support from UNICEF. The Myanmar FBDGs provide nutrition recommendations across the life course. The guidelines promote exclusive breastfeeding for the first six months of life, followed by appropriate complementary feeding with continued breastfeeding. The guidelines also emphasise adequate nutrition during pregnancy and lactation, balanced diets for children and adolescents, and nutritious, easily digestible foods for older adults. Core healthy eating and lifestyle messages include consuming a variety of foods, particularly fruits and vegetables, choosing healthier fats, reducing salt intake and using iodised salt, limiting sugary drinks, drinking sufficient safe water, practising healthy food choices and a balanced diet, engaging in regular physical activity, maintaining a healthy body weight, and adopting positive health beliefs and behaviours.

Discussing the applicability of the new U.S. Dietary Guidelines to Myanmar and the wider Southeast Asian context, Dr Htwe noted that several recommendations in the new U.S. Dietary Guidelines are relevant to Myanmar. The emphasis on consuming real, minimally processed foods and limiting ultra-processed foods, added sugars, and refined carbohydrates is particularly important in addressing the growing burden of non-communicable diseases, including diabetes and hypertension. Promoting dietary diversity, fruit and vegetable consumption, and reducing salt intake are also applicable to Myanmar, although affordability and accessibility of healthy foods remain significant challenges.

However, Dr Htwe highlighted that some of the U.S. recommendations, particularly the higher protein intake recommendation and emphasis on animal protein, are not suitable for Myanmar due to food insecurity and the cost of protein-rich foods. Instead, locally available and affordable protein sources such as fish, eggs, and legumes should be emphasised. Likewise, recommendations to increase whole grain consumption need to consider Myanmar's reliance on polished white rice, with the gradual introduction of mixed grains likely to be a more practical approach. Similarly, the recommendation to prioritise full-fat dairy is not feasible in Myanmar, as dairy is not a staple food, may increase the financial burden on households, and could contribute to excessive saturated fat intake.

Dr Htwe concluded that successful dietary guidelines implementation in Myanmar and other Southeast Asian countries requires adaptation to local food systems, cultural practices, affordability, and food accessibility. The overall goal should be to encourage diverse, minimally processed, nutrient-dense diets that are practical and appropriate for local contexts.

Presentation 5
Nutritional Guidelines for Filipinos
***Mr Carl Vincent Cabanilla, Senior Science Research Specialist,** Department of Science and Technology-Food and Nutrition Research Institute, Philippines*

Mr Carl Vincent Cabanilla started his presentation by sharing the framework of the Philippines' Nutritional Guidelines for Filipinos (NGF) development. The Department of Science and Technology is the government agency responsible for establishing and updating the dietary guidelines. The Philippine dietary guidance framework begins with nutrient-based recommendations (Philippine Dietary Reference Intakes), which are then translated into food-based recommendations through the NGF and communicated to the public using visual food guides, namely the Daily Nutritional Guide Pyramid and the Pinggang Pinoy plate model.

The current NGF, published in 2012, consists of ten key messages that promote healthy eating and healthy lifestyles. These include consuming a variety of foods, exclusive breastfeeding for the first six months, eating more fruit and vegetable everyday, consuming both plant- and animal-source protein foods, including dairy and other calcium-rich foods, ensuring food and water safety, using iodised salt to prevent iodine deficiency disorders, limiting salt, sugar, and fat intake, maintaining a healthy body weight through balanced diet and physical activity, and adopting healthy lifestyle behaviours such as stress management, avoiding alcohol, and not smoking. Mr Cabanilla also noted that the Philippines is currently reviewing its dietary guidelines using the FAO's Food Systems-Based Dietary Guidelines methodology, which incorporates sustainability alongside health considerations.

Following the release of the new U.S. Dietary Guidelines 2025–2030, the National Nutrition Council, which is the highest policy-making body and coordinating body in nutrition in the country, issued a statement emphasising that the DNG Pyramid and the Pinggang Pinoy, remain the most appropriate foundation for guiding healthy eating practices of Filipinos as they are grounded in local data and traditions. While several recommendations of the U.S. Dietary Guidelines were found to align with existing national guidance, including fruit and vegetable intake and limiting highly processed foods, added sugars, and refined carbohydrates, Mr Cabanilla highlighted several recommendations that are not aligned with the local context. These include the higher protein intake recommendation, which should instead balance nutritional quality with affordability, cultural preferences, and local consumption patterns. Similarly, the recommendation to consume three servings of dairy daily is unsuitable because many Filipinos are lactose intolerant, dairy is not traditionally consumed in large quantities, and much of the country's milk supply is imported. He also noted differences in recommendations regarding healthy fats, emphasising that coconut oil remains an important traditional cooking oil in the Philippines. In addition, the Philippine guidelines advise avoiding alcohol rather than merely limiting its consumption.

Mr Cabanilla concluded that while the U.S. Dietary Guidelines provide valuable scientific insights, the Philippines' dietary guidance should continue to be grounded in local evidence, dietary practices, food culture, and population needs.

Presentation 6

Food-Based Dietary Guidelines: Thailand's Approach

Dr Visaratana Therakomen, Deputy Director, Bureau of Nutrition, Department of Health, Ministry of Public Health, Thailand, representing the Nutrition Association of Thailand under the Patronage of Her Royal Highness Princess Maha Chakri Sirindhorn

Dr Visaratana Therakomen presented an overview of Thailand's updated 2025 FBDGs that will be fully published later in the year. The guidelines are based on the FAO framework, Thailand Dietary Reference Intakes 2020, WHO healthy diet principles, and national dietary data to ensure recommendations are evidence-based, practical, and culturally appropriate. Thailand's FBDGs comprise two main components: quantitative recommendations presented through the Thai Nutrition Flag, which provides age- and activity-specific serving recommendations, and qualitative guidance consisting of nine key messages promoting healthy eating behaviours. Unlike previous editions, the updated guidelines are tailored according to age group and physical activity level rather than adopting a one-size-fits-all approach.

