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Multi-Criteria Mapping of Stakeholders’ Views on Strategies to Reduce Micronutrient Deficiencies among Women and Children in SEA: The SMILING Project

Biography

Assoc. Prof. Pattanee Winichagoon is Senior Advisor to the Institute of Nutrition, Mahidol University (INMU), Thailand. Her work in the area of maternal and child micronutrient status, micronutrient intervention and community-based nutrition are well-regarded and she has provided advice and consultation to various agencies, such as WFP, UNICEF-EAPRO and AUSAID projects, to name a few. She has also published numerous peer-reviewed articles and monographs. Assoc. Prof. Winichagoon was the Vice-Chair of the Scientific Committee for the 19th International Congress of Nutrition held in Bangkok in 2009; co-chair of Local Organizing Committee of the forthcoming 5th Micronutrient Forum Global conference to be held in Bangkok, March 2020. She obtained her M.Sc. in Nutrition from University of Hawaii and Ph.D. in International Nutrition from Cornell University, USA.

Abstract

Several nutrition-specific and sensitive interventions have been recommended to alleviate micronutrient deficiencies in women and children. Food fortification, e.g., iron fortification of breakfast cereals has been a successful program in developed countries; and several micronutrient fortifications were shown to be efficacious in women and children in developing countries. However, its implementation may encounter several challenges. This paper presents how food fortification was perceived by various stakeholders if it is to be implemented as a large scale program to reduce micronutrient deficiencies in women and children in five Southeast Asian countries, namely, Cambodia, Indonesia, Laos, Thailand and Vietnam. About twenty interventions derived from landscape analysis of the situations and potential interventions (ranging from supplementation, food fortification and dietary diversity/nutrition education) were listed in each country for consideration. A qualitative approach using the multi-criteria mapping (MCM) was used to collect and analyze data on viewpoints of various stakeholders. Stakeholders (about 20 persons per country) consisted of policy or program planners, civil society and academics, private sector, non-government organization and international agencies, depended on the availability and consent to participate in the study. All stakeholders received the list of interventions with explanations prior to the interview. The criteria for ranking and relative weight of performance of each intervention were not predetermined but elicited from stakeholders during the interview. Each interview lasted 2-3 hours. The results showed that, overall, interventions which already exist or are familiar (e.g., supplementation program) are preferred to new and innovative interventions (e.g., food fortification, delayed cord clamping). The interviewed stakeholders considered feasibility, impact, effectiveness and sustainability as important criteria for judging performance of interventions. Food fortification is not favored in most countries, except Indonesia where most of the food fortification programs were mandatory and implemented widely. Other countries ranked it low and there was a wide range in weighting.
scores of relative performance (worst to best). Mandatory and universal salt iodization ranked the third among interventions, but voluntary fortification of other foods received low ranking in Thailand, Cambodia, Laos and Vietnam. Concerns on implementing food fortification included price, regulations and product acceptability. Limitation of the study: recruitment of stakeholders is not proportionally the same for all countries due to time constraint. In conclusion, while food fortification is listed as a potential intervention to alleviate micronutrient deficiencies in all five countries studied, the relative ranking as preferred intervention and performance differed, especially for voluntary food fortification.