



**JOINT FAO/WHO FOOD STANDARDS PROGRAMME**

**CODEX COMMITTEE ON FOOD LABELLING**

44<sup>th</sup> Session

*Asunción, Paraguay, 16 – 20 October 2017*

**MATTERS OF INTEREST FROM FAO AND WHO**

**(Prepared by FAO and WHO)**

***UN Decade of Action on Nutrition 2016 - 2025***

UN Member States proclaimed in April 2016 the UN Decade of Action on Nutrition 2016-2025 (Nutrition Decade), which calls upon FAO and WHO to lead implementation of the Nutrition Decade and reach its aim to accelerate implementation of the ICN2 commitments, achieve the global nutrition and diet-related NCD targets by 2025, and contribute to the realization of the SDGs by 2030. Importantly, the Nutrition Decade serves as an umbrella space for nutrition-related work along six crosscutting integrative areas based on the recommendations of ICN2 Framework for Action. These are: 1) Sustainable resilient food systems for healthy diets; 2) Aligned health systems providing universal coverage of essential nutrition actions; 3) Social protection and nutrition education; 4) Trade and investment for improved nutrition; 5) Safe and supportive environments for nutrition at all ages; and 6) Strengthened governance and accountability for nutrition.

Consequently, the UN Decade of Action on Nutrition catalyzes change and provides a robust platform for Member State action to attain SDG2 and ensure sustainable food systems. A detailed programme of work for the Nutrition Decade has been developed through an inclusive process providing opportunities for all stakeholders to contribute. Champion countries are stepping forward to publicly make SMART (specific, measurable, achievable, relevant, and time-bound) commitments and set up action networks to advance on specific nutrition issues. A Nutrition Summit under the umbrella of the Nutrition Decade takes place in Milan in November 2017, providing a forum for stakeholders to make additional ambitious commitments including new financing for nutrition.

For more information: <http://www.fao.org/3/a-bs726e.pdf> and <http://www.who.int/nutrition/decade-of-action/en/>

***Regional Symposia on Sustainable Food Systems for Healthy Diets and Improved Nutrition***

The International Symposium on sustainable food systems for healthy diets and improved nutrition was jointly organized by FAO and WHO in December 2016. The Symposium was a follow-up to the ICN2, and was successful in expanding on not just what needs to be done, but how to accelerate actions. The 2016 Symposium highlighted the need for food system transformation, albeit with various examples from countries in all regions.

Regional Symposia on the same theme have been planned in 2017, to further anchor the discussion around the actual challenges of each region, which would lead to context-specific policy guidance on effective actions needed to reshape the existing food system to promote healthy diets and improved nutrition. The Symposia are to bring together experts in the field of nutrition, health, agriculture, water and sanitation and other related fields, who will contribute to this agenda. The Symposia present an opportunity to build momentum across the world for the fight against malnutrition in all its forms and develop viable programmes and policies that will make difference. For more information, please refer to: <http://www.fao.org/about/meetings/sustainable-food-systems-nutrition-symposium/regional-symposia/en/>

***The State of Food Security and Nutrition in the World 2017: Building resilience for peace and security (SOFI 2017)***

This year's edition of *The State of Food Security and Nutrition in the World*, launched in September 2017, (<http://www.fao.org/state-of-food-security-nutrition/en/>) marks the beginning of a new era in monitoring the

progress towards achieving a world without hunger and malnutrition in all its forms, in the context of the 2030 Agenda for Sustainable Development Goals and the UN Decade of Action on Nutrition. Specifically, the report will henceforth monitor progress towards both the targets of ending hunger (SDG Target 2.1) and all forms of malnutrition (SDG Target 2.2). For the first time, this year's report is published by an expanded partnership, with UNICEF and WHO now joining FAO, IFAD and WFP.

The report uses both the traditional measure of the prevalence of undernourishment and a new indicator on the prevalence of severe food insecurity, based on the Food Insecurity Experience Scale. The report further reviews various forms of malnutrition, including child stunting, wasting and overweight, adult obesity, anaemia in women and breastfeeding. A key finding is that after a prolonged decline, the most recent estimates indicate that global hunger increased in 2016 with 815 million people were affected. The food security situation has worsened, in particular, in parts of sub-Saharan Africa, South-Eastern Asia and Western Asia, and deteriorations have been observed most notably in situations of conflict and conflict combined with droughts or floods. The thematic part of the report sheds light on how the increasing incidence of conflict in the world is affecting food security and nutrition. It also explores how, by improving food security and nutrition and by making rural livelihoods more resilient, it is possible to help prevent conflicts and sustain peace.

### ***FAO Publications on Food Labelling***

At the Second International Conference on Nutrition (ICN2), governments affirmed that the “empowerment of consumers is necessary through improved and evidence-based health and nutrition information and education to make informed choices regarding consumption of food products for healthy dietary practices” (FAO/WHO 2014). Food labelling was included among the recommendations in the ICN2 Framework for Action (FAO/WHO, 2014). To this end, FAO has developed the following publications on food labelling for developing the capacity in countries to implement food labelling policies and programmes.

A handbook on food labelling that provides a brief introduction to labelling as part of an ongoing effort to assist regulators and others working in the area of food system who are responsible for formulating and implementing food labelling policies. Specific types of labels are explained such as ingredient lists (including allergen and food additive information), date marking, nutrition labels (back of pack panels and front of pack systems) as well as nutrient and health claims. Relevant sections of the book follow the guidance given by the Codex Alimentarius Commission on food labelling in particular the Codex General Standard for the Labelling of Prepackaged Foods (CODEX STAN 1-1985). The handbook can be accessed at: <http://www.fao.org/documents/card/en/c/fc5f4bc2-650a-4704-9162-9eb9b3a1fdd0/>.

A training resource for small food processors and artisans “Souvenir Food Packaging” has been developed by FAO. This guide provides Caribbean food processors and artisans with practical information on how to effectively position their products in the tourism market using design and packaging. The guide is written in a reader-friendly format with easy to follow instructions and contains basic information on packaging, labelling, materials and processes. The guide can be accessed at <http://www.fao.org/publications/card/en/c/c85f517-7c9e-424f-bfd0-673d0d6c0863/>.

