

The NCD Alliance

Putting non-communicable diseases
on the global agenda

NCD Alliance – Response

FAO online discussion, 29 July 2013

Nutrition-enhancing agriculture and food systems in preparation for the Second International Conference on Nutrition (ICN2)

The NCD Alliance (NCDA) was founded by four international NGO federations representing the four major non-communicable diseases (NCDs) – cancer, cardiovascular disease, chronic respiratory diseases, and diabetes – uniting a network of 1,000 member associations and a further 1,000 civil society organisations in more than 170 countries. NCDA echoes and fully supports the comments made by the International Diabetes Federation.

NCDs are the leading cause of morbidity and mortality, accounting for two out of three deaths and half of all disability worldwide. 80% of NCD deaths are occurring in low- and middle-income countries (LMICs), exacting a heavy and growing toll on both physical and mental health and economic security. NCDs are related to both under- and overnutrition. Maternal undernutrition increases the risk of an infant developing obesity and NCDs later in life.ⁱ And overweight and obesity, including childhood obesity, are major drivers of the global NCD epidemic. At the UN High Level Meeting on NCDs in September 2011, UN Member States affirmed that NCDs are leading threats to social and economic development in the 21st century, and nutrition and agriculture as key issues in their prevention and control.ⁱⁱ

Nutrition is a cornerstone in the fight against NCDs, and population nutrition is a function of the food system. The global food system supplies the world with food necessary to sustain life, but it is also responsible for an influx of highly processed foods full of saturated fats, sugars and salt, contributing to the global rise in NCD prevalence.

We welcome the opportunity to contribute to the preparations for the Second International Conferences on Nutrition (ICN2) and this discussion on Nutrition-sensitive agriculture. In particular, NCDA acknowledges, welcomes and supports the Expert Paper contributed by Hawkes et.al. “Leveraging agriculture and food systems for healthier diets and noncommunicable disease prevention: The need for policy coherence”.

Key Messages

- Today we face a triple burden of malnutrition: undernutrition, micronutrient deficiency and overnutrition/overconsumption, often times in the same country, community or household.
- NCDs are related to both under- and overnutrition. Maternal undernutrition increases the risk of an infant developing obesity and NCDs later in life. And overweight and obesity, including childhood obesity, are major drivers of the global NCD epidemic.
- Globally, just under one billion people are undernourished, while two billion people are overweight or obese. 65% of the world’s population live in a country where overweight and obesity kills more people than underweight. In 2011, an estimated 43 million children under 5 years old were overweight, with the majority living in low and middle income countries.
- Globalisation in the food system has enabled the great availability, affordability and acceptability of unhealthy eating patterns. This makes a significant and negative contribution to NCDs and their metabolic and behavioural risk factors, including overweight/obesity, and elevated levels of blood pressure and cholesterol.
- Nutrition-enhancing agriculture and food systems are one part of the solution to malnutrition in all its forms, including poor quality diets associated with NCDs.

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- NCD Alliance strongly supports the call by Hawkes et al. that food and agriculture systems operate through “policy coherence”, and that policies for NCD prevention “directly interface with agriculture and food systems...”
- Policies with particularly high potential impact on NCD risk factors are those that influence substitutions between different types of fat and meat, and make fruits and vegetables more available, affordable and acceptable.
- Policies are also needed to discourage high-calorie, nutrient-poor foods, such as fiscal policies, taxation, and policies to significantly reduce the marketing of these foods to infants, young-children, adolescents and their caregivers.
- NCDs are multisectoral issues, which require multisectoral solutions, including nutrition and agriculture. Civil society mobilisation will be crucial to creating and sustaining nutrition-enhancing agricultural systems.
- More attention and efforts are needed from civil society and others to create policy coherence between agriculture policy and policies aimed at the nutritional risk factors for overweight/obesity and NCDs.

Policy issues: What policies can make agriculture and food systems more nutrition-enhancing? What are the knowledge gaps in policies associated with nutrition-enhancing agriculture and food systems?

