From: s22
To: s22 @wpro.who.int
Cc: CN=Erica Nixon/OU=PHD/O=Health@Health_gov_au; CN=Kathleen Graham/OU=PHD/O=Health@Health_gov_au; WHO
Subject: RE: UPDATING OF NUTRITION COUNTRY PROFILES IN THE WESTERN PACIFIC REGION [SEC=UNCLASSIFIED]
Date: Monday, 17 January 2011 12:43:29 PM
Attachments: Australia Nutrition country profile for WHO - page 2.doc
Austr_lia Nutrition country profile for WHO - p_ge 3.doc

Dear s22

Please find attached an updated Nutrition Country Profile for Australia. Thank you again for providing us with the opportunity to update the Profile.

Australia Nutrition country profile for WHO - page 2 doc Australia Nutrition country profile for WHO - page 3 doc

Please note that we have a couple of queries (marked in the document) regarding the source of some of the statistics quoted by WHO in the last version of the Profile. We would appreciate if you could advise the source of these statistics so we can confirm their accuracy.

Should you have any questions or queries about Australia's updated Profile, please do not hesitate to contact me.

Kind Regards,

Leah Parker

_____
International Health Policy | International Strategies | Australian Government Department of Health and Ageing | Ph: +61 2 6289 4392 | leah.c.parker@health.gov.au

s22

To

s22

cc

02/12/2010 10 18 PM

Subject Re: UPDATING OF NUTRITION COUNTRY PROFILES N THE WESTERN PAC FIC REGION [SEC=UNCLASSIF ED]

Dear s22

Thank you, we look forward to receiving the revised Nutrition Country Profile.

Kind regards,

s22

From s
To s
Cc s22
Sent: Thu Dec 02 12:09:57 2010
Subject: RE: UPDATING OF NUTRITION COUNTRY PROFILES IN THE WESTERN PACIFIC REGION [SEC=UNCLASSIFIED]

Dear s22

Thank you for the opportunity to update Australia's Nutrition Country Profile.

We are currently preparing our response and hope to get it to you in the next few weeks. My apologies for the delay in responding.

Kind regards

s22
Assistant Director
International Health Policy Section
s22

s22

03/11/2010 01 08 PM

Marking]

Dear ,
We are pleased to inform you that we are in the process of updating the country profiles on the Nutrition situation in the Western Pacific Region. The country profiles are available on the Nutrition website and provide information on the Nutrition problems and interventions to address these in countries of the Region; they are intended for technical people at national, regional and global level to help advocate for and plan nutrition interventions, as well as for those who access the WPRO website searching for this information.
You will find enclosed a draft "Country Profile" for your country, prepared by a WHO Consultant who has updated the country profile currently on the WHO website (produced in 2003), reviewing the new information available in WHO and other databases (including those of partner agencies) and papers published in scientific journals. It is important to periodically update these Nutrition profiles, so that they may serve well their purpose. Please check and validate the information contained in the profile and let us know if any change is necessary. You may find in the country profile some specific questions with regard to information needed to update it. In addition to replying to these questions, we rely on you for providing any additional information you consider useful for updating the Nutrition Country Profile.
As was done in the last version of these profiles, available on the WHO website at http://www.wpro.who.int/sites/nut/data/ , at the end of each profile there will be an acknowledgement of the WHO's Nutrition focal person(s) who contributed to prepare it. Please let us know therefore who contributed to review the enclosed draft.
We are planning to upload the revised country profiles in the Nutrition website by January 2011. We would therefore ask that you send us your feedback/comments on the "Nutrition Profile" for your country within 3 weeks from the date of this email. Please reply by email (if possible) through your WHO country office, using the email addresses of colleagues included here, and copy to us (nut@wpro.who.int). The WHO country office is being sent this letter by email as well as fax or regular mail.
Please confirm receiving this email and that you are able to open and read the attachments. We look forward to receiving your reply within 3 weeks. This will allow sufficient time to make revisions or to get back to you for clarifications, if needed.
Thank you for your collaboration. It will help to promote nutrition interventions in your country and the Region.
Best regards

s22

Regional Adviser in Nutrition

WHO Regional Office for the Western Pacific

P.O. Box 2932, Manila 1000, Philippines

s22

P.S. for WHO country office: this request for information has been reviewed and cleared by the Standing Committee on Health Information.

