The International Diabetes Federation (IDF) is the unique global voice of the diabetes community. IDF’s strength lies in the capacity of our Member Associations – over 220 national diabetes associations in 170 countries – who connect global advocacy to local reality and deliver vital diabetes prevention, treatment and care services worldwide. We welcome the opportunity to contribute to this FAO/WFP consultation on Food and Nutrition Security in the Post-2015 Development Agenda.

The global diabetes epidemic is an urgent and overwhelming challenge which no country has under control. In 2012, IDF estimates there were 371 million people with diabetes, and this number is expected to rise to 552 million people by 2030 with the greatest acceleration in low and middle income countries (LMICs). Up to half of all people with diabetes are still undiagnosed. While the challenge remains immense, the global diabetes community has made significant progress in elevating diabetes onto the global agenda, with the 2006 UN Resolution on Diabetes and the 2011 UN High-Level Summit on Non-communicable diseases (NCDs). Now, IDF’s Global Diabetes Plan 2011-2021 sets out a ten year framework for action with three priority objectives – to improve health outcomes, prevent type 2 diabetes and prevent discrimination against people with diabetes – which we call on FAO/WFP to reflect within the post-2015 development agenda.

Within the context of post-2015, IDF aims to ensure the centrality of health and diabetes/NCDs is reflected across all dimensions of development – social, economic and environmental. In this proposal, IDF presents the connections between diabetes and food security in order to strengthen the place of health within food security, and advance a future development agenda that is people-centred, inclusive and sustainable.

Key Messages

- Traditionally malnutrition has been understood to describe undernutrition, underweight, stunting and hunger. However, today we face a triple burden of malnutrition: undernutrition, micronutrient deficiency and overnutrition/overconsumption, often times in the same country, community or household.
- The triple burden of malnutrition is symptomatic of underlying problems: poverty, inequalities and a dysfunctional food system that is unable to meet the health and nutrition needs of its population.
- Combating the triple burden of malnutrition will require guaranteeing the right to adequate diets for all, reforming agricultural and food policies, including through taxation, and reshaping food systems for the promotion of sustainable diets.
- Current initiatives have not adequately balanced the need for interventions which work now and in the short-term, with the need for long-term thinking and prevention of health and nutrition problems in the future.
- A single focus on undernutrition, the approach most common to date, is insufficient to address the range of nutritional problems affecting every country in the world, and the predicted tsunami of overweight/obesity, diabetes and other NCDs to come.
- The emphasis in the post-2015 development framework should not be only on increasing food, but ensuring that all populations have sufficient access to affordable healthy foods which are environmentally sustainable. To obtain this holistic, nutrition-focused approach, we recommend the following goals and objectives:
  - **Goal:** To ensure adequate and healthy food for all
  - **Objectives:**
    - To halt the rise in overweight and obesity for children and adults
    - Reduction in the global number of children under five who are stunted by 2025
    - Increase exclusive breastfeeding rates in the first six months by 2025
We also recommend that a global food systems objective/indicator be developed, which can assess the healthfulness of the food system, a critical piece to achieving a healthy and secure food supply for the world.

**Theme 1**

*What do you see as the key lessons learned during the current Millennium Development Goals (MDG) Framework (1990-2015), in particular in relation to the MDGs of relevance to hunger, food insecurity and malnutrition?*

The Millennium Development Goals (MDGs) are a powerful tool for galvanizing support and defining a development agenda. They achieved major progress on tackling specific dimensions of extreme poverty, including child mortality and communicable diseases. However, progress on the MDGs has not been consistent and inequality has grown. In particular, the poverty and hunger goal is an unfinished agenda, with one billion people continuing to face chronic hunger, and another one billion people who are micronutrient deficient.

While a strength for advocacy, the specificity and rigidity of the MDGs limited progress on new and emerging issues which arose after their enactment. Hunger was the leading nutrition concern in low- and middle-income countries (LMICs) when the MDGs were developed. However overnutrition, diabetes and other diet-related non-communicable diseases (NCDs) have since emerged as new global crises. As the hunger and poverty goal was solely focused on this issue, the rapidly increasing burden of overweight, obesity, and diabetes was denied attention and political priority.

