

CODEX ALIMENTARIUS COMMISSION



Food and Agriculture
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Organization

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JOINT FAO/WHO FOOD STANDARDS PROGRAMME

CODEX COMMITTEE ON FOOD LABELLING

Forty-third Session

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(Prepared by FAO/WHO)

MATTERS OF INTEREST ARISING FROM FAO AND WHO

FAO Handbook on Food Labelling

At the Second International Conference on Nutrition (ICN2), held in Rome 19-21 November 2014, governments affirmed that “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 a handbook on food labelling for building the capacity in countries to implement food labelling policies and programmes.

The book, provides a brief introduction to labelling as part of an ongoing effort to assist regulators and others working in the food system who are responsible for formulating and implementing food labelling policies. The book explains the reasons for food labelling and general principles and best practices that apply to all labels. Brief explanations about specific types of label information are provided, 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. Legal and trade considerations are highlighted as well. 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 book is expected to be published in the Fall of 2016.

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

The Food and Agriculture Organization of the United Nations (FAO), with funding from the European Union, and the USAID-funded Food and Nutrition Technical Assistance III Project (FANTA) recently published a guide for measuring women’s dietary diversity titled, “Minimum Dietary Diversity for Women (MDD_W): A Guide to Measurement”. This guide intends to provide users of the indicator with 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. MDD-W can be generated from population-based surveys. It provides a new tool for assessment, target-setting, and advocacy. Following the publication of the guide, potential users will have a resource that provides detailed information and guidance on how to apply MDD-W in their intended settings.

More information regarding FAO’s recent activities in nutrition assessment and in supporting countries to develop capacity in collecting national dietary information can be accessed at <http://www.fao.org/nutrition/assessment/en/>. Frequently asked questions and additional resources related to

the MDD-W are available on the FANTA website: <http://www.fantaproject.org/monitoring-and-evaluation/minimum-dietary-diversity-women-indicator-mddw>.

FAO Expert Working Group on evaluating protein quality of human foods

Bangalore, India, 2 to 5 March 2014: As follow up to the 2011 FAO Expert Consultation on Dietary Protein Quality Evaluation in Human Nutrition, FAO convened an expert working group to provide recommendations on the best methods to measure and predict digestion and efficiency of utilization of protein and amino acids in humans. The working group selected five protocols for conducting human and animal studies on protein quality in foods commonly consumed in countries throughout the world. The report of the working group was published in March 2015 (<http://www.fao.org/3/a-i4325e.pdf>). In addition, a scientific article was published in April 2016, with an aim to stimulate the interests of protein scientists to conduct more research, based on the research methodologies proposed at the Bangalore meeting, to redefine protein quality in human foods, in particular those of the plant origin from the developing countries (<http://jn.nutrition.org/content/early/2016/04/05/jn.115.222109.abstract>).

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 is the one 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 design, implement and evaluate nutrition education interventions. The course was developed with support from the German Federal Ministry for Food and Agriculture (BMEL) and in collaboration with national universities in Botswana, Ethiopia, Ghana, Kenya, Nigeria, Tanzania and Uganda, where the course was piloted.

The ENACT course 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 course materials and cases mostly relate to Africa but the broad principles and activities are relevant to any country that needs to upgrade capacity in this field. The course is pitched at undergraduate level; however it is relevant all who have or will have the professional need to handle nutrition education in some form, such as students of nutrition in universities and medical schools, agriculturists, district nurses, health service managers, rural development or community workers, IEC specialists, NGO staff and teachers.

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 on Food-Based Dietary Guidelines (FBDGs)

1. The FAO website on Food-Based Dietary Guidelines (FBDGs) was re-launched in November 2014, and serves as a platform for information exchange on nutritional guidelines from across the world. The

website currently features national food based dietary guidelines from 78 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 is provided in the development of national food-based dietary guidelines to the Governments of Afghanistan and Sierra Leone. Technical assistance for the revision of food-based dietary guidelines is also provided to Colombia, Uruguay and Guyana, and a national education strategy supported.
 3. A global review carried out on the "Developments in Healthy and Sustainable Eating and Dietary Guidelines and Related Policies: a State of Play Assessment". The report is due to be published in the coming months.
 4. FAO, together with the Nutrition Society of South Africa (NSSA), is organizing a "Technical Consultation on the Preparation of Food Based Dietary Guidelines and Nutrition Education for Promoting Healthy Diets" in May 2016 in South Africa. The overall purpose of the technical consultation is to provide information to countries in Sub-Saharan Africa (approximately 12 countries) to enhance governments' institutional capacities in developing and implementing.