Nutrition indicators		Year	Ref.
Predominant Breastfeeding at 6 months (%)	14.0	2004	2
Initiation of BF within 1 hour of birth	N/A		
Continuous BF to 1 year (%)	28.0	2004	1
Baby-Friendly Hospitals	73	2010	10
Maternal mortality ratio/100,000	4.2	2007	2
Low Birth Weight Infants (%)	6.2	2007	1
Underweight (% children <5 years)	N/A		
Overweight children 5-17 years (%)	24.9	2007-08	1
Obese children 5-17 years (%)	7.8	2007-08	1
Anaemia children 12-23 months (%)	9.0	1994	4
Anaemia women (%)	8.0	1995	4
Anaemia pregnant women (%)	N/A		
VAD Schoolchildren (%)	N/A		
VAD Pregnant women (%)	N/A		
IDD(% population UIE <100 ug/L)	46.3	2008	1
IDD children 5-15y (% UIE <50 ug/L)	14.0	2000	5
IDD Pregnant women (UIE <50ug/L)	16.6	2004	6
Underweight women (% BMI<18.5)	2.8	2008	1
Overweight males (% BMI≥25)	67.7	2007-08	1
Overweight females (% BMI≥25)	54.9	2007-08	1
Obese males (% BMI≥30)	25.6	2007-08	1
Obese females (% BMI≥30)	24.0	2007-08	1

Severe public health problem

Moderate Public health problem

Mild public health problem

References

1. Australian Institute of Health and Welfare 2010. Australia's Health 2010. Australia's Health series no. 12. Cat. no. AUS 122. Canberra.
2. WHO Western Pacific Region Country Health Information Profiles (CHIPs) 2009. http://www.wpro.who.int/information_sources/databases/
3. WHO. World Health Statistics 2010. WHO Geneva
4. Iron Status Advisory Panel. http://www.ironpanel.org.au/
5. Mu Li, Eastman CJ Waite KV et al. Are Australian children iodine deficient? Results of the Australian National Iodine Nutrition Study. MJA 2006; 184: 165–169.
6. Travers CA Guttikonda K Norton CA et al. Iodine status in pregnant women and their newborns: are our babies at risk of iodine deficiency? MJA 2006; 184: 617–620
7. Guttikonda K Travers TA Lewis PR Bayages S. Iodine deficiency in urban primary school children: a cross-sectional analysis. MJA 2003; 179: 346–348.
8. FAOSTAT 2010. http://faostat.fao.org/site/368/DesktopDefault.aspx?PageID=368#ancor
9. UNICEF 2009. Tracking Progress on child & maternal nutrition. United Nations Children's Fund, New York
10. Australian College of Midwives Baby Friendly Hospital Initiative. http://www.bfhi.org.au/text/bfhi_hospitals.html
11. UNICEF database 2010. http://www.unicef.org/statistics/index_step1.php?sid=114e89f5904581967515b721ac472476
12. ABS 2008b. Population projections Australia 2006–2010. ABS cat. no. 3222.0. Canberra.
13. WHO global database on child growth and malnutrition. Geneva, World Health Organization. Available from: http://www.who.int/nutgrowthdb/en/
14. WHO global database on vitamin A deficiency. Geneva, World Health Organization. http://www.who.int/vmnis/vitamina/en/
15. Hetzel, BS. Eliminating iodine deficiency disorders: the role of the International Council in the global partnership. Bull World Health Organ. 2002;80:410-2.

