5

Future directions for nutrition security

5.1 This Chapter considers possible future directions for the Australian aid program's work on nutrition in the Indo–Pacific region.

5.2 As a point of reference for this review, the discussion first examines the results of a recent evaluation of Australia's aid investments in nutrition conducted by the Office of Development Effectiveness, the recommendations of which have implications for future aid programming and policy co-ordination in this area.

5.3 The second part of the Chapter looks at the role of innovation, which holds considerable potential to not only help maximise nutrition outcomes in future, but also make more effective use of Australia's existing Overseas Development Assistance (ODA) resources. In the final part, the Sub-Committee provides its concluding comments and recommendations.

Prioritising child and maternal nutrition

5.4 Over the past decade, a major focus of global nutrition efforts has been on addressing child and maternal nutrition. The respected medical journal *The Lancet* through its publication of two separate series of scholarly articles on maternal and child undernutrition (in 2008 and 2013) has been influential in drawing greater attention to the issue. Specifically, the articles in these series have provided the body of evidence for the 'first 1000 days' approach, which targets aid interventions in the period from early pregnancy to a child's second birthday.[1] Reflecting this development

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1 M Toole, 'Stunted Growth and Obesity: the Double Burden of Poor Nutrition on Our Doorstep', *The Conversation*, 24 March 2016 <theconversation.com/stunted-growth-and-obesity-the-double-burden-of-poor-nutrition-on-our-doorstep-50385> viewed 4 April 2016.

priority, the World Health Assembly's global nutrition targets (adopted in 2012) focus exclusively on child and maternal nutrition.[2]

5.5 As outlined in chapter two, Australia's own aid policy settings recognise and prioritise the need to address child and maternal nutrition. Australia's development policy *Australian Aid: Promoting Prosperity, Reducing Poverty, Enhancing Stability* notes that Australia will strengthen its focus on nutrition as part of its commitments to improve maternal and child health.[3] The Australian Government's *Health for Development Strategy 2015-2020,* commits DFAT to pursue aid investments, among other things, in nutrition during the first 1 000 days of life and during a girl's adolescence.

5.6 Reflecting the Government's intention to advance this issue, the Office of Development Effectiveness (ODE) recently conducted an evaluation of the quality of Australia's aid investments in nutrition, with a particular focus on child undernutrition.[4]

5.7 The results of this evaluation were detailed in ODE's report entitled *A Window of Opportunity: Australian Aid and Child Undernutrition*, which was released in April 2015. In its report, the ODE makes six recommendations on areas of improvement to maximise the return on Australia's nutrition investments.[5]

5.8 DFAT agreed with recommendations 1, 2, 4 and 5, and agreed in part with recommendations 3 and 6.[6] These are listed on the table below, together with a summary of how DFAT has responded to each to date.

2 WHO, *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*, Resolution WHA65.6, 65th World Health Assembly, Geneva, 21–26 May 2012.

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

4 The Office of Development Effectiveness (ODE) is an operationally independent unit within DFAT that measures and reports on the effectiveness of the Australian aid program. For further information, see: DFAT, 'About ODE', <dfat.gov.au/aid/how-we-measure-performance/ode/aboutode/Pages/about-ode.aspx> viewed 13 April 2016.

5 ODE, *A Window of Opportunity: Australian Aid and Child Undernutrition*, Canberra, April 2015, p. 5 < dfat.gov.au/aid/how-we-measure-performance/ode/Documents/a-window-of-opportunity-australian-aid-and-child-undernutrition-2015.pdf> viewed 13 April 2016.

6 ODE, *A Window of Opportunity: Australian Aid and Child Undernutrition*, Canberra, April 2015, Table 1.0: 'DFAT's Management Response to Recommendations for Improving Nutrition Policy, Planning and Implementation, pp. 7–8.

Table 5.1 ODE Review: *A Window of Opportunity*—recommendations and DFAT's responses[7]

***Recommendation 1**: DFAT should improve its tracking of nutrition spend by strengthening the quality of reporting in the aid management system AidWorks. To achieve this, the Canberra-based Nutrition Working Group should provide guidance and training to staff on how to document nutrition objectives and indicators.*
DFAT notes it will continue to build its capacity to articulate and track nutrition as an outcome across its aid portfolio. The Department advises that it currently reports aid expenditure on nutrition by using the methodology developed by the Scaling Up Nutrition (SUN) Movement, of which Australia is a donor member. This methodology is currently under review by the SUN Donor Network and DFAT is participating in that review process. Changes to the methodology will be reflected in reporting processes. DFAT notes that guidance to staff on nutrition, including new operational guidance notes, multi-sectoral approaches and the tagging of investments, is being delivered through training (workshops, presentations and seminars), ongoing communications via DFAT's Nutrition Network, and a nutrition collaboration site on DFAT's intranet.
***Recommendation 2**: DFAT posts should ensure that the proportion of ODA invested in partner countries to address child undernutrition is appropriate given partner government priorities, the prevalence of stunting, investments by other donors and opportunities to achieve results.*
Progress is ongoing. DFAT has noted that its aid operations are highly country and context specific, while aligned to Australia's development policy, *Australian Aid: Promoting Prosperity, Reducing Poverty, Enhancing Stability*. The department's geographic and thematic areas allocate funding for nutrition as appropriate. Funding decisions are made with consideration to pursuing Australia's national interest, promoting growth and reducing poverty, reflecting Australia's value-add and leverage, and its aid focus on making performance count. DFAT advises that its Development Policy Division encourages the department's programs to consider nutrition investments as appropriate, taking account of stunting and other nutrition indicators, partner government priorities, the political economy context, and opportunities to achieve results.
***Recommendation 3**: DFAT posts should review existing and planned initiatives in the agriculture, food security, water and sanitation, social protection, and health sectors, and include nutrition objectives, interventions and indicators where relevant. Australia's large investments in the food security and health sectors offer opportunities to leverage existing spend to achieve nutrition outcomes.*

