

e-consultation on the Zero Draft of the HLPE report on Nutrition and Food Systems

Contribution from World Health Organization (WHO)

Thank you for this opportunity to provide comments on the Zero Draft of the new HLPE report on Nutrition and Food Systems.

We welcome that the Committee on World Food Security (CFS) has decided to play an important role in advancing nutrition within its mandate and added value, in line with the 2030 Agenda for Sustainable Development and the outcomes of the Second International Conference on Nutrition (ICN2). In this context the new HLPE report on Nutrition and Food Systems is timely and highly relevant, and it will be an important basis for future engagements of CFS in advancing nutrition and potentially to its contribution to the UN Decade of Action on Nutrition over the next 10 years 2016-2025.

We would like to provide the following overall comments and observations:

We support the nutrition focus on malnutrition in all its forms, in line with the outcomes of the Second International Conference on Nutrition (ICN2) where countries committed to eradicate hunger and prevent all forms of malnutrition worldwide. The accompanying ICN2 Framework for Action (FAO/WHO, 2014), provided sets of policy recommendations for countries to achieve these commitments. Furthermore, we would like to encourage the project team to also elaborate more on the important link of obesity, NCDs and the increased risk of impoverishments of people and families, the various links to poverty and marginalized population groups.

Potential Ref:

- <http://www.who.int/global-coordination-mechanism/ncd-themes/poverty-development/en/>
- <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2816%2932253-X.pdf>
- http://www.wpro.who.int/publications/docs/poverty_ncd.pdf
- <http://www.un.org/en/ecosoc/newfunct/pdf/discussion%20paper%20on%20ncds%20-%205%20may%202009.pdf>

ICN2 Rome Declaration on Nutrition and Framework for Action

The zero draft report could refer in more details to the ICN2 outcomes. More specific reference could be made to the ICN2 commitments, which place food systems in the forefront of relevant international and national agendas across sectors, including agriculture, food, nutrition and public health. Among others, Member States committed to enhance sustainable food systems by developing coherent public policies from production to consumption across relevant sectors to provide year-round access to food that meets people's nutrition needs and promote safe and diversified healthy diet.

This HLPE report will be an important tool to help operationalising the ICN2 Framework for Action. With this regard, the report should make reference to and address specifically the 9 recommended actions for sustainable food systems enabling healthy diets, and those on trade and investments that are outlined in the Framework for Action. The zero draft report looks into details of supply and demand side factors in country specific contexts. We would welcome a table making the connexion

between the ICN2 Framework for Action recommendations and the major elements related to them in the report and final recommendations of the HLPE project team that will be part of HLPE report.

We would support the HLPE report takes a balanced approach between food supply side and demand side policies and measures and the interlinkages between both; and furthermore addresses the food environment in adequate terms. One important point would be to analyse the linkages of the production of agricultural commodities with key foods of the healthy diet components illustrated in chapter 3.

Food system typology:

The anticipated food systems analysis with their diverse opportunities for impact will be an important element of the report. We would like to recommend two relevant references for this section that are based on the same food system typology with complementary sets of indicators: The Global Nutrition Report 2015 chapter 7 'Indicators for nutrition-friendly and sustainable food systems' (IFPRI 2015); and the UNSCN paper 'Investments for healthy food systems – a framework analysis and review of evidence on food system investments for improving nutrition' (UNSCN 2015).

Investments

We trust that the HLPE report will look into the nature of current agricultural investments with concrete data and conclusions on how these could be reshaped to contribute to improve diet quality, rather than only providing sufficient calories. The right agricultural commodities are needed, as food and as ingredients for other food products, to enable healthy diets. This should also include critically analysing the current agricultural subsidies policy and addressing potential ways for redirecting subsidies to directly support the current challenges of the food systems and agricultural sectors.

Sustainable food production and food supply

We welcome that the report addresses the production of the foods needed to supply, what the report calls, the 'Healthy Diet Components'. These include among others

- Fruit and vegetables, and
- Oil seeds that can supply unsaturated fats to replace saturated fats and industrially trans fats in food and food products.