The nine key messages encourage eating a variety of foods from all food groups in the recommended proportions shown in the Thai Nutrition Flag, while maintaining an appropriate body weight; choosing rice as the main energy source, with greater emphasis on brown rice and partially milled rice and occasional use of other starchy foods; regularly consuming quality protein sources such as fish, eggs, lean meat, legumes, nuts and nut products; eating plenty of vegetables and fruits every day, particularly a variety of colourful vegetables and fruits, while limiting high-sugar fruits; drinking plain milk daily and consuming other calcium-rich foods; limiting foods high in fat, sugar and salt; choosing clean, safe and freshly prepared foods; drinking adequate amounts of clean plain water while avoiding sweetened beverages; and avoiding or reducing alcohol consumption.The quantitative guidelines provide recommended serving and portion sizes for each food group. Dr Visaratana highlighted a key improvement from previous guidelines is more practical protein recommendations, such as 1 egg per day and two tablespoons of legumes as protein sources. There is also greater emphasis on whole grains, fibre, and unsaturated fats, as well as integrating lifestyle recommendations such as drinking sufficient water, engaging in regular physical activity, and obtaining adequate sleep.

Dr Visaratana noted that several recommendations in the new U.S. Dietary Guidelines align with Thailand's priorities, particularly the emphasis on reducing ultra-processed foods, limiting sugar, salt, and unhealthy fats, and promoting fruits, vegetables, and whole grains. However, she highlighted several concerns about applying the U.S. Dietary Guidelines uncritically in the Southeast Asia context, noting that some recommendations have also raised concerns among professional health organisations, including the American Heart Association. For example, greater emphasis on high protein intake, red meat, and dairy consumption does not reflect the predominantly plant-based dietary patterns, relatively low dairy intake, and rice-based food cultures found in many Southeast Asian countries. She emphasised that recommendations from the U.S. Dietary Guidelines should therefore be interpreted critically and adapted to local dietary practices, food availability, and cultural contexts.

In conclusion, Dr Visaratana stressed that Southeast Asian countries share many common evidence-based dietary principles, and that greater emphasis should be placed on effective and responsible nutrition communication that tailors such messages to different population groups. She concluded that responsible nutrition communication is critical and that healthcare professionals must help the public navigate social media misinformation and clarify that foreign guidelines require careful contextual scrutiny.

Presentation 7
Food-Based Dietary Guidelines in Vietnam
Assoc Prof Dr Truong Tuyet Mai, National Institute of Nutrition, Vietnam

Assoc Prof. Dr Truong Tuyet Mai presented an overview of Vietnam FBDGs, which are revised approximately every 10 years in line with the country's National Nutrition Strategy. The latest guidelines were introduced in 2025 to support proper nutrition and healthy lifestyles, while updated food pyramids are being developed for different age groups, including young children, school-aged children, adolescents, adults, pregnant women, and older adults.

Vietnam's FBDGs consist of ten key messages. These include promoting a balanced and diverse diet by encouraging consumption of a variety of foods from both plant- and animal-based sources. The guidelines emphasise increasing the intake of vegetables, consuming protein-rich foods appropriately and limiting red meat consumption; drinking adequate water; exclusive breastfeeding followed by appropriate complementary feeding; and limiting fried foods, foods high in fat, sugar and salt, sugar-sweetened beverages, alcohol, and highly processed foods. Food safety is also strongly emphasised, including safe food selection, preparation, storage, and reading food labels. In addition, the guidelines encourage maintaining regular family meals to promote healthier eating habits, alongside maintaining a healthy body weight through regular physical activity. Pregnant women and breastfeeding mothers are encouraged to follow a balanced diet and supplement with iron, folic acid, or multivitamins.

Dr Mai further shared that Vietnam's updated food guidance also includes age-specific food pyramids that provide serving recommendations and portion sizes for different population groups. These recommendations aim to support healthy eating throughout the life course while addressing the country's evolving nutritional challenges.

In comparing Vietnam's FBDGs with the new U.S. Dietary Guidelines, Dr Mai highlighted important contextual differences. Vietnam recommends lower protein intakes than those proposed in the U.S. guidelines and places greater emphasis on balancing protein from animal- and plant-based sources, and carbohydrate foods remain a staple in the country. There is also less emphasis on restriction of ultra-processed foods in the Vietnam FBDG. Vietnam continues to address the double burden of malnutrition by balancing strategies to reduce undernutrition alongside preventing overweight, obesity, and diet-related non-communicable diseases. She concluded that promoting regular family meals and Vietnamese food culture remains an important component of national dietary guidance.

Session 2 – Panel Discussion: Clarifying Key Concepts and Debated Areas in FBDGs

Moderator: Dr Tee E Siong, SEA-PHN Network

Presentation 1

What's Your Verdict on Ultra-Processed Foods?

Prof Jeyakumar Henry, Senior Advisor, Global Centre for Asian Women's Health, National University of Singapore

Prof Jeyakumar Henry began by introducing the ultra-processed foods (UPFs) concept and the NOVA food classification system, which categorises foods into four groups according to the extent and purpose of industrial processing, from unprocessed or minimally processed (NOVA 1) to ultra-processed foods, UPFs (NOVA 4). Under this framework, foods containing cosmetic food additives (such as artificial sweeteners and emulsifiers, etc) or formulated through industrial processing are generally classified as UPFs.

Prof Henry highlighted that while the NOVA classification has gained widespread public attention because of its simplicity, it has important scientific and technical limitations. He noted that "UPFs" is not a recognised category in food technology and that the NOVA framework may oversimplify the complex relationships between food processing, food formulation and health outcomes. Using examples such as vitamin-fortified bottled water and home-made versus commercially produced cupcakes with similar nutritional compositions, he explained that foods with comparable nutritional quality may be assigned different NOVA categories based primarily on their processing methods.

Drawing on recommendations from an International Union of Food Science and Technology (IUFoST) expert panel, Prof Henry emphasised the importance of distinguishing food formulation from food processing, and that adverse health outcomes are more likely to be associated with poor food formulation than with food processing itself. While systematic reviews have reported associations between higher UPF consumption and chronic diseases, the available evidence remained largely observational and does not establish causality. He therefore cautioned against assuming that the increasing attention given to UPFs necessarily reflects equally strong scientific evidence. Prof Henry further highlighted that applying the NOVA classification in the SEA region without considering regional contexts could have unintended consequences. As the countries in the region continue to face the triple burden of malnutrition, food processing technologies, including food fortification and ready-to-use therapeutic foods, remain essential public health strategies. Total discouragement of processed foods could therefore bring serious challenges to important public health efforts to address nutritional deficiencies and malnutrition.

