



**EXTENDED VERSION**

# Ambitious, SMART commitments to address NCDs, overweight & obesity

Make the UN Decade of Action on Nutrition  
count for all forms of malnutrition



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Design and layout: Mar Nieto

Cover picture: Healthy eating programme for primary school children in Puerto Rico. School Food Authority, Department of Education, National Ministry of Education <http://bit.ly/2pmwPba>

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This brief illustrates how recommendations in the **2<sup>nd</sup> International Conference on Nutrition (ICN2) Framework for Action** can be translated into policy commitments which are SMART (Specific, Measurable, Achievable, Relevant and Time-bound). The ICN2 Framework for Action contains a set of policy actions that governments pledged to implement as part of the ICN2 Rome Declaration to address malnutrition in all its forms (overweight & obesity, stunting, wasting, micronutrient deficiencies)<sup>1</sup>.

The brief focuses on SMART commitments which target overweight & obesity and nutrition-related non-communicable diseases (NCDs) and identifies opportunities for 'double-duty actions'. As defined by the World Health Organization (WHO), "**double-duty actions** include interventions, programmes and policies that have the potential to simultaneously reduce the risk or burden of both undernutrition (including wasting, stunting, and micronutrient deficiency or insufficiency) and overweight, obesity or diet-related NCDs (including type 2 diabetes, cardiovascular disease and some cancers). Double-duty actions leverage the coexistence of multiple forms of malnutrition and their shared drivers to offer integrated solutions."<sup>2</sup>

## SMART commitments to address malnutrition in all its forms

Governments are currently off-track to meet **global nutrition and NCD targets**, namely the global WHO nutrition targets<sup>3</sup>, the WHO NCD targets<sup>4</sup>, and the targets of the United Nations 2030 Agenda for Sustainable Development (2030 Agenda) related to nutrition and food security.

Action to implement multi-sector policies and to increase policy coherence<sup>5</sup> across different government ministries is urgently needed to achieve these global targets. The **UN Decade of Action on Nutrition 2016-2025 (Nutrition Decade)** is the framework to implement the commitments made at the ICN2 and in the 2030 Agenda, in order to catalyse integrated and coordinated action across sectors to address all forms of malnutrition.

Against the background of the Nutrition Decade, we call on governments to:

**SET AMBITIOUS NATIONAL FOOD AND NUTRITION TARGETS** aligned with the ICN2 Rome Declaration and Framework for Action to uphold their commitment to end all forms of malnutrition.



**MAKE SMART FINANCIAL AND POLITICAL COMMITMENTS** to implement the ICN2 Framework for Action.



**ALIGN NATIONAL AGRICULTURE, NUTRITION, AND NCD STRATEGIES AND RELATED POLICIES** to ensure policy coherence.



**DEVELOP ROBUST ACCOUNTABILITY MECHANISMS** to review, report on and monitor SMART commitments with the involvement of civil society.



**INVEST IN RESEARCH ON AND PRIORITISE DOUBLE-DUTY ACTIONS<sup>6</sup>** to reduce the risk and burden of stunting, wasting, micronutrient deficiencies, overweight & obesity and nutrition-related NCDs.



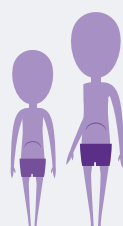
# A universal challenge: malnutrition in all its forms

ONE IN THREE PEOPLE WORLDWIDE SUFFER FROM ONE OR MULTIPLE FORMS OF MALNUTRITION<sup>7</sup>



**800** million PEOPLE remain chronically **UNDERNOURISHED**

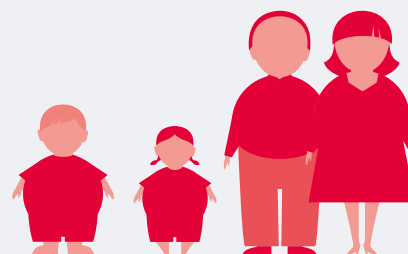
**159** million CHILDREN under 5 are affected by **STUNTING** (low height-for-age)



**50** million by **WASTING** (low weight-for-height)<sup>8</sup>

**41** million CHILDREN under 5 and more than

**1.9** billion ADULTS are **OVERWEIGHT** or **OBESE**<sup>9</sup>



**Overweight, obesity and undernutrition not only have direct health consequences, but are also significant risk factors for NCDs such as cardiovascular disease, various types of cancer and Type 2 diabetes.**

Many low-and middle-income countries face multiple burdens of malnutrition including escalating rates of nutrition-related NCDs. Overweight & obesity, stunting, wasting and micronutrient deficiencies often co-exist in the same community, household and individual.

**MALNUTRITION** has a **SIGNIFICANT IMPACT** on people's health, and causes an estimated



**2.8** million **DEATHS** worldwide per year<sup>10</sup>

**MALNUTRITION ALSO IMPEDES ECONOMIC GROWTH** by increasing healthcare expenditure and reducing labour productivity due to absenteeism, resulting in foregone national income and entrenching household poverty.

The **GLOBAL ECONOMIC IMPACT OF OBESITY** is estimated at



**\$2** TRILLION a year the equivalent of 2.8% of global GDP

This is roughly the **same as smoking**, or the combination of **armed violence, war and terrorism**; both of which have an **ECONOMIC IMPACT** of



**\$2.1** TRILLION a year



**\$2.1** TRILLION a year

IN DEVELOPED COUNTRIES, **2 to 7%** of health-care spending is **OBESITY-RELATED**, which rises to **20%** if associated diseases are included.<sup>11</sup>

# School feeding programmes – a double-duty action to address malnutrition in all its forms

As recognised by the ICN2 Framework for Action (recommendation 23), **schools provide compelling entry points to governments to address malnutrition in all its forms**, in particular among vulnerable populations. School feeding programmes, guided by evidence-based national school food policies, guarantee access to healthy meals to all school-children independent of socio-economic background, and create environments that support early formation of healthy dietary habits. School food procurement can be an opportunity for **incentivising food production that is both nutrition-sensitive and eco-smart** by taking broader sustainability concerns such as environmental impact and food waste into consideration.

School feeding programmes are a worldwide phenomenon. The World Food Programme (WFP) estimates that at least 368 million children receive at least one free meal at school – 49% of school children in middle-income countries and 18% in low-income countries.<sup>12</sup> Trends in nutritional status for many developing countries indicate a decrease in undernutrition with an associated rise in the prevalence of overweight & obesity. Therefore, it is critical that school feeding programmes are designed to reduce the risk or burden of both undernutrition and overweight & obesity. For this reason, a growing number of countries have reformed their school feeding programmes with the objective of promoting healthy child growth, nutrition literacy and healthy eating habits in early life.

In **Mexico**, nutrition standards set strict limits on sugar and fat content of school breakfasts. The use of wholegrain cereal and fresh produce is prioritised and traditional foods from the Mexican diet, rich in micronutrients, are emphasised. Nutrition education for children and parents (who volunteer in meal preparation) accompany the meals.<sup>13</sup>

In **Brazil**, the national school feeding programme<sup>14</sup> places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks.

The **Swedish** Education Act from 2011<sup>15</sup> states that school meals should be safe, nutritious and free of charge. School meal requirements include that caterers can show that their menus have undergone calculation of nutritional content and that no sweet drinks (juice, soft and energy drinks), pastries, ice cream or sweets are served. Apart from nutritional content, sustainability is a concern, and guidance on eco-smart menu planning is included in the National Food Agency's "Good School Meals" guidelines.