Prevalence levels of public health significance (Refs 19-21)

Underweight	mild <10%; moderate 10%–19%; severe >20%
Stunting	mild <20%, moderate 20%–29%; severe >30%.
Wasting	mild <5%; moderate 5%–9%; severe >10%
IDA	mild 5-<19.9%; moderate, 20.0% - 39.9%, severe >40.0%
IDD	public health problem if 50% of the population has UI levels <100ug/L **AND** 20% has UI levels <50ug/L **OR** Total Goitre Prevalence is ≥5%
VAD	public health problem if >15% of populations has serum retinol concentrations <0.70µmol/L.

AUSTRALIA: NUTRITION COUNTRY PROFILE

Nutrition issues in Australia are characterized by high rates of overweight and obesity among adults and children and disparities between different groups of Australians, including between Aboriginal and Torres Strait Islanders and non-Aboriginal and Torres Strait Islander Australians, which are associated with a range of social, economic and cultural factors. The re-emergence of some micronutrient deficiencies - iodine, folate and vitamin D - among some population groups and regions is also of concern.

The nutrition situation

Mortality rates are low and Australians enjoy the second longest life expectancy in the region. In addition, the overall prevalence of low birth weights (<2500g) declined nationally from 6.8% in 2000 to 6.2% in 2007.

However, in 2005-2007, 12.5 % of Aboriginal and Torres Strait Islander infants were born with low birth weights[1] and in the period 2007-2009, the Aboriginal and Torres Strait Islander infant mortality rate was almost twice that of non-Aboriginal and Torres Strait Islander infants (7.8 deaths/1000 opposed to 4.0/1000)[2].

The Longitudinal Study of Australian Children provides the most recent national data on breastfeeding in Australia. In 2004, the breastfeeding initiation rate was 91%. At three months of age, 56% of infants were fully breastfed, falling to 14% at six months. The rate of any breastfeeding at six months was 56%, declining to 28% by 12 months of age[3].

In 2004-05, 79% of Aboriginal and Torres Strait Islander infants aged 0-3 years in non-remote areas had been breastfed compared with 88% of non-Aboriginal and Torres Strait Islander infants[4]. There are no national level data on under-nutrition among children.

There is concern in Australia about deficiencies in three vital nutrients - iodine, folate and vitamin D. Recent evidence shows the re-emergence of iodine deficiency in Australia, with the population in south-eastern Australia experiencing mild iodine deficiency[5]. Overall in mainland Australia, children are borderline iodine deficient with a UIE of 104 µg/L. Regionally, in NSW and Victoria, children are mildly iodine deficient with median UIE levels of 89µg/L and 73.5µg/L, respectively. South Australian children are borderline iodine deficient (median UIE of 101 µg/L). Thyroid volumes in Australian

[1] Australian Institute of Health and Welfare – 2010 analysis of the National Perinatal Statistics Unit's National Perinatal Data Collection.
[2] Australian Bureau of Statistics, 2010. *Deaths Australia 2009* ABS cat no. 3302.0, ABS Canberra.
[3] Australian Institute of Family Studies, 2008. *Growing Up in Australia: The Longitudinal Study of Australian Children*, Annual Report 2006-2007.
[4] Australian Health Ministers' Advisory Council, 2008. *Aboriginal and Torres Strait Islander Health Performance Framework Report 2008*, Australian Health Ministers' Advisory Council, Canberra.
[5] Australian Institute of Health and Welfare, 2010. *Australia's Health 2010.* Australia's health series no. 12. Cat. no. AUS 122. Canberra: AIHW.

schoolchildren are marginally increased compared with children living in iodine sufficient countries. However, the total goiter rate in Tasmania is 19.4%, indicating a public health problem[LCP1]. Regional data show that iodine deficiency (UIE<50ug/L) in 2004 was as high as 16.6% among pregnant women[6] and 14% among children 5-13 years of age[7].

According to the 2007-08 National Health Survey, 42% of men and 31% of women aged over 18 years were overweight (BMI≥25) and 26% of men and 24% of women were obese (BMI≥30)[8]. Between 1995 and 2007-2008, the proportion of men aged over 18 years who were obese increased by 7%. Over this same period, the obesity rate among women aged over 18 years increased by 5%.