A policy guideline for recovery and redistribution (R&R) of safe and nutritious food for human consumption, targeting a multi-stakeholder audience, including governments, actors in the food supply chain - providing, receiving or redistributing - recovered food - and civil society in developing, transition and developed countries. The guideline provides an introduction to the global framework and recent regional developments on food waste prevention that have directly included, for the first time, R&R as one of the solutions that contribute to the prevention of safe and nutritious food from being discarded or wasted. Reference is made to globally accepted food safety guidelines as well as various best practices at national level on how to deal with liability and in particular regarding quality and safety related date marking on pre-packaged food to prevent food waste, without compromising consumers' health. The guidance is expected to be published at the end of 2017.

### ***FAO's Role on supporting countries in their development of labels contributing to sustainable food system***

FAO is implementing the Quality and Origin programme to support the development of quality linked to geographical origin products that will contribute to rural development. Geographical Indications (GIs) refer to products with specific characteristics, qualities or reputation resulting essentially from their geographical origin. GIs are legal tools for protection as intellectual property rights according to the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) of the World Trade Organization. GIs are also tools for sustainable food systems development: these origin-based labels promote and add value to traditional

quality food products, for the benefit of producers, especially family farmers and smallholders, but also for consumers, promoting better access to local nutritious food.

FAO has provided support to the African Union in establishing a continental strategy for GIs as a tool for sustainable development and sustainable food systems. More specifically, FAO has supported work on GI in a number of African countries, through the organization of workshops with public and private stakeholders, in collaboration with member countries and the World Intellectual Property Organization (WIPO). In 2017, national workshops were held in Cameroon and Mozambique and a regional workshop was held in Senegal. Work was further strengthened through the implementation of projects on value chains, such as in Cote d'Ivoire to strengthen gender-sensitive value chains. In Asia, the regional FAO project supported by the French Development Agency in Thailand, Cambodia, Vietnam and Laos has just finished with important results in terms of capacity building on GIs. Furthermore, FAO has provided technical assistance to Georgia, Turkey, Montenegro and Serbia to support sustainable value chains through the implementation of geographical indications, in collaboration with the European Bank for Reconstruction and Development (EBRD). Finally, FAO has provided support to the international association of GI producers to build and implement their strategy on sustainability. Additional training material have been prepared and disseminated focusing on the strengthening producers association.

### ***FAO/INFOODS Food Composition Databases***

FAO coordinates the International Network of Food Data Systems (INFOODS), a worldwide network of food composition experts aiming to improve the quality, availability, reliability and use of food composition data. These data are necessary for the assessment of diet quality, for the development and application of food based dietary guidelines and nutrition labelling standards. FAO/INFOODS have recently published three new food composition databases: FAO/INFOODS Global food composition database for fish and shellfish, for Pulses, and for Pulses on Dry Matter Basis. The FAO/INFOODS Food Composition database for Biodiversity and the Analytical Food Composition database have been updated as well. Moreover, technical support has been provided for the development of the West African and Kenyan Food Composition Tables, which are expected to be published in 2018.

All of the databases can be downloaded free of charge at the FAO/INFOODS website: <http://www.fao.org/infoods/infoods/en/>.

### ***Minimum Dietary Diversity-Women (MDD-W) – A global standardized food-based indicator for monitoring dietary diversity and micronutrient adequacy of women's diets***

FAO, with funding from the European Union, and the USAID-funded Food and Nutrition Technical Assistance III Project (FANTA) published a guide in 2016 for measuring women's dietary diversity titled, "Minimum Dietary Diversity for Women (MDD\_W): A Guide to Measurement". This guide provides users of the indicator detailed guidance on its use and application along with information on common-pitfalls. Card URLs: <http://www.fao.org/documents/card/en/c/57157ba0-91a7-4087-ab59-d922d7020cc2/>

MDD-W is a dichotomous indicator of whether or not women at 15-49 years of age have consumed at least five out of ten defined food groups the previous day or night. The proportion of women at 15–49 years of age who reach this minimum in a population can be used as a proxy indicator for higher micronutrient adequacy, one important dimension of diet quality. In 2017, FAO supported Tajikistan's Agency of Statistics on MDD-W data analysis, interpretation and reporting, so the data collected can be optimally used in providing a better understanding of the Tajikistan's nutrition situation, including dietary diversity of women of reproductive age.

### ***FAO Expert Working Group on Protein Quality Assessment in Follow-up Formula for Young Children and Ready to Use Therapeutic Foods***

As follow-up to a request submitted by the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) FAO has planned an Expert Working Group to provide scientific advice on setting up guidelines for Codex members to determine protein quality using the Protein Digestibility–Corrected Amino Acid Score (PDCAAS) in Follow-up formula (FUF) for young children (12 – 36 months) and Ready to Use Therapeutic Foods (RUTF). The four day working group session is to be held at the FAO Headquarters, Rome, Italy, from 6 to 9 November 2017.

### ***Global Food Consumption Databases***

Reliable information on food consumption collected at individual level is needed to estimate nutrient intake and to identify key sources of nutrients in the diet. To address the issue of insufficient access to such data, FAO and WHO are developing the pilot version of a tool called FAO/WHO GIFT (FAO/WHO Global Individual Food consumption data Tool). This comprehensive database will collate micro data for the

production of indicators in the field of nutrition, dietary exposure and environmental impact. The pilot version is under development based on four datasets from low income countries. The food categorization system used has been developed by the European Food Safety Authority (EFSA) which was implemented for use at global level. More information is available at <http://www.fao.org/food/nutrition-assessment/foodconsumptiondatabase/en/>.