## What are SMART commitments?

This brief uses the SMART Guidance Note published by the 2016 Global Nutrition Report to show how governments can develop ambitious commitments for nutrition that are **SMART: Specific, Measurable, Achievable, Relevant and Time-bound**. SMART commitments must be aligned with the ICN2 Rome Declaration and Framework for Action, and should be informed by an in-depth assessment of a country's burden of malnutrition and underlying determinants, and its capacity to respond. Example of how a commitment can be assessed for its SMARTness:

"The legislative body passes a law requiring that X% of the national budget for meals served in government-run facilities (e.g. schools, prisons, hospitals, canteens of government agencies) is used to procure food from smallholder and family farms, up from Y%, by (year)."



### SPECIFIC

**Yes**

The actors and the action are identified



### MEASURABLE

**Yes**

The baseline amount of local food procurement is identified and can be tracked to see if it increases.



### ACHIEVABLE

**Yes**

Other countries have demonstrated that it is possible to increase public procurement of food from smallholder and family farms.



### RELEVANT

**Yes**

'Short chain' public procurement can improve nutrition outcomes by providing fresh fruit and vegetables, and improving knowledge about food among school children.



### TIME-BOUND

**Yes**

Concrete time frame included.





City hall of Puerto Barrios joins a healthy school program in Guatemala <http://bit.ly/2pXwyNQ>

## Example SMART commitments\* to translate the ICN2 Framework for Action\*\* into effective policies addressing NCDs, overweight & obesity

### \*Example SMART Commitment

In this brief, the general term “legislative body” is used in the example SMART commitments to refer to the law-making body of a government to account for different political systems and names of such bodies. The names of ministries are examples, and may be called differently depending on country context.

### \*\*ICN2 Framework for Action Recommendation

The example SMART commitments do not suggest that they are the only policy solutions to implement the Framework for Action recommendations, nor does this brief suggest that the selected recommendations are the only recommendations of relevance to NCDs, overweight & obesity.

►► Double-duty action    Ⓡ Recommendation

More SMART commitments and case studies, as well as references, can be found at [www.wcrf.org/SMART](http://www.wcrf.org/SMART)



## ICN2 Framework for Action Recommendation

### Actions to create an enabling environment for effective action



2



Develop – or revise, as appropriate – and cost National Nutrition Plans, align policies that impact nutrition across different ministries and agencies, and strengthen legal frameworks and strategic capacities for nutrition.

### Example – SMART Commitment



*The Ministry of Health, with input from the Ministries of Agriculture, Education, Commerce and Social Protection, and in consultation with civil society, develops (or revises) and costs National Nutrition Plans by (year).*

## CASE STUDIES

### Brazil

**The 1<sup>st</sup> National Food and Nutrition Security Plan 2011-2015**<sup>16</sup> aims to ensure access to adequate food and to reduce poverty while also addressing NCDs, overweight & obesity through reformulation, marketing restrictions and intersectoral governance.

**The 2<sup>nd</sup> National Food and Nutrition Security Plan 2016-2019**<sup>17</sup> maintains this focus on malnutrition in all its forms, including NCDs, and aims to promote and protect healthy diets through regulatory (e.g. marketing restrictions of ultra-processed foods in schools, mandatory sodium reformulation) and educational measures (e.g. public health campaigns on health and adequate diets).

### Nordic Region

(Denmark, Finland, Iceland, Norway, Sweden)

The “**Nordic Plan of Action on better health and quality of life through diet and physical activity**” (2006)<sup>18</sup> focuses on obesity prevention, particularly in children and adolescents. It promotes the development of collaborative monitoring of healthy eating, knowledge sharing on best practices, and research & development, supporting on-going national nutrition initiatives to promote healthy eating and to prevent overweight.

### Malaysia

**The 3<sup>rd</sup> National Plan of Action for Nutrition 2016-2025 (NPANM III)**<sup>19</sup> adopts a whole-of-government approach, addressing all forms of malnutrition, from undernutrition to nutrition-related NCDs, and includes NCD-related indicators such as prevalence of hypertension and hypercholesterolemia.

## ICN2 Framework for Action Recommendation

### Actions to create an enabling environment for effective action



3



Strengthen and establish, as appropriate, national cross-government, inter-sector, multi-stakeholder mechanisms for food security and nutrition to oversee implementation of policies, strategies, programmes and other investments in nutrition. Such platforms may be needed at various levels, with robust safeguards against abuse and conflicts of interest.

#### Example – SMART Commitment



*Head of State/ Government establishes and oversees a multisectoral governance structure comprising all relevant ministries to coordinate health and nutrition matters, including collaborative budgeting, by (year).*

## CASE STUDIES

### Brazil

#### The National Food and Nutrition Security Council (CONSEA)<sup>20</sup>

is a presidential advisory body that brings together civil society and government representatives, and advises the Interministerial Food and Nutrition Security Chamber (CAISAN, composed of approximately 20 ministries), and other government bodies.<sup>21</sup> CAISAN, with the support of CONSEA, aims to address both undernutrition and overweight & obesity.

### Finland

The **National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry** with advisory, coordinating and monitoring functions, and composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade, and agriculture.<sup>22</sup>

### CARICOM

**Active NCD Commissions exist in 7 of the 20 CARICOM member states**, which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies, and to a varying degree civil society and the private sector.<sup>23</sup>

## ICN2 Framework for Action Recommendation

### Actions for sustainable food systems promoting healthy diets



8



Review national policies and investments and integrate nutrition objectives into food and agriculture policy, programme design and implementation, to enhance nutrition sensitive agriculture, ensure food security and enable healthy diets.

#### Example – SMART Commitment

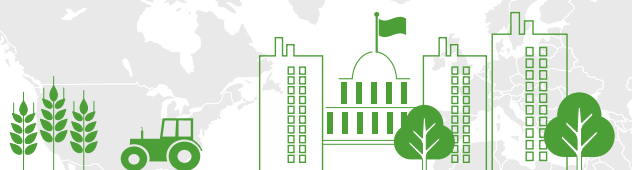


*Head of State/Government establishes and oversees a multi-sectoral governance structure comprising all relevant ministries to coordinate health and nutrition matters, including collaborative budgeting, by (year).*

## CASE STUDIES

### Malaysia

The **National Coordinating Committee on Food and Nutrition (NCCFN)**, chaired by the Deputy Director General of Health (Public Health), consists of representatives of the Ministry of Health and other ministries (such as the Ministries of Education, Agriculture, Youth and Sport, Domestic Trade, Rural and Regional Development), ministerial agencies, universities, professional bodies, the food industry, and NGOs. The NCCFN is responsible to monitor and evaluate the implementation of the 3rd National Plan of Action for Nutrition 2016-2025 which targets malnutrition in all its forms.<sup>24</sup>



### Pacific Islands

The **Pacific Non-Communicable Disease Partnership** is formed by representatives of the Pacific Island governments and their agencies, Australia, New Zealand, USA, UN agencies, World Bank, and civil society; it aims to strengthen and coordinate capacity and expertise to achieve the global NCD targets.<sup>25</sup>

## ICN2 Framework for Action Recommendation



9



Strengthen local food production and processing, especially by smallholder and family farmers, giving special attention to women's empowerment, while recognising that efficient and effective trade is key to achieving nutrition objectives.