7 Information in this table drawn from *Exhibit 24*: DFAT, 'Update on Implementations from ODE Report—*A Window of Opportunity*', April 2016.

DFAT notes that it is adopting nutrition-sensitive approaches, as appropriate, across its agriculture, food security, water, sanitation and hygiene, social protection, health, and education investments, including in humanitarian settings. It recognises this is important for improving nutrition, as well as helping it to achieve better performance and value for money. It also sees this as an opportunity to contribute to the evolving global evidence base on applying nutrition-sensitive approaches.

DFAT states that progress has already been made in helping staff integrate nutrition into a range of multi-sectoral investments. It has been working to build its professional capacity for nutrition-sensitive agriculture by developing resources and guidance materials, including through its partnerships with CSIRO and ACIAR. These materials complement DFAT's own collection of operational guidance notes:

- *Social Protection and Nutrition* (April 2015)[8];
- *Nutrition-Sensitive Agriculture* (August 2015)[9].
- *Getting the Foundations Right: Early Childhood Development and Australia's Aid Program* (September 2015);[10]
- *Nutrition and Health in Australia's Aid Program* (December 2015);[11] and
- *Nutrition in Australia's Aid Program* (December 2015).[12]

A further guidance note on water, sanitation and hygiene (WASH), including in relation to nutrition, is also planned.

***Recommendation 4**: DFAT should improve targeting of nutrition interventions to specific life stages, to women and to vulnerable populations. Gender analysis should be used to inform the design and monitoring and evaluation of initiatives, and nutrition data should be disaggregated by a range of equity markers.*

DFAT advises that is committed to pursuing evidence-based nutrition investments, including adopting a life-cycle approach focusing on the '1 000 days plus' window of opportunity for nutrition. In line with its Aid Programming Guide, the department states that it is also committed to ensuring design of all aid investments, including those supporting nutrition outcomes, are informed by quality analysis, including gender, poverty and social analysis. It notes that its operational guidance on nutrition reiterates this message.

8 *Exhibit 28: DFAT Social Protection and Nutrition*, *Guidance Note,* 2015.

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

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

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

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

Recommendation 5*: DFAT should improve the monitoring and evaluation of nutrition investments by increasing the use of outcome indicators, especially stunting for longer term initiatives. In nutrition-sensitive sectors such as agriculture, for which evidence of the effectiveness of interventions is lacking, DFAT should prioritise nutrition monitoring and evaluation to contribute to the body of evidence of what works.*
DFAT has undertaken to provide staff with guidance and training to strengthen nutrition monitoring and evaluation. The department advises that its Performance and Quality Network, which has responsibility for quality assurance in relation to DFAT's aid investments, is being sensitised to good practice in monitoring and evaluation for nutrition. In addition, DFAT has noted the importance of having its program areas work with partner governments to strengthen national monitoring and evaluation systems, including for nutrition, given its commitment to good aid practices.
Recommendation 6*: DFAT should develop an overarching cross-sectoral nutrition strategy that links nutrition investments with the government's six main aid investment priorities. Posts should incorporate nutrition into their Aid Investment Plans, with Canberra providing guidance on how the principles of best practice can be applied in different country contexts.*
DFAT advises that it does not plan to develop an overarching cross-sectoral nutrition strategy. Instead it states that it has articulated the importance of nutrition for economic growth and poverty reduction through other documents, including its operational guidance notes on nutrition and relevant DFAT sectoral aid strategies, including: • the *Health for Development Strategy 2015-2020* (June 2015);[13] • the *Strategy for Australia's Aid Investments in Agriculture, Fisheries and Water* (February 2015);[14] and • the *Strategy for Australia's Aid Investments in Education 2015-2020* (September 2015).[15] DFAT notes that its Development Policy Division continues to provide guidance and support to ensure nutrition is appropriately reflected in Aid Investment Plans. Technical support is available to DFAT staff to ensure best-practice nutrition approaches in investment, with additional external support provided by the DFAT-funded Specialist Health Service.[16]

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

14 DFAT, *Strategy for Australia's Aid Investments in Agriculture, Fisheries and Water*, Canberra, February 2015.

15 DFAT, *Strategy for Australia's Aid Investments in Education 2015-2020, Canberra*, September 2015.

16 For further information see the Specialist Health Service, 'The Specialist Health Service', <shsglobal.com.au/> viewed 13 April 2016.

