1.2 PREVENTIVE AND CURATIVE NUTRITION SERVICES

Key issues in East Asia and the Pacific

Child malnutrition in all its forms is a major concern in East Asia and the Pacific. Stunting and wasting represent notable unresolved development challenges. Undernutrition blunts cognitive capital development and the socio-economic growth of nations. It is also a stark manifestation of the persistent and sometimes widening inequity in the region. Some countries face a double child malnutrition burden, with large numbers of overweight and obese children.

Thirteen countries in the region still have unacceptably high levels of stunting, affecting an estimated 15 million children under 5 years old, including two (Timor-Leste and Papua New Guinea) with a staggering 50 per cent stunting rate. The 2017 Global Nutrition Report rated Mongolia as the only country ‘on track’ to achieve the Sustainable Development Goals target for stunting, and many countries still lack sufficient data to assess progress. The poorest children in rural areas are much more likely to be stunted than their wealthier and urban peers.

Each year, an estimated 6 million children suffer from severe wasting – a huge anomaly, considering the rapidly growing economies of the region – and only around 2 per cent receive treatment. Key causes of undernutrition include poor maternal nutrition and health, inadequate infant and young child feeding practices, and poor hygiene and sanitation. Underlying causes include low access to health care, social protection and other services, and food insecurity.

It is estimated that almost 9 million children under 5 are overweight in East Asia and the Pacific – a quarter of the global total and the single largest regional burden. The vast majority (85 per cent) live in China and Indonesia. However, numbers are rapidly increasing across the entire region.

Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (JCME); DHS, MICS, NNS/SMART
Driving results for children

Given the diverse causes of malnutrition, prevention and elimination require the implementation of a multi-sectoral package of nutrition-specific and nutrition-sensitive interventions, ideally during the first 1,000 days of life. UNICEF approach to nutrition prioritizes five delivery systems – food, health, water and sanitation, education and social protection – that are central to achieving its nutrition results and targets.

UNICEF prioritizes support to: (1) systems and capacity strengthening to increase investment and accelerate and improve service delivery; (2) better evidence, data and information gathering for decision making; (3) stronger governance and gender-responsive, integrated policies and legislation; (4) enhancing the delivery of nutrition interventions within the five systems; and (5) strategic partnerships and alliances with key institutions and the private sector.

Key programme strategies

### Systems and capacity
- Support to scale-up and provision of effective nutrition-specific services, including maternal nutrition, protection, promotion and support for optimal breastfeeding and complementary feeding, treatment of children with moderate and severe acute malnutrition, food and condiment fortification, micro-nutrient supplementation and deworming.
- Strengthen human and institutional capacity, including capacity to plan, cost, monitor and evaluate for nutrition.
- Strengthen supply and information systems, quality criteria, standards, supervision and mentoring, and follow up.
- Expand linkages of nutrition interventions with social protection schemes, Early Childhood Development/parenting programmes, education and food systems.
- Promote increased access to and diversity of nutritious food.
- Strengthen risk analysis and develop capacity for nutrition in emergency preparedness.

### Data, evidence and knowledge
- Enhance routine data and household survey data quality, analysis and use.
- Conduct analysis of multi-sectoral policies and programmes to identify gaps and bottlenecks.
- Evaluate multi-sectoral approaches to address malnutrition, particularly in WASH, social protection, Early Childhood Development and education and food systems.
- Assess effectiveness of new and improved interventions to address childhood obesity, women’s nutrition and complementary feeding.
- Assess and monitor effectiveness of nutrition interventions in health systems, communication for development, and emergency preparedness and response.

### Partnerships and alliances
- Actively engage with national and regional institutions, international financial institutions, non-governmental organizations and the private sector to increase political commitment, investment and coordination in nutrition.
- Closely collaborate with UN agencies in coordinating intervention, evidence generation and system strengthening.
- Establish strategic partnerships for system strengthening and evidence generation.

### Governance, policy and budget
- Advocate and support the development of nutrition policy and legislation – including adoption, monitoring and enforcement of legislation on marketing, food fortification, labelling, fiscal measures including sugar taxes, maternity protection and workplace breastfeeding policies.
- Advocate for increased budget allocations for nutrition and efficiency in public finance management.
- Promote effective multi-sector/stakeholder coordination and governance.

### Behaviour change
- Enhance communication for development to promote healthy diet for mothers and children, including through social media.