### Example – SMART Commitment



*The legislative body passes a law requiring that X% of the national budget for meals served in government-run facilities (e.g. schools, prisons, hospitals, canteens of government agencies) is used to procure food from smallholder and family farms, up from Y%, by (year).*

## CASE STUDIES

### USA

The **farm-to-school programme**, housed in the US Department of Agriculture, supports food operators to use more fresh local foods in school cafeterias through grant making, training, technical assistance and research, resulting in 42% of school districts participating in the programme.<sup>26</sup>



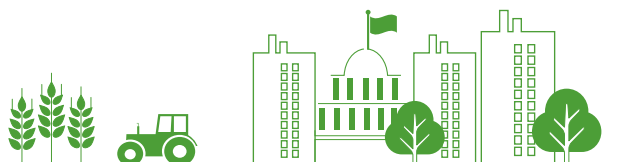
**42%**  
of school districts  
participate

### Brazil

**The Food Acquisition Programme**<sup>27</sup> allows states, municipalities and federal agencies to buy food from family farms through a simplified public procurement procedure, while the ordinance on the National School Food Programme<sup>28</sup> requires that 30% of the national budget for food served in the school meals programme must be spent on foods from family farms, prioritising those using agroecological methods.



National School Food Programme  
**30%**  
proportion of budget that  
must be spent on foods  
from family farms





## ICN2 Framework for Action Recommendation

### Actions for sustainable food systems promoting healthy diets



14



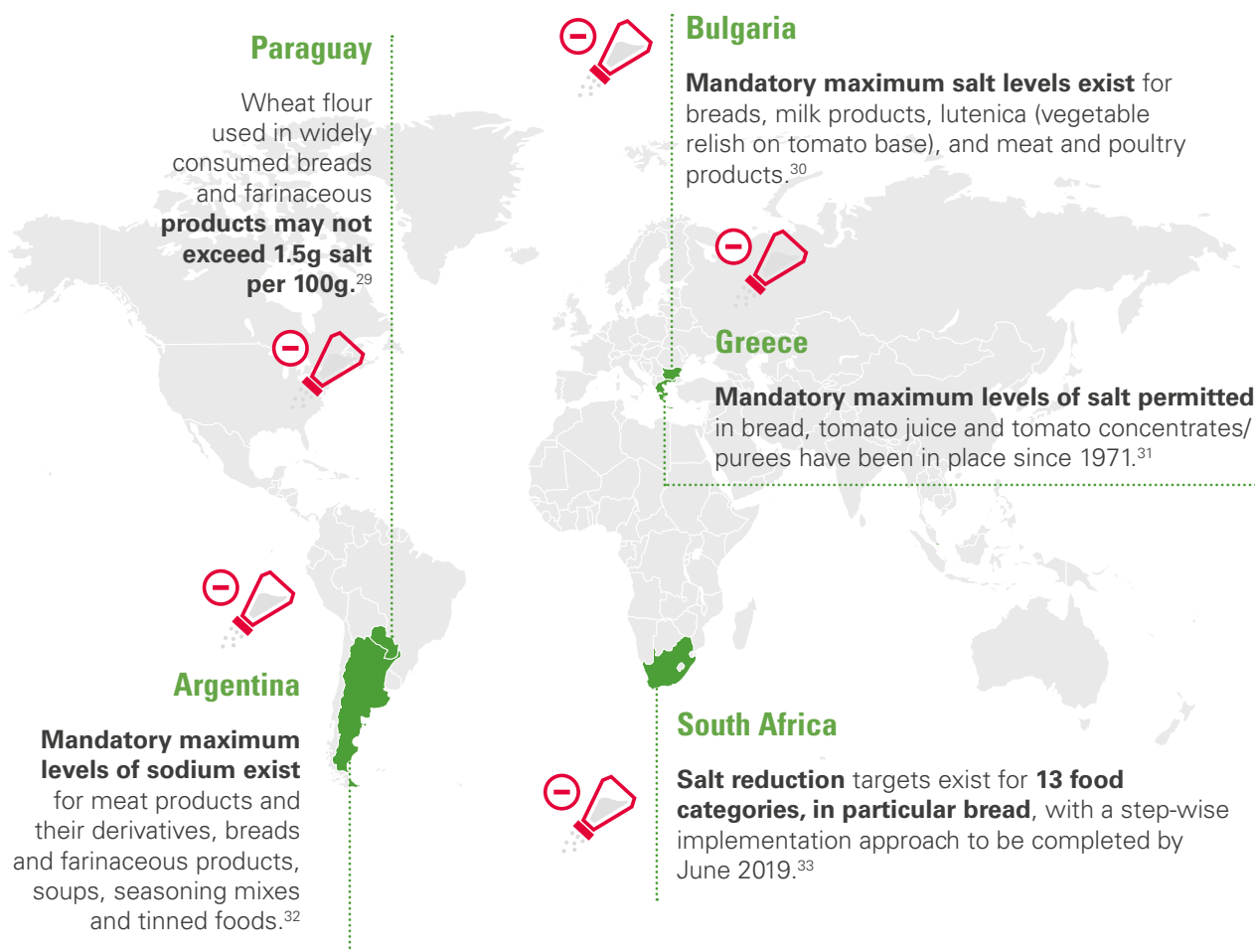
Encourage gradual reduction of saturated fat, sugars and salt/ sodium and trans fat from foods and beverages to prevent excessive intake by consumers and improve nutrient content of foods, as needed.

#### Example – SMART Commitment



The legislative body, with input from the Ministries of Health and Commerce, passes a law introducing **maximum levels of salt permitted** in specific food categories by (year), with a phased implementation to be completed by (year).

## CASE STUDIES



## ICN2 Framework for Action Recommendation

### Actions for sustainable food systems promoting healthy diets



14



Encourage gradual reduction of saturated fat, sugars and salt/ sodium and trans fat from foods and beverages to prevent excessive intake by consumers and improve nutrient content of foods, as needed.

#### Example – SMART Commitment



The legislative body, with input from the Ministry of Health, passes a law requiring the **elimination of trans fats** in the food supply by (year), replacing trans fats primarily with unsaturated fats, implementation to be completed by (year).

## CASE STUDIES



### Denmark

The sale of products containing trans fats are **prohibited**, effectively banning its use in products sold in Denmark.<sup>34</sup>



### Iran

The **maximum permissible** trans fat content in corn oil, palm oil, frying oil and mixed liquid oils **is 2%**.<sup>35</sup>



### Singapore

The **trans fat content** in pre-packaged edible fats and oils for sale or for use as an ingredient in the preparation of foods **must not exceed 2%**.<sup>36</sup>

### Argentina

The **trans fat content must not exceed 2%** of total vegetable fats in oils and margarines, and **5% of total fat in all other foods**.<sup>37</sup>



### South Africa

The sale, manufacturing and import of any **oils or fats**, alone or as part of processed foods, may **not exceed 2g of trans fats per 100g** of oil or fat.<sup>38</sup>



## ICN2 Framework for Action Recommendation

### Actions for sustainable food systems promoting healthy diets



15



Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

### Example – SMART Commitment



*The legislative body, with support from the Ministries of Health and Finance, introduces a 20% (or higher) excise tax on all sugary drinks by (year).\**

**Good practice:** Part of the revenue is allocated to health-promotion activities, such as access to clean drinking water in schools and priority activities within national NCD strategies.

