



**Food and Agriculture
Organization of
the United Nations**



**World Health
Organization**

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Agenda Item 2b

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**JOINT FAO/WHO FOOD STANDARDS PROGRAMME
CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES**

Thirty-sixth Session

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MATTERS OF INTEREST ARISING FROM FAO AND WHO

Prepared by FAO and WHO

A. MATTERS OF INTEREST FROM FAO

1. Report of a FAO Expert Working Group on evaluating the protein quality of human foods: Development of research approaches and methods

Following a recommendation from the 2011 FAO Expert Consultation on dietary protein quality evaluation in human nutrition, an expert working group was convened by FAO from 2-5 March 2014 in Bangalore, India. The working group report presents five research approaches for producing data on true amino acid digestibility of commonly eaten foods. The report will be available on the FAO website (<http://www.fao.org/ag/humannutrition/nutrition/en/>) in December 2014.

2. Introducing the New Global Indicator for Assessing Adequacy of Micronutrient Intake in Women

For many countries, to assess diets of individuals takes a long time and can be expensive. FAO advocates the use of the Women's Dietary Diversity Score (WDDS) which is an evidenced-based, easy-to-use, rapid and low cost tool which counts the food groups consumed by an individual over the previous 24 hours. WDDS reveals the variety of foods eaten and serve as an indicator of diet quality and micronutrient adequacy of individuals.

FAO in collaboration with nutritional experts are updating WDDS based on new research findings. A new global dietary diversity indicator – "The Minimum Dietary Diversity – Women (MDD-W)" is being developed. MDD-W is also a proxy indicator with 10 food groupings and a universal dichotomous indicator to assess the adequacy of micronutrient intake at individual level. The indicator particularly suites countries with limited capacity and resources in data collection and data analysis. It can be used in assessment, target setting, monitoring and evaluation and advocacy. Guidelines for users will be released in early 2015. MDD-W will replace the current WDDS. For further information, please visit our Nutrition Assessment website (<http://www.fao.org/food/nutrition-assessment/women/en/>).

3. Guidelines for assessing nutrition-related knowledge, attitudes and practices – KAP Manual



The dietary practices of a person are determined and shaped by many factors; some are external to the person, others are internal. Chief among the internal factors are knowledge, as well as personal attitudes and preferences.

When aiming to influence and improve peoples' dietary practices, it is crucial to understand what makes people actually eat the way they eat. Assessments of nutrition- and health-related knowledge, attitudes, and practices (KAP surveys) are the means of choice in such cases, and they can deliver most valuable data both, for situation analysis and impact assessments (outcome evaluation).

As to facilitate the conducting of high-quality KAP surveys, FAO prepared the *Guidelines for assessing nutrition-related knowledge, attitudes and practices* - in short, the KAP Manual. The document is a reference guide and practical tool for conducting surveys of nutrition- and health-related knowledge, attitudes and practices at the community level. It is written for people in charge of planning, implementing and evaluating food security and nutrition projects; these include project managers, nutritionists, health workers, planning and evaluation specialists and many others.

The Manual includes definitions and key indicators for nutrition- and health-related knowledge, attitudes and practices. It provides useful guidance for all stages of a KAP survey, i.e. during planning and conducting the survey, as well as for analysing and reporting the results.

The Manual also provides model questionnaires (modules). These can facilitate the design of KAP survey questionnaires that are specific to the objectives of a given project. The KAP model questionnaires in MS Word format are available in different languages and can be downloaded for adaptation. The electronic version of the manual can be found at: <http://www.fao.org/docrep/019/i3545e/i3545e00.htm>

4. FAO/WHO Global Individual Food consumption data Tool (FAO/WHO GIFT)

Data on individual food consumption, taking into account gender and age dimensions, are needed in the development of standards. Such data are available but extremely under-utilized, mainly because they are not easily accessible and not sufficiently standardized. FAO and WHO have put together an interdisciplinary team to build a pilot Global Individual Food consumption data Tool (FAO/WHO GIFT). It will be developed based on the needs of stakeholders in the field of nutrition and food safety. Ultimately, the objective is to collect, harmonize and disseminate – through a FAO hosted web-platform – individual food consumption data available all over the world at national and sub national level. This platform, intended for both experts and broader audience, is deemed to facilitate access to the micro-data and to compute food-based indicators (such as the average leafy vegetable consumption, the main food sources of vitamin A intakes or the high levels of fish consumption) allowing for comparison of data among different population groups and geographical areas.

