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Designer: Ludovica Cavallari, Hylab

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Foreword

One in three people globally suffers from at least one form of malnutrition. No country in the world is untouched by undernutrition, micronutrient-related malnutrition, overweight, obesity or diet-related non-communicable diseases. The impact of malnutrition on the global economy is estimated at US\$ 3.5 trillion per year. Hunger and malnutrition are major barriers to achieving the Sustainable Development Goals (SDGs) by 2030. We need to act now.

Achieving good nutrition requires multisectoral, multistakeholder commitment. Good nutrition goes beyond ensuring an adequate quantity of food, and a food systems perspective is needed to deliver improved health, productivity, well-being of people and prosperity of societies. It is therefore important to synchronize efforts from various sectors – including agriculture, health, education, gender, social protection and rural development – to achieve the synergistic impact needed.

The emergence of COVID-19 has shown the weakness in our food systems. Within three months of COVID-19's arrival, disruptions were seen in all aspects of the food system – production, harvesting, transportation, processing, retailing and consumption – affecting the livelihoods and increasing the risk of pushing millions into a state of food insecurity and poverty. At no time has the need for a functional food systems approach been more evident than during this global crisis. Governments should take advantage of this unfortunate crisis to establish coordination and other measures and mechanisms to stabilize and restore food availability, accessibility and affordability for all people, especially the most vulnerable, to ensure their food security and nutrition, during and after the pandemic.

This is where government, and in particular parliament, plays a crucial role. Parliamentary action is fundamental to securing the right to adequate food for all. Parliamentarians guide and oversee public-sector policies and budget allocations towards transforming food systems that deliver healthy diets for all.

Our vision for this handbook is to provide parliamentarians with practical guidance to support legislative processes that prioritize nutrition. We look forward to promoting this handbook – together with governments, other international organizations, civil society and other stakeholders – as a tool to facilitate efforts that will accelerate progress towards the SDGs.



Martin Chungong
IPU Secretary General



Qu Dongyu
FAO Director-General

Definitions

1,000 days – The time spanning roughly between conception and the child's second birthday, this is a unique period of opportunity when the foundations of optimum health, growth and neurodevelopment across the lifespan are established. It is also the period of most rapid brain growth.

Body mass index (BMI) – BMI is an indicator of nutritional status in adults. It is defined as a person's weight in kilograms divided by the square of the person's height in metres. For example, an adult who weighs 70 kg and whose height is 1.75 m has a BMI of 22.9.

Exclusive breastfeeding - Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution or drops/syrups of vitamins, minerals or medicines. The World Health Organization (WHO) recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods, while continuing to breastfeed up to 2 years of age or beyond.

Family farmers – Family farmers include pastoralists, fishers, foresters, indigenous people and other groups of food producers. They provide most of the world's food.

Family farming – In this document, family farming refers to all types of family-based production models in agriculture, such as fishing, forestry, pastoralism and aquaculture. Those involved include peasants, indigenous peoples, traditional communities, fisherfolk, mountain farmers, forest users and pastoralists. Family farming is the predominant form of food and agricultural production in both developed and developing countries, producing over 80 per cent of the world's foods in value terms.

Food environment – Food environments are places where food is acquired or consumed. As such, the food environment represents the nexus of interactions between the individual and those aspects of the food system that are related to food production, processing, labelling, marketing, transportation and retail, and food disposal and waste.

Food security – Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. Based on this definition, four food security dimensions can be identified: food availability, economic and physical access to food, food utilization and stability over time.

Food systems – Food systems encompass the entire range of actors and their interlinked value-adding activities involved in the production, aggregation, processing, distribution, consumption and disposal of food products. Food systems comprise all food products that originate from crop and livestock production, forestry, fisheries and aquaculture, as well as the broader economic, societal and natural environments in which these diverse production systems are embedded.

Healthy diet – A healthy diet consists of a balanced, diverse and appropriate selection of foods eaten over a period of time. A healthy diet protects against malnutrition in all its forms, including diet-related NCDs, and meets the needs for macronutrients (proteins, fats and carbohydrates, including dietary fibre) and essential micronutrients (vitamins, minerals and trace elements) specific to the person's gender, age, physical activity level and physiological state.

For a diet to be healthy, 1) it should meet daily needs of energy, vitamins and minerals, but energy intake should not exceed needs; 2) it should include at least 400 g of fruits and vegetables per day; 3) less than 30 per cent of total energy intake should be in the form of fats, with a shift in fat consumption away from saturated fats to unsaturated fats and the elimination of industrial trans fats; 4) less than 10 per cent of total energy intake (preferably less than 5 per cent) should be in the form of free sugars; and 5) should include less than 5 g of salt per day. A healthy diet for infants and young children is similar to that for adults, but the following elements are also important: 1) infants should be breastfed exclusively during the first six months of life; 2) infants should be breastfed continuously until at least 2 years of age; and 3) from 6 months of age, breast milk should be complemented with a variety of adequate, safe and nutrient-dense foods. Salt and sugars should not be added to complementary foods.

Low birth weight – This is defined as weight at birth less than 2,500 g. Low birth weight continues to be a significant public-health problem globally and is associated with a range of both short- and long-term consequences. It is the most common direct cause of neonatal mortality. It also increases the risk for non-communicable diseases (NCDs) such as diabetes and cardiovascular disease later in life.

Malnutrition – Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term addresses four broad groups of conditions: 1) undernutrition, which is indicated by wasting (low weight for height), stunting (low height for age) and underweight (low weight for age); 2) micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; 3) overweight and obesity and 4) diet-related NCDs.

Micronutrient deficiencies – Micronutrient deficiencies refer to a series of suboptimal nutritional statuses caused by a lack of intake, absorption or use of one

or more vitamins or minerals. Excessive intake of some micronutrients may also result in adverse effects. The international community has focused on several micronutrients that remain of concern globally, including iron, zinc, vitamin A, folate, vitamin B12 and iodine, as requirements for these are the most difficult to satisfy without diverse diets. One general indicator of micronutrient deficiencies is anaemia, as this syndrome can be caused by the deficiency of several different micronutrients and its effects are exacerbated by several diseases. Micronutrient deficiencies are sometimes referred to as “hidden hunger”.

Multisectoral nutrition plans – Multisectoral nutrition plans are a tool for coordinated action, bringing together joint efforts from across sectors and stakeholders. Addressing the direct and underlying drivers of malnutrition requires working across multiple sectors (from health to agriculture, water and sanitation, social protection, education, women’s empowerment, trade and natural resource management, etc.). To steer coordinated and harmonized efforts, costed multisectoral nutrition plans are critical tools, based on a country-specific analysis of malnutrition drivers and national malnutrition objectives, to prioritize actions needed to meet these goals, across different sectors and by different stakeholders. Governments, development partners and other key stakeholders are encouraged to come together around these plans, prioritize nutrition financing, and support coordinated implementation and mutual accountability so that no community is left behind. The government should carefully assess the risk of engagement with any stakeholder, and prevent and manage conflicts of interest and vested interests.

Non-communicable diseases – NCDs include heart disease, stroke, cancer, diabetes and chronic lung disease and are collectively responsible for almost 70 per cent of all deaths worldwide. One of the major risk factors of NCDs is unhealthy diets. These include diets high in fats (especially saturated fats and trans fats), sugars and salt and low in fruits and vegetables and other sources of dietary fibre such as whole grains.

Nutrition – Nutrition is the intake of food and the interplay of biological, social, environmental and economic processes that influence the growth, function and repair of the body. A healthy diet is a prerequisite for good nutrition and combined with regular physical activity is a cornerstone of good health.

Overweight and obesity – These are conditions when people are too heavy for their height. The conditions result from intake of too much energy and expenditure of too little energy and are major risk factors for several diet-related NCDs. WHO defines overweight and obesity for children under 5 years of age as weight for height greater than two standard deviations above the WHO Child Growth Standards median (overweight) and weight for height greater than three standard deviations above the WHO Child Growth Standards median (obesity). For children

aged between 5 and 19 years, WHO defines overweight as BMI-for-age greater than one standard deviation above the WHO Growth Reference median and obesity as BMI-for-age greater than two standard deviations above the WHO Growth Reference median. For adults age 20 and up, overweight is defined as BMI greater than or equal to 25 and obesity is defined as BMI greater than or equal to 30.

Stunting – Stunted growth reflects failure to reach linear growth potential as a result of suboptimal health and/or nutritional conditions. Stunting is defined as length/height for age more than two standard deviations (moderate) or more than three standard deviations (severe) below the median (Z-score) of the WHO Child Growth Standards. Stunting is also known as “chronic undernutrition”. It is usually associated with poor socioeconomic conditions, poor maternal health and nutrition, frequent illness and/or inappropriate infant and young child feeding and care in early life. Stunting holds children back from reaching their physical and cognitive potential.

Undernutrition – Undernutrition is a condition in which the body’s requirements for nutrients are unmet due to underconsumption and/or impaired absorption and use.

Wasting – Wasting or thinness is often the result of recent and severe weight loss, which is often associated with acute starvation and/or severe disease. However, wasting may also be the result of a chronic unfavourable conditions. Wasting in children of 6–59 months of age is defined as a weight-for-height Z-score of greater than two (moderate) or three (severe) standard deviations below the mean of the WHO Growth Reference for the child’s sex. Wasting is also referred to as “acute malnutrition,” although a person can suffer from the condition for extended periods of time. A young child who is moderately or severely wasted has an increased risk of disease and death, but treatment is possible.

Acronyms

BMI	body mass index
BMS	breast-milk substitutes
CFA	Communauté Financière Africaine
CPBRD	Congressional Policy and Budget Research Department (Philippines)
EBF	exclusive breastfeeding
EP	European Parliament
FAO	Food and Agriculture Organization of the United Nations
FLAG-PH	FAO Legislative Advisory Group – Philippines
FNSP	Food and Nutrition Security Policy (Kenya)
GDP	gross domestic product
ICN2	the Second International Conference on Nutrition
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
IPU	Inter-Parliamentary Union
KES	Kenya shilling
MOF	Ministry of Finance
MOH	Ministry of Health
MP	member of parliament
NCD	non-communicable disease
NIH	National Institutes of Health (United States of America)
NIN	National Institute of Nutrition (United States of America)
PARLATINO	Latin American Parliament
RESONUT	Scaling Up Nutrition Civil Society Network in Burkina Faso
SDG	Sustainable Development Goal
SEPO	Senate Economic Planning Office (Philippines)
SUN	Scaling up Nutrition Movement
SUN CSA	Scaling Up Nutrition Civil Society Alliance
TFA	trans-fatty acids
UNICEF	United Nations Children's Fund
UTP	unfair trading practice
WHO	World Health Organization

Executive summary

Malnutrition, in all its forms (undernutrition, micronutrient-related malnutrition and overweight, obesity and diet-related non-communicable diseases), causes huge direct and indirect costs at every level – to individuals, families, communities and nations. Good nutrition, supported by food systems that deliver healthy diets, is key to realizing children's right to survival, health and development and to individuals' right to adequate food and is essential to achieving the 2030 Agenda for Sustainable Development. Food security without improved nutrition will not deliver the desired inclusive socioeconomic outcomes.

One in three people globally suffers from at least one form of malnutrition. At the individual level, malnutrition causes irreversible damage to the brain, limits cognitive and learning capacities, compromises the body's abilities to resist and recover from infectious diseases, causes gastrointestinal, musculoskeletal and orthopaedic complications, contributes to behavioural and emotional difficulties, such as depression, can lead to stigmatization and poor socialization, increases risk of having diabetes, cancers, strokes and cardiovascular diseases in later age and undermines lifetime earning potential. Malnourished mothers tend to bear malnourished children, hence perpetuating a vicious cycle of intergenerational malnutrition.

Every country in the world is affected by one or more forms of malnutrition. Countries with a large number or high percentage of malnourished people suffer from slower development due to the loss of human physical and intellectual capital and higher burden of health-care costs. Good nutrition is one of the best investments for boosting the economic and social development of families, communities and nations.

The Global Burden of Disease Study found that suboptimal diet is responsible for more deaths globally than any other risk, including smoking tobacco. The study highlights the urgent need for improving human diet across nations, which could potentially prevent one in five deaths globally.¹

Comprehensively addressing all forms of malnutrition requires a food-systems approach that promotes healthy diets. The United Nations Decade of Action on Nutrition² calls for policy actions in six key areas,³ based on the Framework for Action

1 GBD 2017 Diet Collaborators, "Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017", *The Lancet*, vol. 393, No. 10184 (11 May 2019), pp. 1958–1972.

2 United Nations General Assembly Resolution 70/259 (A/RES/70/259).

3 Nutrition Decade Secretariat (2016). *United Nations decade of action on nutrition 2016–2025. Work programme*. Rome, UN Decade of Action on Nutrition Secretariat. www.un.org/nutrition/sites/www.un.org.nutrition/files/general/pdf/work_programme_nutrition_decade.pdf.



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of the Second International Conference on Nutrition (ICN2),⁴ one of which is to create sustainable, resilient food systems for healthy diets.

Parliaments and parliamentarians are uniquely placed to contribute to ending malnutrition in all its forms and to putting nutrition and sustainable food systems that support healthy diets for all at the top of national and local agendas. This handbook aims to offer a practical tool with concrete actions that parliamentarians can take to promote healthy diets that include sustainability considerations⁵ and improve nutrition through shaping the food systems in their countries in the areas of their key mandates, namely representation, legislation, budget and oversight. When taking any of these actions, trade-offs and opportunity costs should be carefully assessed, debated and prioritized, according to the specific contexts of the countries and the regions.

4 FAO and WHO (2014). *Second International Conference on Nutrition – Framework for Action*. Rome, FAO. www.fao.org/3/a-mm215e.pdf.

5 Hereinafter referred to as “healthy diets”.

Actions for parliamentarians to take to improve nutrition and food systems

Representation

- Solicit disaggregated evidence, data and analysis from research networks and other relevant stakeholders to assess the current situation of diets and food systems in the country to ensure that diets and food systems are healthy and sustainable for better nutrition.
- Raise awareness among government agencies, media and the public of nutrition problems found and the need for actions identified in the food systems to ensure healthy diets and improved nutrition.
- Organize evidence-based debates in parliament, connecting the relevant sectoral standing committees related to health, nutrition, agriculture and food systems.
- Advocate for prioritizing the nutrition and food-systems agenda by influencing the senior leadership in the legislature.
- Build alliances with civil society, academic institutions and other relevant actors to further advance advocacy, while being vigilant about conflicts of interest.