Citing recent findings from the UK National Diet and Nutrition Survey, Prof Henry highlighted emerging evidence suggesting that the adverse health effects associated with UPFs may be driven more by poor nutrient composition than by food processing itself, particularly products high in sugar, salt and fat and low in fibre. He then noted that the UK Food Standards Agency continues to recommend focusing public health advice on established nutritional risk factors, such as limiting high-fat, sugar and salt foods, until stronger evidence is available on the relationship between UPFs and poor health and the independent effects of food processing.

Prof Henry concluded that the strict application of the NOVA classification in Asia could challenge essential nutrition interventions and potentially impede progress towards regional nutrition and development goals. To ensure global relevance, he called for future refinements of the NOVA classification to incorporate Asian perspectives and expertise to take into consideration the region's dietary habits, nutritional needs and public health priorities.

Presentation 2

Beyond Ultra-Processed Foods: Rethinking Diet Quality in Southeast Asia (SEA)

Prof Dr M Aman Wirakartakusumah, IPMI Institute and Indonesian Academy of Food and Nutrition AIPI

Building on Prof Henry's presentation, Prof M Aman Wirakartakusumah discussed a broader food system perspective on diet quality. Rather than focusing exclusively on UPFs, he shared his view that SEA should adopt a more comprehensive framework that considers the complex interactions between food processing, food formulation, consumption patterns and the wider food system.

Prof Aman highlighted that much of the epidemiological evidence linking UPFs to chronic disease originates from high-income Western countries, where UPFs contribute up to 60% of total dietary energy intake. In contrast, Southeast Asian food environments differ substantially. Using Jakarta as an example, UPFs contribute only about 15-20% of dietary intake, and diets in the SEA region remain largely based on staple foods, home-cooked meals and street foods. Therefore, the major dietary risk drivers are not industrial processing, but how foods are formulated and consumed, limiting the direct applicability of Western evidence to SEA populations. He further showed examples where “real food” is not necessarily equal to “healthy food”, citing fried street foods as common examples where cardiometabolic risk is driven by excessive free sugar, sodium and unhealthy fats rather than the level of processing. He then cautioned against demonising food processing, as it serves important functions to ensure food safety, extend shelf life, and enable food fortification programmes that have significantly improved public health. Several life-saving foods are technically classified as “ultra-processed”, what he described as a “classification paradox”.

Prof Aman shared a food systems framework comprising three interrelated determinants of diet-related health outcomes: processing, formulation, and consumption patterns. Within this framework, processing functions primarily as an enabling technology that supports food preservation, safety and accessibility, whereas poor formulation, including excessive sugar, salt, unhealthy fats and food additives, and unhealthy consumption behaviours are more likely to drive adverse health outcomes.

He also presented the PRISM framework developed by the IUFoST, which evaluates foods across multiple dimensions (nutrition, sustainability, safety, affordability, convenience and palatability) and provides a more holistic assessment of healthy diets than processing-based classification alone. From a policy implications perspective, especially for the region, Prof Aman highlighted the need to shift from classification-based policies towards systems-based approaches, to prioritise reformulation, protect the beneficial food processing technologies, improve the informal food system, and ensure that dietary guidelines remain context-specific rather than directly replicating Western models.

In his concluding remarks, Prof Aman reiterated that the central issue is not whether foods are processed, but how processing, formulation and consumption patterns interact within the food system to influence health outcomes. He also highlighted the need to integrate emerging technologies, including artificial intelligence, to enhance understanding of these complex relationships and support the development of healthier diets for the SEA populations.

Presentation 3

Rethinking Dietary Guidelines: Real-World Food Practices in Southeast Asia – A View from Indonesia

Prof Dr Purwiyatno Hariyadi, Senior Scientist, Southeast Asian Food & Agricultural Science & Technology (SEAFAST) Center, IPB University, Bogor, Indonesia

Prof Dr Purwiyatno Hariyadi presented a food science perspective on dietary guidelines and discussed the need for dietary guidance to better reflect the real-world eating practices of Southeast Asian populations.

He began by discussing the definition of 'processed foods' according to Codex Alimentarius and the Indonesian Food and Drug Authority (BPOM), both of which define food processing broadly to include physical, chemical and biological treatments. Common household activities such as cooking, boiling rice, frying a food, as well as the term 'freshly prepared food' are technically considered 'processed food'. Neither Codex nor BPOM provides a formal definition for highly processed foods or UPFs. He further highlighted that the term 'real food' has no formal scientific or regulatory definition and is used inconsistently to describe fresh, minimally processed, natural, unrefined, home-prepared or traditional foods. As a result, the distinction between 'processed' and 'real' food is not scientifically robust and may over simplify a food choices and dietary guidance.

Instead of classifying foods simply as processed or real, Prof Purwiyatno emphasised that that dietary guidelines should focus on food safety, nutritional quality, consumption patterns, and how foods are prepared and handled**,** particularly in the context of the SEA region. Using food consumption pattern data from Jakarta as example, he highlighted that the food intake is distributed across multiple food sources, including home prepared meals, processed foods, and foods eaten outside the home such as street and restaurant foods, and that this pattern is likely representative of many SEA countries. Since these food sources collectively contribute to the dietary intake and nutritional status of the populations, dietary guidelines should consider the entire food environment rather than individual food categories.

While dietary guidelines traditionally centred around nutrients, food groups and portion size, he pointed out that food safety is an essential but often overlooked component of healthy diets in the dietary guidelines. Important practical issues such as food handling practices, time-temperature conditions and real-life eating environments are often overlooked. These factors are particularly relevant in Southeast Asia, where a large proportion of foods are prepared at home, purchased from street vendors or consumed in restaurants and food service establishments. Using surveillance data from Indonesia health authorities, Prof Purwiyatno showed that foodborne illness is consistently associated with household foods, food service establishments and street foods. Given that a substantial proportion of meals in SEA are obtained from these sources, he stressed that a healthy diet that is unsafe cannot be considered a healthy diet, and that food safety should be incorporated into future dietary guidelines. Regarding dietary composition, he emphasized that some narratives advocating drastic reductions in animal-source foods are inappropriate for Indonesia, where nutrient-dense animal foods (fish, poultry, eggs) remain critical to combat stunting, anemia, and double-burden malnutrition.

In concluding, Prof Purwiyatno called for dietary guidelines that move beyond the simplified narratives of 'processed' versus 'real' food by integrating nutrition, food safety, cultural practices and local food systems to establish more relevant dietary guidelines for the region and reflect the real-world eating practices of the region.

