Food for thought: improving health and nutrition in the Indo–Pacific region

First report for the inquiry into development partnerships in agriculture and agribusiness in promoting prosperity, reducing poverty and enhancing stability in the Indo–Pacific region

Joint Standing Committee on Foreign Affairs, Defence and Trade Inquiry of the Foreign Affairs and Aid Sub-Committee

May 2016
Canberra
## Contents

Foreword ............................................................................................................................................ vii  
Membership of the Joint Standing Committee on Foreign Affairs, Defence and Trade ................... xi  
Membership of the Foreign Affairs and Aid Sub-Committee ............................................................. xiii  
Terms of reference ............................................................................................................................. xv  
List of abbreviations ......................................................................................................................... xvii  
Glossary ............................................................................................................................................ xix  
List of recommendations ................................................................................................................. xxiii

1 Introduction ......................................................................................................... 1  
   Conduct of the inquiry .............................................................................................................. 1  
   Focus of the first report .......................................................................................................... 2  
   Inquiry evidence and stakeholder engagement ..................................................................... 4  
   Structure of the first report ................................................................................................... 6

2 Background ......................................................................................................... 7  
   Good nutrition as a human right .............................................................................................. 7  
   Nutrition definitions ............................................................................................................... 9  
   Importance of good nutrition ................................................................................................ 9  
   Global trends .......................................................................................................................... 11  
   Global discussions ................................................................................................................ 11  
   Global targets ........................................................................................................................ 12  
   Aid spending on nutrition ....................................................................................................... 14  
   Australia’s policy settings ...................................................................................................... 15  
   Australian funded aid programs focused on nutrition ........................................................... 16  
   Nutrition-specific programs and partnerships ....................................................................... 17  
   Nutrition-sensitive programs and partnerships ...................................................................... 18
3 Nutrition and health: a looming crisis in the Pacific region

Malnutrition: global problem, Indo–Pacific dimensions

Causes of malnutrition—a brief overview

The high costs of malnutrition

Malnutrition in the Pacific

Dietary and lifestyle changes

Educating for nutrition

Committee comment

4 Agriculture, nutrition and women

Partnerships for food and nutrition security

The potential of nutrient fortified foods

Diet diversification and ‘scaling up’

Safe food storage and supply

Gender and nutrition

Empowering rural women for better nutrition

Labour saving technology

Sustainable agriculture and aquaculture in the Pacific

Committee comment

5 Future directions for nutrition security

Prioritising child and maternal nutrition

Committee’s assessment

The role of innovation

Partnerships, approaches and funding modalities

Policy environment

Scientific and technological advances

Committee comment

Recommendations

Appendix A—Submissions list

Appendix B—Exhibits list

Appendix C—Witnesses at public hearings
Appendix D—Answers to questions on notice .................................................... 105

Appendix E—Australia's agriculture development partners................................. 107

LIST OF TABLES
Table 5.1 ODE Review: A Window of Opportunity—recommendations and DFAT’s responses . 73

LIST OF FIGURES
Case study 4.1 One Health partnership model—poultry in Tanzania and Zambia.................. 54
Case study 4.2 Gender strategy for sustainable and resilient farming in the Gangetic Plains ..... 60
Case study 5.1 GAIN food fortification................................................................................. 84
Good nutrition is an essential foundation for a good life. Access to adequate food is also a fundamental human right. Yet malnutrition remains an immense global problem, despite the benefits of sustained economic growth in many parts of the world.

This is particularly the case in the Indo–Pacific region where there is much evidence of a perverse ‘double burden’ of malnutrition—a combination of both undernutrition and overnutrition. While children’s growth is stunted, the highest rates of obesity and related non-communicable diseases, such as diabetes and heart disease, often blight the same populations.

All too many people in the Indo–Pacific, especially the Pacific, are also eating the wrong type of foods—foods that are high in fat and salt but low in nutritional value.

The terms of reference for the inquiry were very broad, covering the role of development partnerships in agriculture and agribusiness in promoting sustainable economic growth, improving livelihoods and strengthening food and nutrition security in developing countries in the Indo–Pacific region.

