

## Background

2.1 While the main focus of this First report is on nutrition and related health issues in the Indo-Pacific region, and especially Pacific Island countries, it is useful to consider these issues against the broader international context, including:

- good nutrition as a human right, and nutrition terminology;
- the rationale for prioritising good nutrition over other development objectives;
- global nutrition trends;
- action taken by the international community to date;
- global and Australian aid spending on nutrition; and
- Australia's aid policy settings and investments in this area.

### Good nutrition as a human right

2.2 Access to nutritious food is a fundamental human right. The right to adequate food as a human right was first formally recognised by the United Nations in the 1948 *Universal Declaration of Human Rights* (UDHR), as a part of the right to a decent standard of living. UDHR Article 25 states that:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness,

disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.<sup>1</sup>

- 2.3 In 1999, the United Nations Committee on Economic, Social and Cultural Rights (CESCR) observed that: 'The right to adequate food is realised when every man, woman and child, alone or in community with others, has the physical and economic access at all times to adequate food or means for its procurement.'<sup>2</sup>
- 2.4 Article 24 of the United Nations *Convention on the Rights of the Child*, provides that States Parties must 'recognise the right of the child to the enjoyment of the highest attainable standard of health.'<sup>3</sup>
- 2.5 Article 24 *inter alia* further requires that Parties take appropriate measures to diminish infant and child mortality, to ensure the provision of medical assistance and health care, and:
- (c) To combat disease and malnutrition, including within the framework of primary health care, though, *inter alia*, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
- ...
- (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.<sup>4</sup>
- 2.6 The *Convention on the Rights of the Child* has been ratified by all countries in the Indo-Pacific region, and indeed by all countries worldwide, with the exception of the United States which has signed but not ratified the Convention.<sup>5</sup>

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1 The Universal Declaration of Human Rights, <[www.un.org/en/universal-declaration-human-rights/](http://www.un.org/en/universal-declaration-human-rights/)> viewed 26 April 2016.

2 Food and Agriculture Organization (FAO), 'About Right to Food', The Human Right to Adequate Food <[www.fao.org/righttofood/about-right-to-food/en/](http://www.fao.org/righttofood/about-right-to-food/en/)> viewed 26 April 2016.

3 United Nations Human Rights Office of the High Commissioner, 'Convention on the Rights of the Child' <[www.ohchr.org/en/professionalinterest/pages/crc.aspx](http://www.ohchr.org/en/professionalinterest/pages/crc.aspx)> viewed 26 April 2016.

4 United Nations Human Rights Office of the High Commissioner, 'Convention on the Rights of the Child', viewed 26 April 2016.

5 United Nations Treaty Collection, 'Convention on the Rights of the Child', <[treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=IV-11&chapter=4&lang=en](http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-11&chapter=4&lang=en)> viewed 26 April 2016.

## Nutrition definitions

- 2.7 There is no one set of internationally accepted definitions in relation to nutrition. A number of relevant international bodies, including the World Health Organization (WHO), the Food and Agriculture Organization (FAO), the World Food Programme (WFP), the United Nations Children's Emergency Fund (UNICEF) and the World Bank, have all published their own definitions.
- 2.8 For the purposes of this first report, the definitions listed in the FAO's glossary of terms will be used.<sup>6</sup> The Glossary in the front matter of this report provides some key definitions. Other particularly pertinent terms are also discussed in Chapter three.

## Importance of good nutrition

- 2.9 International research emphasises that good nutrition in early life – particularly during the first 1 000 days (from conception to age two) – lays the foundation for good health and productivity in later life.<sup>7</sup> A child's experience and the impacts during this narrow window are often irreversible.<sup>8</sup> Better nourished infants have better motor skills and cognitive development and do substantially better in school, leading to greater productivity, better health and higher incomes in adulthood.<sup>9</sup>
- 2.10 The health-related consequences of *undernutrition* include disadvantages including childhood illness, short stature and lower cognitive development, which may result in lower education attainment, poor pregnancy outcomes, and greater susceptibility to chronic diseases in later life.<sup>10</sup> These disadvantages can also have a serious impact on economic productivity.<sup>11</sup> At the national level, the impacts extend to reduced gross domestic product (GDP) and large public health costs for many developing countries. The annual costs of undernutrition and

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6 FAO, 'FAO Term Portal' <[www.fao.org/faoterm/en/](http://www.fao.org/faoterm/en/)> viewed 15 April 2016.