Diabetes is related to both under and over nutrition. Maternal undernutrition increases risk of an infant developing obesity and type 2 diabetes later in life. And overweight and obesity, including childhood obesity, promotes insulin resistance and is a major driver of the global type 2 diabetes epidemic. It is estimated that 44 percent of all diabetes cases are related to overweight or obesity.¹

Diabetes is an urgent health and development challenge in the 21st century. IDF estimates that 371 million people are living with diabetes, rising to 552 million – or one in ten adults – by 2030.² Health systems in LMICs – where 4 out of 5 people with diabetes live – remain orientated to MDG priorities, vertical diseases programmes and delivering acute care, and are often unable to provide essential diagnosis and treatment for diabetes, which causes over 4 million deaths annually and millions more costly and life threatening complications. At the UN High-Level Summit on NCDs in September 2011, UN Member States affirmed diabetes and related NCDs are leading threats to social and economic development in the 21st Century.³

The targeted approach of the MDGs focused the national and international development communities on specific priorities and drove success. However, there remains much work to be done throughout the world, and the health and development challenges of today are no longer limited to LMICs. Fuelled by globalization, countries are more interconnected than ever, with overlapping social and economic systems, and are increasingly converging in the type of health issues they face.

Furthermore, the hunger indicator of the MDGs, underweight, no longer fully captures the range and depth of malnutrition issues facing the world. Unlike stunting, underweight is not a sensitive measure of the type of long-term, systematic undernutrition plaguing many of the world’s poor. Underweight also ignores the other extremity of the malnutrition spectrum: overweight and obesity.

*What do you consider the main challenges and opportunities towards achieving food and nutrition security in the coming years?*

Global trends in demography, epidemiology, migration, urbanisation, consumption and production are now creating new challenges that are undermining social, economic and environmental development. This includes issues such as a triple burden of malnutrition and the growing diabetes epidemic.
Proper nutrition is necessary for creating and sustaining health, growth and cognitive development. Malnutrition, in all of its forms, is now universally acknowledged as a deterrent to achieving health and well-being. Traditionally malnutrition has been understood to describe undernutrition, underweight, stunting and hunger. However, today we face a triple burden of malnutrition: undernutrition, micronutrient deficiency and overnutrition/overconsumption, often times in the same country, community or household.

The MDG on hunger and poverty is an unfinished agenda, and an unacceptable number of individuals are unable to access a secure and stable food supply. Nearly one billion people are underweight, and food crises in access and availability, resulting in high food prices, continue to threaten the health and well-being of many populations around the world. But this is only one nutrition and food security issue facing our planet. Overnutrition, and the resulting overweight, obesity, diabetes and other diet-related NCDs, are increasingly costly both in economic and human terms.

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 and 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 the health and nutrition needs of its population.

A staggering two billion people are overweight and obese, and at least 2.8 million people die every year from these conditions. In 2010, more than 40 million children under five were overweight and 65% of the world’s population live in a country where overweight and obesity kills more people than underweight. Obesity prevalence has risen from 1980-2008 in all countries and sectors of society. In 2008 1.46 billion adults globally were overweight; 502 million adults were obese; and 170 million children were overweight/obese. By 2050, 60% of men and 50% of women could be obese. It is of particular concern that as GDP increases, the prevalence of obesity shifts to lower socio-economic groups and rural areas.

In the face of food abundance in many countries, overweight and obesity may not appear to be related to food and nutrition security. However, it is important not to forget the nutrition component of ‘food and nutrition security’. While food may be readily available, healthful foods are increasingly inaccessible in terms of price, location, or other barriers. Low cost foods that are high in fats, sugars and salt are dominating many markets; readily available and affordable, these products encourage the unhealthy choice. In the face of low financial resources and food insecurity, which occurs to varying degrees in every country in the world, this unhealthy yet inexpensive market promotes a reliance on calorie-dense, nutrient poor packaged foods which encourage obesity.