Legislation

- Take stock of existing bills related to food systems and nutrition to develop legislative benchmarks and a comprehensive legal framework for nutrition.
- Consult with relevant parliamentary bodies, the executive branch and various stakeholder groups, especially those from constituents, to identify legislative gaps and prioritize legislative needs.
- Advocate for and contribute to a comprehensive national multisectoral nutrition plan and enact a national framework law for nutrition.
- Analyse relevant sectoral laws and policies through a nutrition lens to promote healthy diets and achieve improved nutrition.
- Collaborate within and across regions and attend international events to share lessons learned and experiences in legislating for improved nutrition and food systems, including sharing of evidence of ways to prevent and manage conflicts of interest and counter vested interests opposed to such legislation.

Budget

- Track and analyse budgets to ascertain the amount of money allocated or needed to implement nutrition-relevant actions across government ministries – not only health, but also other relevant sectors such as agriculture, water, hygiene and sanitation, education, women's affairs, urban/rural development and social protection.
- Negotiate and approve budget for policies and programmes aiming to improve nutrition and strengthen food systems supporting healthy diets.
- Request and review spending information from government sectors and other groups of stakeholders.

Oversight

- Establish clear processes and mechanisms in legislation to monitor and enforce the implementation of laws.
- Monitor and evaluate the short- and long- term effects of laws, in collaboration with independent research institutes.
- Use relevant parliamentary standing committees (such as health, food security and nutrition, agriculture, education, children, women's affairs, governance, human rights and budget) to organize transparent hearings with relevant ministries on progress in implementation and limitations of legislation pertinent to nutrition and food systems.
- Enshrine a nutrition agenda in the manifestos of political parties.
- Hold decision makers accountable and develop scorecard systems to make sure political commitments to nutrition and food systems are being realized.
- Establish mechanisms to coordinate engagement with relevant stakeholders, including rules of engagement for the avoidance and management of conflicts of interest and vested interests.

"I am only one, but still I am one. I cannot do everything, but still I can do something; and because I cannot do everything, I will not refuse to do something that I can do."

Helen Keller

Introduction

The purpose and structure of this handbook

Globally, one in three people suffer from at least one form of malnutrition – undernutrition, micronutrient-related malnutrition and overweight, obesity and diet-related non-communicable diseases (NCDs). Malnutrition is an underlying cause of almost half of deaths of children under age 5 and is a leading cause of adult death and disability. The estimated impact of malnutrition in all its forms on the global economy is US\$ 3.5 trillion per year, largely driven by the value placed on lost economic productivity plus direct health-care costs.⁶

Recognizing that good nutrition is a critical driver of human and economic development, in 2016 the United Nations declared the United Nations Decade of Action on Nutrition 2016–2025 to accelerate international and national efforts to eliminate malnutrition in all its forms. Ensuring good nutrition in any country requires strong and sustained political leadership and multisectoral efforts of all stakeholders, particularly parliamentarians.

Parliamentarians have recognized and taken on responsibilities for delivering improved nutrition for their populaces. On 18 November 2014, at “Parliaments for Better Nutrition”, the pre-conference meeting of parliamentarians attending the Second International Conference on Nutrition (ICN2), participants issued a joint statement recognizing parliaments “as institutions capable of addressing the problem of malnutrition within their constitutional mandates”.⁷ Three regional workshops were subsequently organized by the Inter-Parliamentary Union (IPU), UNICEF and other partners that brought together parliamentarians in Asia (2014) and Africa (2015 and 2017) to discuss the importance of nutrition and identify priority actions to be taken.⁸ More recently, at the First Global Parliamentary Summit against Hunger and Malnutrition held in Madrid in October 2018, a call was made to all parliamentarians to establish policies, prepare legislation, assign specific budgets and forge alliances and agreements aimed at achieving the objectives of the second Sustainable Development Goal (SDG 2) – end hunger, achieve food security and improve nutrition, and promote sustainable agriculture.

6 FAO (2013). *The State of Food and Agriculture 2013: Food systems for better nutrition*. Rome. www.fao.org/3/i3300e/i3300e.pdf

7 IPU (2014). *Final statement*. Geneva, Switzerland. <http://archive.ipu.org/splz-e/rome14/statement.pdf>.

8 See The Vientiane Recommendation (*Promoting child nutrition in East and South Asia: The Vientiane recommendations*, Geneva, Switzerland, IPU, 2014. <http://archive.ipu.org/splz-e/vientiane14/recommendations.pdf>), Outcome Document from Regional Workshop, Namibia (*Promoting child nutrition in the Southern African Development Community Region: Outcome document*, Geneva, Switzerland, IPU, 2015. <http://archive.ipu.org/splz-e/namibia15/outcome.pdf>) and the Ouagadougou Declaration (*Promoting maternal and child nutrition in Western and Central Africa: Ouagadougou declaration*, Geneva, Switzerland, IPU, 2017. www.aliveandthrive.org/wp-content/uploads/2018/07/2017-OUAGADOUGOU-DECLARATION.pdf).

There are multiple causes of malnutrition in all its forms, and one of the key aspects is food. The prevailing food narrative in earlier times was on tackling hunger by providing more calories through mass production of a few staple crops.⁹ However, feeding the hungry alone is not enough; people need nourishment from healthy diets that address all forms of malnutrition. Delivering such healthy diets requires a food-systems approach that supports diets made up of foods that promote all dimensions of individuals' health and well-being: accessible, affordable, safe equitable; and are culturally acceptable and that have low environmental pressure and impact.

Major reports before and after ICN2 have generated greater recognition of the need for concrete actions to ensure healthy diets are accessible, affordable, safe and equitable; and are culturally acceptable to all and recommended that opportunities be taken throughout food systems to improve diet and nutrition outcomes. A food-systems perspective takes into account the entire range of actors and their interlinked value-adding activities involved in the production, aggregation, processing, distribution, labelling, marketing, consumption and disposal of food products. These reports highlighted the challenges and opportunities for nutrition in the era of massive transformations of our food systems to guide comprehensive and systematic investment strategies and programme approaches.^{10,11,12}

This handbook is a response to requests and needs expressed by parliamentarians during the aforementioned workshops and discussions. It introduces nutrition and food systems, identifies entry points for parliamentary interventions to improve diet and nutrition through a food-systems approach and recommends actions parliaments and parliamentarians can take in terms of their mandates – legislation, oversight, budget and representation. The annexes provide additional resources and more in-depth information on international laws and regulations relevant to nutrition. Case studies from around the world are used to illustrate legislative achievements and ongoing efforts throughout food systems aimed at supporting delivery of healthy diets for improved nutrition. Healthy diets that include sustainability considerations are described in Box 1.

9 José Graziano da Silva, "It is time to advance healthy diet regulations", Food sustainability index. <http://foodsustainability.eiu.com/time-advance-healthy-diet-regulations/>. Cited 7 October 2019.

10 FAO (2013). *The State of Food and Agriculture 2013: Food systems for better nutrition*. Rome. www.fao.org/3/i3300e/i3300e.pdf

11 Global Panel on Agriculture and Food Systems for Nutrition (2016). *Food systems and diets: Facing the challenges of the 21st century*. London, UK. <https://www.glopan.org/foresight1/>

12 High Level Panel of Experts on Food Security and Nutrition (2017). *Nutrition and food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*. Rome. www.fao.org/3/a-i7846e.pdf

Box 1. What is a healthy diet that includes sustainability considerations and how is it central to combating malnutrition in all its forms?^{13, 14, 15, 16, 17, 18, 19}

Healthy diets that include sustainability considerations are dietary patterns that promote all dimensions of individuals' health and well-being; have low environmental pressure and impact; are accessible, affordable, safe and equitable; and are culturally acceptable.

The aims of healthy diets are to achieve optimal growth and development of all individuals and support functioning and physical, mental and social well-being at all life stages for present and future generations; contribute to preventing all forms of malnutrition (i.e. undernutrition, micronutrient deficiency, overweight and obesity and diet-related NCDs); and support the preservation of biodiversity and planetary health. Healthy diets must consider all the dimensions of sustainability to avoid unintended consequences. These considerations include limiting the impacts of diets on the environment through technological and productivity advancements, sustainable and integrated land and natural-resource use, and enhanced efficiencies and innovations along the food supply chain, including those aimed at reducing food loss and waste.

Healthy diets start early in life, with early initiation of breastfeeding (within the first hour of birth), exclusive breastfeeding until 6 months of age and continued breastfeeding until 2 years of age and beyond, combined with appropriate adequate, safe and nutrient-dense foods. Salt and sugars should not be added to complementary foods.

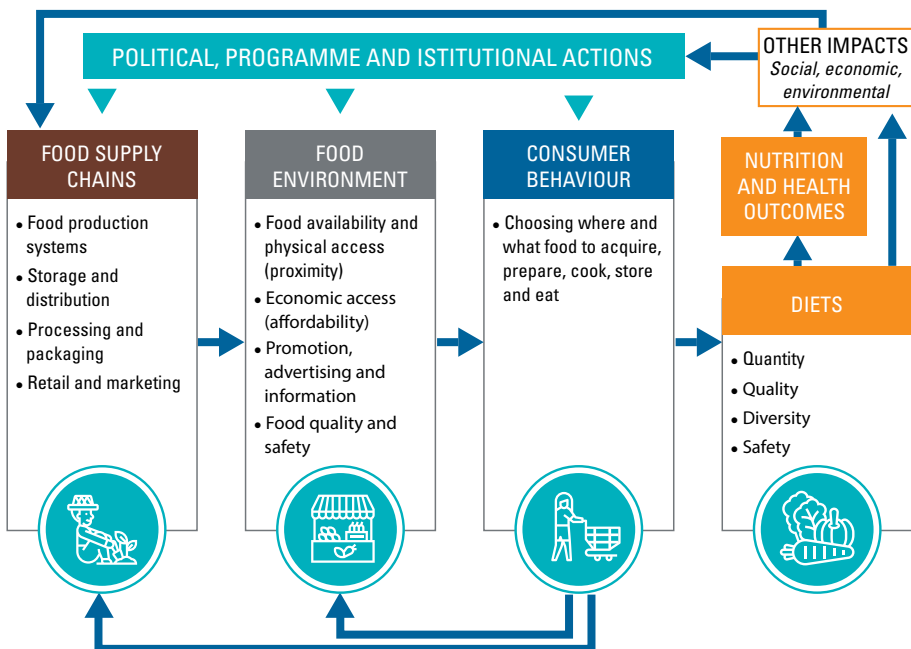
- 13 FAO and WHO (2019). *Sustainable healthy diets: Guiding principles*. Rome. www.fao.org/3/ca6640en/ca6640en.pdf
- 14 WHO, "Healthy diet", 23 October 2018, www.who.int/news-room/fact-sheets/detail/healthy-diet.
- 15 FAO, International Fund for Agricultural Development, UNICEF, World Food Programme and WHO (2020). *The state of food security and nutrition in the world 2020*, p. 104. Rome, FAO. <http://www.fao.org/3/ca9692en/CA9692EN.pdf>.
- 16 WHO (2018). *A healthy diet sustainably produced*. Geneva, Switzerland. <https://apps.who.int/iris/bitstream/handle/10665/278948/WHO-NMH-NHD-18.12-eng.pdf?ua=1>.
- 17 FAO (2017). *Water for sustainable food and agriculture: A report produced for the G20 Presidency of Germany*. Rome. www.fao.org/3/a-i7959e.pdf.
- 18 FAO (2019). *The state of the world's biodiversity for food and agriculture*. Rome. www.fao.org/3/CA3129EN/CA3129EN.pdf.
- 19 FAO (2019). *The 10 elements of agroecology: Guiding the transition to sustainable food and agricultural systems*. Rome. www.fao.org/3/i9037en/i9037en.pdf.

How do food systems affect nutrition?

Put simply, food systems encompass all the people, institutions and processes that play a part in food production (crop and livestock production, forestry, fisheries, aquaculture), processing, distributing, marketing, supplying, eating and disposing of food. Food systems have three core constituent elements: food supply chains, food environments and consumer behaviour. Figure 1 depicts how these elements can shape diets and determine the final nutrition and health outcomes of food systems.²⁰ These elements of food systems are in turn influenced by myriad external drivers, such as climate change, globalization and trade, income growth and distribution, urbanization, population growth and migration, policy and investment, and social-cultural contexts.

Figure 1

Food systems and nutrition.²¹



20 High Level Panel of Experts on Food Security and Nutrition (2017). *Nutrition and food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*. Rome. www.fao.org/3/a-i7846e.pdf.

21 Adapted from High Level Panel of Experts on Food Security and Nutrition (2017). *Nutrition and food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*. Rome. www.fao.org/3/a-i7846e.pdf.



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Food systems determine the availability, accessibility, affordability, diversity and quality of the food supply and thus play a major role in shaping people's diets and health outcomes.²² In addition, food-systems actors also contribute to providing the knowledge and information consumers need about food and diets and are empowered to demand better foods. Nutrition also needs to be prioritized not just in the food system, but also in health, water and sanitation and social protection systems. Consuming a healthy diet from birth helps to prevent malnutrition in all its forms, including diet-related NCDs.²³ Every aspect of the food system must align to support good nutrition; single interventions in isolation are likely to have limited impact.

22 FAO, International Fund for Agricultural Development, UNICEF, World Food Programme and WHO (2019). *The State of Food Security and Nutrition in the World 2019*. Rome. www.fao.org/state-of-food-security-nutrition/en/.

23 Global Panel on Agriculture and Food Systems for Nutrition (2016). *Food systems and diets: Facing the challenges of the 21st century*. London, UK. <https://www.glopan.org/foresight1/>



The magnitude and cost of malnutrition

What is malnutrition?

Malnutrition refers to the deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients. The term malnutrition addresses three broad groups of conditions: undernutrition, micronutrient-related malnutrition and overweight and obesity (Box 2).²⁴ Young children and women of reproductive age (especially those who are pregnant or lactating) in low-income countries are particularly vulnerable to malnutrition in many forms.

Box 2. Unpacking the jargon: all forms of malnutrition

- Undernutrition includes being too thin for one's age (underweight), too short for one's age (stunting) and being dangerously thin for one's height (wasting). Undernutrition makes children in particular much more vulnerable to disease and death.
- Micronutrient-related malnutrition is the result of insufficient or excessive intake or excessive losses of important vitamins and minerals. Iodine, vitamin A and iron deficiencies and overconsumption of sodium are the most significant vitamin- and mineral-related problems in global public-health terms.
- Overweight and obesity are conditions where people are too heavy for their height. The conditions result from imbalance between energy consumed (too much) and energy expended (too little) and are major risk factors for a number of diet-related NCDs.
- Diet-related NCDs include those resulting from an unhealthy diet, which may be high in fats (especially saturated fats and trans fats), sugars and sodium and low in fruits and vegetables and other sources of dietary fibre such as whole grains. For example, an intake of more than 5 g of salt per day can lead to high blood pressure (hypertension), which significantly increases the risks of heart disease and stroke.

What are the causes of malnutrition?