Presentation 4

Meals away from home – the real food environment in SEA

Dr Tee E Siong, SEA-PHN Network

Dr Tee E Siong highlighted an aspect of the SEA region food environment that has received relatively little attention within dietary guidance, which is the widespread consumption of meals away from home. Discussions surrounding healthy diets have become increasingly dominated by ultra-processed foods, which is inappropriate for countries in SEA where the food environment is rather different from other regions of the world. The everyday reality for many SEA countries is that a substantial proportion of meals are purchased from hawker centres, food courts, restaurants, workplace cafeterias, street vendors and, increasingly, food delivery platforms, which should become a central consideration in dietary guidelines.

Dr Tee explained that eating outside the home has become deeply embedded within SEA lifestyles because of rapid urbanisation, changing work patterns, convenience and affordability. Many individuals consume two or even three meals each day from food outlets rather than preparing food at home. He emphasised that unlike many Western countries, where packaged foods contribute substantially to dietary intake, Southeast Asian diets continue to rely heavily on freshly prepared foods purchased from informal and commercial food service sectors. Therefore, dietary guidance focusing predominantly on packaged UPFs risks overlooking one of the most important determinants of dietary quality in the region.

Referring to a 2022 WHO report on meals away from home, Dr Tee highlighted growing recognition that foods prepared outside the home have become an increasingly important contributor to dietary intake. The WHO report identified the need for comprehensive strategies to improve the nutritional quality of meals sold by street vendors, restaurants, cafés and other food service establishments. Dr Tee also shared several local studies, which consistently demonstrate that meals away from home are often nutritionally imbalanced. Many commercially prepared meals contain excessive amounts of salt, sugar and oil while providing insufficient vegetables, whole grains and dietary fibre. He observed that public health initiatives have traditionally concentrated on reducing nutrients of concern, particularly salt, sugar and fat, but have placed less emphasis on encouraging positive dietary components such as dietary fibre. It is important that future initiatives and dietary guidance should address both dimensions by reducing excessive unhealthy nutrients while simultaneously increasing diet quality and consumption of nutrient-rich meals to safeguard people's health.

As eating out continues to increase throughout Southeast Asia, improving the nutritional quality of meals sold by restaurants, hawkers and food delivery services is crucial for disease prevention. He called for incorporating guidance on healthier away-from-home meals into national dietary guidelines, alongside initiatives such as healthier menu certification, healthier dining programmes, menu reformulation and improved consumer food and nutrition literacy.

Concluding his presentation, Dr Tee reiterated that a healthier food environment relevant to SEA is essential if the region is to curb the burden of obesity and non-communicable diseases. Dietary guidelines must consider the actual food environments experienced by the population, particularly the consumption of meals away from home. Efforts should also focus on creating healthier food environments across different settings. Office workers should be able to make healthier choices when having breakfast or lunch out of home; families should have access to healthier options when dining out or ordering meals online; and school children should be provided with more nutritious foods in school canteens. This could be supported by guiding food vendors on preparing healthier meals, improving consumers' food and nutrition literacy to make healthier choices, and developing nutrient profiling systems for meals.

Key messages from the panel discussion

- Despite the diversity of country experiences presented, there was strong consensus that FBDGs should remain firmly grounded in scientific evidence while reflecting the unique dietary patterns, food cultures, nutritional priorities and food environments of SEA countries, rather than being driven by imported concepts.

- While acknowledging the growing research on food processing and UPFs, the speakers consistently agreed that greater emphasis should be placed on overall diet quality, food formulation, food safety, cultural eating practices, and the nutritional quality of meals consumed both at home and away from home. This systems-based perspective provides a more comprehensive and contextually relevant foundation for future dietary guidelines in the region.

- SEA's food environment differs substantially from that of many high-income countries. In addition to packaged foods and meals prepared at home, the region is characterised by widespread consumption of meals away from home, including street foods, hawker foods, restaurant meals and food delivery services. Therefore, future dietary guidelines should address this important component of the food environment to ensure that recommendations remain practical and relevant to everyday eating practices. In addition, improving overall diet quality should remain the primary focus of dietary guidance, but not relying solely on food processing classifications.

- There is a need to strengthen the regional evidence base by generating more locally relevant research on dietary patterns, food environment and nutrition interventions, rather than relying on evidence from Western populations. Such evidence will support the development of context-specific dietary guidelines and nutrition policies that better reflect SEA's cultural, food systems and public health priorities.

- Continued regional collaboration through platforms such as the SEA-PHN Network will provide valuable opportunities to share experiences, strengthen scientific partnerships, and advance evidence-based nutrition policies across SEA.