A healthy diet contains a certain amount of fruits and vegetables every day. And the risk factors of premature death and disability include diets low in fruits and vegetables. There are opportunities throughout the food system to overcome supply-side barriers to make fruits and vegetables available, affordable and appealing. Such a focus area would be in line with the mandate of the CFS. We would welcome if the report could develop recommendations on what would be needed to reshape the supply chain of concrete 'healthy diet components' such as fruits and vegetables. In this same line, we would also support if the report could address the issues and challenges of the fat supply chain in greater details. Relevant references are available.

Evidence based policies

We welcome the focus on evidence based policies to address all forms of malnutrition and are ready to contribute with the work that WHO is doing on the analysis of effectiveness and cost-effectiveness of policies and programmes.

We would like to comment in more details on the table on page 34 (see also below), which seems to be taken from the 'Report of the joint WHO/FAO expert consultation. Diet, nutrition and the prevention of chronic diseases. WHO Technical Report Series, No. 916 (TRS 916)' available at <http://www.who.int/dietphysicalactivity/publications/trs916/en/>. For now it seems like a mix of presenting dietary exposures and health outcomes. We would like to propose taking a more

systematic approach in putting this table together. If exposures are to be modified and others added, what seems to be the case, we would recommend to clearly referencing those.

Healthy Diets

At the heart of the report are healthy diets.

On page 12: we suggest adding a box with the definition of 'healthy diet' with reference to the WHO Healthy Diet fact sheet (WHO 2015) before the term 'sustainable diet'

Page 19 line 1: we propose to use the WHO healthy diet fact sheet (WHO 2015) as reference to the characteristics of diets for health. This fact sheet is the summary of evidence based guidelines. The individual guidelines are available in the WHO e-Library of Evidence for Nutrition Actions (eLENA) at <http://www.who.int/elena/nutrient/en/>. In this e-library also further guidelines and evidence for a number of other diet related actions can be found. We would like to highlight that breastfeeding seems to be missing in the list of characteristics.

Healthy diet and adequate nutrition start early in life, and are crucial to ensure good physical and mental development and long-term health. We like to stress the importance of breastfeeding for fostering growth and improving cognitive development, and possibly having long-term health benefits, like reducing the risk of becoming overweight or obese and developing NCDs later in life. In this context it is important to identify and address the relevant food system elements and policies shaping the food environment of young children to enable adequate infant and young child nutrition. Reference is made to the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode: <http://apps.who.int/nutrition/netcode/en/index.html>), the provided guidance on ending the inappropriate marketing of foods and non-alcoholic beverages to children (WHO 2010), the guidance on ending the inappropriate promotion of foods for infants and young children (WHO 2016). Comprehensive implementation plan on maternal, infant and young child nutrition. WHO 2012. Available at: http://www.who.int/nutrition/publications/CIP_document/en/

The role of different actors in the food system

We are missing in the zero draft, that the role of the different actors in the food system is clearly address sending a signal to the private sector, to capital markets, to research and development for their contributions to accelerate the shift / reshaping of our food systems into sustainable food systems that provide and enable healthy diets for all.

We like to underline the particular role of the private sector with regard to reshaping the food systems. As outlined on the ECHO report (WHO 2016), the private sector is not a homogeneous entity. It includes among others, the agricultural food production sector, the food and non-alcoholic beverage industry, retailers, catering companies, advertising businesses and the media. It is, therefore, important to consider those entities whose activities are directly or indirectly related to food and beverages for human consumption and nutrition, especially with impacts on the increasing trends of overweight and obesity either positively or negatively. Countries need to engage constructively with the private sector to encourage implementation of policies and interventions. Private sector needs to be hold accountable for their support towards the production of, and facilitated access to, foods and non-alcoholic beverages that contribute to a healthy diet.

Conflict of Interest

Page 106 line 3 ff: a section on Conflicts of Interest is planned. As mentioned in the text on page 106, safeguards against conflict of interest are essential to preserve the independence of policy space from undue influences. There has not been yet an agreed definition of conflicts of interest for the area of nutrition amongst the global nutrition community. Nonetheless, basic elements of conflicts of interest are captured in the following working definition: “a set of conditions in which professional judgement concerning a primary interest [...] tends to be unduly influenced by a secondary interest [...]”.

In response to the emerging challenge of conflicts of interest in nutrition, the Department of Nutrition for Health and Development at WHO headquarters convened a WHO technical consultation on “Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level” in Geneva, Switzerland, on 8–9 October 2015.