5. Collection and collation of individual food consumption data in ASEAN countries through EU Codex trust fund

In Asia, individual consumption data have been made available in a harmonized format into the FAO/WHO Chronic Individual Food Consumption Database – Summary Statistics (CIFOCoss) for China, Japan and Australia/New-Zealand. On the contrary in the 10 countries belonging to the Association of Southeast Asian Nations (ASEAN), data are sparse and heterogeneous. FAO and WHO decided to support the ASEAN countries in implementing a risk-based approach for food safety and nutrition, and to improve effective participation in Codex discussions. EU Codex trust fund will be used to carry out individual food consumption surveys in Lao PDR and Myanmar with technical assistance from FAO and WHO and 1-2 other ASEAN countries which have undertaken a similar activity (twinning). Moreover, existing data in another 6-8 ASEAN countries will be harmonized and input into the FAO/WHO Global Individual Food Consumption data Tool.

6. Research on the promotion of local foods for young children in Cambodia and Malawi

Few studies have documented the impact of promoting locally available foods on children's dietary intake, micronutrient status and growth. Even fewer have looked at the impact of combining targeted food security actions, aimed at increasing the production and consumption of nutrient dense foods, with intensive nutrition education and behavior change interventions. Research is underway to assess the impact of this approach in Cambodia and Malawi for the purpose of providing best practices and results into future policy and program formulation.

The project “Improving the dietary intakes and nutritional status of infants and young children through improved food security and complementary feeding” (2011-2015)” is a collaboration with the Institute of Nutritional Sciences, Justus-Liebig-University Giessen, Germany, Mahidol University, Thailand and Lilongwe University of Agriculture and Natural Resources, Malawi, FAO will document and evaluate the extent to which the promotion of locally available foods can meet the nutritional requirements of children aged 6-23 months; 2) the effectiveness and impact of combining behaviour change communication with crop and dietary diversification; and 3) the extent to which improved complementary feeding practices will be sustained over time and can be replicated and scaled-up through local support mechanisms. An impact survey took place in August 2014 in Malawi and September in Cambodia and results will be made available in 2015.

B. MATTERS OF INTEREST FROM WHO

1 Policy brief series on Global Nutrition Targets 2025

WHO, in close collaboration with 1000 days, has developed a series of six policy briefs, linked to each of the six global nutrition targets 2025 (i.e. stunting, anaemia in women of reproductive age, low birth weight, wasting, overweight and exclusive breastfeeding) which were adopted by the 65th World Health Assembly in 2012. Recognizing that the six targets are interlinked, the purpose of these briefs is to consolidate the evidence around which interventions and areas of investment need to be scaled up, and to guide decision-makers on what actions need to be taken, in order to achieve real progress toward improving maternal, infant and young child nutrition. These policy briefs were launched at the Second International Conference on Nutrition (ICN2) which took place in Rome on 19 – 21 November 2014.

2. Tracking tool to improve maternal, infant and young child nutrition

The translation of the global nutrition target 2015 into national targets needs to consider nutrition profiles, risk factor trends, demographic changes, experience with developing and implementing nutrition policies, and health system development. To support countries in setting their own targets and monitor progress, WHO, UNICEF and the European Commission, with the support of other key partners, developed a web-based tracking tool (www.who.int/nutrition/trackingtool). This tracking tool allows users to explore scenarios taking into account different rates of progress for the six global targets and the time left to 2025. The tool complements existing tools on nutrition interventions, impact and costing.

The tool's underlying data will be 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. Outputs from the Tracking Tool will feed into the Global Monitoring Framework for Maternal, Infant and Young Child Nutrition, the Global Nutrition Report, and reports from other global initiatives like the SUN Movement and the UN Secretary-General's Zero Hunger Challenge.