6. PICTORIAL REPORT

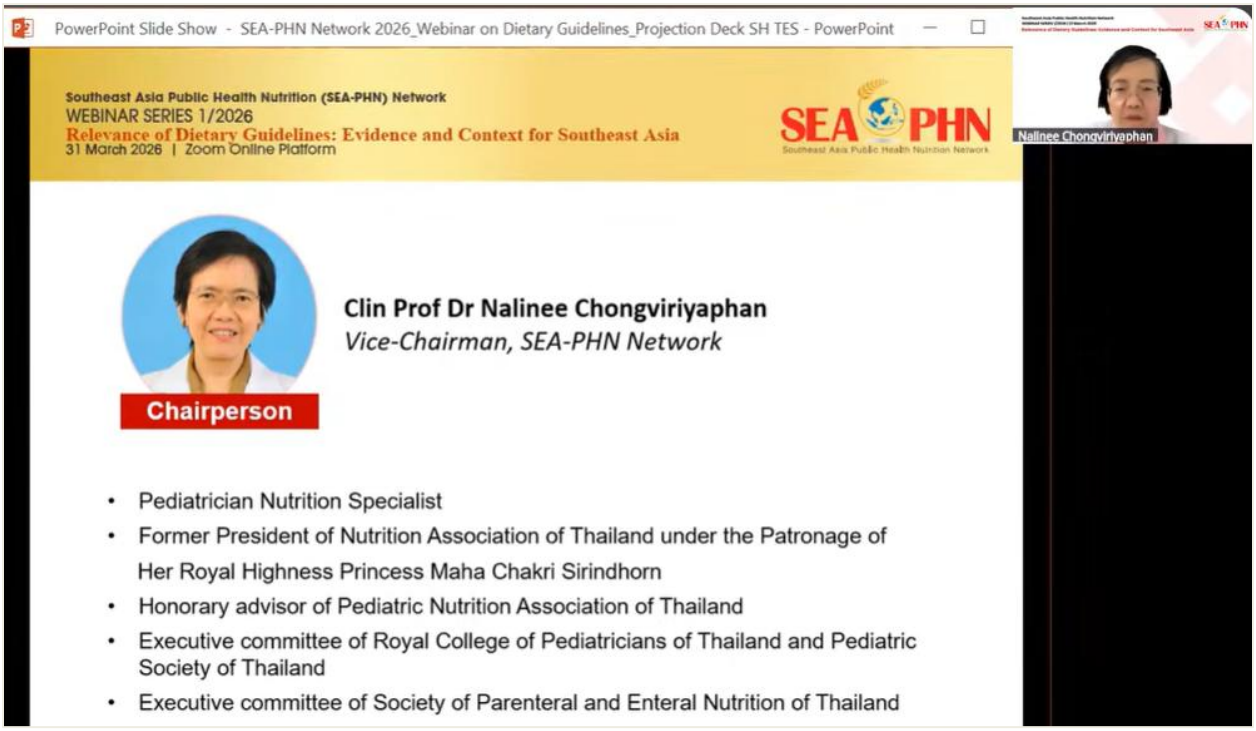

Figure 1. Prof Nalinee, vice-chairman of SEA-PHN Network, chaired Session 1 of the webinar