## CASE STUDIES

### USA

In the city of **Berkeley**, **sugary drinks** are subject to an **excise tax of \$0.01** per fluid ounce, and the **Navajo Nation** levies a **2% tax** on sugar-sweetened beverages.<sup>39</sup>



### Belgium

A €0.068/litre (approx. \$0.07) excise **tax is applied to all soft drinks**, and any substance intended for the use of manufacturing soft drinks is subject to an excise duty (liquid: €0.41/litre, approx. \$0.45; powder: €0.68/kg, approx. \$0.7).<sup>40</sup>

### Hungary

**Soft drinks**, including sugar- and artificially-sweetened beverages, are **taxed at 7 forints/litre** (approx. \$0.024/litre). **Concentrated syrups** used to sweeten beverages are **taxed at 200 forints/litre** (approx. \$0.70).<sup>41</sup>

### Mauritius

An **excise tax is applied on the sugar content of sugar-sweetened beverages**, including soft drinks, milk-based beverages and juices (in 2016, 0.03 rupees per gram of sugar, approx. \$0.0008).<sup>43</sup>



**Tonga**  
Soft **drinks containing sugar** or sweeteners are **taxed at 1 Tonga Pa'anga/litre** (approx. \$0.50/litre).<sup>46</sup>

\* In 2016, taxes on sugary drinks were announced in Ireland, Portugal, South Africa and Spain (all to be implemented by 2017) as well as Estonia and the UK (both to be implemented by 2018); local taxes were approved by voters in several US locations: Boulder, CO, Albany, CA, Oakland, CA and Cook County, IL to be implemented in 2017, and San Francisco, CA in 2018. The soda tax in Philadelphia, PA, was implemented beginning of 2017, and tax revenue is collected despite pending legal action against the tax brought forward by the American Beverage Association, local restaurants and merchant associations.

## ICN2 Framework for Action Recommendation

### Actions for sustainable food systems promoting healthy diets



15



Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

#### Example – SMART Commitment



*The legislative body passes a law requiring food producers and retailers to provide a list of the nutrient content (at the minimum energy, total fat, saturated and trans fat, carbohydrates, sugars, protein, and sodium) of pre-packaged food products, even in the absence of a nutrition or health claim, to be implemented by (year).*

## CASE STUDIES

### Central American Integration System members

(Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua)

The Central American Technical Regulation RTCA 67.01.60:1051<sup>47</sup> requires the **declaration of energy, total fat, saturated fat, carbohydrates, protein and sodium on pre-packaged foods** except foods for children under 3.

### European Union

EU Regulation 1169/2011 on the “Provision of Food Information to Consumers”<sup>48</sup> passed in 2011, requires a list of the nutrient content of most pre-packaged foods to be provided on the back of the pack from 13 December 2016.

### Malaysia

The **Guide on Nutrition Labelling and Claims** (2010)<sup>49</sup> which reflects labelling legislation from 2003 and subsequent amendments, outlines the select categories of packaged foods which require nutrition labelling. Energy, protein, carbohydrates and fat have to be declared, and soft drinks must additionally include the total sugar content on the nutrition label.

### Gulf Cooperation Council members

(Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE)

The Gulf Standard Organization’s regulations GSO 9/2013 “Labelling of Pre-packaged Food Products”<sup>50</sup> and GSO 2233/2012 “Requirements of Nutritional Labelling”<sup>51</sup> require the mandatory **declaration of energy, fat, protein, carbohydrates and dietary fibre as well as added salt and micronutrients** for all foods except for raw products such as fresh meat, fish, fruit and vegetables.



## ICN2 Framework for Action Recommendation

### Actions for sustainable food systems promoting healthy diets



15



Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

#### Example – SMART Commitment



The legislative body passes a law on front-of-package labelling which defines high content of energy, total fat, saturated fat, sugar and salt and requires food producers and retailers to include a defined labelling scheme on the front-of-pack of their products if they exceed the set limits, to be implemented by (year).

## CASE STUDIES

### Thailand

Five categories of snack foods are required to carry a “**Guideline Daily Allowance**” (GDA) label on the front-of-pack since 2007. The label includes text aimed to help consumers understand the GDA and requires a warning label that reads “Should consume in small amounts and exercise for better health.”<sup>52</sup>

| Energy   | Total sugar | Total fat | Sodium |
|----------|-------------|-----------|--------|
| ... kcal | ... g       | ... g     | ... mg |
| ... %    | ... %       | ... %     | ... %  |



### Ecuador

Packaged foods must carry a “traffic light” label on the front-of-pack since 2014 in which **the levels of fats, sugar and salt are indicated by red (high), orange (medium) or green (low).**<sup>53</sup>

### Chile



Since 2016, **packaged foods high in calories, saturated fat, sugar and sodium have to carry a black and white warning message inside a stop sign that reads “HIGH IN”** followed by CALORIES, SATURATED FAT, CALORIES, SUGAR or SODIUM, as well as “Ministry of Health”. For each nutrient exceeding the set limits, a stop sign is required (e.g. a product high in fat and sugar will bear two stop signs on the front-of-pack).<sup>54</sup>

## ICN2 Framework for Action Recommendation

### Actions for sustainable food systems promoting healthy diets



16



Establish food or nutrient-based standards to make healthy diets and safe drinking water accessible in public facilities such as hospitals, childcare facilities, workplaces, universities, schools, food and catering services, government offices and prisons, and encourage the establishment of facilities for breastfeeding.

#### Example – SMART Commitment



*The Ministries of Education and Health develop nutrition standards for public schools adhering to WHO recommendations by (year), and ensure implementation in schools by (year).*

## CASE STUDIES

### Slovenia

School meals must follow dietary guidelines as set out by **Slovenia's School Nutrition Law**, complemented by a list of foods that are not recommended, and recipe books.<sup>55</sup>

### Jordan

the Ministry of Health has set food standards regulating which foods may be sold to students in school canteens as part of the **National School Health Strategy 2013-2017**.<sup>56</sup>

### Iran

The “**Guideline for healthy diet and school buffets**” includes a list of healthy and unhealthy foods based on their content of sugar, salt, fat, and harmful additives, and guidance on proper food preparation and catering as well as maintenance of the physical environment in which food is prepared.<sup>57</sup>

### Mauritius

**Unhealthy snacks and soft drinks, including diet soft drinks, are banned from canteens** of pre-elementary, elementary and secondary schools.<sup>58</sup>