Malnutrition is a complex problem caused by many different factors, including immediate and underlying causes at the individual, family and community level and structural or basic causes at the societal level. Poorer communities and marginalized population groups often face physical and economic barriers to obtaining healthy foods and access to basic services needed, putting them at higher risk of malnutrition and disease.²⁵ It is critical to address the multiple determinants of malnutrition in a

24 WHO, "Malnutrition", 16 February 2018, www.who.int/news-room/fact-sheets/detail/malnutrition.

25 FAO, International Fund for Agricultural Development, UNICEF, World Food Programme and WHO (2019). *The State of Food Security and Nutrition in the World 2019*. Rome. www.fao.org/state-of-food-security-nutrition/en/.



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comprehensive, coordinated way to prevent and treat malnutrition in all its forms (Annex 1).

While there are multiple underlying determinants of malnutrition, suboptimal diets are a common factor for poor nutrition outcomes.²⁶ Many people cannot access or afford a healthy diet, putting them at risk of all forms of malnutrition. An increasing amount of highly processed foods high in fats, salt and sugars is widely available, often more affordable, and are associated with an increasing prevalence of overweight and obesity and diet-related NCDs.²⁷ As food systems shape our diets, it is important to examine how food systems can ensure that healthy diets are accessible and affordable for all.

26 GBD 2017 Diet Collaborators, "Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017", *The Lancet*, vol. 393, No. 10184 (11 May 2019), pp. 1958–1972.

27 WHO (2016). *Report of the Commission on Ending Childhood Obesity*. Geneva, Switzerland. www.who.int/end-childhood-obesity/final-report/en/.

Why is it important to tackle all forms of malnutrition?

Death and illness

Malnutrition is the single largest factor influencing incidence of death and ill-health globally. Undernutrition and key micronutrient deficiencies combined are an underlying cause of more than 3 million child deaths annually or 45 per cent of all deaths of children under 5 years of age.²⁸ Stunted children are more vulnerable to suffering severely from disease; for example, they are as much as five times more likely to die from diarrhoea as a non-stunted child. Overweight and obesity are on the rise in almost all countries, contributing to 4 million deaths globally each year.²⁹ Unhealthy diets are now responsible for more adult deaths and disability than alcohol and tobacco use. The Global Burden of Disease Study found that healthy diets could potentially prevent one in five deaths globally.³⁰

Irreversible and lifelong impact

Stunting may prevent a child from reaching his or her full cognitive capacity, reduce years of school completed and can result in as much as a 20 per cent reduction in earnings over the course of their lifetime.³¹ Damage to the brain (Figure 2) and restriction of the physical growth of young children resulting from malnutrition are largely irreversible. Being malnourished early in life (such as being born with low birth weight) is associated with higher risk of being overweight and having NCDs (such as diabetes) in adult life.³² Malnourished mothers tend to bear children who suffer from malnutrition, hence perpetuating a vicious cycle.

28 Robert E. Black and others, "Maternal and child undernutrition and overweight in low-income and middle-income countries", *The Lancet*, vol. 382, No. 9890 (3 August 2013), pp. 427–451

29 FAO, International Fund for Agricultural Development, UNICEF, World Food Programme and WHO (2019). *The State of Food Security and Nutrition in the World 2019*. Rome. www.fao.org/state-of-food-security-nutrition/en/.

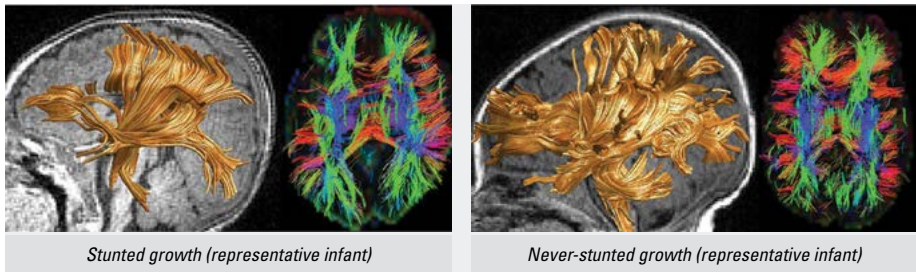
30 FAO and WHO (2014). *The Second International Conference on Nutrition: Committing to a future free from malnutrition*. Rome, FAO. www.fao.org/3/a-i4465e.pdf.

31 Sally Grantham-McGregor and others, "Developmental potential in the first 5 years for children in developing countries", *The Lancet*, vol. 369, No. 9555 (6 January 2007), pp. 60–70.

32 Matthew Edwards (2017). "The Barker hypothesis", in *Handbook of famine, starvation, and nutrient deprivation*, Victor Preedy and Vinood B. Patel, eds. Cham, Switzerland, Springer.

Figure 2

Malnutrition impairs brain development.



The images illustrate – on the left – the connections in the brain of a single infant whose growth has been stunted due to malnutrition and – on the right – the connections in the brain of another single infant who is not stunted (and thus, not malnourished). The images were obtained when the two infants were just 2–3 months old, using magnetic resonance imaging. The left side of the panel illustrates a side view (left side of the head). Each gold line represents a “fibre tract”; that is, the long, thin fibres (axons) in the brain that connect one area to another. What is apparent here is how much denser and more elaborate the connections are in the non-stunted infant compared with the stunted infant. The coloured images on the right side illustrate the same principles (neural connections) from a different orientation – a cross section of the brain, from front to back.

Courtesy of Charles A. Nelson, Ph.D., Boston Children’s Hospital and Harvard Medical School.

The greatest contributor to economic growth is not physical infrastructure, but brainpower: what I refer to as “grey matter infrastructure.” Stunted children today lead to stunted economies tomorrow.

Mr. Akinwumi Adesina, President of the African Development Bank³³

Large numbers affected^{34, 35}

After decades of steady decline, the percentage and number of people globally who are undernourished or do not have enough food have been on the rise since 2014, reaching 8.9 per cent and almost 690 million people respectively in 2019, with women being overrepresented among those affected. Worldwide, 144 million children under 5 years of age are stunted (54 per cent of these children live in Asia and 40 per cent live in Africa) and 47 million children are wasted (69 per cent in Asia, 27 per cent in Africa). The prevalence of anaemia among women of reproductive age (15–49 years) is 32.8 per cent globally.

33 Transform Nutrition and Scaling Up Nutrition (2017). *Identifying, engaging and sustaining champions for nutrition. A toolkit from the Transform Nutrition Consortium and the Scaling Up Nutrition (SUN) Movement*. Washington, DC. <http://scalingupnutrition.org/wp-content/uploads/2017/12/SUN-Engaging-and-sustaining-champions-for-nutrition-ENG.pdf>.

34 UNICEF, WHO and World Bank Group (2020). *Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates – Key findings of the 2020 edition*. Geneva, WHO. <https://data.unicef.org/resources/jme-report-2020/>.

35 FAO, International Fund for Agricultural Development, UNICEF, World Food Programme and WHO (2020). *The state of food security and nutrition in the world 2020*. Rome. www.fao.org/state-of-food-security-nutrition/en/.

Overweight and obesity are growing quickly:³⁶

- 38 million children under 5 years of age (5.6%) are overweight. Asia and Africa accounted for nearly three quarters of all overweight under-fives (45 per cent in Asia and 24 per cent in Africa) despite having the lowest prevalence of overweight (4.8 per cent and 4.7 per cent, respectively).
- 131 million children aged 5–9 years are overweight or obese.
- 207 million adolescents aged 10–19 years are overweight or obese. Obesity rate is higher in boys than girls.
- 2 billion adults are either overweight or obese. Overweight and obesity continue to rise in most countries. Women have a higher prevalence of obesity than men (15.1% versus 11.1%).

Danger of compounding malnutrition

The majority of countries in the world now have two or more forms of malnutrition (compounding malnutrition) in their population; 124 of 141 countries with data have high levels of at least two different types of malnutrition, while 41 countries have high levels of three types of malnutrition.³⁷

Huge economic costs

The cost of to the global economy of health care and lost productivity related to obesity was estimated to be about US\$ 2 trillion annually.³⁸ This is roughly equivalent to the costs of smoking or armed conflict globally. The economic loss attributable to malnutrition is approximately US\$ 3.5 trillion annually, equal to 11 per cent of the gross domestic product (GDP) of Africa and Asia combined.³⁹

High returns from investing in nutrition

Investing in childhood nutrition interventions has an estimated average return ratio of 16:1, with many health and other long-term benefits.^{40,41} Furthermore, shifting to healthy diets can result in savings projected to exceed US\$ 1.3 trillion per year by 2030 as health costs associated with diet-related NCDs are avoided.⁴² Improved nutrition is vital to the achievement of several SDGs, especially 1, 2, 3, 4, 5, 8, 14,

36 Development Initiatives (2018). *2018 Global nutrition report: Shining a light to spur action on nutrition*. Bristol, UK. <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>.

37 Ibid.

38 Boyd A. Swinburn and others, "The global syndemic of obesity, undernutrition, and climate change: The Lancet Commission report", *The Lancet*, vol. 393, No. 10173 (23 February 2019), pp. 791–846.

39 Ibid.

40 IFPRI (2014). *Global nutrition report 2014: Actions and accountability to accelerate the world's progress on nutrition*. Washington, DC. <https://globalnutritionreport.org/reports/2014-global-nutrition-report/>.

41 Meera Shekar and others (2017). *An investment framework for nutrition: reaching the global targets for stunting, anemia, breastfeeding, and wasting*. *Directions in Development*. Washington, DC, World Bank. www.worldbank.org/en/topic/nutrition/publication/an-investment-framework-for-nutrition-reaching-the-global-targets-for-stunting-anemia-breastfeeding-wasting.

42 FAO, International Fund for Agricultural Development, UNICEF, World Food Programme and WHO (2020). *The state of food security and nutrition in the world 2020*, pp. 112–114. Rome. www.fao.org/state-of-food-security-nutrition/en/.

Figure 3

Nutrition at the heart of the Sustainable Development Goals.⁴³



43 Adapted from the infographic "Nutrition at the Heart of the SDGs", in *Sight and Life Magazine: Goodbye MDGs and Hello SDGs*, December 22, 2015.

and 16 (Figure 3). However, most countries are not on track to achieve the Global Nutrition Targets set by the World Health Assembly in 2012 and the NCD targets set in 2013 (Annex 2).

Addressing malnutrition in all its forms

Malnutrition is a manifestation of many factors that affect women, men, girls and boys, the family, community and country and requires a multisectoral solution. Evidence-based, effective solutions to address malnutrition exist. The solutions are often low-cost and have significant positive synergistic effects on health, productivity, equality and environmental sustainability. However, putting them into practice requires political will, the right laws and policies, increased commitment by a variety of actors, resources and coordinated planning, implementation, monitoring and evaluation across all relevant sectors and stakeholders. Addressing all forms of malnutrition requires comprehensive and coherent multisectoral and multistakeholder approaches, such as a multisectoral nutrition plan, to articulate the actions needed from different sectors and stakeholders to improve nutrition while safeguarding public health from undue influence by real, perceived or potential conflicts of interest.

The United Nations Decade of Action on Nutrition calls for policy action across six key areas, which are based on the ICN2 Framework for Action:⁴⁴

- creating sustainable, resilient food systems for healthy diets;
- aligning health systems to nutrition needs and providing universal coverage of essential nutrition actions;⁴⁵
- providing social protection and nutrition-related education for all;
- ensuring that trade and investment policies improve nutrition;
- building safe and supportive environments for nutrition at all ages; and
- strengthening and promoting nutrition governance and accountability, everywhere.

Improving nutrition with policy actions in these key areas demands an explicit systems approach to ensure actions and limited resources are directed to priority areas as identified by comprehensive assessments. In addition, nutrition outcomes should be considered when formulating laws, regulations and policies and when designing budget and investment strategies and capacity development programmes in the health and non-health sectors.

44 FAO and WHO (2014). *Second International Conference on Nutrition – Framework for Action*. Rome, FAO. www.fao.org/3/a-mm215e.pdf.

45 WHO (2019). *Mainstreaming nutrition through the life-course*. Geneva, Switzerland. www.who.int/nutrition/publications/essential-nutrition-actions-2019/en/.



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The next chapter introduces various entry points in food systems for parliamentarians to carry out their mandates of legislation, budgeting, oversight and representation to generate healthy diets for enhanced nutrition.

“There needs to be enough of the right kinds of foods, supported by legislation and policies for such foods to be actually available and accessible to people who need them.”

Asma Lateef, Bread for the World Institute⁴⁶

⁴⁶ Personal communication, 2 April 2019, Washington, DC.

Legislative actions to enhance nutrition and improve food systems

Types of legislation for nutrition⁴⁷

Nutrition is a component of both the right to adequate food and the right to the highest attainable standard of health, as set out in the Universal Declaration of Human Rights,⁴⁸ and subsequently adopted in the International Covenant on Economic, Social and Cultural Rights (Articles 11 and 12).⁴⁹ Annex 3 provides the details of binding international treaties, non-binding international and regional instruments, and endorsed international policy guidance that are pertinent to nutrition.

There are three main complementary levels of legislation to implement the right to food (and nutrition) at the national level: 1) incorporation of the right into the national constitution; 2) adoption of a framework law; and 3) comprehensive review of all or the most relevant sectoral laws affecting the enjoyment of the right to food (and nutrition) for their compatibility with this human right.

Constitution

The recognition of the right to food (and nutrition) in the constitution, either explicitly or implicitly, is the strongest form of legal protection, as constitutions are considered to be the supreme law of a country. For instance, seven countries in Africa (Democratic Republic of the Congo, Egypt, Kenya, Malawi, the Niger, South Africa and Zimbabwe) and 11 countries in Latin America (Plurinational State of Bolivia, Brazil, Colombia, Cuba, the Dominican Republic, Ecuador, Guyana, Haiti, Mexico, Nicaragua and Panama) have explicitly recognized the right to food and nutrition in their constitution. Many more countries include implicit recognition in their constitution.

Framework laws

Framework laws set out the obligations of government authorities, establish the necessary institutional mechanisms and give the legal basis for subsidiary legislation and other necessary measures to be taken by the competent authorities. For instance, Brazil, the Dominican Republic, Ecuador, Guatemala, Honduras and Nicaragua have adopted framework laws that bring coherence and stability to their

47 This section is based on FAO (2009). *Guide on legislating for the right to food*. Rome. www.fao.org/fileadmin/templates/righttofood/documents/RTF_publications/EN/1_toolbox_Guide_on_Legislating.pdf; FAO (2011). *Right to food – Making it happen. Progress and lessons learned through implementation*. Rome. www.fao.org/3/i2250e/i2250e00.htm; FAO (2017). *Parliamentary fronts against hunger, and legislative initiatives for the right to adequate food and nutrition. The experience of Latin America and the Caribbean 2009–2016*. Rome. www.fao.org/3/a-i7872e.pdf; and FAO (2019). *Enabling legal environment for responsible investment in agriculture and food systems. Legal Brief for Parliamentarians in Africa No. 5*. Rome. www.fao.org/3/ca3522en/CA3522EN.pdf.