Among children aged 5-17 years in 2007, 17% of boys and 18% of girls were overweight and 5% of boys and 6% of girls were obese. In 1985, obesity among boys and girls was 1.4% and 1.2% respectively[9].

In 2004-05, of those with a known body mass index, approximately 31% of Aboriginal and Torres Strait Islander people aged 18 years and over were obese. The proportion of Aboriginal and Torres Strait Islanders aged 18 years and over and living in non-remote areas who were overweight or obese increased steadily from 51% in 1995 to 60% in 2004-05. Aboriginal and Torres Strait Islander females were more likely to be obese than Aboriginal and Torres Strait Islander males (34% compared with 28%)[10].

Between 1995 and 1999-2000, the proportion of adults aged 25 years and over with measured high blood pressure remained stable between 30% (1999-2000) and 31% (1995). However, for adults living in urban areas of Australia aged 25 to 64 years, a noticeable decrease was observed in the proportion with high blood pressure between 1980 and 1999-2000 (for men it decreased from 47% to 21% and for women it decreased from 32% to 16% in 1999-2000)[11]. However, the average blood cholesterol levels of adults living in urban areas of Australia aged 25 to 64 years appears not to have declined between 1980 and 1999-2000. Since 1999-2000, there have been no national surveys of blood pressure levels or of blood cholesterol levels to indicate whether further changes have occurred in these risk factors[12].

[6] Travers CA, Guttikonda K, Norton CA et al. Iodine status in pregnant women and their newborns: are our babies at risk of iodine deficiency? *Medical Journal of Australia*, 2006; vol 184: pgs 617-620.
[7] Guttikonda K, Travers C, Lewis P, Boyages S. Iodine deficiency in urban pimary school children: a cross sectional analysis. *Medical Journal of Australia*, 2003; vol 179: pgs 346-348.
[8] Australian Bureau of Statistics, 2010. *National Health Survey: Summary of Results, 2007-2008 (Reissue).* ABS cat no. 4364.0. Canberra: ABS.
[9] Australian Institute of Health and Welfare, 2010, op. cit., pg 117.
[10] Australian Health Ministers' Advisory Council, 2008. *Aboriginal and Torres Strait Islander Health Performance Framework Report 2008*, Canberra: AHMAC.
[11] Australian Institute of Health and Welfare, 2010, op. cit., pg 119.
[12] Australian Institute of Health and Welfare, 2010. op. cit., pg 122.

Type 2 diabetes is projected to become the leading cause of disease burden in Australia by 2023. In 2000, 8.1% of men and 3.4% of women suffered from type II diabetes. Adding those with impaired glucose intolerance resulted in 17.4% of men and 15.4% of women with impaired glucose regulation. In the period 2006-07 to 2007-08, hospitalization rates for diagnosis of diabetes were four times higher for Aboriginal and Torres Strait Islander people than for other Australians[13]. For the period 2004–2008, 7% of Aboriginal and Torres Strait Islander deaths were due to diabetes and this was seven times the rate for other Australians[14].

In 2010, the estimated Aboriginal and Torres Strait Islander population of Australia was about 551,042, constituting 2.5% of the total Australian population[15]. Based on where approximately 95% of Aboriginal and Torres Strait Islander peoples reside, the hospitalization rate for Aboriginal and Torres Strait Islanders is estimated to be 40% higher than that of other Australians[16]. The mortality rate is estimated to be around twice as high as non-Aboriginal and Torres Strait Islander Australians[17]. Life expectancy at birth for Australians overall is 79 years for men and 83 years for women but for Aboriginal and Torres Strait Islander Australians it is 67 years for men and 73 years for women. In the period 2004-2008, Aboriginal and Torres Strait Islander children aged under 5 years of age died at twice the rate of other Australian children[18].