Paradoxically, undernutrition can also increase risk for overweight and obesity later in life. Infants born to underweight or undernourished mothers are believed to have adapted in the womb to an environment that is nutrient scarce. When they are born into, or grow up in, an environment which is no longer food scarce, they are ‘programmed’ to retain all of the calories and nutrients they consume in ‘preparation’ for a shortage. The same aetiology is also implicated in diabetes, with malnutrition in early life increasing the risk for these diseases as adults. This may, in part, explain the rapid expansion of diabetes in countries that have recently transitioned from low- to middle-income status. India is one such example, with one third of the Indian population in poverty and one-third of women undernourished, but nine percent of the population have diabetes.

Dietary quality, an important yet often overlooked factor in food and nutrition security, is also an independent risk factor for diabetes and other NCDs, with diets that are high in fat, sugar and salt increasing the risk of these diseases. Furthermore, diets around the world are insufficient in fruit and vegetable intake, which WHO estimates to cause 1.7 million deaths each year.

The right to food is an enshrined human right, however it does not only mean the right to adequate calories. As UN Special Rapporteur on the Right to Food Olivier De Schutter put forth, we have a right to a sustainable diet – defined as diets with low environmental impacts which contribute to food and nutrition security and to healthy life for present and future generations. At the present time, the global food system fails to provide diets which sustain health and protect the environment.
Globally, diets are converging through globalization and the opening of markets to international trade. The global food system is increasing exposure of unhealthy foods to markets previous isolated from them, contributing greatly to overweight, obesity, diabetes and NCDs being global problems.

Furthermore, the future development of low-income countries will depend on the health and vitality of its workforce, which is dependent on the food and nutrition security of its population. Both undernutrition and overnutrition negatively affect work productivity, increase absenteeism and inflict serious costs on the health system. Both rich and poor countries will struggle with the costs and management of undernutrition, overweight and obesity, diabetes and other diet-related NCDs. Reduced productivity from diabetes and other NCDs threatens economic growth in low-income countries and may limit the ability of high-income countries to support global development.

These complex and multifaceted problems end up affecting health, but have their roots in other sectors. The global food system is deeply dysfunctional, unable to provide adequate and healthy nutrition for all and taxing the environment heavily in the process. Poverty, education, water sanitation, primary health care, and gender dynamics play a large role in the development of nutritional issues.

Food and nutrition security, therefore, is no longer only a concern for those who are undernourished. All people require the security of affordable and accessible healthy and culturally appropriate foods in order to maintain their health and well-being.

Theme 2

What works best? Drawing on existing knowledge, please tell us how we should go about addressing the hunger, food insecurity and malnutrition problems head on. Provide us with your own experiences and insights. For example, how important are questions of improved governance, rights-based approaches, accountability and political commitment in achieving food and nutrition security.

As the nutrition problems facing this world have grown in type and scope, and are increasingly interconnected in our globalized world, the post-2015 development framework must set forth an ambitious set of goals and targets which will achieve systematic change in food and nutrition. Long-term human and environmental health must be at the centre of discussions about food and nutrition security.

Global political processes have recognised the role of food and nutrition in the prevention and treatment of diabetes and other NCDs. Most notably, the UN Political Declaration on NCDs recognised NCDs as a major challenge to development in the 21st century, and recognised the importance of reducing exposure to NCD risk factors, including unhealthy diet and physical inactivity. It included commitments on: advancing progress on WHO’s Global Strategy on Diet; implementing WHO’s Recommendations on the Marketing of Foods to Children; developing/initiating cost-effective interventions to reduce salt, sugar, saturated fats and eliminate industrially produced trans fats in foods; encouraging policies that support the production of, manufacture of, access to healthy foods; and promoting exclusive breastfeeding for six months. These commitments, already agreed to by governments, should also be reflected in the post-2015 development framework.

IDF has also recognised the importance of food and nutrition security in the prevention of type 2 diabetes in our Global Diabetes Plan 2011-2021. In it we set out a ten year framework for action with three priority objectives – to improve health outcomes, prevent type 2 diabetes and prevent discrimination against people with diabetes – which includes recommendations to make healthy nutrition available to all under diabetes prevention.

The challenges facing the world today are all the more interconnected, as is evidenced by the global food system. As an example, meat consumption is increasing as countries go through the nutrition transition which has a direct impact on both human health and the environment. These interrelated challenges necessitate a globally coordinated approach but which has country level adaptability.