### ***FAO's Role on Strengthening Capacities of Universities in Nutrition Education - Education for Effective Nutrition in Action (ENACT)***

In line with the ICN2 Framework for Action recommendation to “Build nutrition skills and capacity to undertake nutrition education activities, particularly for front line workers, social workers, agricultural extension personnel, teachers and health professionals.” (Recommendation 20), FAO's Nutrition and Food Systems Division (ESN) has developed a nutrition education course for University students to learn how to effectively design, implement and evaluate nutrition education interventions. The ENACT course, which will be available in the FAO e-learning platform, aims at promoting long-term improvements in diet through an active approach based on identified needs, with attention to social and environmental contexts, all relevant sectors and the whole food cycle (production, processing, marketing, consumption). The face-to-face English version of the course (ENACT) was successfully piloted in 7 Anglophone African countries and the French version (ENAF) in 6 Francophone countries.

Materials for students are available at: <http://www.fao.org/3/a-i4952e/index.html>

Materials for tutors are available at: <http://www.fao.org/3/a-i4930e/index.html>

### ***FAO's Role in supporting countries to develop and implement Food-Based Dietary Guidelines (FBDGs)***

1. The FAO website on Food-Based Dietary Guidelines (FBDGs) was launched in November 2014, and serves as a repository and platform for information exchange on dietary guidelines from across the world. The website currently features national food based dietary guidelines from 86 countries, and will be continuously updated as guidelines are created and revised.
  - To access the FAO website on FBDGs: <http://www.fao.org/nutrition/nutrition-education/food-dietary-guidelines/en/>.
2. Direct technical assistance has been provided to the Governments of Afghanistan and Sierra Leone to develop national FBDGs. Technical assistance for the revision of FBDGs was also provided to Colombia, Uruguay and Guyana, along with support on a national education strategy.
3. Following a global review carried out, FAO and the Food Climate Research Network (FCRN) at the University of Oxford published “Plates, pyramids, planet. Developments in Healthy and Sustainable Eating and Dietary Guidelines and Related Policies: a State of Play Assessment” in 2016. <http://www.fao.org/3/a-i5640e.pdf>
4. Work is currently ongoing for the development of a set of resource documents to help countries implement FBDGs.

### ***FAO's role in school-based food and nutrition education (SFNE)***

FAO recognizes schoolchildren as a priority population for nutrition interventions and views the school as an ideal setting for teaching basic skills in food, nutrition and health, and improving outlooks and practices. In this regard, FAO promotes a “whole school” approach to SFNE, in which classroom learning is intertwined with practical activities and reinforced by a nutrition and health friendly school environment that involves the active participation of all school personnel, families and the community.

At the global level, FAO is working with a group of international experts on developing a shared vision for effective and quality SFNE in low and middle income countries (LMICs) including the development of global guidance materials (capacity needs assessment tool, white paper on best practices and principles of SFNE, etc.). At the regional and country levels, FAO has provided technical support for the design of the Human Ecology/Nutrition Education subject area in the Malawi Teacher's Curriculum; for mainstreaming behavioral-based SFNE in the national curriculum review for Kenya, and guidance during the Inception Workshop for the Assessment of Good Practices for Mainstreaming School Feeding and Nutrition Education in Ethiopia, Kenya, Rwanda and Uganda. More information on FAO's role in schools is available at: <http://www.fao.org/school-food/en/>

### **WHO's Ambition and Action in Nutrition 2016–2025**

In response to the revitalized global momentum for improving nutrition and the proclamation in 2016 of the UN Decade of Action on Nutrition 2016–2025<sup>1</sup>, the WHO has developed its Ambition and Action in Nutrition 2016–2025<sup>1</sup>, defining the role, the unique value of WHO, the vision and mission and theory of change for advancing nutrition during this Nutrition Decade. WHO's Ambition and Action in Nutrition acknowledges the need for multisectoral collaboration outside the health sector to combat the spread of malnutrition in all its forms and will, in partnership with FAO, follow up on the ICN2 outcomes, including the Codex and food safety related outcomes. WHO is responsible for defining healthy sustainable diets that not only ensure the prevention of all forms of malnutrition and diet-related NCDs throughout the life course, but also are compatible with planetary health. This audacious goal requires developing national policies that incorporate both international and local contexts in order to ensure effective interventions that do not unintentionally harm local populations and cultures. Additionally, as global guidelines for sustainable diets are not yet defined, WHO will be challenged to clearly articulate and measure their goals in a fairly new field in nutrition. Along these lines, the WHO will: 1) Improve efficiency and transparency of the guideline development process; 2) Maintain and expand the guidance development groups; 3) Strengthen and expand guideline dissemination processes; 4) Update integrated guidance (effective means to achieve global nutrition targets); 5) Strengthen the process of monitoring adoption and evaluating impact of guideline adoption and implementation; 6) Develop tools to facilitate policy implementation and; 7) Keep the three levels of the Organization up to date with new and revised guidance. The new strategy has identified six priorities across three core functions of leadership, guidance and monitoring.

### **World Health Assembly resolutions related to nutrition, obesity and diet-related NCD adopted in 2016 - 2017**

The 69<sup>th</sup> World Health Assembly (WHA) held in May 2016 adopted two resolutions on nutrition. The first resolution (WHA69.8 – [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R8-en.pdf)), drawn up in response to the recently launched UN Decade of Action on Nutrition from 2016 to 2025, urges Member States to make concrete policy and financial commitments to improve people's diets, and report back regularly on those policies and investments. It calls on UN bodies to guide and support the implementation of national nutrition programmes and support monitoring and reporting mechanisms. It specifically requests that WHO and FAO work together to help countries develop, strengthen and implement their plans and maintain an open access database of commitments for public accountability.

The second resolution (WHA69.9 – [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf)) welcomed WHO guidance on ending the inappropriate promotion of foods for infants and young children ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_7Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_7Add1-en.pdf)). The guidance clarifies that, in order to protect, promote and support breastfeeding, the marketing of “follow-up formula” and “growing-up milks”—targeted for consumption by infants and young children aged 6 months to 3 years—should be regulated in the same manner as infant formula for 0 to 6-month-olds is. This recommendation is in line with the International Code of Marketing of Breast-milk Substitutes adopted by the World Health Assembly in 1981. The WHO guidance also indicates that foods for infants and young children should be promoted only if they meet standards for composition, safety, quality and nutrient levels and are inline with national dietary guidelines.