Unhealthy diet and excessive energy intake is one of the key risk factors for NCDs and obesity. Nutritional deficiencies have been largely eradicated in high-income countries, but obesity and NCDs are now affecting a significant portion of the population in these countries. Meanwhile low- and middle-income countries are facing a “double burden” of disease, with infectious disease and malnutrition present alongside diseases related to overnutrition and unhealthy diet.

The triple burden of malnutrition is closely tied to food security. Many countries are undergoing dramatic nutritional and epidemiological transitions, and the global food system is simultaneously unable to provide enough food for some, while providing too much food for others. Micronutrient deficiency, stunting, underweight, and overweight and obesity are all symptoms of the same underlying problems: poverty, inequalities and a dysfunctional food system that is unable to meet people’s health and nutrition needs.

Increasingly, healthful foods are inaccessible in terms of price, location, or other barriers. Dietary quality is an independent risk factor for NCDs, with diets that are high in fat, sugar and salt increasing the risk of these diseases. Diets around the world are insufficient in fruit and vegetable intake, which WHO estimates to cause 1.7 million deaths each year. ⁱⁱⁱ Low-cost foods that are high in fats, sugars, and salt are dominating many markets; readily available and affordable, these products encourage unhealthy choices. Situations where financial resources are limited and the food supply is insecure support a market for these inexpensive yet unhealthy foods.

Nutrition policies for the prevention and control of NCDs aim to increase fruit and vegetable consumption and decrease consumption of highly-processed foods which are high in salt, sugar, and saturated/trans fats. To achieve this, food and agricultural systems need to supply foods and beverages consistent with these goals, which in many countries would require a dramatic change in the types of products grown, produced, marketed and sold. These systematic changes would require collaborative, forward-thinking policy initiatives at all levels – from local to international.

Nutrition-enhancing agriculture and food systems are one part of the solution to malnutrition in all its forms, including poor quality diets associated with NCDs. NCD Alliance strongly supports the call by Hawkes et al that food and agriculture systems operate through “policy coherence”, and that policies for NCD prevention “directly interface with agriculture and food systems...”

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In this approach, “agriculture and food systems are linked with policies to promote healthy diets through the food supply chain”. ‘Short’ food supply chains can be used to make healthier foods more available, affordable and acceptable, such as through farm-to-school programmes and local production for local markets in rural and small island communities. “Long” food supply chains influence food availability, affordability and acceptability at the global level, and offer the greatest potential for change.

Policies with particularly high potential impact on NCD risk factors are those that influence substitutions between different types of fat and meat, and make fruits and vegetables more available, affordable and acceptable. These policies would combine ‘environmental’ approaches to healthy food availability and affordability, and educational strategies designed to facilitate the acceptability of healthy food choices and other healthy lifestyle behaviours.

As part of creating nutrition-sensitive agri-food systems, policies are also needed to discourage high-calorie, nutrient-poor foods, such as fiscal policies, taxation, and policies to significantly reduce the marketing of these foods to infants, young-children, adolescents and their caregivers.

Programme issues: What do nutrition-enhancing agriculture and food systems look like? What have been the success stories and lessons learned from programmes at country level? How can we monitor the impact of such programmes on food consumption and nutrition?

Today we face a triple burden of malnutrition: undernutrition, micronutrient deficiency and overnutrition/overconsumption, often times in the same country, community or household. Nutrition-enhancing agriculture and food systems use “policy coherence” to ensure that decreasing undernutrition does not increase the risk for overnutrition. Increasing energy intake in among food-insecure populations, communities and individuals is not sufficient; the food system must provide adequate nutrients and an overall healthy diet in order to correct the triple burden of malnutrition. This should include actions at the local level, notably to promote the production and market movement of plant-based foods.