7 R Black *et al*, 'Maternal and Child Undernutrition and Overweight in Low-Income and Middle-Income Countries', *Lancet*, Vol. 382, 3 August 2013, p. 445.

8 Save the Children, *State of the World's Mothers 2012: Nutrition in the First 1 000 Days*, May 2012, p. 5.

9 Department of Foreign Affairs and Trade (DFAT), *Health for Development Strategy 2015–2020*, Canberra, June 2015, p. 12.

10 Save the Children, *Nutrition in the First 1 000 Days: State of the World's Mothers 2012*, May 2012, p. 11.

11 S Grantham-McGregor *et al*, 'Developmental Potential in the First Five Years for Children in Developing Countries', *Lancet*, Vol. 369, 6 January 2007, p. 67.

micronutrient deficiencies are estimated at 2–3 per cent of global GDP, equivalent to USD 1.4–2.1 trillion per year.<sup>12</sup>

- 2.11 The consequences of *overnutrition* for individuals, households, and societies are no less severe. Chronic disease related to being overweight or obesity impedes an individual’s ability to work, while also burdening them with increased health care costs. The societal costs of overnutrition include high costs to the health system, loss of productivity, and a reduced GDP due to absenteeism, chronic illness, disability, and premature death.<sup>13</sup> The FAO notes that, while no global estimates of the annual economic impact of overnutrition exist, the cumulative cost of all non-communicable diseases – for which overweight and obesity are leading risk factors – were estimated to be about USD 1.4 trillion in 2010.<sup>14</sup>
- 2.12 Given the magnitude of the problem, aid investments in addressing malnutrition are recognised as some of the most powerful and cost-effective in global development.<sup>15</sup> For example, well-nourished children are 33 per cent more likely to escape poverty as adults.<sup>16</sup>
- 2.13 As a value-for-money investment, nutrition is assessed, globally, to return \$16 for every dollar invested.<sup>17</sup> An expert panel of leading economists convened by the Copenhagen Consensus Center in 2012 ranked malnutrition interventions first among the 16 most cost effective solutions to the world’s major development challenges.<sup>18</sup>
- 2.14 As part of its submission to the inquiry, the Center also asserted that investments in nutrition for small children generated significantly higher returns, noting:

We found that the very best investment is in providing nutrition for small children. Every dollar spent would do \$45 of social good, mostly in better education and employment outcomes. The benefit-cost ratio is even better for individual countries in the Indo-Pacific region: \$93 for India and \$115 for Indonesia.<sup>19</sup>

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12 FAO, *The State of Food and Agriculture 2013: Food Systems for Better Nutrition*, Rome, 2013, p. ix.

13 DFAT, *Health for Development Strategy 2015-2020*, Canberra, June 2015, p. 12.

14 FAO, *The State of Food and Agriculture 2013: Food Systems for Better Nutrition*, Rome, 2013, p. ix.

15 Save the Children, *State of the World’s Mothers 2012: Nutrition in the First 1,000 Days*, May 2012, p. 2.

16 L. Haddad, *Child Growth = Sustainable Economic Growth: Why We Should Invest in Nutrition*, Children’s Investment Fund Foundation, May 2013, p. 1.