The 70<sup>th</sup> WHA held in May 2017 adopted one resolution and one decision related to obesity and diet-related NCDs. The first resolution (WHA70.11 – [http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_R11-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_R11-en.pdf)) endorses the updated Appendix 3 (which lists “best buys” and other recommended interventions to address NCDs) to the global action plan for the prevention and control of NCDs 2013 – 2020 adopted by WHA in 2013. Updating of Appendix 3 was undertaken taking into consideration the emergence of new evidence of cost-effectiveness and the issuance of new WHO recommendations that show evidence of effective interventions. For reducing the consumption of unhealthy diet, recommended interventions include: 1) for best buy – reducing salt intake through reformulation, creating supportive food environment in public institutions, behaviour change communication and implementation of front-of-pack labelling; 2) for effective interventions – eliminating industrially produced *trans*-fats through legislation to ban their use and reducing sugars consumption through effective taxation on sugar-sweetened beverages; and 3) for other recommended interventions – promoting exclusive breastfeeding for the first 6 month, implementing subsidies to increase the intake of fruits and vegetables, replacing saturated fat and *trans*-fats with

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<sup>1</sup> <http://www.who.int/entity/nutrition/publications/nutrition-strategy-2016to2025/en/index.html>

unsaturated fats, limiting portion and package size, implementing nutrition education and counselling, implementing nutrition labelling and implementing mass media campaign on healthy diets.

The second WHA decision (WHA70(19) – [http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\(19\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70(19)-en.pdf)) welcomed the implementation plan to guide further action on the recommendations included in the report of the Commission on Ending Childhood Obesity. It urges Member States to develop national responses, strategies and plans to end infant, child and adolescents obesity, and requests WHO to report to WHA periodically on the progress towards ending childhood obesity.

### ***Implementation manual for WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children***

In 2016, the 69<sup>th</sup> World Health Assembly approved the WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children (WHA69.9). The Guidance lays out several recommendations for controlling the marketing of foods and beverages targeted toward children under the age of 36 months, with the goal of protecting breastfeeding, preventing obesity and noncommunicable diseases, and promoting a healthy diet. To assist countries with implementing the recommendations, WHO has developed an Implementation Manual on the guidance. The Implementation Manual further articulates the rationale for each of the recommendations set forth in the guidance and describes possible actions countries can take to ensure effective national implementation of the recommendations. The Manual gives detailed suggestions for conducting a situation assessment, generating political support, establishing leadership teams, developing a legal and regulatory framework, and ensuring monitoring and enforcement.

### ***WHO Global Conference on NCDs***

The WHO Global Conference on NCDs is hosted by the President of Uruguay in Montevideo, Uruguay from 18 to 20 October 2017. The aim of the Conference is to provide a platform for sharing lessons learned and best practices on how to enhance policy coherence across different spheres of policy making that have a bearing on attaining Sustainable Development Goal target 3.4 on NCDs by 2030. The Conference's overarching theme is "Noncommunicable Diseases and Sustainable Development – Promoting Policy Coherence: Leveraging political leadership to reduce premature mortality from NCDs by one third and promote mental health". It will highlight the critical links between reducing premature deaths from NCDs and enhancing policy coherence across areas that impact the governance, prevention, management and surveillance of NCDs. During the Conference, the Montevideo Roadmap will be adopted arguing for accelerated investments in NCD prevention and control measures.

Unhealthy diet is a major risk factor for various NCDs and contributes to many of the causes of premature mortality and disability. WHO's Department of Nutrition for Health and Development is, therefore, organizing a two-hour workshop on the Decade of Action on Nutrition at the Conference with the aim of highlighting the importance of creating enabling food environment to promote healthy diet and nutrition. The workshop will provide an opportunity for emerging experiences to be shared between countries. It will also serve as the opportunity for countries to make their SMART commitments and discuss launching of different action networks. Two panel sessions at the workshop will discuss innovative approaches to increase fruit and vegetable consumption among target groups such as school children, front-of-pack labelling and reformulation of foods. High-level speakers from Brazil, Chile, Ecuador, Finland, Iran, UK, and USA will share their experiences with the audience.

### ***Technical meeting on nutrition labelling for promoting healthy diets***

The WHO Department of Nutrition for Health and Development, jointly with the WHO Regional Office for Europe, held a technical meeting in Lisbon, Portugal on 9 – 11 December 2015, to review the available evidence and compile various country experiences and lessons learned in order to develop guiding principles and a guidance framework for implementing "front-of-pack" labelling ([http://www.who.int/nutrition/events/2015\\_meeting\\_nutrition\\_labelling\\_diet\\_9to11dec/en/](http://www.who.int/nutrition/events/2015_meeting_nutrition_labelling_diet_9to11dec/en/)). The main objectives of the meeting were to:

- review the types of front-of-pack labelling systems that are currently being implemented or proposed and identify their benefits and limitations
- review and assess the evidence on the effectiveness of different types of front-of-pack labelling systems
- review case studies of countries with experience in implementing front-of-pack labelling

- identify issues and considerations for the design and implementation of front-of-pack labelling systems in order to develop guiding principles and a guidance framework for implementing front-of-pack labelling

Bringing together existing information and building on various available evidence reviews, a background paper was prepared to synthesize information on the following issues and used to guide the discussion at the meeting to review the issues which need to be considered for developing guiding principles and a guidance framework for implementing front-of-pack labelling which countries would be able to use in implementing their actions. Issues included:

- the types of front-of-pack labelling systems which have been used or proposed
- their inherent benefits and limitations
- their performance or potential performance in the market place in guiding food selection and encouraging food reformulation
- considerations for the design and implementation of front-of-pack labelling systems

The background review document was updated in 2017 to include new development and reviews which became available during 2016 – 2017 and will be published in October 2017 together with the meeting report (<http://www.who.int/nutrition/en/>). Furthermore, based on the outcomes of the technical meeting and findings of the review document, WHO developed a guiding principle manual which will be tested in a number of countries in different regions during late 2017 – early 2018 before its finalization.