## ICN2 Framework for Action Recommendation

### Actions in international trade and investment



17



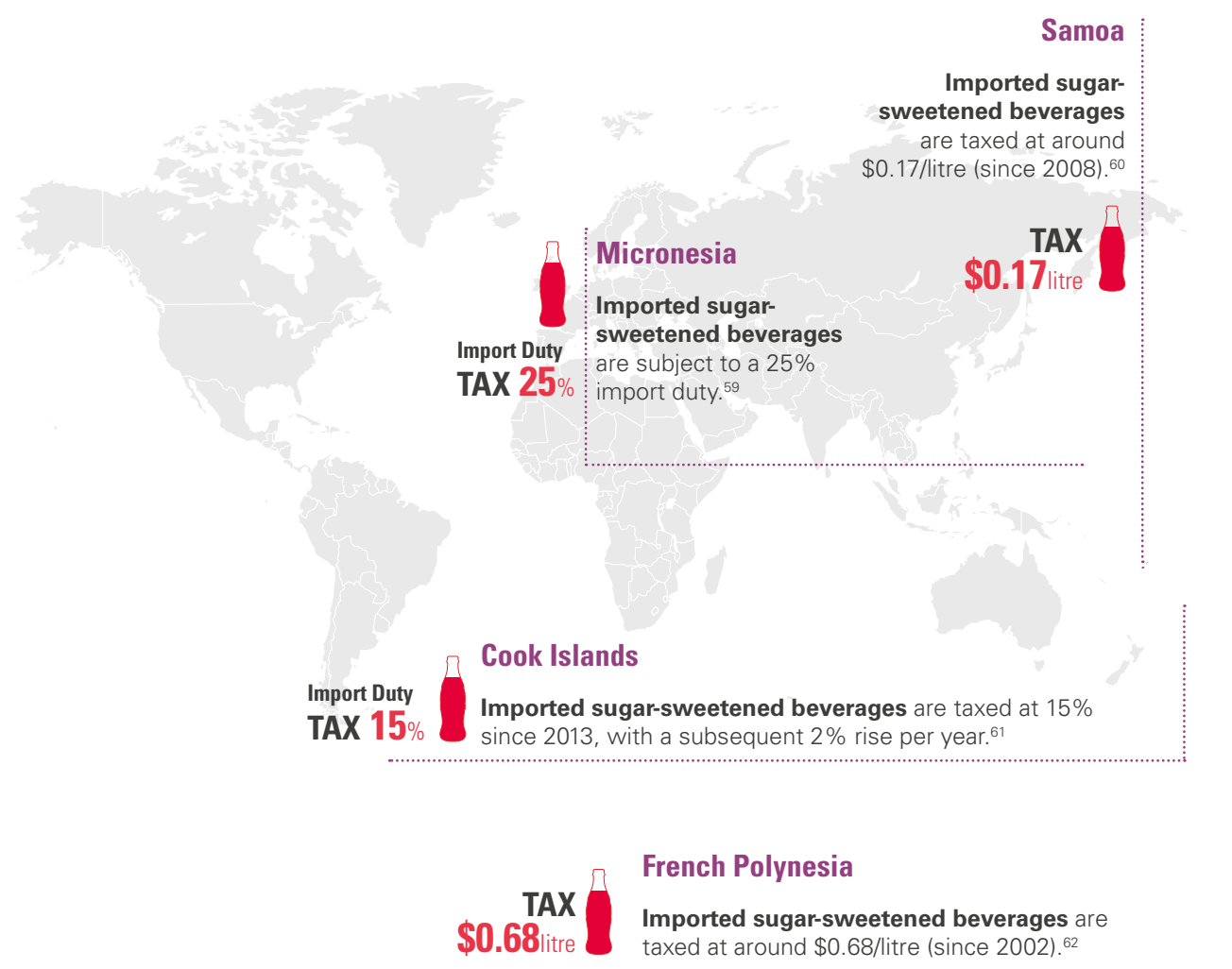
Encourage governments, United Nations agencies, programmes and funds, the World Trade Organization and other international organizations to identify opportunities to achieve global food and nutrition targets, through trade and investment policies.

### Example – SMART Commitment



Government imposes an import excise duty of X% on sugar-sweetened beverages (and unhealthy foods particularly damaging to health of that country's population) and lowers import tariffs by Y% for specified healthy foods by (year).

## CASE STUDIES



## ICN2 Framework for Action Recommendation

### Actions in international trade and investment



18



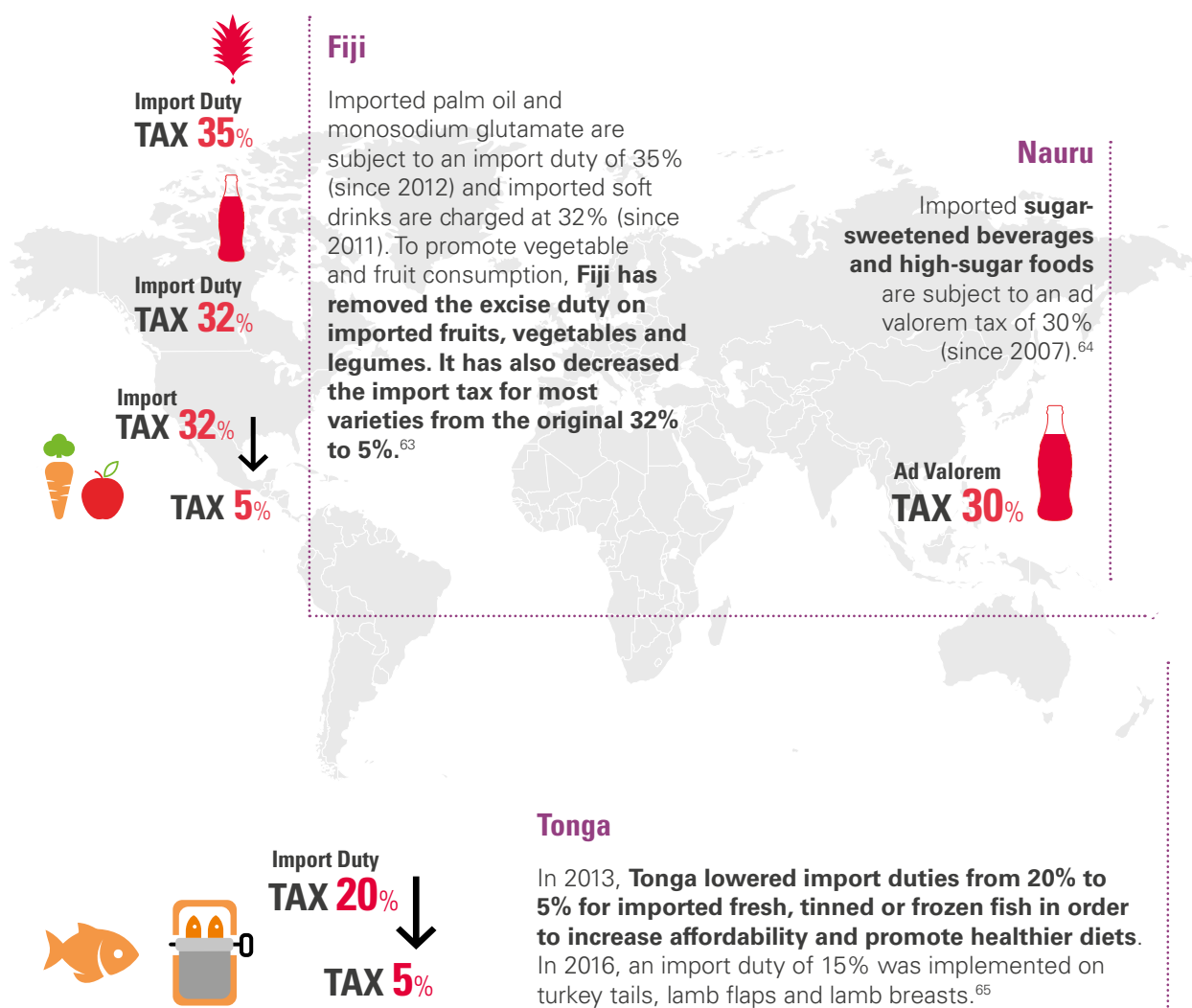
Improve the availability and access of the food supply through appropriate trade agreements and policies and endeavour to ensure that such agreements and policies do not have a negative impact on the right to adequate food in other countries.