Committee's assessment

5.9 The Sub-Committee observes that DFAT, on the basis of evidence presented above, appears to be making progress towards ODE's recommendations. Of particular note is the Department's work in developing the series of operational guidance notes on nutrition and other relevant cross-sectoral topics (on nutrition-sensitive agriculture, social protection, early childhood development), as set out above.[17]

5.10 Notwithstanding this, DFAT does not appear to have reviewed its position on ODE Recommendation 6, 'to develop an overarching cross-sectoral nutrition strategy'.[18] The Sub-Committee considers that the Department should review its position on this matter. Its view is that according a higher priority to nutrition in terms of Australia's current development policy settings is clearly warranted. Given the evidence considered in this report, the Sub-Committee believes that the Department should give higher level priority to nutrition in Australia's overall development policy settings. Indeed, given the scale and urgency of the 'double burden' challenge at our immediate doorstep, the Sub-Committee recommends going beyond ODE's original recommendation by proposing that a whole-of-government strategy on nutrition be developed. An overarching strategy of this kind would encompass not only Australia's nutrition work under the aid program, but all of Australia's international engagement on nutrition issues.

5.11 The Sub-Committee's view is that such a strategy would help improve nutrition policy and programming co-ordination across relevant Australian government agencies, as well as enhancing Australia's policy coherence internationally in this area, including through its representation in key global and regional fora.

5.12 Moreover, in other areas, it is not clear that DFAT has advanced its commitments.[19] For example, in relation to Recommendations 4 and 5, DFAT had advised earlier that its operational guidance on nutrition would instruct staff to use and advocate for appropriately disaggregated nutrition data by gender, as well as providing guidance on strengthening nutrition

17 *Exhibit 21*: DFAT, *Nutrition in Australia's Aid Program, Operational Guidance Note, 2015; Exhibit 22*: DFAT, *Nutrition and Health in Australia's Aid Program*, *Operational Guidance Note*; 2015.DFAT, *Exhibit 23*: DFAT, *Getting the Foundations Right: Early Childhood Development and Australia's Aid Program, Operational Guidance Note*, 2015; DFAT, *Exhibit 27:* DFAT, *Operational Guidance Note: Nutrition-Sensitive Agriculture*, 2015; *Exhibit 28: Guidance Note: Social Protection and Nutrition*, Canberra, April 2015.

18 ODE, *A Window of Opportunity: Australian Aid and Child Undernutrition*, Canberra, April 2015, p. 8.

19 ODE, *A Window of Opportunity: Australian Aid and Child Undernutrition*, Canberra, April 2015, pp. 7–8.

monitoring and evaluation. However, DFAT's recently released operational guidance notes on nutrition do not appear to cover these issues in any detail.[20]

The role of innovation

5.13 The promotion of innovation has been a relatively recent area of focus in the context of work on international development.[21] Over the past decade, leading international donors, notably the United States, the United Kingdom and the Bill and Melinda Gates Foundation, have been active in championing the role of innovation in tackling major development challenges.[22] The Australian Government has also made important commitments to innovation in the aid program, as evidenced through the launch of DFAT's innovationXchange in March 2015 and its support for the Global Innovation Fund.[23]

5.14 Despite these recent international efforts, interpretations of what innovation means in practical terms from a development perspective vary widely.[24] In July 2015, the United States Agency for International Development (USAID)—with support from eleven other donor organisations, including DFAT—launched a *Call for Innovation in International Development*. As well as outlining a core set of best practice principles for pursuing innovation in the development field, the document provides the following definition:

> From a development perspective, an innovation is a new solution with the transformative ability to accelerate impact. Innovation can be fuelled by science and technology, can entail improved ways of working with new and diverse partners, or can involve new social

20 See for example, *Exhibit 27:* DFAT, *Operational Guidance Note: Nutrition-Sensitive Agriculture*, 2015 and *Exhibit 28: Guidance Note: Social Protection and Nutrition*, April 2015.

21 U Krause, 'Innovation: The New Big Push or the Post-Development alternative?', *Development, Vol.* 56, June 2013, pp. 223–26.

22 See the United States Agency for International Development (USAID), 'US Global Development Lab', <usaid.gov/who-we-are/organization/bureaus/us-global-development-lab> viewed 11 April 2016; DFID, 'Jonathan Wong, Head of DFID's Innovation Hub' <dfid.blog.gov.uk/author/jonathan-wong-head-of-dfids-innovation-hub/> viewed 11 April 2016; 'Gates Tells G20 Innovation is the Key to Development', *Sci Dev Net*, 4 November 2011, <scidev.net/global/networks/news/gates-tells-g20-innovation-is-the-key-to-development.html> viewed 11 April 2016.

23 DFAT, *Submission 12*, p. 9; 'Major Donors Launch New Fund to support Innovation', *Devex*, 24 September 2014 <devex.com/news/major-donors-launch-new-fund-to-support-innovation-84406> viewed 11 April 2016.

24 D Lewis, 'Is Innovation Essential for Development Work?', *The Guardi*an, 25 July 2012, <theguardian.com/global-development/poverty-matters/2012/jul/25/innovation-development-funding-capability> viewed 11 April 2016.