#### **WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Diet and Health**

During the course of 2016, there were two meetings of the NUGAG Subgroup on Diet and Health, i.e. the 9<sup>th</sup> meeting held in Geneva in March 2016 and the 10<sup>th</sup> meeting held in Lisbon in November 2016, and one thus far in 2017, the 11<sup>th</sup> meeting held in Brijuni, Croatia in July 2017. At the 9<sup>th</sup> meeting, the NUGAG Subgroup on Diet and Health reviewed the status and progress of the systematic reviews on carbohydrates (CHO), and reviewed and developed the scope, PICO questions, priority health outcomes and other issues related to: 1) the consumption of non-sugar sweeteners, 2) the consumption of polyunsaturated fatty acids (PUFA), and 3) different dietary patterns, following the processes established in the WHO Handbook for Guideline Development (2014). A public consultation was then held from 18 October to 8 November 2016 on the scoping of the reviews, PICO questions and priority health outcomes to be considered for developing the recommendations on CHO, non-sugar sweeteners and PUFA. The outcomes of the comments received from public consultation were reviewed and presented to the NUGAG Subgroup at its 10<sup>th</sup> meeting, for review and consideration.

At the 10<sup>th</sup> meeting, the NUGAG Subgroup reviewed and discussed preliminary results of the systematic reviews of the evidence related to the intake of CHO (in particular, fibre and starch), non-sugar sweeteners and PUFA (including EPA and DHA) and started to work on draft evidence-informed recommendations as well as detailed criteria to be considered when moving from evidence to recommendations (i.e. the balance of evidence on benefits and harms, values and preferences, resource implications, priority of the problems, equity and human rights, acceptability and feasibility). The NUGAG Subgroup also identified and agreed on further actions and required subgroup analyses for each of the topics which will be taken into consideration when finalizing respective systematic reviews. Regarding dietary patterns, the NUGAG Subgroup reviewed the further scoping undertaken, taking into consideration the definition and characteristics determined at the 9<sup>th</sup> meeting of the NUGAG Subgroup on Diet on Health and reviewed key PICO questions in order to guide the systematic reviews.

At the 11<sup>th</sup> meeting, the NUGAG Subgroup reviewed and discussed the results of the final systematic reviews of the evidence related to the intake of CHO (in particular, fibre and starch), non-sugar sweeteners and PUFA (including EPA and DHA) and formulated evidence-informed recommendations for all three topics. This included detailed discussion of criteria in (in addition to the quality of the evidence) to be considered when moving from evidence to recommendations (i.e. the balance of evidence on benefits and harms, values and preferences, resource implications, priority of the problems, equity and human rights, acceptability and feasibility). The guidelines on CHO, non-sugar sweeteners and PUFA are being drafted by the WHO Secretariat while waiting for all the background systematic reviews to be published. Regarding dietary patterns, the NUGAG Subgroup discussed several methodological approaches that could be used to assess dietary patterns, taking into consideration the definition and characteristics determined at the 9<sup>th</sup> meeting of the NUGAG Subgroup on Diet on Health. The development of key PICO questions to guide the systematic reviews are being developed in order to proceed with the systematic review.

### **WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Policy Actions**

In accordance with the Organization-wide transformation in strengthening WHO's role in developing evidence-informed public health guidance, the WHO has been strengthening its role and leadership in providing evidence-informed policy and programme guidance to Member States for promoting healthy diets and nutrition throughout the lifecourse, in partnership with relevant internal departments and other concerned partners, as appropriate. This normative mandate was reaffirmed through a request from the 63<sup>rd</sup> World Health Assembly (May 2010) "to strengthen the evidence base on effective and safe nutrition actions to counteract the public health effects of the double burden of malnutrition, and to describe good practices for successful implementation". To help implement the development of evidence-informed policy guidance and measures to support Member States in developing enabling food environments to promote healthy diet and nutrition, WHO is establishing *the WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Policy Actions*, which will work alongside the NUGAG Subgroup on Diet and Health, and had issued call for experts during April – May 2017 to identify experts to serve as members. NUGAG Subgroup on Policy Action will start reviewing possible guideline development in 3 policy action areas (i.e. nutrition labelling, fiscal policies, and trade and investment). Preparations for these scoping documents will start before the end of 2017.

#### **Priority-setting in nutrition guideline development**

In an effort to maintain independency and transparency in the normative work of WHO, and to enhance the understanding of the process used to prioritize topics for guideline development among Member States and stakeholders, the WHO Department of Nutrition for Health and Development has updated the prioritization process it uses, including the development of an online consultation tool to further facilitate the participation of Member States and other stakeholders. The first consultation was held from 7 June to 21 July 2017 and allowed participants to suggest topics for guideline development along with supporting information regarding public health importance and available scientific evidence. Results of the consultation are currently being analysed and a final ranking of topics for guideline development is expected by the end of 2017. See <http://www.who.int/nutrition/topics/guideline-development/prioritization-process/en/> for more information.

#### **Second Global Nutrition Policy Review (2016 – 2017)**

Following the first Global Nutrition Policy Review (GNPR1) ([http://www.who.int/nutrition/publications/policies/global\\_nut\\_policyreview/en/](http://www.who.int/nutrition/publications/policies/global_nut_policyreview/en/)) conducted in 2009-2010, WHO conducted the second Global Nutrition Policy Review (GNPR2) in 2016 – 2017. The outcomes of the GNPR2 will help taking stock on the progress towards achieving the commitments of the ICN2 Rome Declaration and also serve as a baseline for monitoring country actions to achieve the aims of the Decade of Action for Nutrition (2016 – 2025). Preliminary outcomes of GNPR2 were presented at the International Symposium for Healthy Diet and Improved Nutrition held in Rome, Italy on 1 – 2 December 2016 as well as at the special event on "Meeting the challenge of a new era for achieving healthy diets and nutrition: Outcomes of the 2<sup>nd</sup> Global Nutrition Policy Review" which was organized by WHO at the International Symposium.

172 Member States and one area responded to the Review, which equals to an overall response rate of 89% of WHO Member States. Summary results were also reported to the 70<sup>th</sup> World Health Assembly (WHA) in May 2017 as requested by WHA resolution 68.19 and also WHA decision 68(14). The final report is currently being prepared for publishing before the end of 2017. All individual country data will be uploaded to the WHO Global database on the Implementation of Nutrition Action (GINA) as soon as the report is released.