17 International Food Policy Research Institute (IFPRI), *Global Nutrition Report 2014*, 2014, p. xiv.

18 B Lomborg, *How to Spend \$75 Billion to Make the World a Better Place*, Copenhagen Consensus Center, 2013.

19 Copenhagen Consensus Center, *Submission 4*, p. 1.

## Global trends

- 2.15 International research suggests that the global challenge posed by malnutrition is staggering. Malnutrition affects all countries and almost one in three people worldwide. Nearly half of all countries are dealing with more than one type of malnutrition at the same time.<sup>20</sup> The *Global Nutrition Report 2015*, drawing on a number of recent international sources, highlights the scale of the challenge by noting:
- 2 billion people experience micronutrient malnutrition;
  - 1.9 billion adults are overweight or obese;
  - 161 million children under age 5 are too short for their age (stunted), 51 million don't weigh enough for their height (wasted), and 42 million are overweight;
  - 794 million people are estimated to be calorie deficient; and
  - 1 in 12 adults worldwide have Type 2 diabetes.<sup>21</sup>
- 2.16 Across the world some consequences of malnutrition, such as stunting, are showing slow and uneven declines; but other forms, such as anaemia in women of reproductive age, are stagnant. Others, such as overweight and obesity, are increasing.<sup>22</sup>

## Global discussions

- 2.17 Two recent international events – the Second International Conference on Nutrition (ICN2) and the Nutrition for Growth Summit (N4G) – have focused attention on the importance of addressing nutrition issues and mobilising the global donor community to take action in this area.
- 2.18 At the N4G Summit, held in London on 8 June 2013, a broad mix of stakeholders – representing governments, UN agencies, civil society organisations, businesses, donors, and other relevant bodies – participated to consider how to improve nutrition worldwide. As a result, 90 of these stakeholders signed the *Global Nutrition for Growth Compact*, through which they publicly committed to take concrete action to address malnutrition.<sup>23</sup> Australia was represented at the event and was a signatory to the Compact. A follow-up N4G Summit is tentatively scheduled to be held in Rio de Janeiro early in the second half of 2016.<sup>24</sup>

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20 IFPRI, *Global Nutrition Report 2015*, 2015, p. 3.

21 IFPRI, *Global Nutrition Report 2015*, 2015, p. 3.

22 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 3.

23 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 27.

24 RESULTS International (Australia), *Submission 5*, p. 10.

- 2.19 The ICN2 was hosted jointly by FAO and WHO in Rome from 19-21 November 2014, with the participation of more than 170 governments and 250 civil society and private sector representatives. The event's goal was to refocus international attention on addressing malnutrition in all its forms through policies that effectively address the world's major nutrition challenges.<sup>25</sup>
- 2.20 Australia participated in the event, including in the development and subsequent adoption of the high-level outcomes statement, the *Rome Declaration on Nutrition*, and the *Framework for Action (FFA)*.<sup>26</sup> The *Rome Declaration* calls on countries to eradicate hunger and prevent all forms of malnutrition worldwide. The voluntary FFA provides a ten-year strategy to guide implementation of the *Rome Declaration* commitments through various policy options.
- 2.21 In addition to these measures, there has been increased global co-operation between stakeholders seeking to improve nutrition outcomes. Established in 2011, the Scaling-Up Nutrition (SUN) Movement has over 2 000 member organisations, encompassing governments, civil society, the United Nations and other multilateral organisations, businesses and research institutions.<sup>27</sup> Australia joined the platform as a SUN Donor in June 2013.<sup>28</sup>

## Global targets

- 2.22 A number of high-level targets have been agreed to focus international efforts on addressing key nutrition challenges.
- 2.23 In May 2012, the World Health Assembly (the World Health Organisation's chief decision-making body) endorsed a *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*,<sup>29</sup> which specified a set of six global nutrition targets that, by 2025, aim to:
1. achieve a 40 per cent reduction in the number of children under-5 who are stunted;

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25 Department of Health (DoH), *Submission 2*, p. 1.

26 DoH, *Submission 2*, p. 1.

27 DFAT, *Submission 12*, p. 35.

28 Australian Agency for International Development (AusAID), *AusAID Annual Report 2012-13*, Canberra, October 2013, p. 29.

29 World Health Organisation (WHO), *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*, Resolution WHA65.6, 65<sup>th</sup> World Health Assembly, Geneva, 21-26 May 2012.