48 www.un.org/en/universal-declaration-human-rights/.

49 www.ohchr.org/EN/professionalinterest/pages/cescr.aspx.



©FAO/Alexey Filippov

food system. Argentina, Costa Rica, El Salvador, Mozambique and Uruguay are drafting new framework laws on food security and the right to food and nutrition. Ecuador and Peru are drafting new framework laws on healthy eating.

Sectoral laws

Sectoral laws are important because they regulate the rights and obligations of the people and the economic, social and institutional environment within which people operate. Such laws may not help the implementation of the right to food; however, they should be carefully reviewed for their compatibility with the right to food (and nutrition).

Challenges to implementing legislation

Legislation may not always be implemented in practice due to reasons such as lack of budget, poor enforcement and lack of understanding of the law by the beneficiaries, among others. Failure to implement legislation is a common problem, especially in resource-poor countries and can easily lead to the lack of respect for the rule of law. Parliaments can address this issue by involving and coordinating action by all those concerned with implementing legislation, including law enforcers, civil society and grass-roots organizations and community leaders, to improve implementation, enforcement and accountability. Parliamentarians can also work together within and across borders, for instance by forming their own national alliance or joining a regional parliamentary alliance to take effective legislative, policy, budgetary and oversight functions to ensure improved nutrition and food systems.^{50,51}

50 FAO (2019). *Right to adequate food in constitutions. Legal Brief for Parliamentarians in Africa No. 1.* Rome. www.fao.org/3/ca3518en/CA3518EN.pdf.

51 FAO (2019). *Enabling legal environment for responsible investment in agriculture and food systems. Legal Brief for Parliamentarians in Africa No. 5.* Rome. www.fao.org/3/ca3522en/CA3522EN.pdf.

Box 3. Engaging women in the food systems for nutrition in low- and middle-income contexts⁵²

Women are active in all elements of food systems, playing an indispensable role in on-farm and off-farm activities, particularly in rural areas; this provides them with an important source of authority and revenue, with benefits (including improved nutrition) that are passed on to their families. However, in many contexts women are often disadvantaged in terms of access to resources, services and markets; they may also have less decision-making power in the household and be burdened by more onerous daily chores. Worldwide, women are more likely than men to be malnourished: millions of women (approx. 10%) are still underweight, one third of all women have anaemia, and women have a higher prevalence of obesity than men. Addressing gender inequalities (including early dropout from schools, early marriage and lower pay) is both the means to and the outcome of improved food security and nutrition. Therefore, an approach that simply redistributes resources or allocates more resources to women but that does not change the fundamental drivers and norms will fail to sustainably empower women with the autonomy to manage their own nutrition and other development needs. Legislation and regulations are needed to place women at the centre of information-sharing and decision-making to ensure that they have access to and control of productive resources and quality food choices and have opportunities to participate effectively in higher value-adding activities in food systems. If women and men were to have the same access to resources, including land, it is estimated that agricultural yields would rise by almost a third, resulting in up to 150 million fewer hungry people in the world.⁵³

Entry points for parliamentarians to act in food systems

Entry points for parliamentarians along the food supply chain

As shown in Figure 1, one component of a food system is the food supply chain, which encompasses the entire range of actors and their interlinked activities adding social, cultural and economic value involved in the production, aggregation, processing, distribution, labelling, marketing, consumption and disposal of food products.⁵⁴ These actors work across the “supply” side of a food system.

52 Sources: Civil Society Mechanism (2016). *Connecting smallholders to markets: an analytical guide*. Rome. www.fao.org/fileadmin/templates/cfs/Docs1516/cfs43/CSM_Connecting_Smallholder_to_Markets_EN.pdf; and Development Initiatives (2018). *2018 Global nutrition report: Shining a light to spur action on nutrition*. Bristol, UK. <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>.

53 FAO (2016). *Women hold the key to building a world free from hunger and poverty*. Rome. www.fao.org/news/story/en/item/460267/icode/.

54 FAO (2013). *The state of food and agriculture 2013: Food systems for better nutrition*. Rome. www.fao.org/publications/sofa/2013/en/, page 3, footnote 2.

“Making chain or systemic legislation also matters. Because it is not only one part but the whole chain that should be made visible in order to legislate.”

Luisa María Calderón Hinojosa, former senator in the Mexican Senate and former General Coordinator of Parliamentary Front against Hunger in Latin America and the Caribbean⁵⁵

Inputs for food production – natural and manufactured resources

A functional food supply chain requires adequate and accessible production inputs (e.g. seeds, pesticides, fertilizers) and natural resources. Some countries provide subsidies to assure farmers' access to inputs that increase yield.⁵⁶ Legislation and policies must be in place to ensure that investment in agriculture benefits both women and men and is done responsibly so as not to harm the environment, water or land or reduce biodiversity.⁵⁷ In 2014, the Committee on World Food Security published its *Principles for responsible investment in agriculture and food systems*,⁵⁸ which provides a road map for development of laws that regulate the rights to natural (e.g. land, water) and infrastructural resources (e.g. irrigation, hothouse) and services (e.g. finance and extension), etc.

55 Edited written response to author's questions, translated by FAOLAC, received on 21 May 2019.

56 FAO (2013). *The State of Food and Agriculture 2013: Food systems for better nutrition*. Rome. www.fao.org/3/i3300e/i3300e.pdf

57 FAO (2019). *Enabling legal environment for responsible investment in agriculture and food systems. Legal Brief for Parliamentarians in Africa No. 5*. Rome. www.fao.org/3/ca3522en/CA3522EN.pdf

58 Committee on World Food Security (2014). *Principles for responsible investment in agriculture and food systems*. Rome. www.fao.org/3/a-au866e.pdf



EXAMPLE

Ecuador passed a law on hydrological resources and the use and exploitation of water in 2014, and Organic law on rural land and ancestral territories in 2016.⁵⁹

European Union resolutions on deforestation

The European Parliament adopted two resolutions (legally non-binding) on deforestation in April 2017 and September 2018. The first focuses on palm oil and deforestation of rainforests.⁶⁰ The second focuses on transparent and accountable management of natural resources in developing countries and calls for a European Union plan for external actions against deforestation.⁶¹ Following the second resolution, the European Commission launched a public consultation with a view to put forward such an action plan. It is unclear, however, whether the action plan, if developed, will be legally binding or based on voluntary measures. While this resolution aims to support environmental sustainability, there are perceived trade-offs with other policy objectives such as food security.

Production that supports family farming

The types and varieties of foods produced, where and how they are produced and by whom profoundly affect food availability, affordability and safety as well as dietary diversity. Agricultural research and development investments have traditionally favoured a few staple crops (rice, wheat and maize provide more than half of the global food supply) and oilseeds over the vast majority of diverse and nutritious foods.⁶² A careful audit of the nutritious values and the consumption patterns of local and national products such as cereals, vegetables, fruits, tubers, nuts, pulses and legumes and of the national and local food culture and traditions could provide information that would support changes in food systems, resulting in significant nutritional and economic benefits with much less production costs.

Ninety per cent of farms worldwide are family owned. These farms occupy 70–80 per cent of the world's total farmland and provide more than 80 per cent of the world's food supply. Many family farmers have limited access to finance, extension services, innovative technologies and legal protection and as a result suffer lower productivity

59 FAO (2017). *Parliamentary fronts against hunger, and legislative initiatives for the right to adequate food and nutrition. The experience of Latin America and the Caribbean 2009–2016*. Rome. www.fao.org/3/a-i7872e.pdf.

60 European Parliament, "Palm oil and deforestation of rainforests", 4 April 2017, www.europarl.europa.eu/doceo/document/TA-8-2017-0098_EN.html.

61 European Parliament, "Transparent and accountable management of natural resources in developing countries: the case of forests", 11 September 2018, www.europarl.europa.eu/doceo/document/TA-8-2018-0333_EN.html?redirect.

62 FAO (2013). *The State of Food and Agriculture 2013: Food systems for better nutrition*. Rome. www.fao.org/3/i3300e/i3300e.pdf



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and income. Women provide on average 43 per cent of the farm labour in low- and middle-income countries⁶³ and play a major role in household food security and nutrition, yet less than 15 per cent of landholders are women.⁶⁴ In many parts of the world, they face multiple forms of discrimination that limit their roles in agriculture, undermining the achievement of food security. Therefore, policies and legal and institutional frameworks are needed to support family farming, especially women farmers; this is essential to ending hunger, combating malnutrition in all its forms and moving towards a more sustainable agricultural system.⁶⁵ Building on the success of The International Year of Family Farming 2014, the United Nations Decade of Family Farming (2019–2028) aims to inspire the international community to refresh the political commitment to support family farmers and craft pro-family-farming policies.⁶⁶

EXAMPLE

A model law on family farming was approved during the thirty-second General Assembly of the PARLATINO (Latin American Parliament) in December 2016; this serves as a framework for States to create or improve laws, policies and national strategies in support of family farming.⁶⁷

63 FAO (2014). *The State of Food and Agriculture 2014: Innovation in family farming*. Rome. www.fao.org/3/a-i4040e.pdf.

64 FAO (2018). *The gender gap in land rights*. Rome. www.fao.org/3/i8796EN/i8796en.pdf

65 FAO (2013). *The State of Food and Agriculture 2013: Food systems for better nutrition*. Rome. www.fao.org/3/i3300e/i3300e.pdf

66 FAO, “United Nations Decade of Family Farming”, www.fao.org/family-farming/decade/en/ (Accessed 16 November 2019).

67 FAO (2017). *Parliamentary fronts against hunger, and legislative initiatives for the right to adequate food and nutrition. The experience of Latin America and the Caribbean 2009–2016*. Rome. www.fao.org/3/a-i7872e.pdf

Unfair trading practices in the supply chain in the European Union⁶⁸

Unfair trading practices (UTPs) occur throughout the food supply chain and include issues such as late payment, retroactive charges, short-notice cancellation, promotional cost, etc. Small actors in the chain, especially producers, are more prone to UTPs. Based on an initiative from a European Parliament (EP) resolution in 2016, the European Commission presented a legislative proposal in April 2018 to defend small and medium-sized producers' positions. A political agreement was reached in December 2018 following negotiations between the EP and the Council of the European Union (Member States), and the ensuing Directive was formally approved by the two institutions in March and April 2019, respectively. The scope of the proposal has over time been strengthened during the debates held at various parliamentary committees. Most significant improvements include: a definition of UTPs; expanding the scope to all agricultural products and sectors beyond food production; inclusion of a total of 16 UTPs, with 10 as "always forbidden" and six as "prohibited if not clearly agreed upon"; protection of foreign suppliers and the confidential information of the suppliers' identity; the availability of multiple enforcement authorities; and the opportunity for suppliers to decide to which authority to file a complaint. The legislative act was signed on 17 April 2019, marking the end of the procedure in the EP. EU Member States have 24 months to incorporate the new law into national legislations.

Harvesting, post-harvest handling, storage, packaging and distribution

Improved post-harvest handling and aggregation practices, storage and packaging technologies and facilities could reduce food spoilage and ensure food safety, prevent nutrient loss and extend the shelf life of perishable yet high-value foods, such as fruits and vegetables. Poor smallholder farms in low-income economies often do not have access to such practices, technologies or facilities and suffer disproportionately higher losses. FAO recognized the importance of improved storage and issued policy guidance to ensure food supply as early as in 1968.⁶⁹ The importance of such measures to food safety and nutrition cannot be overemphasized.

68 European Commission (2019). *The Directive on unfair trading practices in the agricultural and food supply chain*. Brussels. https://ec.europa.eu/info/sites/info/files/food-farming-fisheries/key_policies/documents/brochure-utp-directive_en.pdf

69 FAO (1968). *The state of food and agriculture 1968*. Rome. www.fao.org/3/74303e/74303e.pdf.

EXAMPLE

The family farming law in Argentina included an article on storage as part of production support. A FOPREL (Forum of Presidents of Legislative Powers of Central America and the Caribbean Basin) framework law on the right to adequate school food and nutrition included an article on increasing public and private investment in infrastructure and basic public services for production, distribution, conservation and storage.⁷⁰

Processing

Food processing starts immediately after foods have been harvested. It can happen at small or large scale in household, workshop or factory settings and can be for home consumption or commercial purposes. Traditional and industrial technologies, such as milling, fermentation, canning, drying, curing and fortification, can help improve the bioavailability of critical nutrients, enhance and preserve the distinct flavours of foods and either increase or decrease the concentration of essential nutrients in widely consumed foods.⁷¹

The presence of partially hydrogenated oils or other sources of industrially produced trans-fatty acids (TFA) and high levels of saturated fats, salt and sugars pose threats to human health and their use needs to be reduced. Elimination of industrial TFA from the global food supply by 2023 is a priority target of the World Health Organization.⁷²

EXAMPLE

Denmark was the first country to mandate limits on industrially produced TFA. The order on the content of TFA in oils and fats went into effect in March 2003.⁷³ The order clearly defined what TFA are, the permissible threshold and penalties for contravention.

Best-practice TFA policies include setting a mandatory limit on the amount of industrially produced TFA in all food and banning the production or use of partially hydrogenated oils as an ingredient in all foods. Best-practice policies are now reported by 15 countries.^{74,75,76}

70 FAO (2017). *Parliamentary fronts against hunger, and legislative initiatives for the right to adequate food and nutrition. The experience of Latin America and the Caribbean 2009–2016*. Rome. www.fao.org/3/a-i7872e.pdf

71 High Level Panel of Experts on Food Security and Nutrition (2017). *Nutrition and food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*. Rome. www.fao.org/3/a-i7846e.pdf

72 WHO (2019). *REPLACE action package module 3: Legislate or regulate. How-to guide for trans fat policy action*. Geneva, Switzerland. <https://apps.who.int/iris/bitstream/handle/10665/324822/WHO-NMH-NHD-19.14-eng.pdf>

73 WHO, "Denmark, trans fat ban pioneer: lessons for other countries", 14 May 2018, www.who.int/news-room/feature-stories/detail/denmark-trans-fat-ban-pioneer-lessons-for-other-countries

74 WHO (2018). *Global nutrition policy review 2016–2017. Country progress in creating enabling policy environments for promoting healthy diets and nutrition*. Geneva, Switzerland. www.who.int/nutrition/publications/policies/global_nut_policyreview_2016-2017/en/

75 WHO (2019). *REPLACE action package. Module 3: Legislate or regulate. How-to guide for trans fat policy action*. Geneva, Switzerland. <https://apps.who.int/iris/bitstream/handle/10665/324822/WHO-NMH-NHD-19.14-eng.pdf>

76 WHO, "TFA country score card", <https://extranet.who.int/nutrition/gina/en> (16 October 2020).

Enforcing food fortification law in Kyrgyzstan

Kyrgyzstan enacted The Law on Fortification of Baking Flour in 2009. This mandates fortification of all top-grade and first-grade flour with vitamins and minerals approved by authorized health agencies. It was a result of 10 years of collaboration among the government and various development partners, with one parliamentarian being a key advocate.⁷⁷ However, only large mills complied. In addition, imported unfortified flour was sold at lower prices despite a US\$ 0.05/kg protective duty. UNICEF and the Ministry of Health (MOH) sought to amend the law to cover imported flour and all domestic flour. The local manufacturers lobbied strongly against the amendment when it was first submitted in 2012 and it did not pass. UNICEF and MOH worked with the Scaling Up Nutrition civil society alliance (SUN CSA) and launched a grass-roots campaign in support of the amendment. Members of SUN CSA met with many members of the parliament highlighting the importance of fortifying all flour. The amendment was passed when it was voted on again in 2015. Still, the law was not enforced. Based on the latest amendment to the Law on the Fortification of Wheat (September 2017), a penalty was introduced for using unfortified wheat flour in health care, education and social-protection sectors as well as in other State and municipal institutions. The penalty also extended to the import and circulation of unfortified wheat flour. From 2016 to 2017, the National Statistical Committee found that the percentage of properly fortified flour samples by local mills increased from 28 per cent to 51 per cent.⁷⁸ The manufacturers have since absorbed the cost of the premix (previously provided free by donors and now domestically manufactured), maintenance of the laboratories and addition of a fortification logo on packaging. Fortified Kyrgyz flour is competitive on the market and demanded by consumers as a result of TV, radio and print campaigns that have been running consistently since 2011.