#### **WHO Global database on the Implementation of Nutrition Action (GINA)**

In the context of the Decade of Action on Nutrition (2016 - 2025), countries and partners are encouraged to make SMART commitments. These will be either new commitments or strengthened existing commitments which are already included in countries' existing national policies. To monitor these SMART commitments and track their implementation, WHO/FAO are currently developing a repository to be integrated within the WHO Global database on the Implementation of Nutrition Action (GINA) (<https://extranet.who.int/nutrition/gina/>). GINA, which was launched in 2012, currently contains more than 1,800 national policies and 2,500 programme actions being implemented in countries. These data come from three sources, notably WHO's regular monitoring activities (e.g. surveys, reports from WHO Regional/Country Offices, desk reviews), information from partners (that maintain databases of nutrition related policies or that support the implementation of nutrition programmes and actions in countries), and information by registered users through a wiki-approach.

### ***Updated Nutrition Landscape Information System (NLIS) country profiles***

The Nutrition Landscape Information System (NLIS) (<http://www.who.int/nutrition/nlis/en/>) is a dynamic web-based tool that provides a user-friendly snapshot of a country's nutrition situation from a national perspective, presenting key indicators and measures of nutrition status as well as the underlying factors related to food, health, and care. Data are gathered from the WHO Global Nutrition Databases and the WHO Global Health Observatory. It also incorporates information from UN partners, including FAO, UNDP, UNICEF, World Bank and other partners such as Demographic and Health Surveys (DHS) and International Food Policy Research Institute (IFPRI). The NLIS country profiles are currently being expanded to include a special highlight on the Global Nutrition Monitoring Framework adopted by the 68<sup>th</sup> World Health Assembly (68(14)) in 2015 to facilitate tracking countries' progress towards achieving the Global Nutrition Targets 2025 based on the 21 outcome, process and policy indicators.

Since its launch in 2009, WHO has continuously worked to improve the organization, structure and presentation of information on the NLIS website. In order to continue improving the user experience, WHO will launch a user survey before the end of October 2017 to get feedback on the website and learn more about how the NLIS country profiles are being used.

### ***Development of Nutrient Profile Models for Regulating Marketing of food and non-alcoholic beverages to children***

Nutrient profile models are tools that can be used to implement public health strategies and interventions to promote healthy diets, such as marketing of food and non-alcoholic beverages to children, procurement of foods in public institutions (e.g. schools), nutrition labelling (i.e. front-of-package labelling), health claims and fiscal policies (i.e. taxation, subsidies). Ad hoc development of various nutrient profile models and their applications by different stakeholders resulted in inconsistencies and created confusion for target audiences and consumers with respect to various public health measures. Therefore, WHO was requested by a number of Member States to take the lead in formulating a coordinated approach for developing/adapting nutrient profile models which could be used for different public health interventions in order to facilitate the implementation of coherent public health strategies.

As the first step, WHO developed a Guiding Principles and Framework Manual, following a similar manual developed by WHO which provided step by step process for developing FBDGs. This manual was then field-tested in 6 countries (i.e. Canada, Norway, Slovenia, South Africa, Thailand and United Arab Emirates) during 2011 - 2013. Simultaneously, several WHO Regional Offices have taken actions to develop regional nutrient profile models for regulating the marketing of foods and non-alcoholic beverages to children – European Region (2013-2015), Eastern Mediterranean Region (2014 – 2015), American Region (2015 – 2016), Western Pacific Region (2015 – 2016) and South-East Asia Region (2016). Currently the African Region is undertaking preparatory work to develop its regional nutrient profile model following the principles and approaches used in other WHO regions. Bringing together the principles and evidence base used to develop regional models, WHO is also now in a process of developing an unified global nutrient profile model for regulating marketing. It is also planned to assess possibility and feasibility of adapting the marketing model for other applications, such as regulating the promotion and sale of foods and beverages in and around schools, implementing fiscal policies, in particular taxation of food and beverages high in sugars, fat and sodium, as well as for front-of-pack labelling.

### ***5 Keys to a Healthy Diet***

Applying the same concept used to develop the Five Keys to Safer Food, WHO had developed the 5 Keys to a Healthy Diet as an advocacy tool to promote healthy diet and nutrition. It contains dietary and food-based messages and why the actions contained within are recommended, in simpler language. The scientific-base used in developing the 5 Keys to a Healthy Diet is nutrient requirements and dietary goals which WHO has developed and has been updating. The messages included have been reviewed by the six WHO Regional Offices to ensure the applicability and relevance of the messages and language used. The 5 Keys to a Healthy Diet brochure and banner can be downloaded from [http://www.who.int/nutrition/topics/5keys\\_healthydiet/en/](http://www.who.int/nutrition/topics/5keys_healthydiet/en/).

### ***Side event at the Second Global Conference on Health and Climate***

A special event on "Sustainable food systems, biodiversity and health" was co-organized by WHO, the International Union of Nutritional Sciences (IUNS), the Convention of Biological Diversity (CBD) and the United Nations Environment Programme (UNEP) in Paris on 7 – 8 July 2016. The event was moderated by the Director of the WHO Department of Public Health, Environmental Health and Social Determinants of Health. This event provided a forum to explore the co-benefits to environment, biodiversity and health of the promotion of sustainable and healthy food systems, and to showcase national and community strategies to

promote sustainable food systems and diverse and healthy dietary patterns while protecting biodiversity. At the event, panellists examined possible pathways for collaboration and identification of convening platforms and accountability mechanisms under the Intended Nationally Determined Contributions (INDCs) and the Decade of Action on Nutrition to bring governments, academia, NGOs and other actors together to contribute to the transition towards sustainable and healthy food systems within the 2030 Development agenda. Discussions were focused on identifying pragmatic, scalable and interdisciplinary policy solutions fostering biodiversity, health and food and nutrition security, in line with the findings of the WHO-CBD State of Knowledge Review. Concrete examples were provided as to how sustainable and healthy food systems and diets, and biodiversity protection can contribute to the reduction of emissions and improved public health and nutritional outcomes. It was argued that enhancing sustainable, lower carbon and health promoting food systems can be achieved by developing coherent public policies from production to consumption across sectors that contribute to climate mitigation, adaptation and biodiversity conservation.