> and business models or policy, creative financing mechanisms, or path-breaking improvements in delivering essential services and products. Innovation has been and will be pivotal for reaching sustained, scalable solutions to the world's complex problems.[25]

5.15 In the field of nutrition, progress in pursuing innovation can be categorised into the following three broad areas:

- **Partnerships, approaches and funding modalities**: exploring innovative ways to partner with key stakeholders and across relevant sectors, as well as identifying new financing sources and mechanisms, in support of enhanced nutrition outcomes.
- **Policy environment**: innovating to improve the enabling policy environment for scaling up nutrition, including through: strengthening institutional and human capacity; enhancing national-level strategic planning, monitoring and accountability processes; and strengthening the evidence-base for sound policy decision-making.
- **Scientific and technological advances**: harnessing breakthroughs in agricultural and food science and technology, as well as developing and using innovative information and communication technology (ICT) to promote improved nutrition.[26]

5.16 These categories are outlined briefly below, drawing on recent Australian and international examples.

Partnerships, approaches and funding modalities

5.17 A number of the inquiry's written submissions have pointed to the importance of innovating through integrated, multi-sectoral, multi-stakeholder partnerships in order to address major development challenges, including in relation to nutrition.

5.18 DFAT's submission noted, for example, that its development partnerships —with a range of actors, including businesses, NGOs, research and academic institutions, partner governments and other international donors— were an essential vehicle for driving innovation.[27] DFAT also stated that its partnerships enabled it to achieve scale and improve the effectiveness of its aid investments by leveraging a wide range of expertise, creativity, networks and resources.[28]

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25 USAID, *A Call for Innovation in International Development*, 14 July 2015, p. 1 <usaid.gov/sites/default/files/documents/15396/ ACallInnovation International Development.pdf> viewed 11 April 2016.

26 DFAT, *Submission 12*, pp. 8–9.

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

28 DFAT, *Submission 12*, p. 10.

5.19 DFAT's innovationXchange noted it was currently piloting an innovation process called LAUNCH to source, support and scale innovations that address the double burden of nutrition in the Pacific region. The complex, multi-sectoral nature of this challenge aligns with the innovationXchange's remit to catalyse change through new approaches to facilitation, experimentation and networking. At the time of writing this report, the LAUNCH design process was expected to commence in mid-May 2016, with a 'Big Think' event, followed by technical discussions and an open call for innovations. Within 6–9 months, the innovationXchange aims to invest, alongside external partners, in several innovations to advance the health and lives of people in the Pacific.[29]

5.20 The University of Sydney's submission gave an example of how it was pursuing cross-sectoral collaboration to nurture innovation through the establishment of a new research and education hub. The hub, comprising a team of 34 researchers drawn from various faculties both within and outside the University has been looking at the challenges to nutrition, diversity and food safety from a range of perspectives, with the ultimate goal of creating healthier and more sustainable communities. Members of the multidisciplinary team are involved in food and nutrition security research encompassing maternal and child health and nutrition, food security, water security, social anthropology, food systems, animal diseases and health problems, and value chain analysis.[30]

5.21 As seen in other fields of international development, innovative partnerships with the private sector are playing an increasingly important role in effectively scaling up and sustaining improved nutrition outcomes.[31]

5.22 This reflects the fact that ODA funding is small relative to private sector finance. In developing countries, the private sector funds 60 per cent of all investments, provides 90 per cent of jobs, and accounts for 80 per cent of finance flows. Given these factors, donors can potentially achieve a far larger development impact if they use ODA funding to leverage private sector resources.[32] Private sector partners also have specialist expertise in the fields of nutritious product development, income generation, supply-chain development, management, and consumer behaviour.

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29 *Exhibit 29*: DFAT, Innovation Exchange initiatives—Nutrition in Timor -Leste and Food for Nutrition Launch—LAUNCH.

30 University of Sydney, *Submission 46*, p. 1.

31 JSCFADT, Inquiry into the role of the private sector in promoting economic growth and reducing poverty in the Indo–Pacific Region, Global Alliance for Improved Nutrition (GAIN), *Submission 107*, p. 4.

32 DFAT, *Submission 12*, p. 8.

Moreover, they often have the in-country presence to effectively broker and implement interventions.[33]

5.23 The Global Alliance on Improved Nutrition (GAIN) is one leading organisation that is actively leveraging private sector resources and expertise to address nutrition issues. GAIN is an independent non-profit body established in 2002 by OECD DAC donors and United Nations (UN) agencies, with a major investment by the Bill and Melinda Gates Foundation, to develop innovative partnerships with the private sector and explore sustainable, market-based solutions to malnutrition.[34]

5.24 Under GAIN, the Amsterdam Initiative against Malnutrition (AIM), comprising 30 partners including large corporations such as Unilever and Rabobank, works at multiple levels of value chains to make nutritious foods more accessible to poor consumers.[35] AIM projects are designed to encourage product innovation, value chain optimisation and the use of locally-produced ingredients. Its goal is to create systemic change and address barriers to market entry for nutritious products.[36]

5.25 On identifying innovative financing mechanisms, the *Global Nutrition Report 2015* notes that nutrition can benefit from the experience of the health sector, where a wide range of such mechanisms have been tested over the past 15 years.[37] As an example, it cites UNITAID, a Geneva-based public-private partnership which receives revenues from a solidarity levy on airline tickets, and uses the revenues to shape markets and lower prices for commodities such as paediatric AIDS drugs and second-line tuberculosis drugs.[38]

Policy environment

5.26 Evidence suggests that policymaking innovations are an important tool for strengthening the enabling environment for enhanced nutrition in

33 Accenture, *Project Laser Beam: Lessons from a Five-Year, Global Public-Private Partnership Addressing Child Undernutrition: Final Conclusions*, September 2014, p. 12.