Combating the triple burden of malnutrition will require a life-course approach to interrupt the intergenerational patterns of malnutrition. Guaranteeing the right to adequate diets for all, and reforming agricultural and food policies, including taxation, are necessary in order to reshape food systems for the
The problems of malnutrition are driven by the global food system, an interlinked system that everyone is mutually accountable for. The health sector alone is not equipped to shift the trends of undernutrition coupled with overnutrition, diabetes and other diet-related NCDs. Prevention through healthier lifestyles is especially crucial for low- and middle-income countries to avoid adding another disease epidemic on top of their overburdened health sectors.

It is a commonly held belief that government nutrition policies are only necessary in the case of hunger and undernutrition, and that once food is abundant individual responsibility takes precedence. However, in today’s increasingly global market that is saturated with inexpensive, unhealthy food and persuasive marketing, personal choices are no longer personal. It is not a choice when the food environment and marketing ‘convince’ a person to buy and consume certain products. Any society where a healthy diet is more expensive than an unhealthy diet is dysfunctional and must change its price system. This is even more imperative where the poorest are too poor to feed themselves in a manner not detrimental to their health.

LMICs facing undernutrition and micronutrient deficiency are victims of failed policies. They are undergoing a rapid nutrition transition, characterised by a shift to processed foods, which are often imported, and the abandonment by the local population of traditional diets. People living in poverty face either exclusion from development - and consequent food insecurity – or eating low-cost, highly processed foods lacking in nutrition and rich in sugar, salt, and saturated fats - and consequent overweight and obesity.

A significant portion of the world’s poor live in rural areas, so strengthening rural areas will be necessary through agriculture but done in an economically, socially and environmentally sustainable manner. In particular there is a need to improve access for small producers, women, indigenous peoples and people living in vulnerable situations to credit and other financial services. The importance of empowering rural women as critical agents for enhancing nutritional status cannot be underestimated.

The post-2015 development framework will also need to be designed in such a way to address the current issues of today, yet not prevent action on issues which will emerge after their development. Finally, a siloed approach may be preferred by some for practical reasons but the interconnected and complex web of today’s health and development issues requires joined up work and intersectoral approaches.

**Furthermore, how could we best draw upon current initiatives, including the Zero Hunger Challenge, launched by the UN Secretary General at the Rio+20 UN Conference on Sustainable Development and the Global Strategic Framework for Food Security and Nutrition elaborated by the CFS?**

Current initiatives have not adequately balanced the need for interventions which work now and in the short-term, and the need for long-term thinking and prevention of health and nutrition problems in the future. A single focus on undernutrition, the approach most common to date, is insufficient to address the range of nutritional problems affecting every country in the world, and the predicted tsunami of overweight/obesity, diabetes and other NCDs to come.

However, some examples exist on a country level which demonstrate the feasibility of a food and nutrition security agenda which encompasses both under- and overnutrition. Brazil is one such example. The focus on nutrition work in Brazil was for a long time to increase calorie consumption through income interventions and school meals, among others. Attention was not paid to the diseases of overconsumption or the nutritional quality of the calories consumed, and the health of Brazilians, even in low-income communities, has become increasingly indicative of an unhealthy, over-consumptive diet. Recent actions in Brazil have attempted to reverse this focus on calories, for example by implementing nutrition standards for schools meals.

The goal of a food and nutrition security agenda should be to decrease undernutrition while not increasing the risk for overnutrition. Increasing calories in undernourished regions is not sufficient, as nutrients must also be increased, and interventions must represent a step towards forming healthy overall diet habits. Depending on the context, actions may be needed that address two of the three forms of malnutrition, and in other cases interventions for only one form may be needed.
Potential interventions include:

- **Exclusive breastfeeding for six months**: Evidence suggests that breastfeeding leads to positive nutritional outcomes in all of its forms. The UN and WHO recommend exclusive breastfeeding for at least six months, and this recommendation should be followed, implemented and monitored by all relevant actors.

