

Post-2015 Global Thematic Consultation on Food and Nutrition Security
Submitted by the NCD Alliance
January 2013

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 is focused on ensuring the integration of NCDs and broader global health priorities in all dimensions of development, as related to the contours and content of the post-2015 development agenda.

The NCD Alliance aims to ensure the post-2015 agenda reflects the centrality of health and NCDs to all dimensions of development – social, economic and environmental. In this proposal, we present the connections between NCDs and food and nutrition 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

- We are currently facing a **triple burden of malnutrition**: under-nutrition, micronutrient deficiency, and overnutrition/overconsumption, often within the same countries, communities and households.
- The triple burden of malnutrition is symptomatic of underlying problems: poverty, inequalities and dysfunctional food systems.
- Combating the triple burden of malnutrition requires **guaranteeing the right to adequate diets for all**; reforming agricultural and food policies, including taxation; and reshaping food systems for the promotion of sustainable diets.
- Current initiatives have not adequately balanced the need for short-term and long-term interventions, including the prevention of future health and nutrition problems.
- **A single focus on undernutrition 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.
- The emphasis in the post-2015 development framework should not be only on increasing food, but also on **ensuring that all populations have sufficient access to affordable healthy foods that are environmentally sustainable**.

Key Recommendations

- 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
 - To reduce the global number of children under five who are stunted by 2025
 - To Increase exclusive breastfeeding rates in the first six months by 2025
- We recommend that a global food systems objective/indicator be developed that can assess the healthfulness of the food system. This will be critical to achieving a healthy and secure food supply for the world.

The NCD Alliance was founded by:



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Diabetes
Federation**



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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.

There remains much work to be done throughout the world, and the health and development challenges of today are no longer limited to low- and middle-income countries (LMICs). Fuelled by globalisation, countries are more interconnected than ever, with overlapping social and economic systems, and they are increasingly converging in the types of health issues they face.

In particular, the poverty and hunger goal (MDG 1) is an unfinished agenda, with one billion people continuing to face chronic hunger, and another one billion people who are micronutrient deficient. Hunger was the leading nutrition concern in LMICs when the MDGs were developed. However, 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. The rapidly increasing burdens of overweight, obesity, and non-communicable diseases (NCDs) were denied attention and political priority. Both overnutrition and NCDs have since emerged as new global crises.

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.ⁱⁱ

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. These challenges include the full spectrum of malnutrition and the growing NCD 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 people 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 and 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, 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.

A staggering two billion people are overweight and obese, and at least 2.8 million people die every year as a result of these conditions.ⁱⁱⁱ In 2010, more than 40 million children under five were overweight, and 65% of the world's population live in countries where overweight and obesity kill more people than underweight.^{iv} The prevalence of obesity has risen from 1980 to 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.^v By 2050, 60% of men and 50% of women could be obese.^{vi} Of concern is the fact that, as GDP increases, the prevalence of obesity shifts to low socio-economic groups and rural areas.

A focus on nutrition

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. 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.^{vii} 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 unhealthy and inexpensive foods.

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 NCDs, with malnutrition in early life increasing the risk for these diseases as adults. This may, in part, explain the rapid expansion of NCDs in countries that have recently transitioned from low- to middle-income status.

The right to food as a human right does not only mean the right to adequate calories. As UN Special Rapporteur on the Right to Food Olivier De Schutter stated,^{viii} 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 globalisation and the opening of markets to international trade. The global food system is increasing exposure to unhealthy foods in markets previous isolated from them, contributing greatly to overweight, obesity, and NCDs being global problems.

Furthermore, the future development of low-income countries will depend on the health and vitality of their workforces, and this is dependent on the food and nutrition security of their populations. 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, and NCDs. Reduced productivity from 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.

The post-2015 development framework should set forth an ambitious set of goals and targets with accompanying actions to achieve systematic change in food and nutrition. The framework should:

- Have the vision of reshaping food systems for the promotion of healthy and sustainable diets
- Tackle both human and environmental health over the long-term -- these problems are interconnected in the globalized food system. For example, meat consumption, which is increasing as countries go through the nutrition transition, has a direct impact on both human health and the environment.
- Take a globally coordinated approach which can be adapted at the country level.
- Take a life-course approach.
- Look outside the health sector. Improving nutrition will require changes in food policies that affect the food system. This in turn will require changes outside the health sector: the health sector alone is not equipped to shift the trends of undernutrition coupled with overnutrition and NCDs.
- 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.^{ix}
- 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; adequate intake of micronutrients and an overall healthy diet is required to address the triple burden of malnutrition.
- Recognise that government policies are needed to reduce unhealthy diets as a risk factor for NCDs, as well as hunger and undernutrition. While it is recognised that there is a role for government in tackling hunger and undernutrition, 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.

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. Evidence suggests the following interventions are needed. 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.

- **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 schools 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 and NCDs.

Importantly, too, the post-2015 framework should recognise the commitments already made by governments. For NCDs, global political processes have already recognised the role of food and nutrition in the prevention and treatment of NCDs. Most notably, the UN Political Declaration on NCDs recognised the importance of reducing exposure to unhealthy diet and physical inactivity as core NCD risk factors. In the Declaration, Member States made a range of commitments on nutrition, including: to advance progress on WHO's Global Strategy on Diet, Physical Activity and Health; to implement WHO's Set of recommendations on the marketing of foods and non-alcoholic beverages to children; to develop cost-effective interventions to reduce population-level intake of salt, sugar, saturated fats and to eliminate industrially produced trans-fats in foods; to encourage policies that support the production of, manufacture of, access to healthy foods; and to promote exclusive breastfeeding for six months.

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 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 demonstrate the feasibility of a food and nutrition security 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 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.

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):

- a. 100% access to adequate food all year round***
- b. Zero stunted children less than 2 years old***
- c. All food systems are sustainable***
- d. 100% increase in smallholder productivity and income***
- e. 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 under-nutrition. This is necessary to change the course of the triple burden of malnutrition facing the world, as well as to slow and reverse the NCD epidemic. The emphasis should not be only on increasing food, but also on ensuring that all populations have sufficient access to affordable *healthy* foods that 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:**
 - o **To halt the rise in overweight and obesity for children and adults by 2025**
 - o **To reduce the global number of children under five who are stunted by 2025**
 - o **To 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*,^x 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.^{xi}

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

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