3. UN OneHealth Tool for planning and costing nutrition actions

The OneHealth Tool is designed to strengthen health-system analysis, strategic planning and costing. Its primary users are health planners in low- and middle-income countries. The OneHealth Tool contains various modules including one for nutrition which was developed by WHO. The nutrition module of the OneHealth Tool contains default values for all of the WHO Essential Nutrition Actions, to target the 1000-days window of opportunity from conception to 2 years of age. It also includes other nutrition-specific and sensitive interventions recommended by WHO and delivered through the health sector; for example, water, sanitation and health (WASH), optimal timing of cord clamping and deworming. The Lives Saved Tool (LiST) module estimates impact on stunting, wasting and anaemia. Since the tool was first disseminated in 2012, over 25 countries in Africa, Asia and Latin America have been trained in use of the tool, and have employed it for planning in the health sector, nutrition, and maternal and child health.

4. Development of mobile phone application of WHO e-Library of Evidence for Nutrition Actions

The WHO e-Library of Evidence for Nutrition Actions (eLENA) is an online library of evidence-informed guidance for nutrition interventions. eLENA aims to help countries successfully implement and scale-up nutrition interventions by informing as well as guiding policy development and programme design. Though the number of eLENA web site users continues to grow, difficulties in accessing eLENA content exist in many parts of the world because of non-existent or unreliable internet access as well as scarcity of computers. To increase accessibility to eLENA, a mobile phone application (mobile app) is being developed that will provide users with eLENA content offline – no internet connection required. To achieve this, several new features are being developed such as *Guidance Summaries* and *Systematic Review Summaries* which will provide mobile app users with critical information from WHO guidelines as well as the evidence base supporting the recommended nutrition interventions. As the use of mobile phones is increasing dramatically in low- and middle-income countries, it is anticipated that the eLENA mobile app will put important information regarding nutrition interventions into the hands of those previously unable to access it.

5. Interim guideline on nutrition care of children and adults with Ebola virus disease in treatment centres

On 5 November 2014, WHO, UNICEF and WFP have issued a new interim guideline on nutritional care of children and adults with Ebola virus disease in treatment centres (http://www.who.int/nutrition/publications/guidelines/nutritionalcare_with_ebolavirus/en/). This interim guideline lays out some basic principles of optimal nutritional care for adults and paediatric patients during treatment and convalescence in Ebola treatment units, community care centres or other centres where Ebola patients are receiving care and support. It highlights the key clinical problems in patients affected by Ebola virus disease (EVD) that may interfere with their nutritional status and overall clinical support in the context of the current Ebola crisis, and summarizes their nutritional needs. The aim of the interim guideline is to provide guidance to programme managers and relevant health staff of organizations that implement or contribute to EVD treatment programmes, as well as to ministries of health, particularly in low- and middle-income countries facing this Ebola crisis. It is anticipated that it will be updated within 6 months, as needed, in light of increased field experience, ongoing research and data analysis.

6. WHO fact sheet on healthy diet

Consuming a healthy diet throughout the life-course helps prevent malnutrition in all its forms as well as a range of noncommunicable diseases (NCDs) and conditions. But increasing production of processed food, rapid urbanization and changing lifestyles have led to a shift in dietary patterns. People are consuming more foods high in energy, saturated fats, trans fats, free sugars or salt/sodium, and many do not eat enough fruit, vegetables and dietary fibre such as whole grains. WHO, therefore, issued in September 2014 a fact sheet on healthy diet (<http://www.who.int/mediacentre/factsheets/fs394/en/>), highlighting the following key facts:

- A healthy diet helps protect against malnutrition in all its forms, as well as noncommunicable diseases, including obesity, diabetes, heart disease, stroke and cancer.
- Unhealthy diet and lack of physical activity are leading global risks to health.
- Healthy dietary practices start early in life – breastfeeding may have longer-term benefits, like reducing the risk of overweight and obesity in childhood and adolescence.
- Energy intake (calories) should balance energy expenditure. Evidence indicates that total fat should not exceed 30% of total energy intake to avoid unhealthy weight gain, with a shift in fat consumption away from saturated fats to unsaturated fats, and towards the elimination of industrial trans fats.
- Limiting intake of free sugars to less than 10% of total energy is part of a healthy diet. A further reduction to less than 5% of total energy is suggested for additional health benefits.
- Keeping salt intake to less than 5 g per day helps prevent hypertension and reduces the risk of heart disease and stroke in adult population.
- WHO Member States have agreed to reduce the global population's intake of salt by 30% and halt the rise in diabetes and obesity by 2025.