### **WHO report on fiscal policies for diet and prevention of noncommunicable diseases**

To address the increasing number of requests from Member States for guidance on how to design fiscal policies on diet, WHO convened a technical meeting of experts in fiscal policies in Geneva on 5–6 May 2015. The main objectives of the meeting were to review evidence and existing guidance, discuss country case studies and provide considerations with regards to the scope, design and implementation of effective fiscal policies on diet.

The meeting concluded that there is reasonable and increasing evidence that appropriately designed taxes on sugar-sweetened beverages would result in proportional reductions in consumption, especially if aimed at raising the retail price by 20% or more. There is similar strong evidence that subsidies for fresh fruits and vegetables that reduce prices by 10–30% are effective in increasing fruit and vegetable consumption. The report of the meeting (<http://www.who.int/dietphysicalactivity/publications/fiscal-policies-diet-prevention/en/>) was launched at the occasion of the World Obesity Day on 11 October 2016.

### **Removal of sugary drinks from sales and services in WHO headquarters**

Also starting on 11 October 2016, sugary drinks are no longer sold, nor provided by WHO at official functions, in WHO headquarters in Geneva. This was to demonstrate WHO's leadership as part of the "Walk the Talk" initiative through implementing its policies and guidelines.

In April 2015, WHO issued the updated *Guideline on sugars intake for adults and children*. The guideline recommends reduced free sugars intake by both adults and children throughout the life course. Specifically, it recommends reducing the intake of free sugars to less than 10% of total energy intake, approximately 12 teaspoons of sugars per day. Furthermore, the guideline suggested a further reduction to below 5% of total energy intake, or about 6 daily teaspoons, would provide additional health benefits.

The guideline helped numerous Member States that were facing public health challenges to take policy measures aimed at reducing sugars consumption, in order to promote healthy diets, and prevent and control of obesity and noncommunicable diseases (NCDs) among their populations. Such measures taken by governments included removal of sugary drinks from public institutions (i.e. schools, hospitals, government offices), taxation of sugary drinks, regulating marketing of food and non-alcoholic beverages high in fats, sugars and salt, revision of national dietary guidelines and implementation of nutrition labelling, among other actions.

In the same vein, WHO had decided, following an extensive discussions involving its staff, the Staff Association, building management, technical units and vendors to take similar actions at the Organization's headquarters compound to support the development of a healthier food environment in the workplace by removing sugary drinks from sale and service. By doing this, WHO is demonstrating its leadership by implementing policy actions set out in its own strategies and guidelines. These include the WHO Global Action Plan for the Prevention and Control of NCDs (2013-2020) (<http://www.who.int/nmh/publications/ncd-action-plan/en/>), the WHO Guideline on Sugars intake for adults and children ([http://www.who.int/nutrition/publications/guidelines/sugars\\_intake/en/](http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/)) and the report of the WHO Commission on Ending Childhood Obesity ([http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1)).

### **Capacity-building workshops to develop and implement evidence-informed nutrition policies and strategies in countries in Africa and Myanmar**

The objective of the workshops was to help strengthen the capacity of countries to refine and further develop evidence-informed nutrition policies and strategies to address all forms of malnutrition throughout the lifecourse through the use of existing WHO policy planning and implementation tools. In April 2016, a sub-

regional workshop was held in Zimbabwe, including Ministry of Health or nutrition council representatives and WHO nutrition focal persons at the WHO Country Offices from 14 countries (Comoros, Ethiopia, Eritrea, Kenya, Lesotho, Madagascar, Malawi, Namibia, South Sudan, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe) in various stages of operationalizing their national nutrition policies and strategies. Then in September 2016, a follow-up national capacity building workshop was held in Zambia, including nutrition programme managers from multiple sectors, WHO nutrition focal persons and development partners at the national level. Furthermore, another workshop was held in Kenya in October 2016, including nutrition programme managers from multiple sectors, WHO nutrition focal persons and development partners at the national level and nutrition programme managers at the county level. In June 2017, a national capacity building workshop was held in Myanmar, including nutrition programme managers from multiple sectors, WHO nutrition focal persons and development partners at the national level.

The workshops provided an overview of the evidence-informed policy planning process and training on relevant WHO policy-planning tools, including the Nutrition Landscape Information System (NLIS), Landscape Analysis Country Assessment, the WHO e-Library of Evidence for Nutrition Actions (eLENA), the WHO Global database on the Implementation of Nutrition Action (GINA), the OneHealth Tool, the System of Health Accounts (SHA) 2011 and the Global Targets Tracking Tool. Didactic sessions were accompanied by extensive hands-on training for many of the tools.

### ***UNICEF/WHO/World Bank Group: Joint Child Malnutrition Estimates (2017 edition)***

In May 2017, the inter-agency team released new joint estimates of child stunting, overweight, underweight, wasting and severe wasting (<http://www.who.int/nutgrowthdb/estimates2016>). The same methodology as in previous years was applied. More details on the methodology can be found at <http://www.who.int/nutgrowthdb/estimates2011>. The new estimates supersede former analyses results published by UNICEF, WHO and the World Bank Group. The underlying data set consists of 806 national survey data which were standardized for analysis purpose. Estimates are adjusted where necessary to be nationally representative and to cover the age range 0-5 years. The adjustments are specified in the Notes column. As a result of making these adjustments, prevalence might be slightly different from the survey results reported elsewhere.

Globally in 2016, there were 155 million stunted children (too short for their age), 52 million wasted (too light for their height) and 41 million overweight (too heavy for their height). Stunting prevalence was highest in the African Region and the South-East Asia Region (both 34%, or 55 million and 60 million, respectively). The highest prevalence of wasting (15.3%) and number of wasted children (27 million) were found in the South-East Asia Region. Between 2000 and 2016, the number of overweight children under 5 years increased globally by 33% and in 2016, more than 9 million overweight children live in the South-East Asia Region.