34 JSCFADT, Inquiry into the role of the private sector in promoting economic growth and reducing poverty in the Indo-Pacific region, Global Alliance for Improved Nutrition (GAIN), *Submission 107*, p. 4.

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

36 GAIN, *GAIN Annual Repot 2014-2015*, Geneva, 2015, p. 14.

37 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 67.

38 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 67. Several new financing mechanisms focused on nutrition have already emerged. One of these, UNITLIFE, launched in 2014, is built on the UNITAID model. UNITLIFE taps revenues generated from a micro levy on oil production—currently set at USD 0.10 per barrel— in participating countries. Seven African countries have agreed to implement the levy, and one (Congo) has started to earmark it, collecting USD 5 million in the first year at p. 68 of the IFPRI, *Global Nutrition Report.*

developing countries. For example, with support from international partner organisations including the FAO, UNICEF and DFAT, the Government of Timor-Leste has been playing a lead role in establishing an enabling policy environment that addresses the country's food security and nutrition challenges. In 2014, it launched its comprehensive national *Zero Hunger Challenge (ZHC)* and its associated *ZHC National Action Plan for a Hunger and Malnutrition Free Timor-Leste*. The ZHC promotes the critical role that agriculture plays in good nutrition by clearly recognising the intrinsic links that exist between nutrition, agriculture and economic growth for the majority of the rural population. In addition, DFAT supported the development of the recently endorsed *National Nutrition Strategy 2015-2019* and costed action plan.[39] It also helped the Timor-Leste President's office to initiate annual Nutrition Awards to raise community awareness of the nutrition situation.[40]

5.27 Innovative partnership platforms that provide a common framework for work on nutrition at the national level can also help to strengthen the enabling policy environment. A key global platform that promotes country-led actions is the Scaling Up Nutrition (SUN) Movement. Countries that join the SUN movement are expected to create a coherent policy and legal basis for nutrition policies, work in partnership with stakeholders, agree on shared objectives, and mobilise resources for scaling up nutrition.[41] Members are also required to adhere to common monitoring and evaluation arrangements.[42]

5.28 As of April 2016, the SUN Movement had 56 developing country members. The Asia–Pacific region is currently represented by 12 members (Bangladesh, Cambodia, Indonesia, Kyrgyzstan, Laos, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Tajikistan and Vietnam), but as yet no Pacific Island countries have joined.[43]

5.29 Australia and other donors can play a constructive role in sharing information with partner developing countries about their own experiences—covering both success and failures—in designing and implementing domestic policy innovations in the nutrition and health areas. A recent example is the Health Star Rating (HSR) system, which was developed by the Australian federal, state and territory governments in

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

40 Dr Julie Delforce, Senior Sector Specialist, Agricultural Development and Food Security, Agricultural Productivity and Food Security Section, Agriculture and Food Branch, Office of Trade Negotiations, DFAT, *Committee Hansard*, 22 February 2016, pp. 7–8.

41 IFPRI, *2013 Global Food Policy Report*, Washington DC, 2014, p. 25.

42 Scaling Up Nutrition (SUN) Movement, *SUN Movement Annual Progress Report 2015*, pp. 117-23.

43 SUN Movement, '*SUN Countries*' <scalingupnutrition.org/sun-countries> viewed 11 April 2016.

collaboration with industry, public health and consumer groups. The HSR system is a labelling system that rates the overall nutritional value of packaged foods and assigns them a rating from one to five stars. In April 2015, the Fijian Ministry of Health and Medical Services wrote to Australia's Department of Health (DoH) seeking permission to use the HSR system in Fiji. In its June 2015 response, DoH welcomed Fiji's interest in implementing the HSR system, while also noting that a number of legal, technical and regulatory issues underpinning the HSR system would need to be considered by Fiji in the event that it were to introduce the HSR.[44]

5.30 Innovations to improve access to reliable and timely data on relevant nutrition indicators, at the global, national, and subnational levels, are also critical to sound, evidence-based policymaking.[45] In the Asia–Pacific region, for example, the FAO has noted that many countries lack basic data and appropriate indicators with which to evaluate and monitor the nutrition landscape.[46] Data collection and analytical capacity in developing countries, particularly in terms of statistical infrastructure and human capital, also need to be improved significantly.[47]

5.31 One current initiative, involving DFAT's innovationXchange, appears to have considerable potential to help address this problem. Announced by Australia's Foreign Minister, the Hon Julie Bishop MP, in March 2015, Australia is contributing AUD 20 million to a USD 100 million partnership with Bloomberg Philanthropies on Data for Health.[48]

5.32 The partnership, which will reach one billion people across 20 countries, is aimed at building the capacity of governments in developing countries to collect and use vital health information to build better health systems. Globally, 65 per cent of deaths have no documented cause, and 40 million children are born without a birth certificate.[49] The partnership will improve health information in three ways: improving data on births and deaths;

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44 DoH, *Submission 9*, p. 3.