The inquiry took evidence that the double burden of malnutrition in the region, and especially in Pacific Island countries, threatens the health of individuals and the growth of their economies.

Undernutrition is a severe problem in some of Australia’s nearest neighbours with stunting all too prevalent in Timor-Leste and Papua New Guinea. An obesity epidemic with some of the world’s highest rates of obesity and associated non-communicable diseases afflicts Pacific Island countries such as Tonga, Samoa and Fiji. For example, the Fiji Ministry of Health and Medical Services has reported that diabetes is Fiji’s second biggest killer, with one in three Fijians affected.¹

At the Diabetes and Wellness conference held in Lami, Fiji, in August 2015 the increase in diabetes and other non-communicable diseases were recognised as being at ‘almost epidemic levels’, with a diabetes related amputation being carried out in Fiji every 12 hours.2

Higher incomes have not necessarily led to better nutrition. On the contrary, evidence was given that nutritional intake has deteriorated. Economic and social change has led to significant dietary change. Where men have migrated to urban jobs or left the country for other work, women often remain behind to carry an additional burden of work, and are taking on more responsibility for agricultural production to both feed their families and earn an income. Remittances allow the purchase of convenience foods. The erosion of sustainable local agriculture and fisheries industries have also contributed to poor nutrition amongst many of our Pacific neighbours. Cheap, imported high fat foods including such items as deep friend mutton flaps, turkey tails and necks, and spam are available, affordable and often preferred.

In urban areas, advertising for fast foods and snacks have accelerated the move away from traditional, locally produced fish and vegetables. Soft drinks and processed convenience foods, as pointed out in our evidence, are promoted in advertising and are associated with higher status consumption.

Children are especially affected by this malnutrition. Stunted children face a greater lifetime risk of chronic health problems, have lower educational prospects, and less chance of escaping poverty. Obesity is a major factor in the rise of non-communicable disease including diabetes and heart disease—medical problems that are already placing considerable strain on the modest health care budgets and services of Pacific Island countries.

Women’s experience of malnutrition is significantly different to that of men. Culture can constrain women; in some cultures women are expected to eat what remains after men have eaten, and at times of menstruation they may be restricted in their diets or from food preparation generally, or from tending to food production. Malnourished mothers face higher rates of mortality and can be more susceptible to complications during childbirth. Malnourished mothers can produce malnourished babies. Before the age of two the damage caused by this malnourishment can be irreversible.

Many women lack control over their family budgets, do not own land and have little or no access to finance to start up or sustain a business. These practices can all compound the problem of malnutrition.

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The multiple factors causing malnutrition need to be properly understood, but it does require urgent and sustained action through multi-sectoral partnerships—in agriculture, education, and health—to reduce and address the impacts of both over and undernutrition.

In this First Report the Committee makes a range of recommendations aimed at increasing and improving Australian and regional efforts to address the double burden of malnutrition, with a focus on the Pacific including Timor-Leste and Papua New Guinea. The Committee recommends that Australian aid funding for nutrition-related programs should become a sharper focus in our Official Development Assistance.

At a most fundamental level, efforts to address the complex problems of malnutrition require sustained and shared political commitment and the Committee urges the Minister for Foreign Affairs and the Minister for International Development and the Pacific to make these issues a high priority in Australia’s bilateral and regional dialogues, especially with Pacific Island countries, and the Pacific Islands Forum.

The Committee would like to thank all of the non-government organisations, academics and individuals for generously donating their time, effort and resources to make submissions and appear at public hearings or private briefings.

The Committee also thanks the Australian Government agencies, as well as the governments of other countries that provided submissions or gave evidence. The range of information, expertise and experience that was available to the Committee was invaluable to the production of this report.

As Chair of the Foreign Affairs and Aid Sub-Committee, I would also like to thank my colleagues on the Committee who have worked collaboratively on, and engaged closely with, this inquiry.