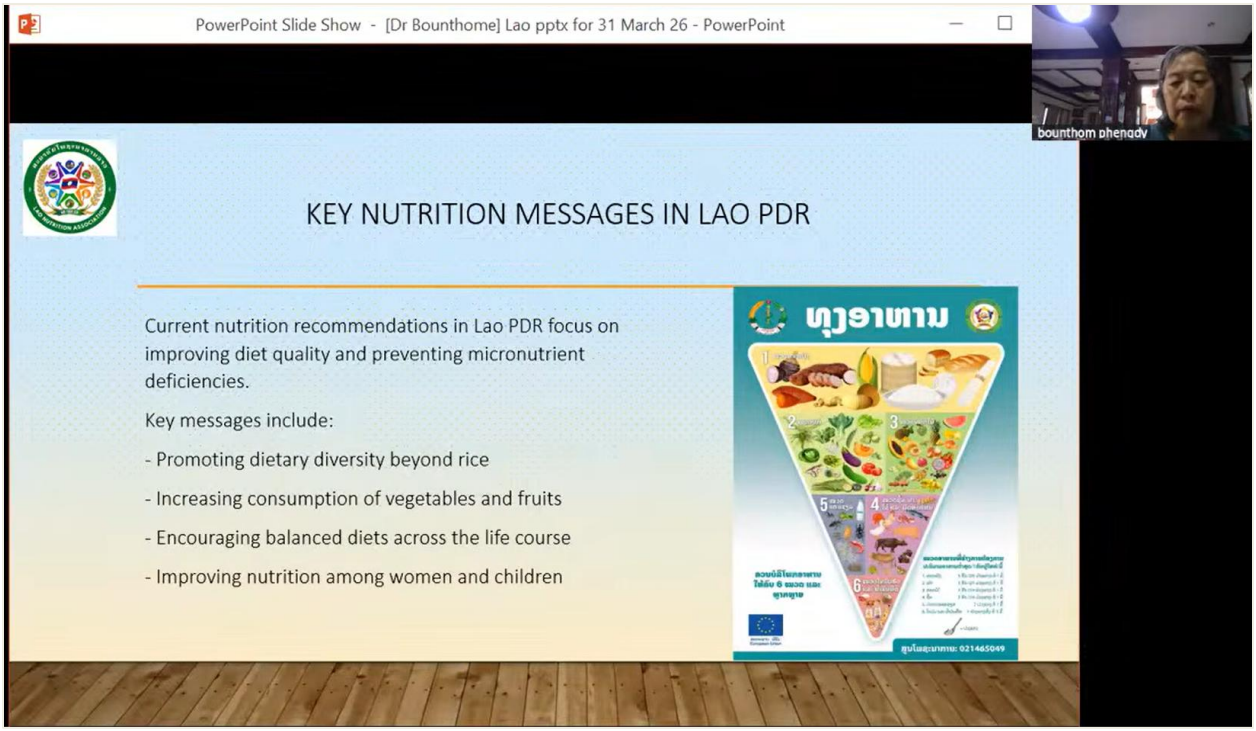

Figure 2. Dr Bounthom Phengdy presented the current status of FBDGs in Lao PDR

Figure 3. Prof Hardinsyah shared an overview of Indonesia's FBDGs

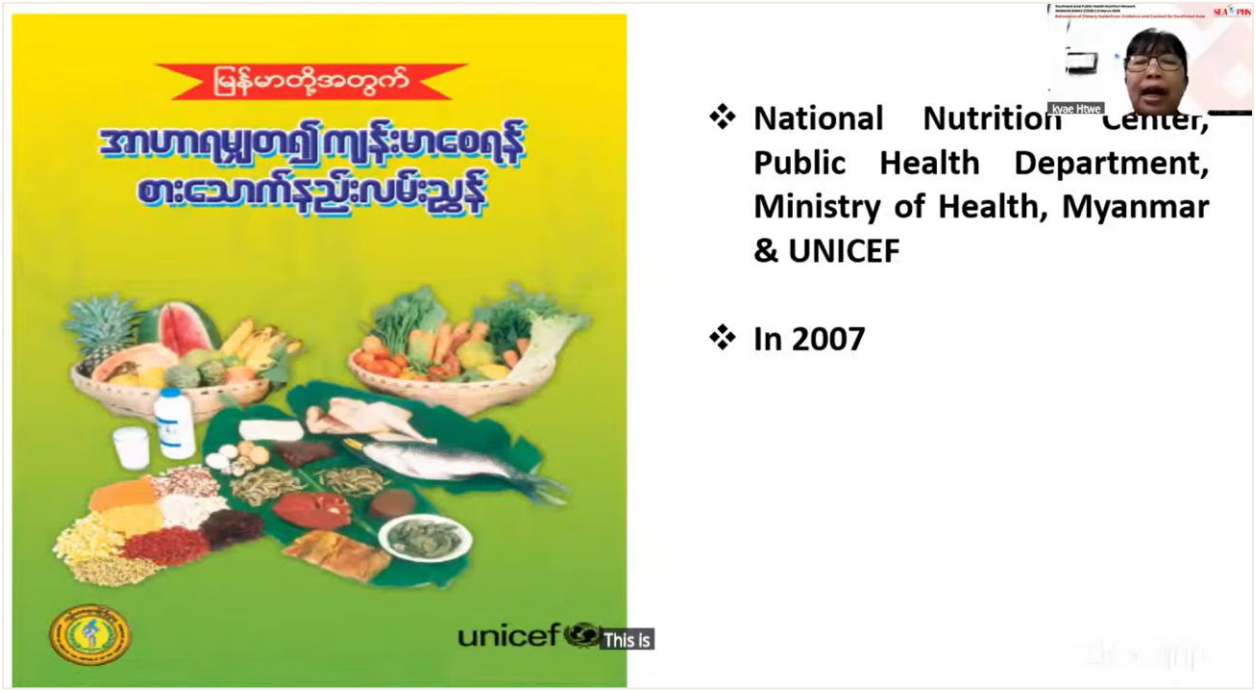

Figure 4. Dr Kyae Mhon Htwe presented an overview of the Myanmar FBDGs

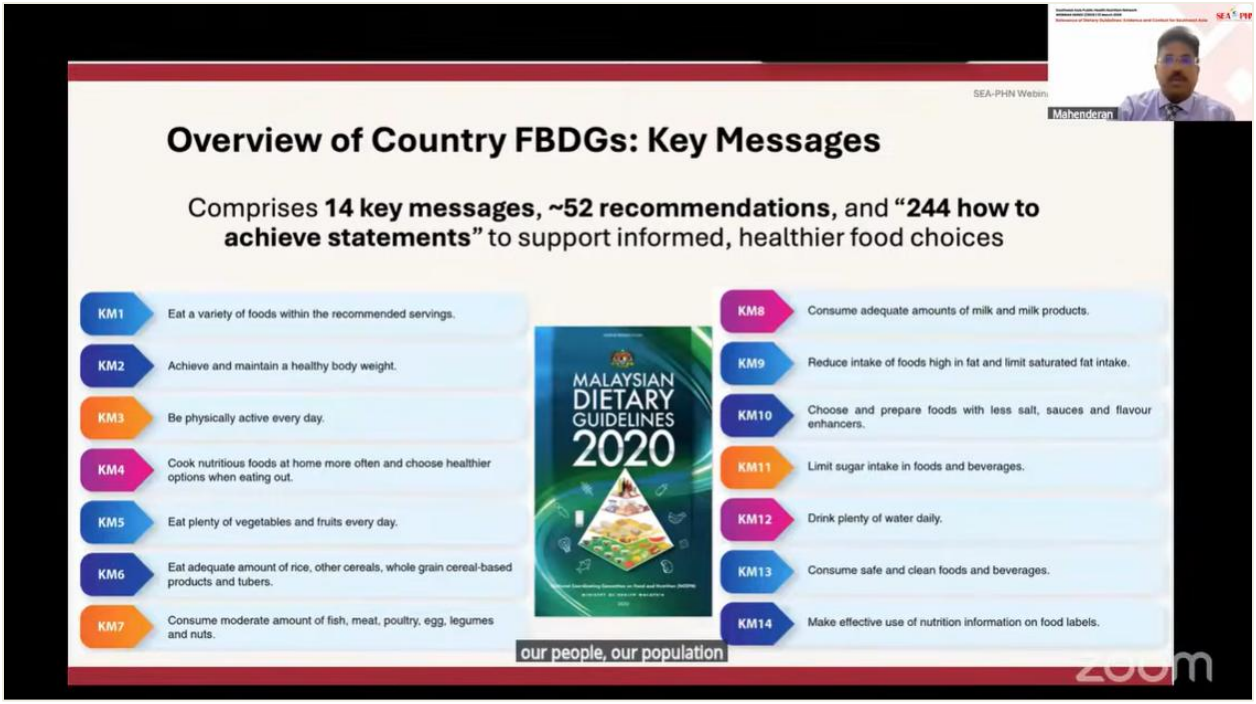

Figure 5. Prof Dr Mahenderan presented an overview of the Malaysian Dietary Guidelines (MDG) 2020

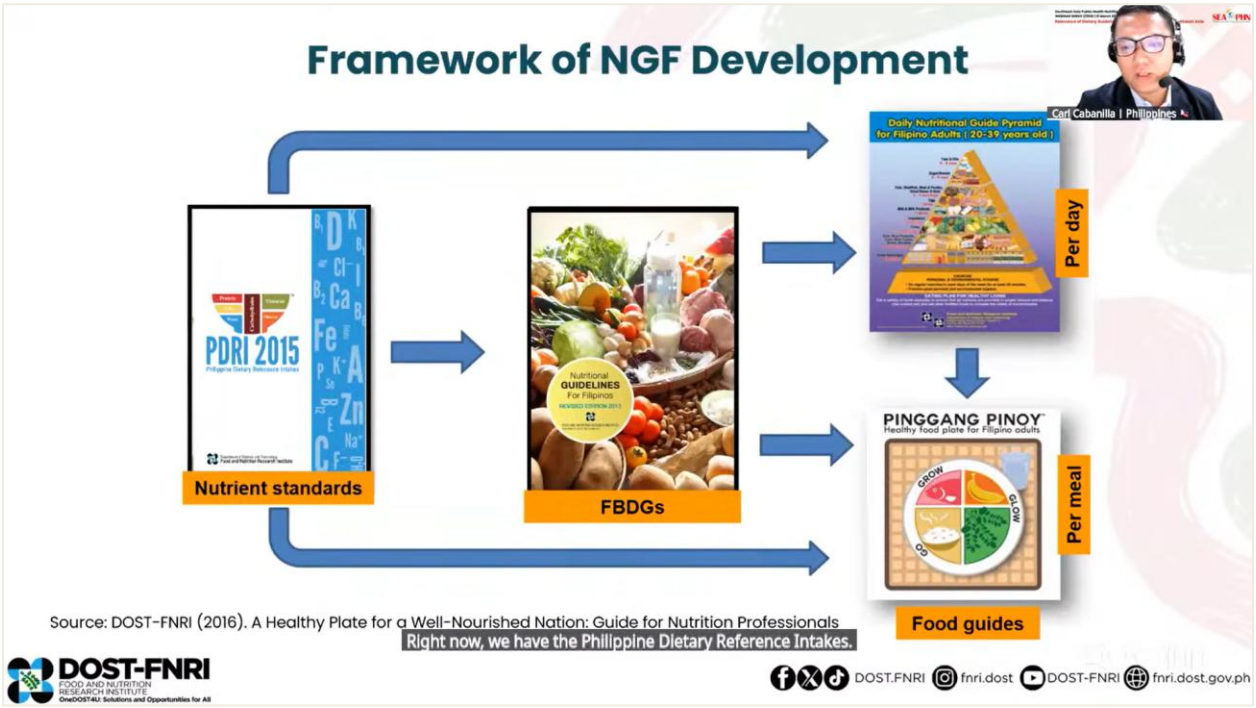

Figure 6. Mr Carl Vincent Cabanilla presented the Philippines' Nutritional Guidelines for Filipinos (NGF)