The meeting report, available at <http://www.who.int/nutrition/publications/COI-report/en/>, should help Member States and their partners in their efforts to make informed decisions on the appropriate nutrition actions required to promote the Comprehensive implementation plan on maternal, infant and young child nutrition and to achieve the Sustainable Development Goals. The meeting concluded among others that conflicts of interest need to be examined at several stages in the policy process: i. initially, when deciding whether to establish a policy; ii. Second, when establishing a policy and/or set up a programme; iii. Third, when implementing policies; iv. Fourth, when monitoring programmes and evaluating public policies. The first three stages are where there is the greatest likelihood of engagement with the private sector, and in each of these stages there should be an explicit assessment to determine whether there are conflicts of interest and if so, how they should be addressed.

Réf: WHO. Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level. Report of a technical consultation convened in Geneva, Switzerland, on 8–9 October 2015. 2016. <http://www.who.int/nutrition/publications/COI-report/en/>

Impact assessment of policy on diets and nutrition

We would like to encourage the HLPE team to also address the issue of potential impact assessment of policy tools on diets and nutrition. With this regard we like to refer to the work the UNSCN has started on a Nutrition Impact Assessment tool (http://www.unscn.org/en/second_international_conference_on_nutrition/icn2_followup.php). This could be the basis not only for a potential tool how nutrition could be mainstreamed in CFS work, but also how governance could screen their food policy measures for potential impacts on nutrition.

Finally, to truly move towards sustainable and healthy food systems, the HLPE report would need to address how to establish a process throughout which over the next 10 years under the umbrella of the UN Decade of Action on Nutrition 2016-2025 and beyond, we will be able to truly progress and track progress on the reshaping of our food systems. For that we need a transparency of measurement of progress with milestones and predictable long-term targets. We hope that the HLPE report will contribute to establish the needed multisectoral dialogue to engage in this process.

In the following we are providing more specific comments on particular parts of the report:

Specific comments on Chapter 1

Page 16/17: Page 16 line 33: It says that there are five categories.... In the following text, the fifth category 'food acquisition, preparation and consumption' seems missing or is not very obvious to the reader.

Specific comments on chapter 2 – The Burden

We suggest strengthening the introductory part on page 24, with more urgency and more details on the fact that the multiple burdens of malnutrition do occur simultaneously. This chapter seems to single 'sides' of malnutrition. It is crucial that we continue to elevate the realities facing governments globally – malnutrition does not happen in a vacuum/silo, neither can the problem be prevented by focussing on addressing only one particular side of it. The world is facing a nutrition crisis, every one of the world's countries is burdened by more than one form of malnutrition or diet-related non-communicable diseases. These forms also co-exist within the same country, community, household or individual. <http://www.who.int/nutrition/double-burden-malnutrition/en/> .

Ref.:

WHO. The double burden of malnutrition. Policy brief. Geneva: World Health Organization; 2016. Other important reference is the Global Nutrition Report.

We would like to recommend that for all estimates of malnutrition, the latest data from 2016 be used, this is applicable for several data tables and trends in the report. The latest Joint Child Malnutrition Estimates can be found at <http://www.who.int/nutgrowthdb/estimates/en/>

Section 2.1

For the estimates given on childhood malnutrition, we would advise to use the latest figures that were released in 2016 see at: <http://www.who.int/nutgrowthdb/estimates2015/en/>

Page 25: - Wasting: the definition of wasting given in the box is not in line with the ICD-11 (International Classification of Diseases, <http://www.who.int/classifications/icd/en/>) which doesn't include MUAC. MUAC is included in the definition of acute malnutrition.

In more general terms, we would recommend to also define the term undernourishment in the report, as this can easily be confused by professional staff from other sectors with the term undernutrition.

With regard to underweight, that is included in the box on page 25, it is correct to refer to it in the context of the MDGs. On the other hand for the future we may want to point out that the SDG indicators are stunting, overweight and wasting. Underweight is not part of the global SDG framework indicators.

Related to that, it would be good to correct the definitions on p. 25, inside the box: Stunting <-2 SD; Wasting should also be defined as <-2 SD;

We would suggest that the box should define stunting and take out the definition of chronic malnutrition. Chronic malnutrition is often used to describe stunting, it is not part of the International Classification of Diseases (ref.: <http://www.who.int/classifications/icd/revision/en/>)

Figures 3 and 4 are based on the joint malnutrition estimates work of WHO/UNICEF/WB, so it would be nice to get the full reference in.