Retail, wholesale and food services

There is a wide variety of outlets through which foods reach end consumers. Smallholder farmers and small and medium-sized enterprises often trade the foods they produce/process in markets linked to local, national and regional food systems (i.e. territorial markets). Some of these markets are less well organized or managed than formal value chains. While rapid unplanned urbanization imposes various challenges to health, nutrition and food systems (Box 4), such territorial markets

77 UNICEF, "Kyrgyzstan – Kyrgyzstan enacts law on flour fortification to fight 'hidden hunger'", 13 April 2009, www.unicef.org/childsurvival/kyrgyzstan_49274.html.

78 World Food Programme (2018). *Price monitoring for food security in the Kyrgyz Republic: Annual Review 2017*. Rome. https://docs.wfp.org/api/documents/WFP-0000068357/download/?_ga=2.251611910.162094771.1576253197-171454568.1576253197

could lead to a more dynamic balance between the supply and demand of diverse and healthy foods, since they often leave more room for the producers, sellers and consumers of foods to interact with one another.⁷⁹

Box 4. Urban food system challenges and opportunities for parliamentarians

With the expansion of cities and towns worldwide, an increasing number of urban residents, especially the urban poor, experience difficulties accessing enough safe and healthy foods. This is often due to the lack of a stable income to buy healthier foods; potential safety issues of foods prepared and sold by street vendors in an environment lacking basic hygiene and sanitation;⁸⁰ and continued aggressive marketing and more ready availability of inexpensive, processed foods high in fats, salt and sugars. The poorest urban populations are among the groups most at risk of being malnourished.

Unplanned, rapid urbanization makes it challenging for urban authorities to ensure access to green spaces and facilities for physical activity and to provide market infrastructure for the sale of fresh foods, especially fruits and vegetables. However, some municipal authorities have taken ground-breaking action to improve nutrition. The Urban Food Agenda⁸¹ and the Milan Urban Food Policy Pact⁸² link urban and rural areas, acknowledge the centrality of food and nutrition and call for leveraging subnational and local government actions to develop laws and regulations that enhance food safety, food security and nutrition. This includes addressing issues such as taxes, fees and levies; the enforcement of food safety and nutrition laws; the right of street vendors to public space; zoning rules to define types of food businesses permitted in specific areas; nutrition criteria for food served in local government institutions etc. Legislative action and political support in parliaments are required to revisit the distribution of roles and mandates to better align national and local policies on nutrition and food systems with new realities following urbanization.

Implementation of nutrition criteria and processes for public procurement of healthy food in public institutions, such as schools, hospitals, care facilities and government offices, can help create healthy food environments and improve access to healthy diets. Bulk food procurement for such institutions can also bring sizeable economic benefits to help sustain rural livelihoods and resilience, increase dietary diversity and

79 Civil Society Mechanism (2016). *Connecting smallholders to markets: an analytical guide*. Rome. www.fao.org/fileadmin/templates/cfs/Docs1516/cfs43/CSM_Connecting_Smallholder_to_Markets_EN.pdf.

80 Katarlah Taylor, "Special event: New IFPRI research program explores emerging problems of urban food systems", International Food Policy Research Institute, 17 June 2019, www.ifpri.org/blog/special-event-new-ifpri-research-program-explores-emerging-problems-urban-food-systems

81 FAO (2019). *FAO framework for the urban food agenda*. Rome. www.fao.org/3/ca3151en/CA3151EN.pdf.

82 Milan Urban Food Policy Pact (2015). *Milan Urban Food Policy Pact*. Milan. <https://www.milanurbanfoodpolicypact.org/wp-content/uploads/2020/12/Milan-Urban-Food-Policy-Pact-EN.pdf>.

provide healthy diets if nutritional standards are well established and small family farms are well connected, supported and paid fairly. In many developed economies, restaurant chains are increasingly required to publish nutritional facts on the menu and offer healthier options.

EXAMPLE

Brazil passed Law 11.497: National School Meals Programme in 2009 and set a 30 per cent minimum quota for procuring organic agricultural products from local farmers.

In the United States of America, the Common Sense Nutrition Disclosure Act (S. 261/HR. 772) went into effect in 2018, requiring food chains with 20 or more locations to disclose calorie content on menus, including fast-food chains, sit-down restaurants, convenience stores, movie theatres, grocery stores and vending machines.

Disposal, loss and waste

Globally, it is estimated that one third of all foods produced for human consumption go to waste. Food loss and waste represent not only the loss of food and nutrition but also the loss and waste of the water, land, energy and other natural resources and manufactured inputs that go into the whole food supply chain. Food is lost as a result of inefficiencies along the chain, including poor infrastructure, lack of adequate technology or poor access to markets, whereas food waste is mostly the result of decisions (e.g. to discard food based on sorting and grading criteria) and behaviours (e.g. food spoilage due to neglect or throwing away food that is past arbitrary “best by” dates) of food-chain actors. Food loss and waste can occur at different stages of the food supply chain, depending on the type of foods, level of economic development and social and cultural practices.⁸³

EXAMPLE

In February 2016, France became the first country in the world to prohibit supermarkets from throwing away unused foods. Law n° 2016-138 requires supermarkets with a size of 400 m² or more to sign donation contracts with charities to donate unused foods or face penalties including fines up to 75,000 euros or two years in jail.^{84,85}

83 FAO (2018). *Food loss and waste and the right to adequate food: making the connection*. Rome. www.fao.org/3/ca1397en/CA1397EN.pdf.

84 Luis González Vaqué, “French and Italian food waste legislation: An example for other EU Member States to follow?”, *European Food and Feed Law Review*, vol. 12, No. 3 (2017), pp. 224–233.

85 Note: Of the 7.1 million tons of food wasted in France annually, 67 per cent is binned by consumers, 15 per cent by restaurants and 11 per cent by shops, according to Angelique Chrisafis, “French law forbids food waste by supermarkets”, *The Guardian*, 4 February 2016, www.theguardian.com/world/2016/feb/04/french-law-forbids-food-waste-by-supermarkets



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Reducing food loss and waste in Japan

Japan throws away 6.43 million tons of perfectly edible food each year.⁸⁶ More than half is discarded by producers, supermarkets and restaurants, while the rest is discarded at the household level.⁸⁷ The Japanese parliament (Diet) has a history of addressing food loss and waste. A 2001 food recycling law promoted recycling “surplus” foods into animal feed, fertilizer and biofuel.⁸⁸ The Komeito Party, a major political party and the coalition partner of the leading party, the Liberal Democratic Party, established a project team in January 2016 to promote reduction of food loss and waste. With intensified collaboration between the Diet and FAO, an FAO Parliamentary Friendship League in Japan was formed in May 2017. In December 2018, a Parliamentary League for Food Loss Reduction and Food Banks Promotion was established, and more than 100 Diet members had joined by October 2019. The new league has since developed a draft law on promotion of food loss reduction,⁸⁹ which intends to involve local governments, businesses and consumers in efforts to reduce food loss and waste. It also involves food banks for more effective distribution of food to the people in need. The law, as it is now, does not articulate the specifics on how it will be enforced. The bill was promulgated on 31 May 2019.

⁸⁶ Ministry of the Environment, “Announcement of estimated values (2016) of food wastes and food loss in Japan”, 12 April 2019, www.env.go.jp/press/106665.html.

⁸⁷ Japan Today, “Kuchikomi – Japan throws out 620,000 tons of food a year, while 3 mil kids don’t have enough to eat”, 16 March 2018, <https://japantoday.com/category/features/kuchikomi/Japan-throws-out-620-000-tons-of-food-a-year-while-3-mil-kids-don-t-have-enough-to-eat>.

⁸⁸ Junko Eda Hiro and Yuriko Yoneda, “Food waste recycling in Japan”, *JFS Newsletter No. 51* (November 2006), www.japanfs.org/en/news/archives/news_id027817.html.

⁸⁹ Gov base, “Legislation on promotion of food loss reduction”, 23 July 2019, www.gov-base.info/2019/07/23/36176.

Box 5. Climate and environment challenges to nutrition and food systems^{90,91}

Climate change and environmental degradation are increasingly challenging humankind's ability to feed and nourish a growing world population. At the same time, current food systems drive greenhouse gas emissions and environmental degradation, contributing between 21 and 37 per cent of all global greenhouse gas emissions, using 70 per cent of all fresh water, depleting topsoil, contributing to biodiversity loss and to the degradation and destruction of terrestrial and marine ecosystems and ecosystem services that are essential for sustaining human life. However, it is estimated that the adoption of healthy diets that include sustainability considerations has the potential to reduce the social cost of greenhouse gas emissions by 41–74 per cent by 2030.⁹² Global and national food systems, starting with food supply chains, must become more nutrition-sensitive and sustainable.

Food environment

Food environments are places where food is acquired or consumed.⁹³ They are thus the nexus of interactions between the individual and aspects of the food system that are related to food production, processing, labelling and marketing, transportation and retail, and food disposal and waste. The key elements of the food environment that influence consumer food choices and diets are: physical accessibility of foods; the prices of foods presented in points of sale; marketing of foods, including the promotion, advertisement and sponsorships through different types of media, at point of sale and in the broader social environment; and food quality and safety.⁹⁴

The food environment presents entry points for parliamentarians to promote healthy diets, such as providing consumers with nutrition education and easy-to-interpret and verifiable nutritional information on the foods they purchase and consume, and ensuring labelling is not misleading and that children are not exposed to the harmful impact of food marketing. The food environment is a dynamic and complex space, influenced by legislation, such as regulation of food marketing (including breast-milk substitutes and foods for infants and young children), nutrition labelling, fiscal and pricing policies (in particular taxation of unhealthy foods and subsidies of healthy foods) and nutrition standards for schools, hospitals and other public institutions.

90 FAO (2013). *The State of Food and Agriculture 2013: Food systems for better nutrition*. Rome. www.fao.org/3/i3300e/i3300e.pdf

91 FAO (2017). *Water for sustainable food and agriculture. A report produced for the G20 Presidency of Germany*. Rome. www.fao.org/3/a-i7959e.pdf

92 FAO, International Fund for Agricultural Development, UNICEF, World Food Programme and WHO (2020). *The state of food security and nutrition in the world 2020*. Rome. www.fao.org/state-of-food-security-nutrition/en/.

93 FAO and WHO (2019). *Sustainable healthy diets: Guiding principles*. Rome. www.fao.org/3/ca6640en/ca6640en.pdf

94 High Level Panel of Experts on Food Security and Nutrition (2017). *Nutrition and food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*. Rome. www.fao.org/3/a-i7846e.pdf.

EXAMPLE

The Parliament of Hungary passed legislation in 2011 creating a public-health product tax to be levied on food products containing unhealthy ingredients (e.g. sugar, salt) exceeding a threshold level. The tax is collected at the point of sale from both consumers and sellers of taxable food products.⁹⁵

Sugar tax in Mexico⁹⁶

The consumption of sugar-sweetened beverages in Mexico is the highest in the Americas, at 163 litres per person per year. The prevalence of adult type 2 diabetes in the country is 10.8 per cent, the highest among all member countries of the Organization for Economic Co-operation and Development, and the overweight and obesity rate is 35 per cent in children and 71 per cent in adults. Research by the National Public Health Institute of Mexico demonstrated that the demand for soft drinks in Mexico is elastic, projecting that a 20 per cent tax would reduce demand by 26 per cent. When an attempt to persuade the private sector to self-regulate the amount of sugar present in sugar-sweetened beverages failed, in 2012 the Federal Executive presented to Congress a tax on sugar-sweetened beverages. The Special Tax on Production and Services (IEPS) went into effect in January 2014 at a tax rate of 10 per cent. The passing of the law was supported by a major mass communication strategy carried out by civil society organizations, in collaboration with academics. The entire soft-drink industry presented a united front against the tax, with very significant activism in the media.

An early evaluation showed a 6 per cent reduction in purchases of dutiable sugar-sweetened beverages in 2014 as compared with 2013, and an approximately 7 per cent increase in purchases of non-taxed beverages.⁹⁷ To date 73 countries across the world have implemented sugar-sweetened beverages taxes at national, subnational or municipal levels.⁹⁸

95 WHO (n.d.). *Public health product tax in Hungary: An example of successful intersectoral action using a fiscal tool to promote healthier food choices and raise revenues for public health*. Geneva, Switzerland. www.euro.who.int/_data/assets/pdf_file/0004/287095/Good-practice-brief-public-health-product-tax-in-hungary.pdf

96 Pan American Health Organization (2015). *Taxes on sugar-sweetened beverages as a public health strategy: The experience of Mexico*. <http://iris.paho.org/xmlui/handle/123456789/18391>.

97 M. Arantxa Colchero, Mariana Molina and Carlos M. Guerrero-López, "After Mexico implemented a tax, purchases of sugar-sweetened beverages decreased and water increased: Difference by place of residence, household composition, and income level", *The Journal of Nutrition*, vol. 147, No. 8 (August 2017), pp. 1552–1557.

98 Based on data collated by WHO from WHO Country Capacity Survey 2017, WHO Global Nutrition Policy Review 2016–2017, WHO GINA, and the Global Health Observatory. One area (non-WHO Member State) has also adopted such taxes.