#### Example – SMART Commitment



*Government imposes an import excise duty of X% on sugar-sweetened beverages and unhealthy foods found to be particularly damaging to the health of its population and lowers import tariffs by Y% for specified healthy foods by (year).*

## CASE STUDIES





## ICN2 Framework for Action Recommendation

### Actions for nutrition education and information



19



Implement nutrition education and information interventions based on national dietary guidelines and coherent policies related to food and diets, through improved school curricula, nutrition education in the health, agriculture and social protection services, community interventions and point-of-sale information, including labelling.

### Example – SMART Commitment



*The Ministries of Education and Health incorporate food and nutrition literacy, including on nutrition-related NCDs, in the mandatory school curriculum by developing (or revising) and disseminating course materials by (year).*

## CASE STUDIES

### Slovenia

Mandated by the national nutrition policy, **nutrition education in primary schools is mainly delivered through science subjects**, but also in home economics, and is designed to both aid knowledge and skills acquisition.<sup>66</sup>

### Japan

**The Basic Law on Shokuiku\*** promotes dietary education, including in schools and nursery schools.<sup>67</sup>

### Vietnam

The Ministry of Education and Training is responsible for incorporating nutrition education into the school curriculum at all levels and provides capacity building for teachers as part of the **Vietnam National Nutrition Strategy 2011-2020**.<sup>68</sup>

\*Shoku = diet  
iku = growth and education

## ICN2 Framework for Action Recommendation

### Actions for nutrition education and information



20



Build nutrition skills and capacity to undertake nutrition education activities, particularly for front line workers, social workers, agricultural extension personnel, teachers and health professionals.

#### Example – SMART Commitment



*The Ministry of Health provides training on nutrition counselling, including for NCD prevention, to X% of community health workers and other frontline health workers, up from Y% by (year).*

## CASE STUDIES

### Brazil

Based on the 2012 “**Brazilian Breastfeeding and Complementary Feeding Strategy**”, 18,125 health professionals as well as 3,400 tutors were trained by 2015 to support the promotion of breastfeeding and healthy complementary feeding in primary care, and a distance learning course in breastfeeding and complementary healthy feeding was established by the Ministry of Health.<sup>69</sup>

### South Africa

The **standardised curriculum** to train community health workers contains a mandatory lesson on healthy lifestyle and eating<sup>71</sup> providing information on overweight & obesity, **NCDs and undernutrition, as well as how nutrition affects health.**<sup>72</sup>

### Vietnam

The Vietnamese Ministry of Education and Training is responsible for **providing capacity building in nutrition education for teachers** as part of the Vietnam National Nutrition Strategy (2011-2020).<sup>70</sup>



### Malaysia

Empowering Communities, Strengthening the Nation”, known as KOSPEN, is a community-based programme to address lifestyle risk factors of NCDs. KOSPEN covers healthy eating, weight management, physical activity, smoking and early detection of NCD risk factors. Volunteers are trained to promote and advocate for health and facilitate the establishment of healthy environments. Volunteers carry out health screenings on blood pressure, blood sugar and body mass index, and refer at-risk individuals to the nearest health clinic.<sup>73</sup>

**31,940** VOLUNTEERS  
were trained in  
**5,551** LOCALITIES  
by June 2016

## ICN2 Framework for Action Recommendation

### Actions for strong and resilient health systems



26



Improve the integration of nutrition actions into health systems through appropriate strategies for strengthening human resources, leadership and governance, health system financing and service delivery, as well as the provision of essential medicines, information and monitoring.

### Example – SMART Commitment



*The Ministry of Health introduces nutrition counselling, including for NCD prevention, as part of universal health care by (year).*

## CASE STUDIES

### Brazil

**Nutrition is part of comprehensive healthcare and provided by all services within Brazil's system** of universal health coverage (Brazilian Unified Health Systems), particularly primary care. The Ministry of Health provides manuals, materials and self-learning courses on healthy eating and nutritional counselling on obesity and nutritional deficiencies for health professionals and transfers funds to municipalities annually.<sup>74</sup>



### Fiji

Fiji's Ministry of Health, assisted by Diabetes Fiji, have established **three Diabetes Hub Centres in Labasa, Lautoka and Suva**. Following diagnosis, patients are referred to a Diabetes Hub Centre, which are set up with a team to provide a 'one stop shop' for diabetes care, including dietitians who provide nutrition advice.<sup>75</sup>

### Chile

The **Chilean national food-based dietary guidelines** (established in 2005, and revised in 2013) are promoted in the health care sector. The Institute of Nutrition and Food Technology has produced, in conjunction with the Health Promotion Department of the Ministry of Health, guidance for the provision of advice in healthcare settings, including on healthy diets.<sup>76</sup>



## ICN2 Framework for Action Recommendation

### Actions to promote, protect and support breastfeeding



29



Adapt and implement the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions.

#### Example – SMART Commitment



*The legislative body incorporates the International Code of Marketing of Breastmilk Substitutes and WHO Guidance on inappropriate marketing of commercial foods for infants and children into national law by (year).*

## CASE STUDIES

### Armenia

A Law on **Breastfeeding Promotion and Regulation of Marketing of Baby Food** covers all provisions of the Code and relevant WHA resolutions.<sup>77</sup>



### Iran

**Government controls the import and sale of breast-milk substitutes.** Formula is only available by prescription and must carry a generic label (no brand names, pictures or promotional messages are allowed).<sup>79</sup>

### India

Legislation requires that packaging of infant formula carries a conspicuous **warning about the potential harm caused by artificial feeding** on the central panel of the label.<sup>78</sup>

### Botswana



A 2005 law in the form of a set of regulations under the **Food Control Act** covers all foods for infants and young children up to three years of age and goes beyond the minimum standard set by the Code. A wide range of marketing practices are prohibited, including telephone and internet marketing. Health workers are not allowed to accept benefits from industry and health facilities may not accept equipment, material or services that refer to a designated product or a company name or logo.<sup>80</sup>



### Papua New Guinea

The sale of feeding bottles, cups, teats and dummies is strictly controlled, and there is a ban on advertising these products as well as **breast-milk substitutes**.<sup>81</sup>