Figure 7. Dr Visaratana Therakomen presented an overview of Thailand's updated 2025 FBDGs

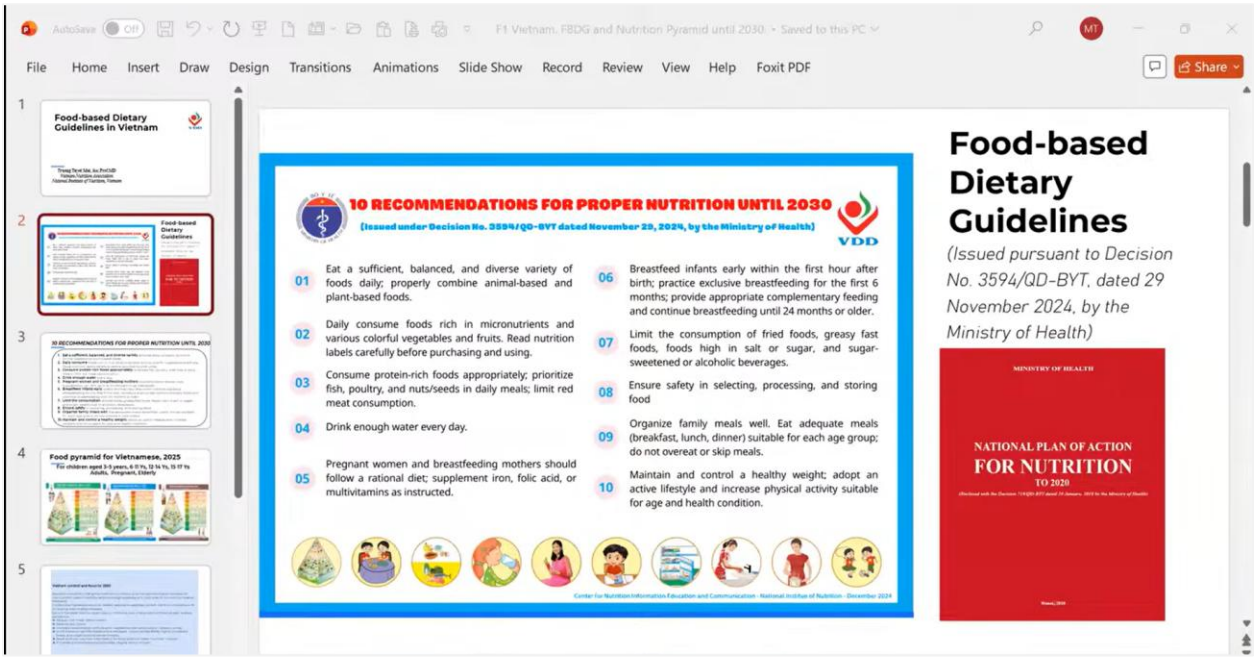

Figure 8. Assoc Prof. Dr Truong Tuyet Mai presented an overview of Vietnam's FBDGs

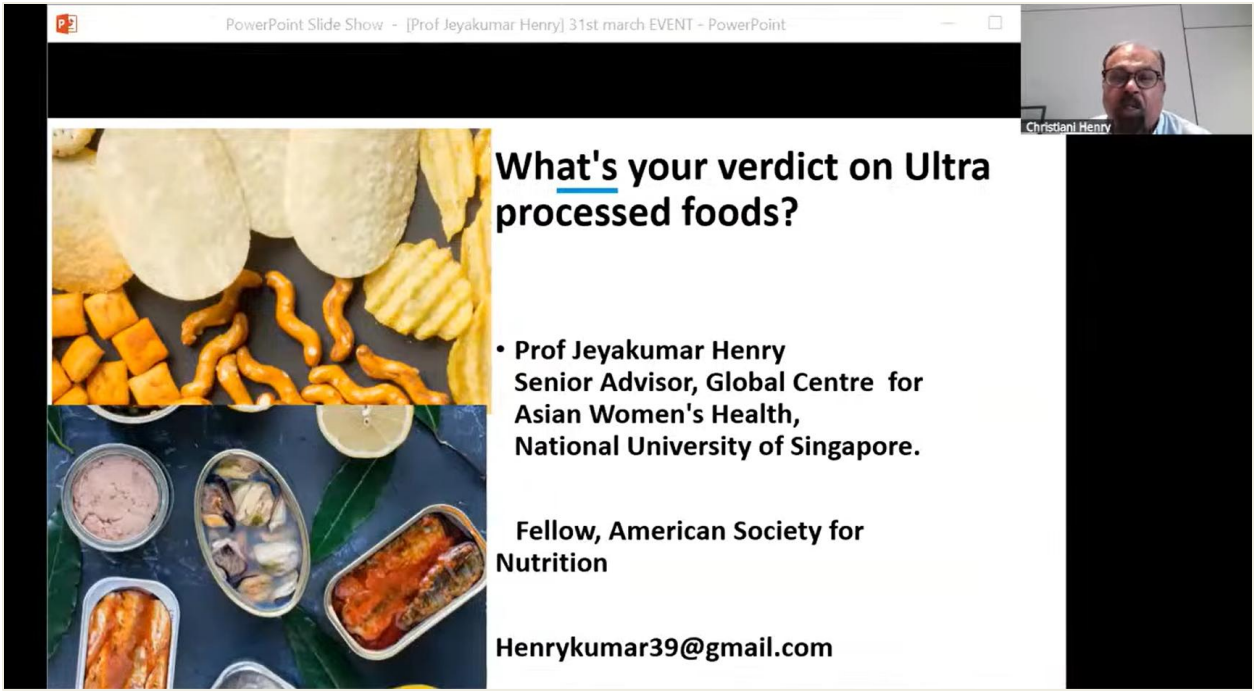

Figure 9. Prof Jeyakumar Henry discussed ultra-processed foods and the implications of the NOVA classification for the Asian context