Taxation of fatty food in Tonga⁹⁹

Tonga, like several other Pacific island nations, is burdened with increasing mortality and morbidity due to non-communicable diseases (NCDs). Almost 80 per cent of deaths in Tonga are attributable to NCDs and obesity prevalence is 70.2 per cent. The Tongan diet has shifted from the traditional diet consisting mainly of fish, root crops, fruit and vegetables to a diet consisting of imported processed foods.

Tonga has a history of attempts to address food system issues through legislation. A landmark was the Food Act 2014, which was to “regulate the manufacturing, sale, import and export of foods for commercial purposes”. A consultation workshop with the public on the Act and the proposed Food Regulations led to the amendment of the Food Bill and finalized Food Regulations in 2017.

In 2013, the government passed food taxes as a measure to address unhealthy diets for the first time. These included reduction or removal of taxes on fresh fish, vegetable oil and tinned fish and applying or raising taxes on lard/dripping and carbonated drinks. In 2016, taxes were instituted for more food items, such as mutton flaps, chicken leg quarter cuts, turkey tails, mayonnaise, ice cream and other edible ice. Although reductions in the consumption of fatty meats (mutton flaps and turkey tails) were reported, consumption of other items did not decrease, due in part to the lack of affordable healthier alternatives.

Research showed that the taxation strategy failed to achieve its full potential because the complementary consumer awareness and education programmes that should have run parallel with the food taxation strategy were not initially well coordinated.

“One of these myths ... is the idea that these diseases that I spoke about earlier – strokes, heart attacks, diabetes, cancer – are chronic, “non-communicable” diseases. But this isn’t true. ... In fact, it’s these very diseases that are the most easily transmitted. Not even viruses and bacteria are so contagious and destructive as adverts, marketing campaigns and the neuroscientific techniques used to reach consumers.”

Senator Guido Girardi, Chile¹⁰⁰

99 FAO (2017). *Effects of food taxation in Tonga: a snapshot*. Rome, FAO and the Fiji National University Pacific Research Centre for the Prevention of Obesity and Non-communicable Diseases (C-POND). www.fao.org/3/a-i8052e.pdf.

100 FAO (2018). *The Chilean food labelling law – Conference held at FAO headquarters on the role of parliamentary fronts in improving global nutrition*. FAO Dialogues. Rome. www.fao.org/3/ca1962b/CA1962B.pdf.

Box 6. Breastfeeding and parliamentary support

Breastfeeding affords protection against undernutrition and overweight and obesity later in life. Globally, the lives of nearly 823,000 children under the age of 5 could be saved if breastfeeding rates were increased to near-universal levels. In addition, improving global breastfeeding rates could prevent 20,000 women losing their lives due to breast cancer each year.¹⁰¹ The total global economic losses due to preventable deaths, combined with cognitive losses and health system costs of inadequate breastfeeding (i.e. not in compliance with the WHO recommendations) are estimated to be US\$ 341.3 billion annually, or 0.70 per cent of global gross national income.¹⁰² As a minimum, countries should enact, monitor and enforce legislation to prohibit the inappropriate marketing of breast-milk substitutes (BMS) and fully implement and enforce the *International code of marketing of breast-milk substitutes* (the Code)^{103,104} and the recommendations in the WHO *Guidance on ending inappropriate promotion of foods for infants and young children*.^{105,106} As of 2020, 136 out of 194 countries have some form of legal measure in place covering more than one provision of the Code; however, only 25 countries have legal measures that are substantially aligned with the Code, and a further 42 countries have measures which are moderately aligned with the Code.¹⁰⁷ On the other hand, global sales of BMS increased from US\$ 44.8 billion in 2014 to US\$ 70.6 billion in 2019¹⁰⁸ and sales of BMS are growing by more than 10 per cent annually in many low- and middle-income countries, pointing to the urgent need for strengthened implementation of the Code at national level.¹⁰⁹ In addition, laws need to be in place to protect and support women's right to breastfeed by creating an enabling environment. This can be achieved by implementing the Maternity Protection Convention No. C183¹¹⁰ and

101 Cesar G. Victora and others, "Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effects", *The Lancet*, vol. 387, No. 10,017 (30 January 2016), pp. 475–490.

102 Dylan D. Walters, Linh T.H. Phan and Roger Mathisen, "The cost of not breastfeeding: Global results from a new tool", *Health Policy and Planning*, vol. 34, No. 6 (July 2019), pp. 407–417.

103 WHO (1981). *International code of marketing of breast-milk substitutes*. Geneva, Switzerland. www.who.int/nutrition/publications/code_english.pdf.

104 WHO, "Code and subsequent resolutions", <https://www.who.int/nutrition/netcode/resolutions/en/> (12 October 2020).

105 WHO (2017). *Guidance on ending the inappropriate promotion of foods for infants and young children. Implementation manual*. Geneva, Switzerland. www.who.int/nutrition/publications/infantfeeding/manual-ending-inappropriate-promotion-food/en/.

106 Note: foods are defined as "specifically marketed as suitable for feeding infants and children from 6 months up to 36 months of age".

107 WHO (2020). *Marketing of breast-milk substitutes: National implementation of the international code, status report 2020*. Geneva, Switzerland. <https://www.who.int/publications/i/item/9789240006010>.

108 Nigel C. Rollins and others, "Why invest, and what it will take to improve breastfeeding practices?" *The Lancet*, vol. 387, No. 10017 (30 January 2016), pp. 491–504.

109 WHO (2018). *Global nutrition policy review 2016–2017. Country progress in creating enabling policy environments for promoting healthy diets and nutrition*. Geneva, Switzerland. www.who.int/nutrition/publications/policies/global_nut_policyreview_2016-2017/en/.

110 International Labour Organization, "C183 – Maternity Protection Convention, 2000 (No. 183)", 15 June 2000, www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183.

its corresponding Recommendation No. R191¹¹¹ and providing new mothers with at least 14 weeks of maternity leave (18 weeks in R191) paid at no less than two thirds of previous earnings (100 per cent in R191) provided through compulsory social insurance or public funds. Building on the maternity protection provisions as a minimum requirement, strategies and legislation are required for maternal and child health care, health protection at the workplace for pregnant and nursing workers, employment protection and non-discrimination, and adequate facilities for breastfeeding and childcare. For example, the 2008 Employment Code in Burkina Faso is now fully complies with this Convention, with legislation requiring that women be given 14 weeks of fully State-funded maternity leave.¹¹²

Political commitment to breastfeeding in Kenya

The Constitution of Kenya, 2010 explicitly mentions the right to food and basic nutrition for every child. A Food and Nutrition Security Policy (FNSP) aligned with the Constitution was launched on 16 October 2012.¹¹³ Among the commitments made in the FNSP is support for exclusive breastfeeding (EBF). The national EBF rate in Kenya has increased from 13 per cent in 2003 to 61 per cent in 2014. In 2017, the Parliament of Kenya approved the Breastfeeding Mothers Bill,¹¹⁴ which requires all employers to provide breastfeeding stations for nursing mothers in the workplace with all the necessary facilities, including electric outlets for breast pumps, refrigerators and appropriate cooling facilities. The fine for offence under this Bill is up to 500,000 Kenya shillings (approximately US\$ 4,930) and/or imprisonment for not more than one year. This Bill is in addition to the country's Health Act, 2017 (section 71 and 72),¹¹⁵ which requires provision of lactation stations in the workplace and provision of nursing breaks (one hour for every eight hours) for nursing staff members. The general penalty under the Health Act is a fine not exceeding 2 million Kenya shillings (approximately US\$ 19,720) or imprisonment of three months or both. In 2018, the Ministry of Health issued guidelines to public and private institutions on how to make workplaces breastfeeding-friendly for women and to ensure the well-being of infants.¹¹⁶

111 International Labour Organization, "R191 - Maternity Protection Recommendation, 2000 (No. 191)", 15 June 2000, https://www.ilo.org/dyn/normlex/en/?p=NORMLEXPUB:12100:0:NO::P12100_ILO_CODE:R191

112 Development Initiatives (2018). *2018 Global nutrition report: Shining a light to spur action on nutrition*. Bristol, UK. <https://globalnutritionreport.org/reports/global-nutrition-report-2018/>.

113 Kenya, Agricultural Sector Coordination Unit (2011). *National Food and Nutrition Security Policy*. Nairobi. <https://extranet.who.int/nutrition/gina/en/node/8241>.

114 Kenya (2017). The Breastfeeding Mothers Bill, 2017, *Kenya Gazette, Supplement No. 37 (National Assembly Bills No. 13)*. http://kenyalaw.org/kl/fileadmin/pdfdownloads/bills/2017/BreastfeedingMothersBill_2017.pdf.

115 Kenya (2017). The Health Act, 2017, *Kenya Gazette, Supplement No. 101 (Acts No. 21)*. <http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/HealthActNo.21of2017.pdf>.

116 Kenya, Ministry of Health (2018). *Guidelines for securing a breastfeeding friendly environment at the work place*. Nairobi. <http://www.health.go.ke/wp-content/uploads/2018/11/GUIDELINES-FOR-WORKPLACE-SUPPORT-FOR-WOMEN-SOFTY-COPY-SAMPLE-converted.pdf>.



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Consumer behaviour

In this handbook, “consumer behaviour” refers to the food choices made at the individual, household and collective levels with regard to how, when and where to acquire, store, prepare, eat and dispose of foods, as well as the allocation of foods within the household (including gender allocation and feeding of children). Consumer behaviour and decisions related to healthy eating are influenced by myriad factors, including personal food preferences; familiarity with certain foods; personal beliefs, attitudes and food skills; availability and affordability of foods; food marketing; consumer education; and wider sociocultural norms and political determinants.

Well-designed and robust legislation is important to ensure food environments support, promote and protect healthy diets throughout the life-course, including exclusive breastfeeding during the first six months of life and continued breastfeeding until 2 years of age and beyond. National dietary guidelines can be a valuable tool to inform coherence in such legislation. Examples of measures to influence or support consumer behaviour change include implementation of the *International code of marketing of breast-milk substitutes*;¹¹⁷ restricting the marketing of foods and non-alcoholic beverages to which children are exposed, and incorporation of food and nutrition education and other behaviour-change strategies in formal school systems and markets; taxation on unhealthy foods to discourage their consumption and subsidies on healthy foods to encourage their consumption; and nutrition labelling in line with Codex Alimentarius standards, including the provision of supplementary nutrition information.

117 WHO (1981). *International code of marketing of breast-milk substitutes*. Geneva, Switzerland. www.who.int/nutrition/publications/code_english.pdf.

Food labelling in Chile¹¹⁸

Chile has one of the highest levels of sugar consumption per capita in Latin America and the Caribbean (1999–2013), trailing closely after Mexico. Half of Chilean children are overweight or obese by the age of 6 years. A national health survey in 2016 found that only 24.5 per cent of the adult population has a normal nutritional status.

In 2007, parliamentarians in Chile began drafting a law on nutrition labelling, in collaboration with the Chilean Academy of Sciences. Acceptable levels of salt, sugar, fat and calories in food and beverage were established as part of this legislative process, in the absence of international references. These levels were later approved by the Pan American Health Organization and WHO.

The law had three important elements. First, it established the “right to know” what is in foods and initially considered a traffic-light scheme using red, amber and green to indicate the healthiness of foods. However, the food industry put pressure on the government and the scheme was abandoned. Second, after the law was eventually passed in 2011 (it was initially vetoed by the President, but the veto was withdrawn after demonstrations in front of the presidential palace that lasted for two weeks), focus groups involving more than 2,000 six-year-old children identified black octagons on the packaging that indicate the levels of sugar, fats, salt and calories that the product contains as the easiest to understand. Legislation now mandates such black octagonal warning labels on foods high in energy, sugars, saturated fats and sodium. Third, the law aimed to stop advertising foods high in fat, sugar and/or salt on television.^{119,120} This was implemented on the grounds of defending children’s human rights, based on the argument that such advertisements mislead children and condition them to make decisions that are not healthy for them. The law also banned the sales of products high in calories, fat, sugar or sodium in schools and stopped public procurement of unhealthy products.

By 2018, 20 per cent of products in Chile had been reformulated.

118 FAO (2018). *The Chilean food labelling law – Conference held at FAO headquarters on the role of parliamentary fronts in improving global nutrition*. FAO Dialogues. Rome. www.fao.org/3/ca1962b/CA1962B.pdf.

119 WHO (2010). *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Geneva, Switzerland. www.who.int/dietphysicalactivity/publications/recsmarketing/en/.

120 WHO (2012). *A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Geneva, Switzerland. https://apps.who.int/iris/bitstream/handle/10665/80148/9789241503242_eng.pdf?sequence=1.

Front-of-pack labelling in France¹²¹

The Government of France established the National Nutrition Programme in 2001 as a response to increasing diet-related NCDs. In 2013, the Ministry of Health (MOH) commissioned a report on nutrition interventions to be implemented at large scale, and one of the measures proposed was front-of-pack nutrition labelling. The proposal was incorporated in the Health Law and passed the parliament in January 2016. A 10-week trial was subsequently carried out in late 2016 that involved 60 supermarkets across the country to identify the most effective labelling system among several designs. In March 2017, in an interview with national newspapers, the Minister of Health announced the choice of the Nutri-Score design using colours and letters from green/A to red/E. In October 2017, a decree was signed by three ministers (Solidarities and Health, Agriculture and Food, and Economy and Finance). Under EU rules, the law can only be voluntary in nature. So far, an estimated 20 per cent of food products on the market bear the Nutri-Score logo. According to the MOH, less expensive research methods have been developed to generate the necessary evidence to identify the most effective visualization in terms of influencing consumer behaviours. Longer-term user experiences and impact of the scheme on the incidences of NCDs will be assessed in future in existing health cohorts in France.

Younger consumers

Children and adolescents can make food decisions and/or influence purchases of parents or caregivers. Food marketing targeting children is now a global phenomenon, with intensive marketing using multiple messages and multiple channels commonly promoting foods that are high in fats, sugars, salt or all three. Legislation is needed to protect children from the harmful impact of food marketing and their right to food (and nutrition), and to guide their food preferences and choices towards a healthy diet. Global guidance and recommendations are available, such as the *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*¹²² developed by WHO and endorsed at the sixty-third World Health Assembly. The endorsement urges Member States to “take necessary measures to implement the recommendations on the marketing of foods and non-alcoholic beverages to children, while taking into account existing legislation and policies, as appropriate.”¹²³

121 Chantal Julia and others, “Front-of-pack Nutri-Score labelling in France: an evidence-based policy”, *The Lancet Public Health*, vol. 3, No. 4 (1 April 2018), article PE164.

122 Further guidance is given in WHO (2012). *A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Geneva, Switzerland. https://apps.who.int/iris/bitstream/handle/10665/80148/9789241503242_eng.pdf?sequence=1.

123 WHO (2010). *Marketing of food and non-alcoholic beverages to children*. Agenda item 11.9, Sixty-third World Health Assembly. Geneva, Switzerland. https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R14-en.pdf.