Section 2.2

Especially worrying is that childhood obesity is reaching alarming proportions in many countries and poses an urgent and serious challenge to health and development. To address this, the WHO Commission on Ending Childhood Obesity (ECHO) has produced a report specifying which approaches and combinations of interventions are likely to be most effective in tackling childhood and adolescent obesity in different contexts around the world. The Commission report's recommendations are a valuable reference for the HLPE report. The ECHO report proposes a range of recommendations for governments aimed at reversing the rising trend of children aged under 5 years becoming overweight and obese. The ECHO report refers to six main action areas including comprehensive policy measures and programmes that promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents (through, for example, effective taxation on sugar-sweetened beverages and curbing the marketing of unhealthy foods).

WHO. 2016. Report of the Commission on Ending Childhood Obesity. Available at http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1

On page 30, in the box of definition 7, we suggest the addition of overweight in childhood here, defined as weight-for-height $>+2$ SD. This is part of the 6 WHA global nutrition targets, and an important indicator in the global SDG Framework as part of the target 2.2.

More attention should be given to early nutrition, child and adolescent obesity and their impacts on obesity and NCDs across the lifecourse. Furthermore, greater spotlight should be on the role/relevance of maternal nutrition, and nutrition of young girls, in addressing both undernutrition **and** overweight in subsequent generations.

Risk factors for NCDs at end of page 33 and beginning of 34 are mixed together and not well structured. We would also like to suggest greater discussion on food environments and food systems in this context of risk factors.

We would like to suggest an additional section or mention to double duty actions – those policies, programmes and initiatives which are effective in halting, reducing or reversing multiple forms of malnutrition.

Ref Forthcoming: WHO. Double Duty Actions. Policy brief. Geneva: World Health Organization; 2016.

In the table 3 on page 34:

The information in this table comes from the “Report of the joint WHO/FAO expert consultation. Diet, nutrition and the prevention of chronic diseases. WHO Technical Report Series, No. 916 (TRS 916)”. The evidence for many of these associations is being reviewed currently and some associations identified at the FAO/WHO joint consultation may be modified.

We would like to suggest some further completion of this very valuable table 3 with some more proven details. For a complete overview of evidence-based nutrition interventions and actions with proven impact on the 6 WHA global nutrition targets and the 3 diet-related NCD targets see <http://www.who.int/elena/global-targets/en/> and

http://www.who.int/elena/titles/summary_eLENA_interventions_linked_global_targets.pdf?ua=1

The table 3, as it stands now, does not distinguish between the different levels of evidence linking these exposures and outcomes specified in the TRS916. Included are those that have both convincing and probable associations based on the evidence (incidentally WHO no longer uses this classification scheme for assessing confidence in evidence; GRADE is now used). As such, we think it needs to be more clearly stated. Alternatively, language can be use such as "may be linked", etc.

More specifics:

- Energy-dense foods & beverages and micronutrient poor foods shouldn't be separated; document from which this table was extracted indicates "High intake of energy-dense micronutrient-poor foods". Also the TRS916 (on page 63) included a footnote that specifies: "Energy-dense and micronutrient-poor foods tend to be processed foods that are high in fat and/or sugars. Low energy-dense (or energy-dilute) foods, such as fruit, legumes, vegetables and whole grain cereals, are high in dietary fibre and water".
- With regard to Mediterranean/vegetarian diet, it is unclear why this is only related to Type 2 Diabetes and not to obesity and CVD? WHO is currently going through the guideline development process developing WHO guidance on dietary patterns, which explores further relations with this regard.

Specific comments on chapter 3

Chapter 3.1.3.

Page 42 line 9/10: It would be best to cite the UNICEF Infant and Young Child Feeding Database at <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>. They just put out a new publication in October so the statistics quoted in the GNR would be out of date now.

Page 42 definition box: this box should also include the definition of exclusive breastfeeding. Exclusive breastfeeding" is defined as no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6 months of life, but allows the infant to receive oral rehydration solution, drops or syrups (vitamins, minerals and medicines)

Ref http://www.who.int/elena/titles/exclusive_breastfeeding/en/

Specific comments on Chapter 3.2.5

Page 63: Conflicts and social unrest: The text says..... WHO reports that "Over the past two decades, the number of stunted children in conflict-affected countries in the developing world increased from an estimated 97.5 million (equivalent to 46 percent of all stunted children in developing countries) to 12.1 million (equivalent to 65 percent)" (Breisinger *et al.*, 2015). Our comment: The figures do not match.