- **Social safety nets to reduce poverty and malnutrition**: School meal provision and cash or vouchers for food would reduce poverty and malnutrition among poor families. However, it is essential that these systems have nutritional standards in place to ensure they do not end up providing excessive energy intake or unbalanced diets.

- **Nutrition-sensitive agri-food systems**: Malnutrition is a food systems problem, in addition to one of poverty and unbalanced development, and as such will require a food systems solution. This should include actions at the local level, notably to promote the production and market movement of plant-based foods.

- **Protection and maintenance of good nutritional status into all relevant international policies and agreements**: As with the well-established ‘health in all policies’ approach, all policies should promote and protect good nutritional status. This includes agriculture, transport, labour, and educational policies, among others. To date, most efforts to include nutrition in other policies has focused on undernutrition and rural populations, however these should be extended to cover the triple burden of malnutrition as well as growing urban populations.

- **Policies which create disincentives for unhealthy food and drink**: As part of creating nutrition-sensitive agri-food systems, policies are needed to discourage high-calorie, nutrient-poor foods, such as policies to significantly reduce the marketing of these foods to infants, young-children, adolescents and their caregivers.

- **Policies which change the availability, affordability and acceptability of healthy diets**: Policies are needed which combine environmental supports to address issues of healthy food availability and affordability, and educational strategies designed to facilitate the acceptability of healthy food choices and other healthy lifestyle behaviours.

- **School-based approaches**: 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 school gardens.

- **Civil society mobilisation for all forms of malnutrition**: To date, global civil society engagement around nutrition has largely focused on undernutrition. A stronger ‘social movement’ around all forms of nutrition is needed to bridge gaps and cut across the health and development agenda. More attention and efforts are needed from civil society on overweight/obesity, diabetes and other diet-related NCDs.

Given the interconnected and complex nature of today’s nutrition challenges, each of these interventions will need to be multi-sectoral and multi-stakeholder in order to be effective.

**Theme 3**

*For the post-2015 global development framework to be complete, global (and regional or national) objectives, targets and indicators will be identified towards tackling hunger, food insecurity and malnutrition. A set of objectives has been put forward by the UN Secretary-General under Zero-Hunger Challenge (ZHC):*

- **100% access to adequate food all year round**
- **Zero stunted children less than 2 years old**
- **All food systems are sustainable**
- **100% increase in smallholder productivity and income**
- **Zero loss or waste of food**
Please provide us with your feedback on the above list of objectives – or provide your own proposals. Should some objectives be country-specific, or regional, rather than global? Should the objectives be time-bound?

The goals, objectives and indicators for food and nutrition security in the post-2015 development framework will be most effective if they take a time-bound, holistic approach that encompasses both over- and undernutrition. This is necessary to change the course of the triple burden of malnutrition facing the world, as well as to slow and reverse the diabetes and diet-related NCD epidemic. The emphasis should not be only on increasing food, but ensuring that all populations have sufficient access to affordable healthy foods which are environmentally sustainable.

To obtain this holistic, nutrition-focused approach, we recommend the following goals and objectives:

- Goal: To ensure adequate and healthy food for all
  - Objectives:
    - To halt the rise in overweight and obesity for children and adults
    - Reduction in the global number of children under five who are stunted by 2025
    - Increase exclusive breastfeeding rates in the first six months by 2025

Each of these objectives has already been adopted or agreed to on a global level. In May 2012 at the World Health Assembly, governments adopted the objectives on stunting and breastfeeding as part of the *Maternal, infant and young child nutrition: draft comprehensive implementation plan,* and in November 2012 governments agreed to a global target to halt the rise in obesity and diabetes as part of the global NCD monitoring framework.

We also recommend that a global food systems objective/indicator be developed, which can assess the healthfulness of the food system, a critical piece to achieving a healthy and secure food supply for the world.

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9 A/HRC/19/59 Report submitted by the Special Rapporteur on the right to food, Olivier De Schutter. December 2011
10 A/Conf.216/L.1 *The Future We Want.* June 2012
11 A/Conf.216/L.1 *The Future We Want.* June 2012
12 World Health Assembly, *A65/11.* May 2012
13 World Health Organization, A/NCD/2, 5-7 November 2012