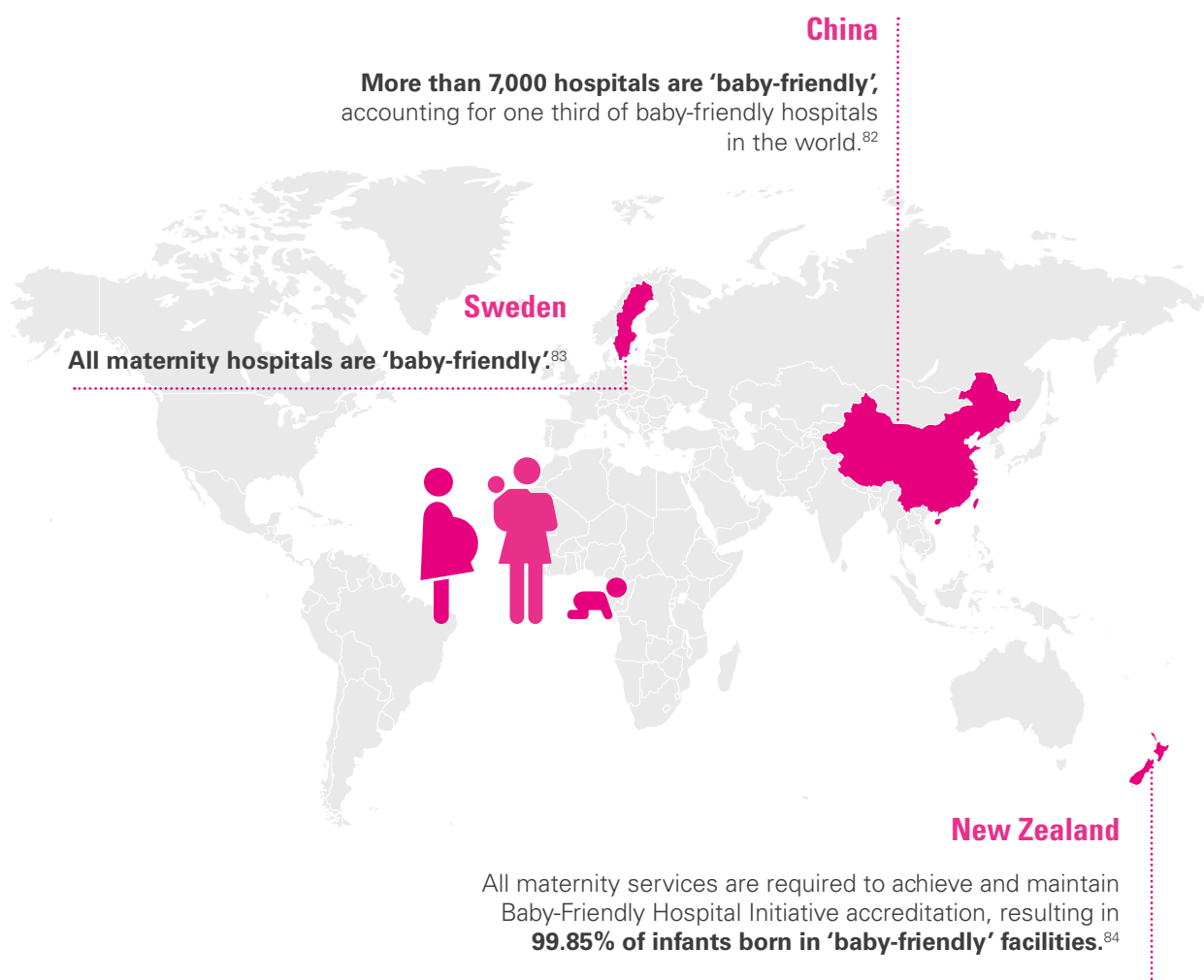
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| <b>ICN2 Framework for Action Recommendation</b><br><b>Actions to promote, protect and support breastfeeding</b>  |  | <b>31</b> |  |
| Implement policies, programmes and actions to ensure that health services promote, protect and support breastfeeding, including the Baby-Friendly Hospital Initiative. |  |           |   |

### Example – SMART Commitment



*The Ministry of Health mandates that all maternity facilities fully practice the Ten Steps to Successful Breastfeeding (WHO/UNICEF Baby-Friendly Hospital Initiative) by (year).*

## CASE STUDIES



## ICN2 Framework for Action Recommendation

### Actions to address childhood overweight and obesity



38



Provide dietary counselling to women during pregnancy for healthy weight gain and adequate nutrition.

#### Example – SMART Commitment



*The Ministry of Health mandates that dietary counselling of prospective mothers (and fathers) is part of the standard counselling provided during regular pregnancy check-up appointments at maternity clinics by (year).*

## CASE STUDIES

### Finland



Nutrition guidance by public health nurses is provided free of charge on a mandatory basis as part of antenatal care, and during appointments at child health clinics post-partum.<sup>85</sup> Nutrition counselling is tailored to the family's needs and targets both parents<sup>86</sup>, and is based on the **2016 Food Recommendations for Families with Children**<sup>87</sup> of the Finnish National Institute for Health and Welfare.





### Mexico

The **Integrated Nutrition Strategy** (ESIAN) includes individual counselling to pregnant women and mothers of children under 5 and the distribution of micronutrient supplements, and promotes breastfeeding and appropriate complementary feeding, as well as linear growth.<sup>88</sup>



### South Africa

The **Integrated Nutrition Programme**, part of primary health care, focuses on children under 6, pregnant and lactating women as well as people living with chronic diseases. It includes protocols and guidelines on nutrition education and counselling.<sup>89</sup>

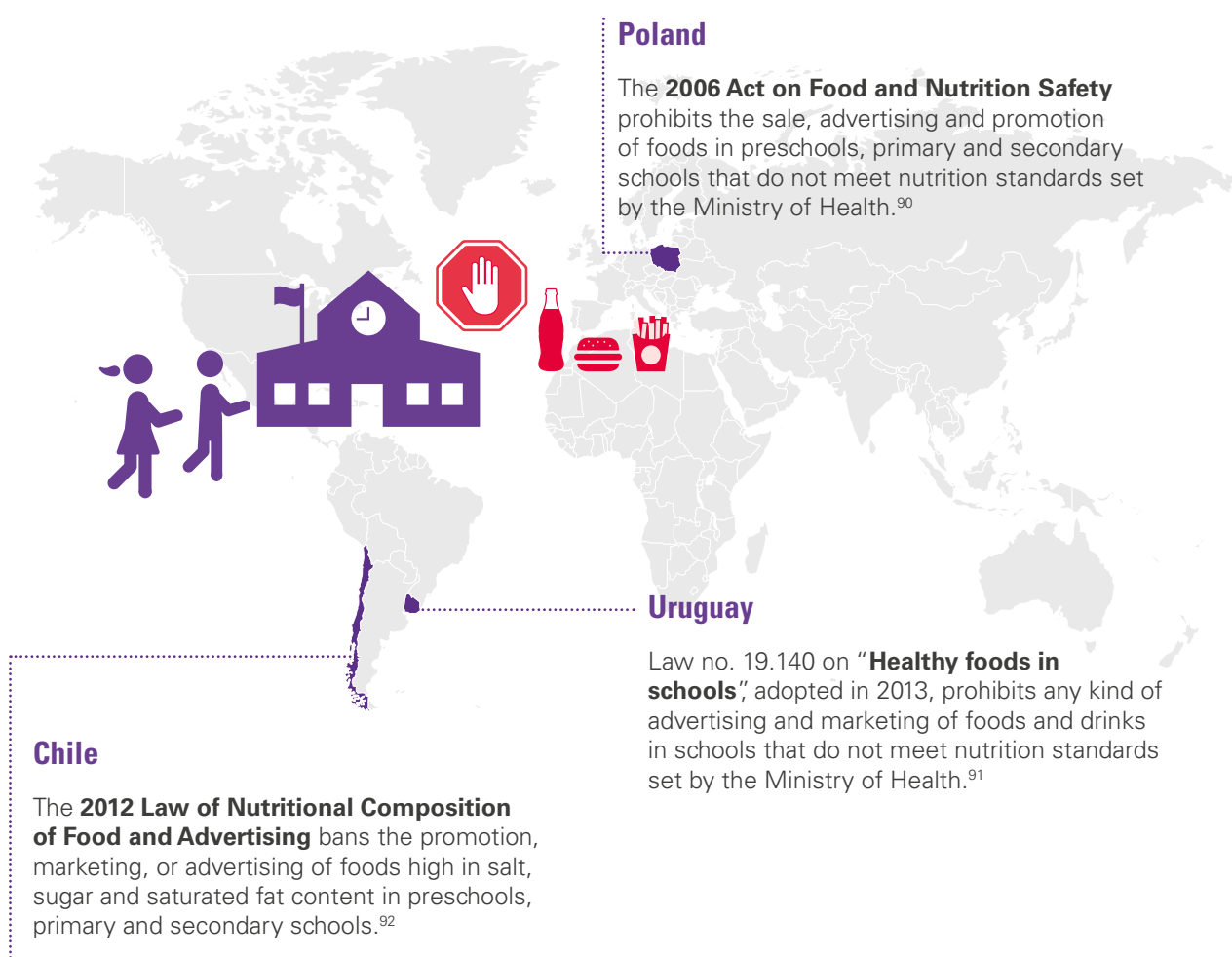
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| <b>ICN2 Framework for Action Recommendation</b><br><b>Actions to address childhood overweight and obesity</b>  |  | <b>40</b> |  |
| Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations. |  |           |   |