45 IFPRI, *2013 Global Food Policy Report*, Washington DC, 2014, pp. 26–27.

46 FAO, *Round Table on the Double Burden of Malnutrition*, Document No. APRC/14/9, FAO Regional Conference for Asia and the Pacific, 32nd Session, Ulaanbaatar, Mongolia, 10-14 March 2014, p. 4.

47 IFPRI, *Global Food Policy Report 2013*, Washington DC, 2014, p. 27.

48 The Hon Julie Bishop MP, Minister for Foreign Affairs, 'innovationXchange—Australia's New Aid Paradigm', *Media Release*, 23 March 2015.

49 DFAT, 'Research and Innovation Initiatives', <dfat.gov.au/aid/topics/investment-priorities/education-health/health/Pages/research-and-innovation-initiatives.aspx> viewed 13 April 2016.

conducting mobile phone surveys on health risk factors; and improving policymakers' use of health data.[50]

Scientific and technological advances

5.33 Evidence suggests that the application of innovative agricultural and food technologies is a valuable tool in the global effort to improve nutrition and health. One key example is through the use of food fortification and biofortification technologies in the provision of micronutrients, which are critical component of good nutrition. In particular, folate, iodine, iron, vitamin A and zinc are important for healthy and productive populations. Without them children develop birth defects, blindness and an inability to learn properly, among other long-term disabilities.[51] The Copenhagen Consensus Center has estimated that investing USD 1.2 billion annually in the use of micronutrient supplements, food fortification and biofortification of staple crops for five years would generate annual benefits worth USD 15.3 billion, representing a benefit-to-cost ratio of almost 13 to 1.[52]

5.34 Chapter four has detailed a number of food fortification initiatives in the region. The Sub-Committee notes that DFAT is currently supporting a biofortification pilot project in Zambia through the innovative multi-donor initiative AgResults (launched by the G20 in 2012).[53] GAIN has also worked extensively in this area. To date, its food fortification program has reached almost one billion people in 40 countries.[54]

5.35 A recent GAIN food fortification project in Indonesia is featured at **Case study 5.1,** overleaf.

50 DFAT innovationXchange, 'Better Data for Health Partnership', <innovationxchange.dfat.gov.au/project/better-data-health-partnership> viewed 11 April 2016.

51 JSCFADT, Inquiry into the Role of the Private Sector in Promoting Economic Growth and Reducing Poverty in the Indo-Pacific Region, GAIN, *Submission 107*, p. 4.

52 FAO, *The State of Food and Agriculture 2013: Food Systems for Better Nutrition, Rome, 2013*, p. 5.

53 DFAT, *Submission 12*, p. 37.

54 GAIN, *Annual Report 2014-2015,* Geneva, 2015, p. 7.

Case study 5.1 GAIN food fortification

Reducing stunting and vitamin A deficiency in Indonesia

In Indonesia 40 per cent of children under the age of five are stunted. One in five preschool age children in the country are deficient in vitamin A, which seriously weakens immune systems.

GAIN partnered with the Ministry of Health and private sector oil producers on a major food fortification project. This multi-sector partnership was designed to reach 80 per cent of the population with vitamin A fortified vegetable oil.

GAIN invested USD 3.5 million over five years to support oil refineries with the necessary equipment and training to produce fortified unbranded vegetable oil. These funds also enabled the oil industry to buy the vitamins and minerals through the GAIN Premix Facility. The project has worked with the leading Indonesian certified vegetable oil producers and 75 per cent of the program is financed by the industry for a total of USD 16 million over five years.

As a result, there have been significant reductions in Vitamin A deficiency in Indonesia. Elsewhere in Asia, the potential to reduce micronutrient deficiencies, and the resultant disease burden, has not yet been realised – and presents an opportunity for high impact interventions between governments and private sector partners.

Source *JSCFADT, Inquiry into the Role of the Private Sector in Promoting Economic Growth and Reducing Poverty in the Indo-Pacific Region, GAIN,* Submission 107, *p. 5.*

5.36 Innovations in the use of information and communication technology (ICT) also appear to have potential to support enhanced nutrition outcomes. For example, a number of international donors, developing country governments and NGOs have started to integrate mobile phones into their nutrition programs.[55] UNICEF recently employed mobile phones in nutrition surveillance in Kenya and Malawi, and World Vision together with the Institute of Development Studies is piloting a mobile phone application for community-level surveillance in Indonesia.[56]

5.37 Similarly, DFAT's innovationXchange is currently working with the department's Timor-Leste program to test a new approach to tackling malnutrition by influencing behaviour with targeted messaging delivered through existing health, agriculture and water, sanitation and hygiene programs using mobile phone technology. The pilot will begin with human-centred design research to better understand the drivers of nutrition behaviour at community level and foster creative thinking on new platforms to increase impact on households' nutrition practices. The pilot

55 I Barnett, 'Can Mobile Phones Help Fight Against Malnutrition', *The Guardian*, 5 September 2014, <theguardian.com/global-development-professionals-network/2014/sep/04/mobile-phones-fight-against-undernutrition> viewed 11 April 2016.