7. WHO guideline on sugars intake for adults and children

WHO undertook a public consultation on its draft guideline on sugars intake in March 2014. The draft guideline was also peer-reviewed by experts simultaneously. The guideline is currently being finalized for publication and is scheduled to be issued before the end of 2014. WHO's current recommendation, from 2002, is that sugars should make up less than 10% of total energy intake per day. The new draft guideline, which was formulated based on analyses of all published scientific studies on the consumption of sugars and their effects on excess weight gain and dental caries in adults and children, also proposes that sugars should be less than 10% of total energy intake per day. It further suggests that a reduction to below 5% of total energy intake per day would have additional health benefits. Five per cent of total energy intake is equivalent to around 25 grams (around 6 teaspoons) of sugar per day for an adult. The suggested limits on intake of sugars in the draft guideline apply to free sugars which include all monosaccharides and disaccharides that are added to food by the manufacturer, the cook or the consumer, as well as sugars that are naturally present in honey, syrups, fruit juices and fruit concentrates.

8. WHO guideline on fortification of food-grade salt with iodine for the prevention and control of iodine deficiency disorders

In October, 2014, WHO issued the guideline on fortification of food-grade salt with iodine for the prevention of control of iodine deficiency disorders (http://www.who.int/nutrition/publications/guidelines/fortification_foodgrade_saltwithiodine/en/). The guideline recommends that all food-grade salt, used in household and food processing, should be fortified with iodine as a safe and effective strategy for the prevention and control of iodine deficiency disorders in populations living in stable and emergency settings. This recommendation recognizes that policies for salt iodization and reduction of salt to <5 g/day are compatible, cost effective and of great public health benefit. Although salt is an appropriate vehicle for iodine fortification, iodization of salt should not justify promotion of salt intake to the public. Monitoring of sodium (salt) intake and iodine intake at country level is needed to adjust salt iodization over time as necessary, depending on observed salt intake in the population, to ensure that individuals consume sufficient iodine despite reduction of salt intake.

9. Plan of Action for the Prevention of Obesity in Children and Adolescents in the Americas

Countries of the Americas took a giant step forward in the fight against the rising epidemic of obesity when they unanimously signed on to the new 5-year Plan of Action for the Prevention of Obesity in Children and Adolescents, during the 53rd Directing Council of the Pan American Health Organization (PAHO), which was also 66th Session of the Regional Committee of WHO for the Americas, held in Washington, D.C. on 20 September – 3 October 2014. Among other measures, the plan calls for fiscal policies and regulation of food marketing and labelling, improvement of school nutrition and physical activity environments, and promotion of breastfeeding and healthy eating. Its goal is to halt the rise of the epidemic so that there is no increase in current country prevalence rates. To support countries in implementing the plan of action, PAHO is providing evidence-based information to inform the development of policies and regulations, regional nutrition guidelines for preschool and school feeding programmes and guidelines for foods and beverages sold in schools. In addition, PAHO is supporting the adoption of indicators of obesity, will develop and maintain a database of nationally representative figures on overweight and obesity prevalence, and will monitor activities related to the implementation of policies, laws, and programs in the Americas. The Plan of Action is available in English, Spanish, Portuguese and French in the following links:

English: http://www.paho.org/hq/index.php?option=com_content&view=article&id=9774&Itemid=41062&lang=en
 Spanish: http://www.paho.org/hq/index.php?option=com_content&view=article&id=9774&Itemid=41062&lang=es

Portuguese:http://www.paho.org/hq/index.php?option=com_content&view=article&id=9774&Itemid=41062&lang=pt