### ***Global Nutrition Monitoring Framework to track progress of Global Nutrition Targets***

In 2014, Member States approved the Global Nutrition Monitoring Framework (GNMF) on Maternal, Infant and Young Child Nutrition, including six core outcome indicators to track progress against the six Global Nutrition Targets adopted by the World Health Assembly in 2012. The monitoring framework has a core set of indicators, to be reported by all countries and an extended set of indicators, from which countries can draw to design national nutrition surveillance systems fitting their specific epidemiological patterns and programme decisions. Countries are recommended to include within their national monitoring framework the core set of 21 indicators contained within the GNMF.

Timely and credible data are essential for governments and other stakeholders for decision-making, better use of resources and efficient implementation of programmes that address nutrition priorities. In collaboration with other health and environmental sectors and the WHO-UNICEF Technical Expert Advisory group on nutrition Monitoring (TEAM), WHO Department of Nutrition for Health and Development (NHD) has developed operational guidance for 21 GNMF indicators so that the Global Nutrition Targets can be monitored systematically across countries. The operational guidance manual will be available by end of 2017. Furthermore, NHD provides technical support to countries through national and regional workshops, followed by more in-depth collaboration, to help them to align their national nutrition monitoring framework with the GNMF indicators. This is important to move towards operationalization of better monitoring and reporting at the country-level so that effects of nutrition programmes can be measured and used in a timely way to improve programmes and also contribute to better monitoring of the global nutrition targets and other indicators of the GNMF.

### ***Global Nutrition Targets Tracking Tool***

The translation of the six Global Nutrition Targets (endorsed by the World Health Assembly in 2012) into national targets needs to consider nutrition profiles, risk factor trends, demographic changes, experience with developing and implementing nutrition policies, and health system development. WHO, the European Commission and UNICEF developed a web-based tracking tool to: 1) support countries in adapting the global targets to their national settings, 2) track progress of national targets through assessing current status and past trend data, 3) explore scenarios using different rates of progress towards 2025, and 4) use the information to help taking policy measures to accelerate progress.

The tool is available in English, French, Russian and Spanish and provides: (i) country indicator profiles on current status and required progress; (ii) the possibility to explore alternative rates of change and their impact; and (iii) comparison of national, regional and global progress. The tool's underlying data is updated as new estimates of the target indicators become available, such as the UNICEF-WHO-World Bank joint malnutrition estimates for stunting, wasting and overweight or the Global Health Observatory for anaemia in women of reproductive age.

The WHO Department of Nutrition for Health and Development provides country support through national and regional workshops to strengthen country's capacity to set and track national nutrition targets and to monitor progress towards the global nutrition targets 2025. Also, a e-learning course has been developed to disseminate the tool more efficiently. The tool and all the related material can be accessed at <http://www.who.int/nutrition/trackingtool>.

### ***Baby-friendly hospital initiative (BFHI) congress***

The Baby-Friendly Hospital Initiative (BFHI) was launched in 1991 by WHO and UNICEF, providing a framework to protect, promote and support breastfeeding in hospital and maternity facilities. The initiative follows the Ten Steps for Successful Breastfeeding and ensures adherence to the Code of Marketing of Breast-milk Substitutes. Since 1991, more than 20,000 facilities worldwide have been designated as Baby-friendly; however, a great challenge exists in ensuring that every maternity facility provides an environment of protection, promotion and support to breastfeeding. Sustainability has therefore proven difficult in many cases as the infrastructure for Baby-friendly designation typically sits outside of normal hospital accreditation processes. Mechanisms to recertify hospitals are often weak or non-existent, so hospitals that were once designated as Baby-friendly may no longer adhere to the criteria.

Currently WHO and UNICEF are working together to develop new guidance on the Ten Steps to Successful Breastfeeding, particularly focusing on sustainability and quality standards of care. Evidence for the Steps themselves is being re-examined and new guidelines will be developed following the WHO's guideline development process.

At the occasion of the 25<sup>th</sup> anniversary of the Initiative, WHO and UNICEF hosted the BFHI Congress at the WHO headquarters in Geneva on 24 - 26 October 2017 to celebrate achievements, examine current status, discuss new guidance, form regional networks to improve country programmes and commit to follow-up and implementation of policies and standards of care that protect, promote and support breastfeeding at maternity facility and country level.

### ***WHO Global Strategy to reduce the harmful use of alcohol***

The Global Strategy to reduce the harmful use of alcohol was endorsed by the 63<sup>rd</sup> World Health Assembly in May 2010 (WHA63.13). Since then, WHO has been implementing the Global Strategy with a focus on low- and middle-income countries through providing support to their efforts on alcohol control, and producing and disseminating relevant public health oriented information to advocate for strengthened commitments and partnerships in addressing the harmful use of alcohol. According to the latest WHO estimates, approximately 3.3 million deaths are caused worldwide by the harmful use of alcohol. The WHO Forum on alcohol, drugs and addictive behaviours held in Geneva in June 2017 addressed the current challenges in implementing alcohol control measures and good practices in reducing alcohol-related harm.

The Global Strategy to reduce the harmful use of alcohol includes, among recommended policy options and interventions, providing consumer information and labelling alcoholic beverages to indicate the harm related to alcohol. In 2017, the WHO Regional Office for Europe published a discussion document that presented an analysis of the policy options available for introducing warning and product labelling on alcoholic beverage containers. It outlines the existing legal and policy frameworks and the current level of implementation of the product labelling in the WHO European Region. Some components that could be considered when developing effective health warning labels are described in that document as well.

WHO monitors alcohol consumption, alcohol-related harm and policy responses at the global, regional and country levels, and the next WHO Global Status Report on Alcohol and Health is planned to be released in 2018. Inclusion of the reduction of the harmful use of alcohol in the health targets of Sustainable Development Goals 2030 (SDG 2030) calls for strengthening country capacity to reduce alcohol-related harm by implementing the most effective and cost-effective policy options and interventions supported by appropriate health system responses and scientifically sound information with regard to alcohol and health.