56 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 116.

builds on an effective program already underway in Timor-Leste that uses a mobile phone platform to improve the reach of neo-natal care services.[57]

Committee comment

5.38 In its response to ODE's April 2015 evaluation of the quality of Australia's nutrition investments, DFAT asserted:

> Australia has been proactive in refocusing our nutrition approach to take account of the double burden of under and overnutrition, particularly in the Indo-Pacific region, putting us 'ahead of the game' globally.[58]

5.39 While the Sub-Committee is pleased to see that a number of positive steps have being taken recently by DFAT, ACIAR and other relevant Australian government agencies in addressing nutrition issues, the Sub-Committee questions whether these efforts are enough given the scale of the 'double burden' of malnutrition in Pacific island countries and elsewhere in the Indo–Pacific region.

5.40 Certainly, in terms of global aid funding for nutrition, Australia's own contribution in this area is well below par. Australia's 'nutrition-specific' ODA funding in 2014 was AUD 23.1 million (USD 20.9 million) and its 'nutrition-sensitive' funding was AUD 97.0 million (USD 87.6 million).[59] Total Australian spending, on both nutrition specific and nutrition sensitive interventions, was AUD 120.1 million (USD 108.5 million) in 2014, representing only 2.4 per cent of Australian ODA.[60]

5.41 By comparison, the *Global Nutrition Report 2015* notes that total ODA allocated to nutrition spending worldwide (nutrition specific plus nutrition sensitive) in 2013 was close to USD 5 billion, or four per cent of ODA.[61] Moreover, it estimates that total global donor spending will need to more

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57 See *Exhibit 29*: DFAT, Innovation Exchange initiatives—Nutrition in Timor -Leste and Food for Nutrition Launch—LAUNCH.

58 ODE, *A Window of Opportunity: Australian Aid and Child Undernutrition*, Canberra, April 2015, p. 6.

59 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.

60 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.

61 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 64.

than double by 2025 in order to meet the World Health Assembly's global nutrition targets.[62]

5.42 Based on these figures, the Sub-Committee's view is that Australian aid funding for nutrition should be significantly boosted, and with a focus on programs within the Indo–Pacific region. In its submission, RESULTS International (Australia) recommended that the Australian Government take the opportunity to announce an increase in Australia's funding for nutrition-specific interventions at the upcoming Nutrition for Growth Summit, to be held in Rio de Janeiro early in the second half of 2016. The Sub-Committee supports this recommendation. Australia's commitment to a stronger regional policy and ODA funding focus for both nutrition-specific and nutrition-sensitive activities would respond to the priority of need in the immediate region, while also highlighting this need to the international donor community.

5.43 The Sub-Committee also considers that some of this additional expenditure on nutrition related activities could and should be drawn from Australia's existing ODA resources. Globally, it is estimated that 30–40 per cent of government budgets are allocated to sectors that have a high degree of relevance to nutrition (that is, health, agriculture, education, social protection, water, sanitation and hygiene).[63] In Australia's case, combined funding for the 'Health', 'Education' and 'Agriculture, Fisheries and Water' priority areas under the aid program accounts for just over 40 per cent of total ODA.[64] As recommended by ODE, ensuring that more of Australia's existing and planned aid investments in these other sectors incorporate nutrition sensitive objectives would potentially have a significant impact on maximising nutrition outcomes. A good recent example is the TOMAK —Farming for Prosperity Program in Timor-Leste, which was launched earlier this year and represents DFAT's first agricultural development program to be designed with explicit nutrition objectives.[65]

5.44 The Sub-Committee considers that harnessing innovation to tackle nutrition issues also offers potential to make more effective use of existing aid resources. DFAT's recent work, through its innovationXchange, on piloting new ICT solutions to support nutrition objectives and its latest project, LAUNCH, which will explore innovations to address the Pacific's 'double

62 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, pp. 73–74.

63 IFPRI, *Global Nutrition Report 2015*, Washington DC, 2015, p. 67.

64 ODE, *A Window of Opportunity: Australian Aid and Child Undernutrition*, Canberra, April 2015, p. 5.

65 DFAT, *Submission 12*, p. 37.

burden', should be commended and further encouraged.[66] At the same time, recognising that ODA is only one slice in the overall development financing pie, priority attention should be given to supporting innovative nutrition-focused partnerships that leverage private sector investment and expertise.

5.45 Aside from the issue of committing the necessary resources to combat malnutrition, another major challenge is co-ordination. One key observation, from the Sub-Committee's perspective, is that nutrition is a policy orphan. At all levels—global, regional and national—no one entity has the sole lead on nutrition. For example, at the global level, a plethora of organisations, including the World Health Organization (WHO), the Food and Agriculture Organization (FAO), the United Nations Children's Emergency Fund (UNICEF), the World Food Programme (WFP) and the World Bank, manage particular aspects of the nutrition dimension. The Sub-Committee found that this situation is mirrored at the national level here in Australia, with various APS agencies, including DFAT, DoH, ACIAR, DAWR and CSIRO, each having a particular policy stake in the issue.

5.46 Similarly, with regard to the Indo–Pacific region, there are a number of major donors and multilateral organisations actively involved in addressing malnutrition issues. For example, the WHO and the World Bank have each developed their own regional strategies for tackling the 'double burden' challenge.[67] However, from the evidence, it is not clear to the Sub-Committee whether these and other key players active in the region are co-ordinating effectively, and whether their combined efforts and resources are not at risk of duplication.