French:http://www.paho.org/hq/index.php?option=com_content&view=article&id=9774&Itemid=41062&lang=fr

10. European Food and Nutrition Action Plan 2015 - 2020

On 18 September 2014, the 64th session of the WHO Regional Committee for Europe unanimously adopted the new European Food and Nutrition Action Plan 2015-2020 (<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/policy>). The objectives of the Action Plan are to: 1) Create healthy food and drink environments; 2) Promote the gains of a healthy diet throughout life, especially for the most vulnerable groups; 3) Reinforce health systems to promote healthy diets; 4) Support surveillance, monitoring, evaluation and research; and 5) Strengthen governance, alliances and networks to ensure a health-in-all-policies approach. Priority actions recommended by the Action Plan include restrictions on the marketing of food and non-alcoholic beverages to children, implementation of easy-to-understand front of pack labelling, and reformulation of food products to improve nutritional composition, such as through reducing the amount of salt, saturated fats and sugars. In addition, the Action Plan calls for a 'trans-fat free Europe', to be achieved through policies that ban or virtually eliminate trans-fats from the food supply. The Action Plan also signals a renewed effort to promote good nutrition among infants and children, including through the promotion and protection of exclusive breastfeeding to six months and the provision of healthy food in school settings. Finally, recognising the importance of addressing the needs of people who are already overweight or obese, nutrition counselling and body weight management are also recommended in primary health care.

11. Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific

In October 2014, at the 65th Session of the Regional Committee Meeting of the WHO Western Pacific Region, Member States supported the Action Plan to Reduce the Double Burden of Malnutrition in the Western Pacific (2015-2020). The Action Plan addresses the rising double burden of malnutrition reflected in the unfinished agenda of reducing undernutrition and the rising burden of diet-related NCDs. It calls for elevating nutrition in the national development agenda; protecting, promoting and supporting optimal breastfeeding and complementary feeding practices; strengthening and enforcing legal frameworks that protect, promote and support healthy diets; improving accessibility, quality and implementation of nutrition services across public health programmes and settings; and using financing mechanisms to reinforce healthy diets. WPR is supporting countries in adopting the global nutrition targets 2025 and translating the targets into actions suitable for the country context. The Action Plan will soon be posted at the following website: <http://www.wpro.who.int/nutrition/en/>.

12. WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Diet and Health

The 7th meeting of the WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Diet and Health was held in Geneva on 9 – 12 September 2014. The main objectives of the meeting were to: 1) review the updated systematic reviews and evaluate the evidence on the health effects and possible thresholds of saturated fatty acids (SFA) and trans-fatty acids (TFA); 2) formulate draft recommendations on SFA and TFA for the prevention of NCDs, and 3) review the issues related to replacement of SFA and TFA as public health measures related to diet, nutrition and health with a view of developing dietary guidance for the prevention of NCDs. Currently the draft guideline document is being finalized and a public consultation and peer-review are being planned in early 2014, before the final guideline will be prepared.

13. Meeting of the WHO guideline development group on nutrition actions

WHO convened a meeting with the WHO Guideline development group on nutrition actions 2013 – 2014 in Cancun, Mexico on 3 - 6 November. The main objectives of the meeting were to: 1) discuss the evidence-informed recommendations for global guidelines on the following list of nutrition actions, 2) determine the strength of these recommendations, considering the balance of evidence for benefits and harms, and taking into account costs, values and preferences, and 3) define implications for research in the areas discussed.

- Point-of-use fortification with multiple micronutrient powders for nutrition and health outcomes in children 6-23 months of age (standard guideline).
- Point-of-use fortification with multiple micronutrient powders for nutrition and health outcomes in preschool and school age children (standard guideline)
- Point-of-use fortification with multiple micronutrient powders for nutrition and health outcomes in pregnant women (standard guideline)
- Rice fortification with micronutrients as a public health strategy (standard guideline).
- Fortification of condiments with iron and other micronutrients in public health (standard guideline).
- Fortification of maize flour and corn meals with micronutrients as a public health strategy (standard guideline).