2. achieve a 50 per cent reduction of anaemia in women of reproductive age;
  3. achieve a 30 per cent reduction in low birth weight;
  4. ensure that there is no increase in childhood overweight;
  5. increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 per cent;
  6. reduce and maintain childhood wasting to less than 5%.<sup>30</sup>
- 2.24 In May 2015, World Health Organisation (WHO) Member States agreed an accompanying set of indicators to monitor progress in meeting the aforementioned targets. They have also been asked to begin reporting on most of these indicators from 2016, and others from 2018.<sup>31</sup>
- 2.25 In September 2015, the United Nations adopted the *2030 Agenda for Sustainable Development*, committing countries to working collaboratively to end poverty and to implementing 17 Sustainable Development Goals (SDGs) and 169 targets by 2030. The SDGs build on the preceding Millennium Development Goals (MDGs), broadened to apply to all countries, and encompass the three dimensions of sustainable development: economic, social and environmental.
- 2.26 Under SDG 2 ('End Hunger, Achieve Food Security and Improved Nutrition and Promote Sustainable Agriculture'), Target 2.2 relates specifically to malnutrition:
- By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.<sup>32</sup>
- 2.27 The SDGs commit to pursue these goals within the context of the *Rome Declaration on Nutrition and Framework for Action*, mentioned above, and broader human rights commitments under the *Universal Declaration of Human Rights*, other international human rights treaties, the *Millennium Declaration* and the 2005 World Summit Outcome Document.<sup>33</sup>

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30 WHO, 'Global Targets 2025: to Improve Maternal, Infant and Young Child Nutrition', <[who.int/nutrition/topics/nutrition\\_globaltargets2025/en/](http://who.int/nutrition/topics/nutrition_globaltargets2025/en/)> viewed 15 April 2016.

31 WHO, *Maternal, Infant and Young Child Nutrition: Development of the Core Set of Indicators: Report by the Secretariat*, Document A68/9, 68<sup>th</sup> World Health Assembly, 15 May 2015, p. 5.

32 United Nations (UN), *Transforming Our World: the 2030 Agenda for Sustainable Development*, Resolution A/RES/70/1, 70th Session, General Assembly, New York, 25 September 2015, p. 5.

33 UN Sustainable Development Knowledge Platform, *Transforming Our World: the 2030 Agenda for Sustainable Development*, paras 24; 10 <[sustainabledevelopment.un.org/post2015/transformingourworld](http://sustainabledevelopment.un.org/post2015/transformingourworld)> viewed 26 April 2016

## Aid spending on nutrition

- 2.28 Until very recently, the reporting of Official Development Assistance (ODA) spending on nutrition, and public disclosure of this information, differed widely among international donors. This situation has improved since the endorsement of the *Global Nutrition for Growth Compact*,<sup>34</sup> under which signatories (including Australia) agreed to adopt a common accountability framework for such reporting, including providing data for an annual publication detailing global and country-level nutrition programming and expenditure. The first of these publications was the *Global Nutrition Report 2014*.<sup>35</sup>
- 2.29 However, the establishment of the new reporting framework remains at an early stage and data on international donors' nutrition spending is still patchy at best. For example, for the *Global Nutrition Report 2015*, only eight of 13 donors provided all of the requested aid data (Australia, France, the Bill and Melinda Gates Foundation, Germany, Ireland, the Netherlands, Switzerland, and the United Kingdom), with three major donors (Canada, the European Union, and the World Bank) providing no disbursement data at all.<sup>36</sup>
- 2.30 International reporting on nutrition spending is generally separated into two aid investment categories:
- Nutrition-specific interventions:** Designed primarily to address immediate determinants of nutrition and development such as adequate food and nutrient intake, treatment of acute malnutrition, care-giving practices and reducing the burden of infectious diseases.
  - Nutrition-sensitive interventions:** Designed to address the underlying determinants of nutrition (which include household food security, care for mothers and children and primary health care services and sanitation) but not necessarily a predominant goal.<sup>37</sup>
- 2.31 Total ODA disbursements from all 29 members of the Development Assistance Committee (DAC) of the Organization for Economic Co-operation and Development (OECD) for nutrition-specific interventions nearly doubled between 2012 and 2013 – up from

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34 *Global Nutrition for Growth Compact*, London, 8 June 2013.