The food situation

Results of the 2007 Australian National Children's Nutrition and Physical Activity Survey showed that recommended serves of vegetables were met by 22% of children aged 4–8 years, 14% of children aged 2–3 and 9–13 years, and 5% of children aged 14–16 years of age. When potatoes were excluded from the analysis, no children aged 14–16 years met the recommendation and for the other age groups only 5% met the recommendations[19].

A 2007 survey conducted among adults in NSW determined that although 88% of adults (83% of males and 92% of females) knew the recommended number of daily serves of fruit, only 56% met that recommendation. Similarly, although 35% of adults knew the recommended daily intake for vegetables, only 10% consumed the recommended amount[20].

[13] AIHW, 2010. Unpublished.
[14] ABS, 2010. Unpublished.
[15] ABS, 2009. Experimental estimates and projections, Aboriginal and Torres Strait Islander Australians, ABS cat no. 3238.0, ABS, Canberra.
[16] AIHW, 2010. Unpublished. Hospitalization figures for the period 2006-07 to 2007-08.
[17], ABS, 2010. Unpublished mortality rate for the period 2004-2008.
[18] ABS, 2010. Unpublished.
[19] Commonwealth Industrial Research Organisation and the University of South Australia, 2008. *2007 Australian National Children's Nutrition and Physical Activity Survey*. Canberra: Commonwealth of Australia.
[20] Australian Institute of Health and Welfare, 2010. op. cit., pg 82.

The contribution of fat to energy has always been high in Australia but has climbed from 32% in 1965 to 40% in 2007[LCP2]. Increased intakes of fat combined with reduced physical activity have contributed to the growing overweight and obesity problem in the country. In 2001, physically inactive adults were 1.2 times more likely to be obese than those who exercised, and 1.6 times more likely than those who exercised at moderate or high levels. Only 30% of Australians exercise at high levels, and 43% of Australian adults do not meet the National Australian Physical Activity Guidelines, which recommend a minimum of 150 minutes of moderate intensity physical activity per week. In 2001, dietary indicators measuring usual intake of fruit and vegetables, adding salt after cooking, and type of milk consumed (as an indicator of fat intake) showed that females were more likely to adopt healthier dietary behaviours than males. Females were more likely to consume higher levels of fruits and vegetables than males and were more likely to consume low fat or skim milk (49%), while males were more likely to consume whole milk (56%) and more likely to use added salt.[LCP3]

Nutrition monitoring, policy and programs

Recommendations for healthy eating in Australia are based on a number of documents, including *Dietary Guidelines for Australian Adults* (2003), and the *Dietary Guidelines for Children and Adolescents in Australia Incorporating the Infant Feeding Guidelines for Health Workers* (2003). Also a continued foundation of nutrition information is the *Australian Guide to Healthy Eating* (1998) and the *Nutrient Reference Values for Australia and New Zealand* (2005). A review of these and other national dietary recommendations is currently underway and revised recommendations are expected to become available from the end of 2011.

In response to emerging evidence that there were insufficient amounts of folic acid and iodine in the food supply, two mandatory food regulations were introduced in 2009. The mandatory iodine fortification standard, requiring the replacement of salt with iodized salt in bread, was developed to address the re-emergence of iodine deficiency and to prevent it from becoming more serious in the future. The mandatory folic acid standard, requiring the addition of folic acid to wheat flour intended for bread-making, was developed to reduce the number of pregnancies affected by neural tube defects in Australia.

The *Australian National Breastfeeding Strategy 2010-2015* (the Strategy) was endorsed by the federal, state and territory health ministers in 2009. The Strategy provides a framework for priorities and action for Australian Governments at all levels to address the protection, promotion, support and monitoring of breastfeeding in the community. The Strategy, and links to other Australian breastfeeding information, are available at www.health.gov.au/breastfeeding.