Figure 10. Prof M Aman Wirakartakusumah discussed diet quality in Southeast Asia

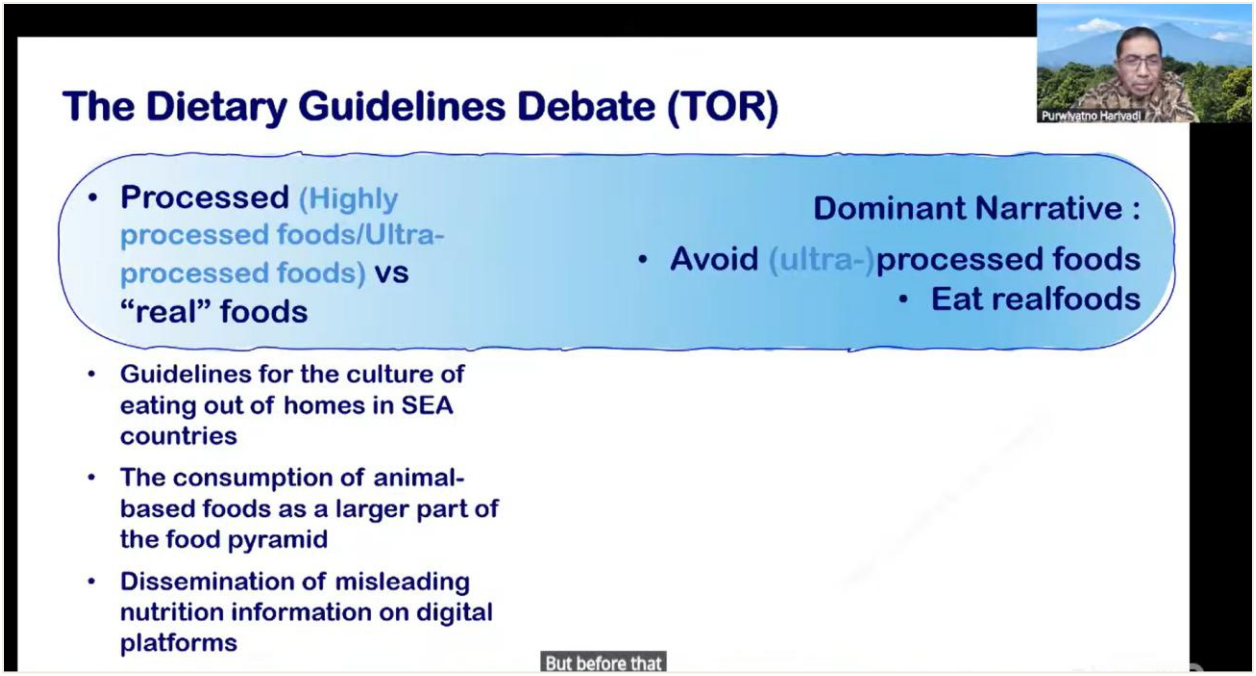

Figure 11. Prof Dr Purwiyatno Hariyadi presented on rethinking dietary guidelines: real-world food practices in Southeast Asia – a view from Indonesia

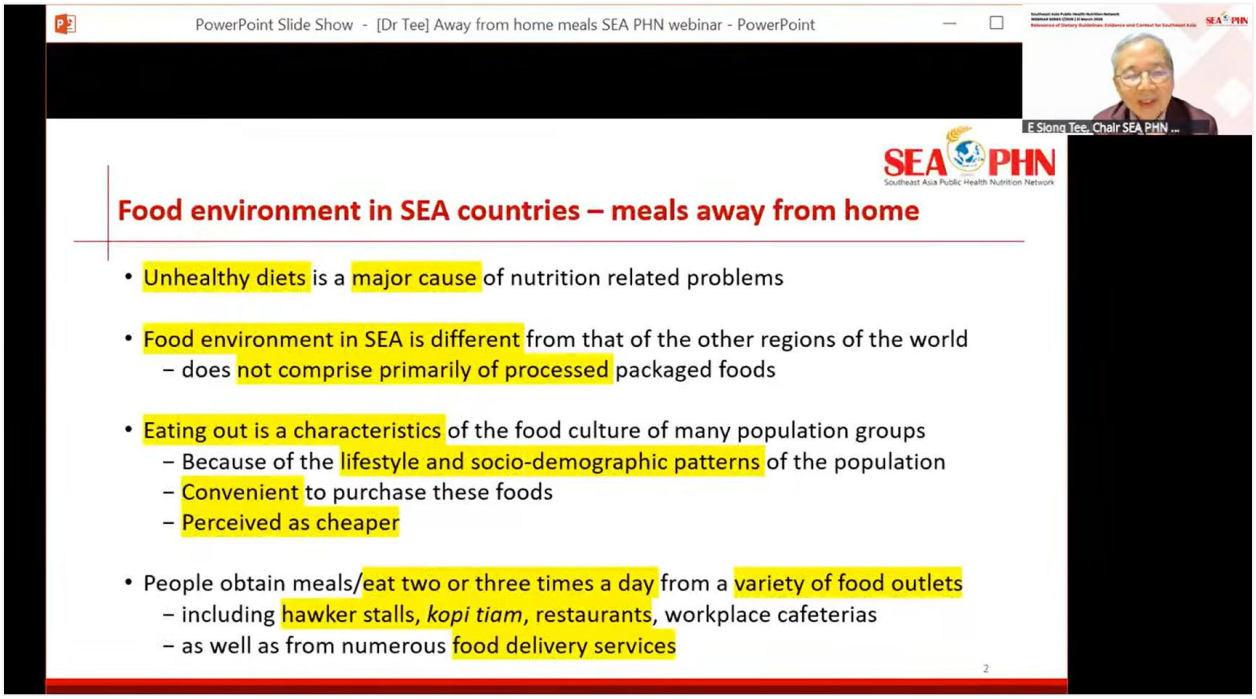

Figure 12. Dr Tee discussed the meals away from home food environment in Southeast Asia countries

7. ACKNOWLEDGEMENTS

The SEA-PHN Network would like to thank all speakers for their presentations and for sharing their views and thoughts during the panel discussion. The Network acknowledges the educational grant of PepsiCo Services Asia Co. Ltd (Quaker) and Ajinomoto in enabling this webinar to be carried out. The Network also places on record its appreciation to all participants for attending the webinar.