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EXAMPLE

PARLATINO in 2012 drafted and approved a proposal for a framework law for Latin America on regulating publicity on and promotion of food and non-alcoholic drinks directed at children and adolescents. It serves as a reference for countries in the region, encouraging them to introduce legislation to regulate the publicity of foods for minors. Peru passed Law No. 30021 on the promotion of healthy eating for children and adolescents in 2013.



Actions for parliamentarians to take to improve nutrition and food systems

Parliamentarians' main mandates – representation, legislation, budget and oversight – make them uniquely placed to contribute to ending malnutrition in all its forms and to put sustainable food systems that support good nutrition and healthy diets for all at the top of national and local agendas. When taking any of these actions, trade-offs and opportunity costs should be carefully assessed according to the specific contexts of the countries and the regions.

Representation

For effective representation, parliamentarians need to stay engaged with their constituents to know their needs and to advocate for their welfare. They can collaborate with advocacy groups, international organizations and research organizations to stay informed of the pressing issues related to nutrition and food systems.

Actions they can take include the following:

- Solicit disaggregated evidence, data and analysis from research networks and other relevant stakeholders to assess the current situation of diets and the food systems in the country to ensure that diets and food systems are healthy and sustainable for better nutrition.
- Raise awareness among government agencies, media and the public of nutrition problems found and the need for actions identified in the food systems to ensure healthy diets and improved nutrition.
- Organize evidence-based debates in parliament, connecting the relevant sectoral standing committees related to health, nutrition, agriculture and food systems.
- Advocate for prioritizing the nutrition and food-systems agenda by influencing the senior leadership in the legislature.
- Build alliances with civil society, academic institutions and other relevant actors to further advance advocacy, while being vigilant about conflicts of interest.

“To talk about these issues is the bottom line; we must flex our political muscles. I don’t know how to end wars but I do know this – we can end hunger in my lifetime.”
Congressman Jim McGovern, United States of America¹²⁴

¹²⁴ Remarks given at CHCI Capitol Hill Policy Briefing, “Food Insecurity and Food Waste: We Are Feeding Landfills Instead of People”, Rayburn House Office Building, Washington, DC, 26 March 2019. Notes taken by the author.

Legislation

Law-making is one of the main functions of the legislature and legislators and is best done when both are engaged in active collaboration with other stakeholders. Parliamentarians should be fully aware of, but not be deterred by, the complex causes leading to all forms of malnutrition. Legislative priorities should begin with the “low-hanging fruits” in the food systems, as determined by the level of need, the scale and scope of problems, and cost-effectiveness.

Actions that parliamentarians can take include the following:

- Take stock of existing bills related to food systems and nutrition to develop legislative benchmarks and a comprehensive legal framework for nutrition.
- Consult with relevant parliamentary bodies, the executive branch and various stakeholder groups, especially those from constituents, to identify legislative gaps and prioritize legislative needs.
- Advocate for and contribute to a comprehensive national multisectoral nutrition plan and enact a national framework law for nutrition.
- Analyse relevant sectoral laws and policies through a nutrition lens to promote healthy diets and achieve improved nutrition.
- Collaborate within and across regions and attend international events to share lessons learned and experiences in legislating for improved nutrition and food systems, including sharing of evidence of ways to prevent and manage conflicts of interest and counter vested interests opposed to such legislation.



Building a sustainable alliance for systematic law-making in the Philippines¹²⁵

The FAO Legislative Advisory Group – Philippines (FLAG-PH) was launched in January 2018 to serve as a forum to enable national and local legislators to discuss laws and bills to improve food security and nutrition of the Philippine people. FLAG-PH has a three-tiered structure. The first comprises a group of stakeholders that includes the constituents, relevant government agencies, local government units and civil society organizations. The second tier is a technical working group that consists of FAO staff and the coordinator of a local non-governmental organization, as well as two research entities in the Congress – the Senate Economic Planning Office (SEPO) and the Congressional Policy and Budget Research Department (CPBRD). The third tier is made of members of parliament. Involving SEPO and CPBRD effectively institutionalized FLAG-PH in both houses.

During its first year, FLAG-PH took stock of existing bills related to food and nutrition and prioritized the important ones; it also met with the executive branch of the government and the other stakeholders to solicit views on legislative needs and gaps. In the process, the legislative and executive branches became more aware of the importance to align laws and programmes at the national and local levels, and to put global food and nutrition frameworks in the local contexts. This multistakeholder review process also helped to reveal a need to develop a comprehensive national framework on food and nutrition, which will serve as the basis for future legislative benchmarks. Looking forward, FLAG-PH will act on its Declaration and Call for Action for Food Security and Nutrition, finalize its charter, actively improve members' capacities through training, exchange with other parliaments and attending events such as the Global Parliamentary Summit, which representatives of the FLAG-PH attended in Madrid in October 2018.

125 FAO Regional Office of Asia and the Pacific



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Box 7. Ensure a comprehensive legal framework on nutrition is in place^{126, 127}
Nutrition areas requiring legislation/policies include, but are not limited to, the following:

- Breastfeeding*
- Food safety and food quality
- Nutrition labelling
- Regulating food marketing, including advertising, promotion and sponsorship
- Public food procurement
- Consumer protection
- Nutrition of school-age children
- Food fortification
- Water and sanitation
- Fiscal policies (tax on unhealthy food/subsidies for healthy food)
- Universal health coverage, which includes integrated delivery of essential nutrition actions
- Gender-sensitive legislation that enables access to equal opportunities for improved nutrition
- Social protection legislation to ensure that the most vulnerable have access to adequate, healthy diets and essential services

* This includes regulation of marketing of breast-milk substitutes and social policies – adequate paid maternity leave, access to quality childcare, workplace breastfeeding policies with breastfeeding breaks and dedicated nursing spaces – to enable women to breastfeed.

126 Adapted with permission from David Clark (2014). “Parliament’s role in advancing nutrition: Pro-nutrition legislation and the potential role of civil society”, presentation, <http://archive.ipu.org/splz-e/vientiane14/parl-role.pdf>.

127 SUN (2020). *Parliamentary action for improved nutrition*. <https://scalingupnutrition.org/wp-content/uploads/2020/03/SUN-parliamentarian-action-ENG.pdf>.

The National Institute of Nutrition Act, United States of America¹²⁸

On 25 March 2019, Congressman Tim Ryan of the House of Representatives of the United States of America introduced a bill¹²⁹ to establish a National Institute of Nutrition (NIN) within the National Institutes of Health (NIH). Currently, none of the 27 NIH institutes focuses on nutrition, yet managing diet-related chronic conditions costs the United States of America more than US\$ 1 trillion a year. Congressman Ryan also (re)introduced two other bills related to food and nutrition in March 2019. The academic and research community quickly responded to this legislative initiative and facilitated communications between Ryan's office and other policy stakeholders. For instance, the Friedman School of Nutrition Science and Policy of Tufts University, among others, supported drafting the content of the bill and the Board of the American Society of Nutrition approved its members at the state level to advocate for co-sponsorships by representatives in the various House districts. Looking forward, the bill faces several challenges: it needs more co-sponsors within the House, a companion bill in the Senate and a budget for NIN. It will likely take more than two years to galvanize all the support needed to pass the House Energy and Commerce Committee (due in part to its budget size) before it gets to be voted on in the House. The bill will expire when the current Congress (2019–2020) ends and would need to be reintroduced.

128 Personal communication with Congressman Ryan's office and American Society for Nutrition, Washington, DC, 23 April 2019.

129 H.R.1887 - National Institute of Nutrition Act, [www.congress.gov/bills/116th-congress/house-bill/1887/text](https://www.congress.gov/bills/116/congress-house/bills/1887/text)





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Budget

Budget appropriation and enquiry are powerful tools parliament and parliamentarians have at their disposal. There are multiple steps in the budget cycle – planning, negotiation, spending and review – at which parliament and parliamentarians can take all sorts of budget-related decisions for nutrition and food systems. Of particular importance is to determine the budget amount, priority areas for allocations to meet national and global commitments, level of spending and the coordination of all relevant sectors and actors.

Actions that parliamentarians can take include the following:

- Track and analyse budgets to ascertain the amount of money allocated or needed to implement nutrition-relevant actions across government ministries – not only health, but also other relevant sectors such as agriculture, water, hygiene and sanitation, education, women's affairs, urban/ rural development and social protection.
- Negotiate and approve budget for policies and programmes aiming to improve nutrition and strengthen food systems supporting healthy diets.
- Request and review spending information from government sectors and other groups of stakeholders.

Mobilizing budget for nutrition and water, sanitation and hygiene in Burkina Faso

The Parliamentarian Network for Nutrition Security in Burkina Faso was created in May 2016 and 34 members of parliament (MPs) were participating by 2019. In collaboration with Action Against Hunger, UNICEF, the SUN civil society network (RESONUT) and the SUN Government Focal Point, MPs advocated for the creation of a nutrition budget line within Ministry of Health (MOH) in 2017 (specifically for therapeutic foods). Budget analyses by the MOH¹³⁰ and by RESONUT in 2016¹³¹ showed that the government was investing less than 2 per cent of its national budget in nutrition, with heavy dependence on donor funding. These findings led to further advocacy activities, including two joint position papers developed by all stakeholders and shared with the Ministry of Finance (MOF); a technical note that explained the main nutrition challenges in Burkina Faso (financing, governance, accountability, etc.) that was shared with the former President of the National Assembly;¹³² and two high-level events with MPs, the MOF, the MOH and the Ministry of Agriculture. The MOH was granted a nutrition budget of 1 billion CFA for 2017 and 1.5 billion CFA in 2018. Due to national security issues, the budget for nutrition was drastically reduced in 2019. Prior to the extraordinary budgetary session in September 2019, the Parliamentarian Network for Nutrition Security and other stakeholders sent a budget proposal to President Kaboré, who was recently identified as a nutrition champion as part of the African Leaders for Nutrition Initiative, led by the African Development Bank. In addition, the Network also questioned the Minister of Water and Sanitation in 2018 and in 2019 during the ordinary session about access to drinking water and sanitation in the communities. In April 2019, the government secured funding for a project of 180 billion CFA (83 per cent financed by the World Bank) for provision of drinking water and sanitation in 4 of the 14 regions of the country.

130 Patrizia Fracassi and Clara Picanyol (2014). *Tracking government investments for nutrition at country level*. Scaling Up Nutrition. http://scalingupnutrition.org/wp-content/uploads/2014/08/140703_EN_SUMMARY-3-STEP-APPROACH_Tracking_Domestic_Investments_for_Nutrition.pdf.

131 RESONUT (2016). *Analyse des allocations budgétaires et des dépenses annuelles du gouvernement et des partenaires techniques et financiers en faveur des interventions spécifiques et sensibles à la nutrition au Burkina Faso 2014 et 2015*. www.resonut.org/index.php/nutrimetre/analyses/35-analyse-des-allocations-budgetaires-et-des-depenses-annuelles-du-gouvernement-et-des-partenaires-techniques-et-financiers-en-faveur-des-interventions-specifiques-et-sensibles-a-la-nutrition-au-burkina-faso-2014-et-2015

132 RESONUT (n.d.). *Malnutrition au Burkina Faso: Note au Président de l'Assemblée Nationale*. Ouagadougou. www.resonut.org/images/Documents/Note_finale_President_AN_vf.

Oversight

Oversight processes are needed to help ensure that appropriate resources are provided to implement nutrition-related programmes, assess the impact and identify unintended negative effects on nutrition of government policies and actions in all sectors, and monitor progress towards meeting national and international commitments. However, many factors, such as political considerations, access to information and human and financial resources, have an impact on parliamentary oversight.¹³³ The election cycle can also bring uncertainties to and disrupt the commitments of parliament and parliamentarians on nutrition and food systems.¹³⁴

Actions that parliamentarians can take include the following:

- Establish clear processes and mechanisms in legislation to monitor and enforce the implementation of laws.
- Monitor and evaluate the short- and long- term effects of laws, in collaboration with independent research institutes.
- Use relevant parliamentary standing committees (such as health, food security and nutrition, agriculture, education, children, women's affairs, governance, human rights and budget) to organize transparent hearings with relevant ministries on progress in implementation and limitations of legislation pertinent to nutrition and food systems.
- Enshrine a nutrition agenda in the manifestos of political parties.
- Hold decision makers accountable and develop scorecard systems to make sure political commitments to nutrition and food systems are being realized.
- Establish mechanisms to coordinate engagement with relevant stakeholders, including rules of engagement for the avoidance and management of conflicts of interest and vested interests.

133 IPU and UNDP (2017). *Global parliamentary report 2017—Parliamentary oversight: Parliament's power to hold government to account*. Geneva, Switzerland, IPU; New York, USA, UNDP. www.ipu.org/resources/publications/reports/2017-10/global-parliamentary-report-2017-parliamentary-oversight-parliaments-power-hold-government-account.

134 William Chilufya, "Nutrition in political party manifesto", Scaling Up Nutrition, 24 February 2016, <https://scalingupnutrition.org/news/nutrition-in-political-party-manifesto/>.