Ten action areas have been identified for implementation based on the goals and objectives set out in the Strategy:

1. monitoring and surveillance;
2. health professionals' education and training;
3. dietary guidelines and growth charts;
4. breastfeeding friendly environments (including workplaces and child care settings);
5. support for breastfeeding in health care settings;
6. revisiting Australia's response to the World Health Organization's International Code of Marketing of Breastmilk Substitutes and related World Health Assembly resolutions;
7. exploring the evidence, quality assurance, cost-effectiveness and regulatory issues associated with the establishment and operation of milk banks;
8. breastfeeding support for priority groups;
9. continuity of care, referral pathways and support networks; and
10. education and awareness, including antenatal education.

Australia implements aspects of the World Health Organization's International Code of Marketing of Breast-milk Substitutes (WHO Code) via three mechanisms: The *Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement* (MAIF Agreement); the *Australia New Zealand Food Standards Code*; and the *Infant Feeding Guidelines for Health Workers*. Current arrangements are being revisited as part of the Strategy.

Over 50% of women participate in the paid labor force. The Australian Government is funding a new paid parental leave scheme, providing 18 weeks pay on the minimum wage, commencing on 1 January 2011.

In 2008, the Australian Government established a Preventative Health Taskforce to review the evidence on the impact of obesity, tobacco and alcohol on population health. The Taskforce released its Preventative Health Strategy in June 2009 which issued a number of recommendations for addressing key preventive health issues, including obesity. The Australian Government's response to the Preventative Health Strategy's recommendations is outlined in the report, *Taking Preventative Action.*

Clinical guidelines on the management and treatment of overweight and obesity are under review. These guidelines help general medical practitioners and other health professionals identify the best and safest ways for people to maintain a healthier body weight. The review will ensure that health professionals provide up-to-date evidence-based advice to their patients and help them avoid risky fad diets. The guidelines are due for release in mid 2012. The Australian Government is also funding the development of new Healthy Weight Guidelines targeting consumers.

In addition, *Lifescripts* has been established as a national initiative to provide general practice with tools and skills to help patients address the main lifestyle risk factors for chronic disease of which obesity is one. Assessment and prescription pads are available on nutrition and unhealthy weight,

alcohol, smoking and physical inactivity. In July 2010, updated resources based on current evidence guidelines were released.

To progress monitoring and surveillance in public health nutrition, in 2001 a series of monitoring reports were produced as part of the National Food and Nutrition Monitoring Project. These reports were funded by the Australian Government and provide a basis for a coordinated national food and nutrition information framework in Australia and build on previous work, including the 1995 National Nutrition Survey. A National Health Survey was also conducted in 1995 and was repeated in 2001, 2004-2005 and in 2007-2008 and included basic dietary measures. A national nutrition and physical activity survey and a national health measures survey are being planned for 2011-2012 as part of the new Australian Health Survey.

A national infant feeding survey, funded by the Australian Government, was being implemented in 2010. The survey collected information on the national infant feeding practices of mothers and carers of infants and young children to two years of age. Agreement on a set of national breastfeeding indicators is being pursued, to assist with reporting the results and with the planning of future surveys.

The 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) included a sample of 10,439 Aboriginal and Torres Straight Islander Australians. This was considerably larger than the supplementary Aboriginal and Torres Straight Islander samples in the 1995 and 2001 National Health Surveys (3,681 in 2001). The NATSIHS sample was specifically designed to select a representative sample of Aboriginal and Torres Strait Islander Australians and thus overcome the problem inherent in most national surveys of small and unrepresentative indigenous samples.

The new Australian Health Survey incorporates the existing NATSIHS.

Abbreviations

ANC: Antenatal care
BF: Breastfeeding
CF: Complementary feeding
GNI: Gross National Income
IDD: Iodine deficiency disorders
IDA: Iron deficiency Anaemia
LW: Lactating women
NPNLW: Non pregnant non lactating women
ORT: Oral rehydration therapy
TGR: Total goitre rate
UIE: Urinary iodine excretion
VAD: Vitamin A deficiency
VMD: Vitamin & mineral deficiency
WRA: Women of Reproductive Age