The Hon Dr Sharman Stone MP
Chair
Foreign Affairs and Aid Sub-Committee
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Secretary  Mr Jerome Brown
Inquiry Secretary  Ms Sonya Fladun
Research Officers  Ms Loes Slattery
                  Mr Adam Patterson
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Terms of reference

The Committee will inquire into and report on the role of current and potential development partnerships in the food and agriculture sector with a range of stakeholders—including from business, civil society, the research and academic community, industry bodies and governments—in promoting prosperity, reducing poverty, and enhancing stability in the Indo-Pacific region. The inquiry will take into account the results of previous related inquiries, and will have particular regard to:

- Australia’s contribution and achievements to date in catalysing sustainable economic growth, improving livelihoods and strengthening food and nutrition security through partnerships in the agriculture and food sector in developing countries in the region
  - including the extent to which these efforts support our national interest
- The particular roles of agricultural innovation in supporting agricultural development and inclusive economic growth
- Actions and approaches to agricultural development in the region that would promote gender equity, women’s economic empowerment and health
- The current and potential role of the private sector, including small developing-country entrepreneurs and larger Australian and international businesses, in driving inclusive and sustainable development in Indo-Pacific agriculture and food value chains
- Innovative modalities and practices that would enhance the contribution of all relevant stakeholders in supporting agricultural development, better nutrition and inclusive economic growth in the Indo-Pacific region
<table>
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<tr>
<th>Abbreviation</th>
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<tr>
<td>ACIAR</td>
<td>Australian Centre for International Agricultural Research Centre</td>
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<td>ADB</td>
<td>Asian Development Bank</td>
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<td>ANCP</td>
<td>Australian NGO Co-operation Program</td>
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<td>AUD</td>
<td>Australian Dollar</td>
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<td>BMI</td>
<td>Body Mass Index</td>
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<td>CSIRO</td>
<td>Commonwealth Scientific and Industrial Research Organisation</td>
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<td>DAC</td>
<td>OECD Development Assistance Committee</td>
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<td>DAWR</td>
<td>Department of Water and Resources</td>
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<td>DFAT</td>
<td>Department of Foreign Affairs and Trade</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>IFPRI</td>
<td>International Food Policy Research Institute</td>
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<td>JSCFADT</td>
<td>Joint Standing Committee on Foreign Affairs, Defence and Trade</td>
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<td>MAF</td>
<td>Timor-Leste Ministry of Agriculture and Fisheries</td>
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MDGs  Millennium Development Goals
ODA  Official Development Assistance
NCDs  Non-communicable diseases
NGO  Non-government organisation
ODE  Office of Development Effectiveness
OECD  Organization for Economic Co-operation and Development
PICs  Pacific Island Countries
PIF  Pacific Island Forum
PM&C  Department of Prime Minister and Cabinet
PNG  Papua New Guinea
SDGs  Sustainable Development Goals
SMEs  Small and Medium Enterprises
SPC  Secretariat of the Pacific Community
SUN  Scaling Up Nutrition Movement
TB  Tuberculosis
UK  United Kingdom
UN  United Nations
UNICEF  United Nations Children’s Fund
US  United States
USAID  United States Agency for International Development
USD  United States Dollar
WHO  World Health Organization
Glossary

**Body Mass Index (BMI):** The ratio is obtained by dividing the weight in kilograms by the square of the height in metres.

**Food fortification:** The addition of one (or more) essential nutrient(s) to a food whether or not it is normally contained in the food, for the purpose of preventing or correcting a deficiency of one or more nutrients in the population or specific population groups.

**Macronutrients:** The proteins, carbohydrates and fats that are available to be used for energy. They are measured in grams.

**Malnutrition:** An abnormal physiological condition caused by inadequate, unbalanced or excessive consumption of macronutrients and/or micronutrients. Malnutrition includes undernutrition and overnutrition as well as micronutrient deficiencies.

**Micronutrients:** Vitamins, minerals and certain other substances that are required by the body in small amounts. They are measured in milligrams or micrograms.

**Micronutrient deficiency:** Lack of vitamins, minerals and/or trace elements required in small amounts which are essential for the proper functioning, growth and metabolism of a living organism.