### Example – SMART Commitment



*The Ministry of Health, in collaboration with the Ministries of Education, Commerce, Information, and Family Protection and Social Services, sets mandatory regulations that restrict the commercial promotion of unhealthy foods and beverages to children in settings where children gather (e.g. preschools, schools, after school programmes, day-care, sport & cultural events) and bans their marketing to children under 16 on all media by (year).*

## CASE STUDIES



## ICN2 Framework for Action Recommendation

### Actions to address childhood overweight and obesity



40



Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations.

#### Example – SMART Commitment



*The Ministry of Health, in collaboration with the Ministries of Education, Commerce, Information, and Family Protection and Social Services, sets mandatory regulations that restrict the commercial promotion of unhealthy foods and beverages to children in settings where children gather (e.g. preschools, schools, after school programmes, day-care, sport & cultural events) and bans their marketing to children under 16 on all media by (year).*

## CASE STUDIES

### Latvia

The **Latvian Energy Drinks Law** (2016) restricts the marketing of energy drinks containing more than 150mg/L caffeine and one or more other stimulants such as taurine and guarana. Advertising (and sale) of energy drinks is banned in educational establishments, and on walls of educational establishments, public buildings and structures. Advertising is also prohibited before, during and after TV programmes and in print media targeting children under 18. Energy drinks may not be associated with sports activities and advertising cannot indicate that energy drinks can quench thirst.<sup>93</sup>

### Lithuania

Since 2014, **companies producing energy drinks may not sponsor venues and events frequented by children**, defined as persons under 18, such as schools, cinemas and sporting events, and they are prohibited from advertising energy drinks in children's educational institutions.<sup>94</sup>



### Spain

The 2011 **Law on Nutrition and Food Safety** mandates that kindergartens and schools must be free from advertising. Food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns must adhere to criteria developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and regional health authorities.<sup>95</sup>

### Taiwan

Since 2016, **snacks, candies, drinks, ice products and food products high in fat, sugar and sodium may not be advertised on children's TV channels between 5-9pm.**

Restricted food products are also banned from being advertised and promoted using toys (free or for purchase).<sup>96</sup>

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| <b>ICN2 Framework for Action Recommendation</b><br><b>Actions to address childhood overweight and obesity</b>  |  | <b>40</b> |  |
| Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations. |  |           |   |

### Example – SMART Commitment



*The legislative body, with input from the Ministries of Health, Commerce and Communications, bans the marketing of foods high in fat, sugar and salt to children under 16 on non-broadcast media by (year).*

## CASE STUDIES

### Brazil

**Any kind of ‘abusive publicity’** aimed at children and adolescents below 18 is prohibited, which encompasses food marketing on any communication channel (incl. internet and apps) and child-directed marketing techniques.<sup>97</sup>

### South Korea

Internet advertising of food to children and adolescents under 18 may **not include “gratuitous” incentives** (e.g. free toys).<sup>98</sup>

### Chile

The **2012 Law of Nutritional Composition of Food and Advertising** restricts advertising directed to children under the age of 14 of foods high in salt, sugar and saturated fat content on websites directed to children. The law also bans promotional marketing strategies and incentives that could attract the attention of children, such as cartoons, animations, interactive games, apps, toys, gifts and competitions.<sup>99</sup>





## ICN2 Framework for Action Recommendation

### Actions to address childhood overweight and obesity



41



Create a conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life.

#### Example – SMART Commitment



*The Ministries of Education and Sport, together with the Ministry of Health, introduce, or increase, time allocated to physical activity in the mandatory school curriculum from X hours to Y hours per week by (year).*

## CASE STUDIES



### Switzerland

Based on the **2012 Law on Sport Promotion**, the Federal Office of Sport, in consultation with district governments, set the minimum number of physical education lessons in elementary and secondary schools at three hours per week.<sup>100</sup>



### Australia

The **Australian Curriculum** specifies the skills and competencies that need to be acquired in physical education and health classes; to achieve these goals, the Australian Curriculum, Assessment and Reporting Authority (ACARA) sets 80 hours per year, or 8% of class time, as a notional guideline. States and schools are allowed to set their own requirements on allocated hours to sports to suit their particular circumstances to reach the prescribed physical activity and health competencies.<sup>101</sup>

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| <b>ICN2 Framework for Action Recommendation</b><br><b>Actions to address childhood overweight and obesity</b>                |  | <b>41</b> |  |
| Create a conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life. |  |           |   |

### Example – SMART Commitment



*The Ministries of Transport and Infrastructure, together with the Ministry of Health and local government, increase the kilometres of protected bicycle lanes in cities from X% to Y% by (year).*

## CASE STUDIES

### Netherlands

The **Dutch government supports municipalities' bicycle policies** by providing funding (e.g. a total of €350 million to build bicycle parking at train stations was made available in 2009), capacity building, and ensuring that national legislation favours the use of bicycles (e.g. traffic and building regulations).<sup>102</sup>



### Germany

Based on the **National Bicycle Traffic Plan 2013-2020**, the Federal Ministry of Transport, Traffic and Digital Infrastructure is responsible for building bicycle lanes along national roads, and acts as moderator, coordinator and promoter of bicycle use to support states' and municipalities' capacity and construction efforts.<sup>103</sup>

## ICN2 Framework for Action Recommendation

### Actions to address childhood overweight and obesity



41



Create a conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life.

#### Example – SMART Commitment



*The Ministries of Sport and Education, together with the Ministry of Health and local government, provide free weekly physical activity classes to children and adolescents by (year), ensuring at least 50% of classes are held in low-income areas.*

## CASE STUDIES

### Colombia

Based on the **2003 National Physical Activity Programme by Coldeportes**, the Colombian department responsible for sport, public health and physical activity professionals are trained to deliver community-based programmes, and free physical activity classes are offered in parks, plazas and community centres. The programme is complemented by 'open street' programmes whereby streets are closed for citizens to be used for walking, biking and other activities.<sup>106</sup>

### Switzerland

**Youth + Sport** is a collaborative programme between national government, districts, sport federations and local sports associations, providing affordable sports classes and camps in 70 disciplines to children and adolescents nationwide.<sup>105</sup>

### Brazil

The **Health Academy programme** (Academia da Saúde, formerly Academia da Cidade) is present in around 400 cities across Brazil in often poor and dangerous neighbourhoods, providing safe public spaces with infrastructure and equipment as well as free physical activity classes led by qualified instructors. The programme is integrated with the public primary care system.<sup>104</sup>

## References and notes

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