35 'Editorial: Feeding the World Sustainably', *Lancet*, Vol. 384, No. 9956, 15 November 2014, p. 1721.

36 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 62.

37 FAO, 'FAO Term Portal', <[www.fao.org/faoterm/en/](http://www.fao.org/faoterm/en/)> viewed 16 April 2016.



USD 0.56 billion to USD 0.94 billion. However, the OECD DAC's data shows that only 16 of its members reported nutrition-specific ODA spending greater than USD 1 million in 2013, and seven reported no nutrition-specific spending at all. The United States, Canada, Japan, the United Kingdom and the European Union, in that order, made the largest nutrition-specific disbursements during 2013.<sup>38</sup>

- 2.32 OECD DAC donors' spending on nutrition-sensitive ODA interventions totalled nearly USD 3 billion for 2013. However, the 2013 data from the European Union and World Bank were missing. The inclusion of these figures would likely put total nutrition-sensitive disbursements closer to USD 4 billion, or three per cent of global ODA. Total nutrition ODA spending (specific plus sensitive) would therefore be close to USD 5 billion, or four per cent of ODA.<sup>39</sup>
- 2.33 In Australia's case, 2014 nutrition-specific disbursement under the aid program was AUD 23.1 million (USD 20.9 million) and nutrition sensitive spending was AUD 97.0 million (USD 87.6 million).<sup>40</sup> Combined Australian ODA spending on both nutrition-specific and nutrition-sensitive interventions in 2014 was therefore AUD 120.1 million (USD 108.5 million) or 2.4 per cent of total Australian ODA.<sup>41</sup>

## Australia's policy settings

- 2.34 Australia's development policy, *Australian Aid: Promoting Prosperity, Reducing Poverty, Enhancing Stability* (launched by the Foreign Minister, the Hon Julie Bishop MP in June 2014), explicitly addresses nutrition under both the 'Agriculture, Fisheries and Water' and 'Education and Health' priority areas.<sup>42</sup> In particular, it states that Australia will strengthen its focus in this area as part of its commitments to improve

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38 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 62.

39 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 58.

40 Based on figures provided by DFAT at the Sub-Committee's request, and also reported in: IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 145.

41 Based on total Australian ODA figures for the 2013–14 and 2014–15 financial years, which stood at approximately AUD 5.0 billion (actual expenditure) for both years, as reported in: DFAT, *2015–16 Development Assistance Budget Summary: Mid-Year Economic and Fiscal Outlook Update*, Canberra, February 2016, p. [3]; and DFAT, *Australia's International Development Assistance: Statistical Summary 2013–14*, Canberra, February 2015, p. 3.

42 DFAT, *Submission 12*, p. 35.

- child and maternal health and to prevent and manage non-communicable diseases (NCDs).<sup>43</sup>
- 2.35 The Government's *Strategy for Australia's Aid Investments in Agriculture, Fisheries and Water* (released in February 2015) also lists 'enhanced food, nutrition and water security' among its strategic objectives.<sup>44</sup>
- 2.36 In addition, over the past year DFAT has published five operational guidance notes (intended primarily as internal advice for department staff to assist with the design and implementation of aid investments) of particular relevance to nutrition, including:
- *Social Protection and Nutrition* (April 2015);<sup>45</sup>
  - *Nutrition-Sensitive Agriculture* (August 2015);<sup>46</sup>
  - *Getting the Foundations Right: Early Childhood Development and Australia's Aid Program* (September 2015);<sup>47</sup>
  - *Nutrition and Health in Australia's Aid Program* (December 2015);<sup>48</sup> and
  - *Nutrition in Australia's Aid Program* (December 2015).<sup>49</sup>
- 2.37 Separately, the Office of Development Effectiveness (ODE) conducted an evaluation of the quality of Australia's nutrition investments under the aid program, the results of which were subsequently detailed in its report, *A Window of Opportunity: Australian Aid and Child Undernutrition*, released in April 2015. The report's recommendations are considered further in Chapter five.