5.47 In view of this, the Sub-Committee recommends that priority attention be given to significantly strengthening co-ordination mechanisms in relation to nutrition, both in Australia and in the region. In Australia, whole-of-government co-ordination could be improved by designating a central Australian government 'point of contact' for all of Australia's international engagement on nutrition (including through Australia's aid program), to be hosted by a lead department such as DFAT, DAWR or DoH.

5.48 As noted earlier in this chapter, the Sub-Committee also recommends a whole-of-government strategy be developed to guide all of Australia's international policy and program engagement on nutrition, including both nutrition-specific and cross-sectoral nutrition-sensitive investments under

66 DFAT, *Exhibit 29*: DFAT, Innovation Exchange initiatives—Nutrition in Timor-Leste and Food for Nutrition Launch–LAUNCH.

67 World Bank Group, *Submission 20*, p. 10; and World Health Organization (WHO), *Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific Region (2015–2020)*, Geneva, 2015.

the Australian aid program. An overarching strategy of this kind would not only help improve interdepartmental co-ordination on nutrition, but also enhance policy coherence in our nutrition representation and messaging internationally.

5.49 Additionally, the Sub-Committee considers Australia should take a much stronger lead in co-ordinating an effective donor response to the specific challenge posed by the Pacific's double burden on health. It stands to reason that Australia should seek to assume this lead role. Australia is the largest aid donor in the Pacific by a wide margin.[68] It has longstanding and close historical, political and community ties with the region, which is also our closest market.[69] Given the high human and economic costs posed by this double burden trend, taking a strong regional lead on this issue aligns very much with Australia's national interest by contributing directly to sustainable economic growth and poverty reduction among our closest neighbours.

5.50 The Sub-Committee considers one practical early step Australia could take to help mobilise collective international action to address this problem in the region would be to lobby for Pacific Island representation in the Scaling Up Nutrition (SUN) Movement. While Asian countries are well represented in this global initiative, to date none of the Pacific Island countries have joined.[70] Given the benefits SUN Movement members receive, particularly in terms of a common policy and operating framework for scaling up country-level efforts to improve nutrition, Australia should advocate strongly for Pacific Island countries to join. Significantly, having Pacific Island members represented would help ensure the region's 'double burden' health challenge is put firmly on the SUN Movement's forward agenda and therefore draw increased international attention to the problem.

5.51 To support enhanced co-ordination, the Sub-Committee also recommends that Australia commission a major 'stocktake' of nutrition interventions that are currently being pursued by lead aid donors and multilateral organisations in the Pacific. This regional stocktake would aim to assess how donor co-ordination and collaboration on nutrition issues could be improved and expanded, including through identifying key synergies and, conversely, the main areas of ODA resource overlap. It would also identify

68 J Hayward-Jones, 'Australia's Pacific Aid Budget Spared from Serious Cuts' <lowyinterpreter.org/post/2015/05/13/Australia-aid-budget-Pacific-spared-serious-cuts.aspx> *The Interpreter*, Lowy Institute, 18 May 2015, viewed 6 April 2016.

69 DFAT, 'Pacific Islands Regional Organisations', <dfat.gov.au/international-relations/regional-architecture/pacific-islands/pages/pacific-islands-regional-organisation.aspx> viewed 6 April 2016.

70 SUN Movement, '*SUN Countries*', <scalingupnutrition.org/sun-countries> viewed 11 April 2016.

major gaps in donors' programming and areas requiring priority attention, with a view to feeding into future nutrition policymaking and aid investment decisions. To secure wider buy-in, the stocktake could be jointly commissioned with other key players such as the WHO, FAO, World Bank and USAID. An appropriately qualified international research body (such as the International Food Policy Research Institute) could be engaged to conduct the stocktake. However, pursuing this proposal would not preclude Australia and other donors taking more immediate steps in the interim to address donor co-ordination issues in the region.

5.52 An Australian-led, co-ordinated regional response to the 'double burden' in the Pacific should also focus on strengthening the evidence base to inform future policymaking. The Sub-Committee's work in preparing this report has highlighted the dearth of reliable and timely data on relevant nutrition indicators in the region. Innovations such as the Data for Health partnership between the Australian government and Bloomberg Philanthropies could help in this regard.[71] Efforts to strengthen nutrition data collection and analytical capacity among developing countries in the region, as well as to encourage and support researchers across a range of disciplines to focus more on regional nutrition issues, should also be considered.

5.53 Finally, given the importance of nutrition and the potential for the double burden of malnutrition to severely inhibit economic and social development, and indeed to reverse gains made over recent decades, the Sub-Committee urges that the Minister for Foreign Affairs and the Minister for International Development and the Pacific make these issues a high priority in Australia's bilateral and regional dialogues, especially with Pacific Island countries, and the Pacific Island Forum. Only with substantial high level political commitment will these issues receive the attention they urgently require.

71 DFAT innovationXchange, 'Better Data for Health Partnership' <innovationxchange.dfat.gov.au/project/better-data-health-partnership> viewed 11 April 2016.

Recommendations

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.**

The Hon Dr Sharman Stone MP
Chair
Foreign Affairs and Aid Sub-Committee

4 May 2016

The Hon Teresa Gambaro MP
Chair
Joint Standing Committee on Foreign Affairs, Defence and Trade

4 May 2016