Incorporating nutrition in party manifestos in Pakistan

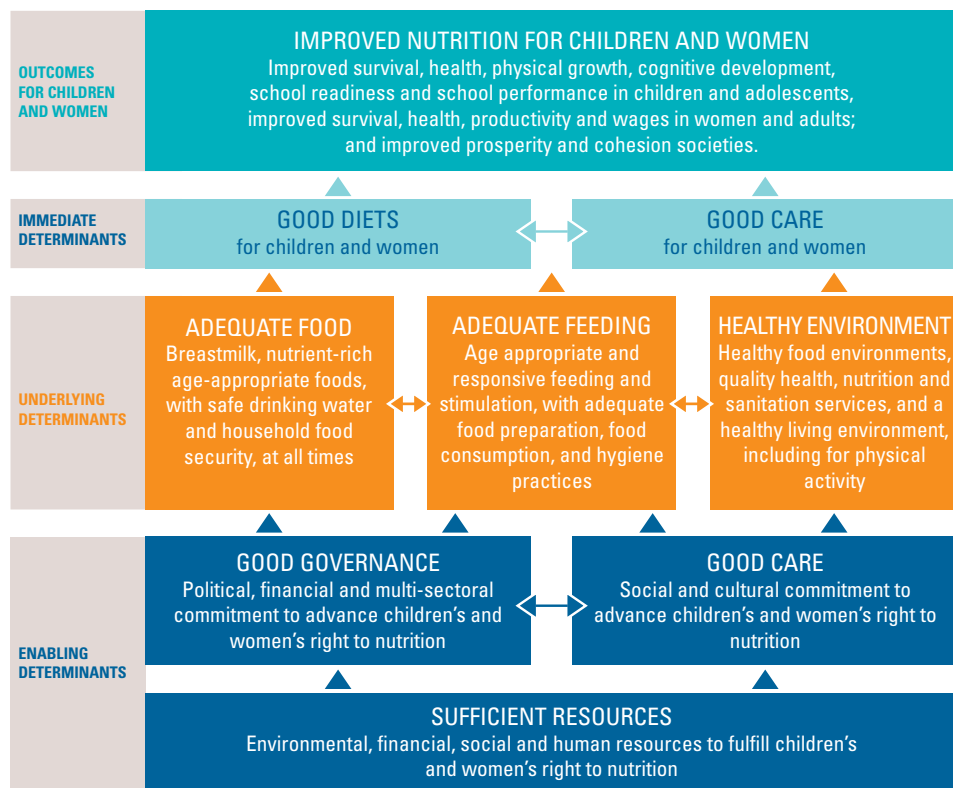
Multisectoral nutrition strategies have been developed and approved at federal and provincial levels since Pakistan joined the Scaling Up Nutrition (SUN) Movement in 2013. Despite this, nutrition was not a policy priority for political parties in the country and investment in nutrition remained low. Prior to the general election in July 2018, advocacy by the SUN civil society network called for embedding nutrition commitments in the manifestos of the major political parties. A position paper clearly showed that nutrition was not a focus area mentioned as a part of health or food security in the 2013 manifestos,¹³⁵ despite the fact that malnutrition costs the country US\$ 7.6 billion annually, nearly 3 per cent of GDP.¹³⁶ Advocates from civil society, the public and the media voiced their demand to focus on nutrition as a non-partisan issue at meetings with the manifesto committees and influential leaders of major political parties. As a result, the 2018 manifestos of all major political parties included specific reference to nutrition, ranging from a dedicated chapter to specific commitments to focus on the 1,000-day window from conception to age 2. Pakistan Tehreek-e-Insaf, the ruling party, publicly announced its commitment to the cause of improving nutrition in the first speech of newly elected Prime Minister. Subsequently, 15 parliamentary nutrition champions drawn from health, education and agriculture committees formed a group to pursue the nutrition agenda in the Parliament and to seek to establish an oversight structure through a formal notification from The Speaker's Office.

135 I. Danish, personal communication, 2019.

136 World Food Programme, "Malnutrition costs Pakistan US\$7.6 billion annually, new study reveals", 28 February 2017, www.wfp.org/news/malnutrition-costs-pakistan-us76-billion-annually-new-study-reveals.

ANNEX 1

Conceptual framework of the determinants of maternal and child nutrition¹³⁷



¹³⁷ UNICEF (2019). *The state of the world's children 2019. Children, food and nutrition: Growing well in a changing world*. New York, USA.

ANNEX 2

Global targets relevant to national priorities

Nutrition features prominently in the Sustainable Development Goals (SDGs), a universal agenda and framework for the world's development through 2030 that was adopted by all United Nations Member States in 2015. SDG 2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture, is the most pertinent to food and nutrition and firmly links the two together. The targets of SDG 2 include ensuring year-round availability of and access to safe and nutritious foods; reducing malnutrition in line with international targets; and sustaining, increasing and improving productivity, production diversity, agricultural income, food systems, research and infrastructure, trade and market.¹³⁸

The progress towards SDG 2 is being closely followed using a list of indicators,¹³⁹ including child stunting, wasting and overweight, which are also included in the Global Nutrition Targets set by the World Health Assembly (WHA) in 2012.¹⁴⁰ To align with the 2030 SDG agenda, the World Health Assembly targets were extended to 2030.

WHA Global Nutrition Targets 2030^{141,142}

- 50 per cent reduction in the number of children under 5 years of age who are stunted
- 50 per cent reduction of anaemia in women of reproductive age
- 30 per cent reduction in low birth weight
- reduce and maintain childhood overweight to less than 3 per cent
- increase the rate of exclusive breastfeeding in the first six months to at least 70 per cent
- reduce and maintain childhood wasting to less than 3 per cent

WHO has also issued nine global targets as part of the Global Action Plan on NCDs, two of which are critically linked to overweight and obesity.¹⁴³

138 United Nations (2015). *Transforming our world: The 2030 agenda for sustainable development. A/RES/70/1*. New York, USA. <https://sustainabledevelopment.un.org/post2015/transformingourworld>.

139 FAO, "SDG indicators", www.fao.org/sustainable-development-goals/indicators/en/ (18 November 2019).

140 WHO (2014). Global nutrition targets 2025: policy brief series. WHO/NMH/NHD/14.2. Geneva, Switzerland. https://apps.who.int/iris/bitstream/handle/10665/149018/WHO_NMH_NHD_14.2_eng.pdf?ua=1.

141 These are taken from WHO (2013). *Global action plan for the prevention and control of NCDs 2013–2020*. Geneva, Switzerland. https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf?sequence=1; and WHO, "Nutrition – Global targets 2025", www.who.int/nutrition/global-target-2025/en/ (18 November 2019).

142 WHO and UNICEF. 2017. *The extension of the 2025 Maternal, Infant and Young Child nutrition targets to 2030*. Discussion paper. Geneva, Switzerland and New York, USA. <https://www.who.int/nutrition/global-target-2025/discussion-paper-extension-targets-2030.pdf>.

143 WHO (2014). *Noncommunicable diseases global monitoring framework: Indicator definitions and specifications*. Geneva, Switzerland. www.who.int/nmh/ncd-tools/indicators/GMF_Indicator_Definitions_Version_NOV2014.pdf.

WHO Global Action Plan on NCDs Voluntary Global Targets

- 25 per cent relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases
- At least 10 per cent relative reduction in the harmful use of alcohol, as appropriate, within the national context
- 10 per cent relative reduction in prevalence of insufficient physical activity
- 30 per cent relative reduction in mean population intake of salt/sodium
- 30 per cent relative reduction in prevalence of current tobacco use in persons aged 15+ years
- 25 per cent relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances
- Halt the rise in diabetes and obesity
- At least 50 per cent of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
- 80 per cent availability of the affordable basic technologies and essential medicines, including generics, required to treat major non-communicable diseases in both public and private facilities.

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ANNEX 3

A human rights-based approach to nutrition

Nutrition is a component of both the right to adequate food and the right to the highest attainable standard of health, as set out in the Universal Declaration of Human Rights¹⁴⁴ and in the International Covenant on Economic, Social and Cultural Rights (Articles 11 and 12).¹⁴⁵

Binding international treaties impose legal obligations on ratifying States insofar as such States must guarantee the effective enforcement of the agreement at the national level. Key binding international treaties that make specific reference to nutrition include the following:

- International Covenant on Economic, Social and Cultural Rights¹⁴⁶ (ratified by 169 countries as of 25 June 2019)
- The Convention on the Rights of the Child¹⁴⁷ (ratified by 196 countries)
- The Convention on the Elimination of all forms of Discrimination against Women¹⁴⁸ (ratified by 189 countries)
- The Convention Relating to the Status of Refugees¹⁴⁹ (ratified by 146 countries)
- The Convention on the Rights of Persons with Disabilities¹⁵⁰ (ratified by 179 countries)
- The Maternity Protection Convention, 2000 (No. 183)¹⁵¹ (ratified by 38 countries)

144 www.un.org/en/universal-declaration-human-rights/.

145 www.ohchr.org/EN/professionalinterest/pages/cescr.aspx.

146 Ibid

147 United Nations, "Convention on the Rights of the Child", United Nations Human Rights, Office of the High Commissioner, www.ohchr.org/en/professionalinterest/pages/crc.aspx (18 November 2019).

148 United Nations, "Convention on the Elimination of All Forms of Discrimination against Women", United Nations Human Rights, Office of the High Commissioner, www.ohchr.org/en/professionalinterest/pages/cedaw.aspx (18 November 2019).

149 United Nations, *Treaty Series*, vol. 189, p. 137, www.unhcr.org/en-us/5d9ed32b4.

150 United Nations (2006). *Convention on the Rights of Persons with Disabilities*. New York, USA. www.un.org/disabilities/documents/convention/convoptprot-e.pdf.

151 International Labour Organization, "C183 – Maternity Protection Convention, 2000 (No. 183)", 15 June 2000, www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183.

Non-binding international instruments are adopted by States. They lay down guidelines and principles and impose moral obligations on States and other actors. Key non-binding international instruments that relate to nutrition include the following:

- The right to food was given formal recognition as a human right (Article 25.1) when the Universal Declaration on Human Rights was adopted by the General Assembly of the United Nations in 1948.
- The Universal Declaration on the Eradication of Hunger and Malnutrition¹⁵²
- The World Declaration and Plan of Action for Nutrition¹⁵³
- The Rome Declaration on World Food Security¹⁵⁴
- The Voluntary guidelines to support the progressive realization of the right to adequate food in the context of national food security¹⁵⁵
- The Rome Declaration on Nutrition and the Framework for Action¹⁵⁶

Relevant international policy guidance¹⁵⁷

- FAO and WHO (2014). *Second International Conference on Nutrition. Framework for Action*. Rome. www.fao.org/3/a-mm215e.pdf.
- FAO and WHO (2014). *Second International Conference on Nutrition. Rome Declaration on Nutrition*. Rome. www.fao.org/3/a-ml542e.pdf.
- WHO (1981). *International code of marketing of breast-milk substitutes*. Geneva, Switzerland. www.who.int/nutrition/publications/code_english.pdf.
- WHO (2010). *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Geneva, Switzerland. www.who.int/dietphysicalactivity/publications/recsmarketing/en/.
- WHO (2012). *The comprehensive implementation plan on maternal, infant and young child nutrition*. Geneva, Switzerland. www.who.int/nutrition/publications/CIP_document/en/.
- WHO (2013). *Global action plan for the prevention and control of non-communicable diseases 2013–2020*. Geneva, Switzerland. www.who.int/nmh/events/ncd_action_plan/en/.
- WHO (2015). *Global action plan on antimicrobial resistance*. Geneva, Switzerland. www.who.int/antimicrobial-resistance/global-action-plan/en/.
- WHO (2017). *Guidance on ending the inappropriate promotion of foods for*

152 United Nations, "Universal Declaration on the Eradication of Hunger and Malnutrition", United Nations Human Rights, Office of the High Commissioner, www.ohchr.org/EN/ProfessionalInterest/Pages/EradicationOfHungerAndMalnutrition.aspx (18 November 2019).

153 FAO and WHO (1992). *World declaration and plan of action for nutrition*. Rome, FAO. www.fao.org/3/u9260e/u9260e00.pdf.

154 FAO (1996). *Rome declaration on world food security*. Rome. www.fao.org/3/w3613e/w3613e00.htm.

155 FAO (2005). *Voluntary guidelines to support the progressive realization of the right to adequate food in the context of national food security*. Rome. www.fao.org/3/y7937e/y7937e00.htm.

156 FAO (2015). *The Second International Conference on Nutrition: Committing to a future free of malnutrition*. Rome. www.fao.org/3/a-i4465e.pdf.

157 Policy guidance generated through intergovernmental discussions held in the context of the United Nations and endorsed by its Members.

infants and young children. Implementation manual. Geneva, Switzerland.
www.who.int/nutrition/publications/infantfeeding/manual-ending-inappropriate-promotion-food/en/.

Regional treaties and instruments

There are also regional treaties and instruments on food and nutrition issues. The African (Banjul) Charter for Human and People's Rights¹⁵⁸ has been ratified by 53 African States and is considered to provide implicit recognition to the right to food.¹⁵⁹ Article 14 of the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa ensured women's rights to production, storage and supply of nutritious foods.¹⁶⁰ In addition, in October 2018 the Pan-African Parliament adopted a resolution calling for the elaboration of a model law on food security and nutrition in Africa and the draft model law has been presented for continent-wide consultation.¹⁶¹

In Latin America and the Caribbean, most States have ratified the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights "Protocol of San Salvador".¹⁶² The PARLATINO has adopted the following framework laws that are relevant to food systems and nutrition:

- Framework Law on the Right to Food and Food Sovereignty¹⁶³
- Framework Law for Latin America on the Regulation of Publicity and Promotion of Food and Non-Alcoholic Drinks Directed at Children and Adolescents, which serves as a reference to regulate the marketing of food for minors¹⁶⁴
- Framework Law on School Feeding,¹⁶⁵ which includes reference to sustainable and inclusive school feeding, nutrition guidelines, promotion of diversification in agriculture, access to information and nutrition education as

158 Organization of African Unity (1981). *African charter on human and peoples' rights*. Addis Ababa. <https://au.int/en/treaties/african-charter-human-and-peoples-rights>.

159 FAO (2019). *Right to adequate food in constitutions. Legal Brief for Parliamentarians in Africa No. 1*. Rome. www.fao.org/3/ca3518en/CA3518EN.pdf.

160 African Union (2003). *Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa*. Addis Ababa. <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>.

161 Pan-African Parliament (2019). *Fifth Parliament, Third Ordinary Session, 6 to 18 October 2019. Resolutions. PAP.5/PLN/RES/1/OCT.19*. Addis Ababa. https://au.int/sites/default/files/documents/37548-doc-resolutions_october_2019_en.pdf.

162 Organization of American States (1988). *Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights "Protocol of San Salvador"*. Washington, DC. www.oas.org/juridico/english/treaties/a-52.html.

163 Latin America and Caribbean Parliament (2018). *Framework Law on the Right to Food and Food Sovereignty*. Panama City. <http://parlatino.org/wp-content/uploads/2017/09/derecho-alimentacion-soberania-ing.pdf>.

164 Latin America and Caribbean Parliament (2012). *Framework Law for Latin America on the Regulation of Publicity and Promotion of Food and Non-alcoholic Drinks Directed at Children and Adolescents*. Panama City. http://parlatino.org/pdf/leyes_marcos/leyes/proyecto-regulacion-publicidad-regulacion-pma-30-nov-2012.pdf.

165 Latin America and Caribbean Parliament (2018). *Framework Law on School Feeding*. Panama City. <http://parlatino.org/wp-content/uploads/2017/09/ley-alimentacion-escolar-ing.pdf>.

well as restrictions on marketing in and around schools¹⁶⁶

- Model Law on Family Farming provides governing principles and definitions from which States can create or improve their own family farming laws, policies and strategies¹⁶⁷

166 FAO (2019). *Legislative approaches to improve nutrition. Legal Brief for Parliamentarians in Africa No. 6. Rome.* www.fao.org/3/CA3523EN/ca3523en.pdf.

167 Latin America and Caribbean Parliament (2017). *Model Law on Family Farming. Panama City.* http://parlatino.org/pdf/leyes_marcos/leyes/ley-agricultura-familiar-eng.pdf.

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+41 22 919 41 50
+41 22 919 41 60
postbox@ipu.org

Chemin du Pommier 5
CH - 1218 Le Grand-Saconnex
Geneva
www.ipu.org



Food and Agriculture
Organization of the
United Nations

+39 06 57051
FAO-HQ@fao.org

Headquarters
Viale delle Terme di Caracalla
00153 Rome
Italy
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