## Australian funded aid programs focused on nutrition

- 2.38 Australia allocates most nutrition funding to nutrition-sensitive interventions that aim to address the underlying causes of undernutrition. Over half of this work is undertaken in the rural development and food

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43 DFAT, *Australian Aid: Promoting Prosperity, Reducing Poverty, Enhancing Stability*, Canberra, June 2014, p. 22.

44 DFAT, *Strategy for Australia's Aid Investments in Agriculture, Fisheries and Water*, Canberra, February 2015, pp. 6–7.

45 *Exhibit 28: DFAT, Guidance Note: Social Protection and Nutrition*, Canberra, April 2015.

46 *Exhibit 27: DFAT, Operational Guidance Note: Nutrition-Sensitive Agriculture*, August 2015.

47 *Exhibit 23: DFAT, Getting the Foundations Right: Early Childhood Development and Australia's Aid Program, Operational Guidance Note*, September 2015.

48 *Exhibit 22: DFAT, Nutrition and Health in Australia's Aid Program, Operational Guidance Note*, December 2015.

49 *Exhibit 21: DFAT, Nutrition in Australia's Aid Program, Operational Guidance Note*, December 2015.

security sector, with the remaining funding delivered mainly through the humanitarian, emergency and refugee sector and the health sector.<sup>50</sup>

2.39 A small proportion of Australian nutrition funding is allocated to nutrition-specific interventions, reflecting the fact that very little health sector expenditure has a nutrition focus. Most nutrition-specific interventions are delivered through child and maternal health activities.<sup>51</sup>

2.40 Some examples of both nutrition-specific and nutrition-sensitive programs that are currently being supported under the Australian aid program are summarised below:

### Nutrition-specific programs and partnerships<sup>52</sup>

- Australia contributes to the **World Food Programme (WFP)**, which plays a critical role in the international response to crises through the provision of food assistance and logistics and telecommunications support, as well as working to improve nutrition globally. Support under this investment in 2014–15 included core funding for the WFP’s global operations (AUD 40 million), as well as dedicated support to school feeding activities in the Indo–Pacific region (AUD 10 million).
- In 2014–15, Australia’s AUD 35 million core contribution to the **United Nations Children’s Fund (UNICEF)** supported UNICEF to achieve its mandate to protect and promote the right of children, improve child health and nutrition, protect children from violence, exploitation and HIV, and work to expand children’s opportunities to reach their full potential.
- Australian aid funding, worth AUD 41 million over four years, is currently supporting the World Bank’s **Pakistan Project for Improved Nutrition Multi Donor Trust Fund (MDTF)**. The MDTF was established to better support nutrition interventions for children and mothers in Pakistan. The Bank is establishing International Development Association (IDA) loans for nutrition projects in Pakistan’s Sindh and Punjab provinces. The MDTF will complement these IDA loans and allow nutrition interventions to be implemented at scale nationally; ensuring that smaller, less well-resourced provinces can finance programs based on their nutrition strategies, thus enabling Pakistan to sustain an effective response to malnutrition.

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50 Office of Development Effectiveness (ODE), *A Window of Opportunity: Australian Aid and Child Undernutrition*, Canberra, April 2015, p. 2.