**Overnourishment:** Food intake that is continuously in excess of dietary energy requirements.

**Overnutrition:** A result of excessive food intake relative to dietary nutrient requirements.

**Overweight and obesity:** Body weight that is above normal for height as a result of an excessive accumulation of fat. It is usually a manifestation of

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Overnourishment. Overweight is defined as a BMI of more than 25 but less than 30 and obesity as a BMI of 30 or more.

**Stunting:** Low height for age, reflecting a past episode or episodes of sustained undernutrition.

**Undernourishment:** A condition, lasting for at least one year, of inability to acquire enough food, defined as a level of food intake insufficient to meet dietary energy requirements. For the purposes of this report, hunger was defined as being synonymous with chronic undernourishment.

**Undernutrition:** The outcome of undernourishment, and/or poor absorption and/or poor biological use of nutrients consumed as a result of repeated infectious disease. It includes being underweight for one’s age, too short for one’s age (stunted), dangerously thin for one’s height (wasted) and deficient in vitamins and minerals (micronutrient malnutrition).

**Underweight:** Low weight for age in children, and BMI of less than 18.5 in adults, reflecting a current condition resulting from inadequate food intake, past episodes of undernutrition or poor health conditions.

**Wasting:** Low weight for height, generally the result of weight loss associated with a recent period of starvation or disease.
5 Future directions for nutrition security

Recommendation 1

The Committee recommends that the Australian Government:

- develop a stronger regional policy and funding focus under Australia’s Official Development Assistance program on both nutrition-specific and nutrition-sensitive activities; and
- consider announcing Australia’s new Indo-Pacific nutrition policy and funding focus at the forthcoming Nutrition for Growth Summit, to be held in Rio de Janeiro in the second half of 2016.

Recommendation 2

The Committee recommends that the Australian Government:

- continue to support and scale up aid innovations aimed at improving nutrition outcomes, including through the Department of Foreign Affairs and Trade’s innovationXchange;
- give priority support to innovative aid partnerships and approaches that leverage private sector finance and expertise in support of improved nutrition outcomes; and
- focus the above efforts, in particular, on finding solutions that help address the ‘double burden’ of malnutrition and obesity in the Pacific region.
Recommendation 3

The Committee recommends that the Australian Government commit to strengthening existing whole-of-government co-ordination on nutrition, including through:

- designating a central Australian Government ‘DFAT point of contact’ for all of Australia’s international engagement on nutrition (including through Australia’s aid program); and
- developing an intersectional strategy (e.g. engaging education, agriculture, health, women’s empowerment, climate change, and credit support) to guide all of Australia’s international policy and program engagement on nutrition, including both nutrition-specific and nutrition-sensitive investments under the Australian aid program.

Recommendation 4

The Committee recommends that the Australian Government consider taking a leadership role in co-ordinating an effective donor response to the specific challenge posed by the health ‘double burden’ in the Pacific region, including through:

- developing strategies to combat malnutrition—both undernutrition and overnutrition—a high priority for the Minister for Foreign Affairs and the Minister for International Development and the Pacific, in particular through regional fora such as the Pacific Islands Forum;
- lobbying strongly for Pacific Island countries to join the Scaling Up Nutrition Movement, to help ensure that the region’s ‘double burden’ becomes a priority in its forward agenda;
- commissioning a major ‘stocktake’ of nutrition interventions that are currently being pursued by lead aid donors and relevant international organisations in the Pacific region, with a view to assessing how future co-ordination and collaboration on nutrition issues between these key players could be improved and expanded;
- supporting innovative and effective public health education campaigns in Pacific Island countries including creative engagement of local media, to promote healthy dietary choices; and
- strengthening the evidence base to inform future policymaking by:
  - driving regional efforts to improve the availability and use of reliable and timely data on relevant nutrition indicators;
  - working to strengthen nutrition data collection and analytical capacity among partner countries in the region; and
encouraging and supporting researchers across a range of disciplines to focus more on nutrition issues in the Pacific region.