Government policies are essential if food systems are to reduce unhealthy diets as a risk factor for NCDs, as well as reducing hunger and undernutrition. While the role of government in tackling hunger and undernutrition is widely recognised, it remains the case that most governments assume that ‘individual responsibility’ takes precedence once food becomes abundant. However, there are many processes in the marketplace encouraging populations to make unhealthy choices, and choices are limited for poorer populations. The policy options outlined in the 2004 Global Strategy on Diet and Nutrition, the 2011 UN Political Declaration on NCDs, the WHO Global Action Plan for NCDs 2013-2020 provide a guide and political mandate for countries to take action in this area.

Nutrition-enhancing food systems include a focus on women and the rural poor. In particular there is a need to improve access to credit and other financial services for small producers, women, indigenous peoples and people living in vulnerable situations. The importance of empowering rural women as critical agents for enhancing nutritional status cannot be underestimated.

Current initiatives have not adequately balanced the need for interventions which work immediately and those for the longer-term, nor those that have a single focus on undernutrition with those that affect diet quality more broadly, including diet-related NCDs. A single focus on under-nutrition – the approach most common to date – is insufficient to address either the range of nutritional problems affecting every country in the world or the oncoming tsunami of diabetes, cardiovascular disease, cancers, asthma and other NCDs linked to overweight/obesity.

However, some examples exist on a country level which demonstrates the feasibility of an agenda which encompasses both under- and overnutrition. Brazil is one such emerging example. Efforts made since the 1990s in Brazil to improve nutrition focused on increasing food consumption through income interventions

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and school meals. Attention was not paid to the excess energy intake nor the nutritional quality of the calories consumed, and the health of Brazilians, even in low-income communities, has become increasingly indicative of an unhealthy diet. Recent actions in Brazil have attempted to reverse this focus on calories, for example by implementing nutrition standards for schools meals.

As the example of Brazil illustrates, schools can serve as an important venue for influencing nutritional status of children. However, interventions in schools should not be limited to meal programmes. A 'whole school approach' where nutrition is integrated through the school is needed, including but not limited to nutrition education in the curriculum, meal programmes and schools gardens.

Partnerships: How can we work across sectors and build strong linkages between food and agriculture, social protection, employment, health, education and other key sectors? How can we create sustainable partnerships? How can we build effective governance for nutrition?

"Everyone is part of the solution. Governments need to lead; businesses need to identify how to improve nutrition through their business models and employment practice; civil society organizations need to help citizens to drive transparency and accountability; and the scientific community needs to keep us focused on evidence about what works." -- Anna Taylor, Alan Dangour, and Srinath Reddy, Lancet Series on Maternal and Child Nutrition, 2013

NCDs, agriculture and nutrition are multisectoral issues, which require multisectoral solutions including agriculture, health finance, education, trade and others. While NCDs wind up in the health system, they are fuelled by rapid urbanization, globalization, economic development, and a global food system which has not protected human nor environmental health. NCD Alliance agrees with Hawkes et al that "[p]olicy is an essential component of this multisectoral approach."

Civil society mobilisation will be crucial to creating and sustaining nutrition-enhancing agricultural systems. To date, global civil society engagement around nutrition has largely focused on undernutrition. A stronger 'social movement' around nutrition-enhancing agricultural systems as part of the solution to all forms of nutrition is needed to bridge gaps and cut across the health and development agenda. In particular, more attention and efforts are needed from civil society to create policy coherence between agriculture policy and policies aimed at the nutritional risk factors for overweight/obesity and NCDs.

ⁱ PD Gluckman, MA Hanson, C Cooper, KL Thornburg. Effect of In Utero and Early-Life Conditions on Adult Health and Disease. New England Journal of Medicine. 2008; 359:61-73

ⁱⁱ A/66/L.1 Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. September 2011

ⁱⁱⁱ Lock K, Pomerleau J, Causer L, Altmann DR, McKee M. The global burden of disease attributable to low consumption of fruit and vegetables: implications for the global strategy on diet. Bull World Health Organ 2005; 83: 100-8.

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