51 ODE, *A Window of Opportunity: Australian Aid and Child Undernutrition*, Canberra, April 2015, p. 2.

52 *Exhibit 25: DFAT, Australian Nutrition Specific ODA 2014–15.*

- Australian aid funding, worth AUD three million over three years, is helping UNICEF to deliver the **Nutrition Support Project** in Sri Lanka. This initiative is supporting elements of the Government of Sri Lanka's (GoSL) *Multi-sector Action Plan for Nutrition*. It adopts a systems approach to nutrition that seeks to strengthen the capacity of government systems to deliver evidence-based equitable nutrition interventions to mothers and children. Specifically, the project aims to equip the GoSL's National Nutrition Secretariat with a wide range of evidence and tools that can be used to drive policy reforms leading to reduction of undernutrition.
- The Indonesian, Australian and Canadian governments, in co-operation with the Ottawa-based Micronutrient Initiative (MI), are jointly supporting a new program on nutritional improvement aimed at enhancing the health and productivity of pregnant women and children in Indonesia's East Java and East Nusa Tenggara provinces. The program, named **Micronutrient Supplementation for Reducing Mortality and Morbidity in Indonesia (MITRA)**, is intended to improve the health and nutrition of around one million women and children in the two provinces.<sup>53</sup> In 2014–15, DFAT contributed AUD 0.8 million to the initiative.

### Nutrition-sensitive programs and partnerships<sup>54</sup>

- The **TOMAK – Farming for Prosperity Program** in Timor-Leste represents DFAT's first agricultural development program to be designed with explicit nutrition objectives. In particular, it focuses on promoting good nutrition through increasing dietary diversity, improving agricultural practices to ensure a year-round supply of locally-available nutritious food, and empowering women. This five-year, AUD 25 million investment was designed with support from the Seeds of Life Program (Australian Centre for International Agricultural Research Centre – ACIAR and the University of Western Australia – see below) and Commonwealth Scientific and Industrial Research Organisation (CSIRO), through the Food Systems Innovation (FSI) initiative.
- Australia supports the **Global Agriculture and Food Security Program (GAFSP)**, a World Bank-managed multilateral mechanism that emerged out of the G8 and G20 processes to boost investment in

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53 S M Waradji, 'Ensuring Pregnant Women, Children are Well Nourished', *The Jakarta Post*, 15 February 2016, <[www.thejakartapost.com/news/2016/02/15/ensuring-pregnant-women-children-are-well-nourished.html](http://www.thejakartapost.com/news/2016/02/15/ensuring-pregnant-women-children-are-well-nourished.html)> viewed 16 April 2016.

54 These examples are drawn from: DFAT, *Submission 12*, Annex A, pp. 43–47.

agriculture and food and nutrition security. Around 13 per cent of GAFSP's USD 912 million Public Sector Window portfolio is targeted towards nutrition-related activities. Over two thirds of this is for nutrition-sensitive agriculture activities, while the remainder includes nutrition activities beyond the agriculture sector, such as behavioural change communication campaigns and efforts to improve home conditions.

- Australia (together with Canada, the UK, the US and the Bill and Melinda Gates Foundation) is a partner in **AgResults**, a G20 initiative driving private sector-led agricultural development, research and delivery for smallholder farmers by rewarding businesses for achieving pre-defined development results. Through a number of pilot projects, AgResults is working with private sector actors across multiple agricultural value chains in Africa and Asia. These pilots are: driving widespread adoption of existing technologies to: increase agricultural productivity; improving farm incomes, human nutrition and on-farm storage of grain; and improve livestock health and farm management practices. On nutrition, for example, AgResults is currently piloting a biofortification project in Zambia.<sup>55</sup>
- Australia's **Seeds of Life Program** – implemented by the University of Western Australia and funded by both DFAT and ACIAR, has worked within Timor-Leste's Ministry of Agriculture and Fisheries (MAF) since 2000 to improve food security through increased productivity of major food crops. With support from the program, the MAF launched a national seed system in June 2013 that will provide farming families with enough quality seeds of proven food crop varieties to plant each year.<sup>56</sup>
- Through the **DFAT–CSIRO Africa Food Security Initiative**, DFAT is funding CSIRO's partnership with the Biosciences eastern and central Africa (BeCA) research hub in Nairobi. This partnership aims to strengthen the capacity of the hub, and of African scientists, in using modern biosciences for food and nutritional security. Some of the projects undertaken by the partnership include: promoting the adoption and commercialisation of highly-nutritious crops such as vegetable and grain amaranth; addressing aflatoxin contamination in maize; and developing vaccines and sustainable control strategies for livestock diseases.

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55 DFAT, *Submission 12*, p. 36.

56 DFAT, *Submission 12*, p. 36.