Page 63 Figure 24: Reductions in stunting correlate with conflict: This title is confusing, it should be "Stunting correlates with conflict" or "Reductions in stunting correlate with reduced conflict".

Page 66 Figure 26: Correlation between **violence and hunger**. Violence index and hunger index: Definitions would be useful without having to go to the source.

Specific comments on chapter 4

Specific comments on chapter 4.1.1 and 4.1.2

Page 67 line 36 ff:

It says in the text that. "Although there is strong evidence surrounding the nutrition-specific policies and programmes that could improve nutrition outcomes (Bhutta *et al.*, 2013), less is known about those that are nutrition-sensitive and tackle broader dimensions of the food systems (Ruel *et al.*, 2013; Pinstруп-Andersen, 38 2013)."

Our comment: There are some good examples where much is known and where evidence exists on effective actions directed at the food system, e.g. reformulation but also other actions identified during the evidence-based revision of the WHO NCD Strategy Appendix 3.

Other relevant reference: Fiscal policies for diet and the prevention of noncommunicable diseases (WHO 2016) available at <http://www.who.int/dietphysicalactivity/publications/fiscal-policies-diet-prevention/en/>

Specific comments on chapter 4.1.3

We understand that this section is still under development, and would suggest including case studies on how regulation on marketing of breastmilk substitutes or food and non-alcoholic beverages to children contribute to improved diets and nutrition. The example of Norway was presented at the International Symposium 1-2 December in Rome.

More details are also at <http://apps.who.int/nutrition/netcode/en/index.html> and at http://apps.who.int/nutrition/events/2016_2nd_netcode_meeting_6to8june/en/index.html

Specific comments on chapter 4.2.2

Page 104: **Social safety nets:** This is something that has been used in humanitarian crises which needs to be mentioned (not only in the context of poverty).

The term “**food system resilience**” has not been used once in the document. It would be useful to address this in the document especially in the context of conflicts and crises.

Chapter 4.2.3

Page 104 line 31 ff The report addresses the nexus between agriculture, food, nutrition and health; in this regard we would like to suggest the inclusion of the diet related global NCD targets in this para next to the WHA global targets. These are part of the global monitoring framework for the prevention and control of NCDs (World Health Organization. 2013. Global Action Plan for the Prevention and Control of Non-communicable Diseases. Geneva).

Page 104 line 43 ff: National Strategies on nutrition and multisectoral coordination Some few country examples with national nutrition strategies are mentioned. However this paragraph should start with a broader overview and acknowledge the fact that numerous countries have developed national nutrition policies and plans of actions - many countries even have multiple generations of National Plans of Action for Nutrition (NPAN) - as result of the first International Conference on Nutrition in 1992 (ICN 1). WHO conducted 2009-2010 the 1st Global Nutrition Policy Review, and results are available in the report published in 2013 and in the WHO Global database on the Implementation of Nutrition Action (GINA) <http://www.who.int/nutrition/gina/en/>. GINA, which is updated on a continuing basis, contains as of today policy data showing that 119 countries have developed national nutrition policies and plans, and that 121 countries have integrated nutrition components in their health-sector plan. More detailed information at <http://www.who.int/nutrition/gina/en/>

Currently WHO is undertaking the 2nd Global Nutrition Policy Review, which will be used to further update GINA. Preliminary results had been presented at the recent International Symposium on 1-2 December in Rome.

Page 106 line 6 ff: We would like to suggest that at the beginning of this chapter the UN Decade of Action on Nutrition is referred to. The Nutrition Decade will serve to create a “movement of movements”, a shared, inclusive, and focused space in which all nutrition-related influencers will

have the opportunity to converge and catalyse action. Global connectivity across sectors and constituencies is a unique added value of the Nutrition Decade.

Chapter 4.2

Page 92: We would like to suggest restructuring this chapter 'looking in the future'. It could better start with 'Food system changes' (now under point 4.2.2.), followed by the session on 'technology' (now 4.2.1). Technologies would serve the anticipated food system changes. In addition, the structure of this chapter could better align with the elements on the figure 1 on page 14, which would make it easier accessible to the reader.