FAO's role in school food and education

FAO recognizes schoolchildren as a priority for nutrition interventions and views the school as an ideal setting for teaching basic skills in food, nutrition and health. In many communities, schools may be the only place where children acquire these important life skills. In this regard, FAO promotes a "whole school" approach to nutrition education, in which classroom learning is linked with practical activities, reinforced by a nutrition and health friendly school environment and involves the participation of all school personnel, families and the community. Educational activities that complement each other, including classroom lessons and school gardens, provide hands-on opportunities for students to experience and practice and be actively involved in learning about food, diets and health, are integral parts of effective school-based nutrition education.

With a focus on both practical activities and classroom learning, school gardens can contribute to nutrition and food security. As a recent example, in Cambodia, FAO provides technical support and advice for the development and pilot-testing of a comprehensive nutrition education program that addresses starting up and running a school garden, while also incorporating behavioural-based and culturally appropriate nutrition education strategies designed for improving eating practices. The program will be implemented on 30 schools that are already a part of the WFP School feeding Programme and will include capacity building opportunities to establish a pool of master trainers and teachers who will be able to undertake nutrition education activities, particularly for teachers and school children. Through these activities school children will gain the necessary skills to make informed food choices while having a better access to local-healthy foods and educational activities such as school gardens.

More information on FAO's role in schools is available at: <http://www.fao.org/school-food/en/>.

FAO's Role on Food and Nutrition Information, Communication and Education in Latin America and the Caribbean

The Red ICEAN is a network that facilitates the exchange of knowledge and best practices in nutrition education amongst nutritionists, communicators, policy-makers, government officers and professionals from different disciplines, mainly health and agriculture, working in Latin America and the Caribbean, through a web-based platform. It was launched in 2014 by the FAO's Nutrition Education and Consumer Awareness Group and the Hunger-Free Latin America and the Caribbean Initiative (IALCSH). The Red ICEAN has also served as a platform to deliver capacity development opportunities through discussion forums on areas related to the nutrition transition and linkages between family farming and nutrition education, and webinars on technical areas related to the development and implementation of nutrition education interventions and food-based dietary guidelines. Currently, the Red ICEAN is planning an international webinar that will deal with the different terminologies used by professionals to promote healthy eating behaviours.

- To access the RED ICEAN website: <http://www.fao.org/red-icean/es/>

- The summary of the II FSN-RED ICEAN Forum titled “How Latin America combats the double burden of malnutrition?” can be found here: <http://www.fao.org/red-icean/recursos/envie-un-documento/details/es/c/326977/>

WHO guideline development:

1. WHO micronutrient-related guidelines

WHO guidelines on iron supplementation

- In March 2016, WHO issued guidelines on daily iron supplementation in infants and children (http://www.who.int/nutrition/publications/micronutrients/guidelines/daily_iron_supp_childrens/en/). These guidelines provides recommendations on iron supplementation for the prevention of iron deficiency and anaemia in infants and young children 6-23 months of age, 24-59 months of age, and for school-age children (5-12 years of age) living in settings where anaemia is highly prevalent. This guideline includes recommendations for iron supplementation in countries where malaria is prevalent.
- WHO also issued guidelines on daily iron supplementation in adult women and adolescent girls in March 2016. This guideline provides recommendations for menstruating adult women and adolescent girls (non-pregnant females in the reproductive age group), in settings where anaemia is highly prevalent ($\geq 40\%$ anaemia prevalence), for the prevention of anaemia and iron deficiency. (http://www.who.int/nutrition/publications/micronutrients/guidelines/daily_iron_supp_womenandgirls/en/)
- In June 2016, WHO plans to issue guidelines on iron supplementation in postpartum women for reducing the risk of anaemia in settings where gestational anaemia is of public health concern ($\geq 20\%$ prevalence).

WHO guidelines on the use of multiple micronutrient powders for home fortification of foods

- In March 2016, WHO issued updated guidelines on the use of multiple micronutrient powders for point-of-use fortification of foods consumed by pregnant women. This is an update of guidelines issued in 2011. At this time, routine use of multiple micronutrient powders during pregnancy is *not* recommended as an alternative to standard iron and folic supplementation during pregnancy for improving maternal and infant health outcomes. This recommendation is based on the very limited evidence to directly assess the potential benefits or harms of the use of point-of-use fortification with multiple micronutrient powders in pregnant women for improving maternal and infant health outcomes. (http://www.who.int/nutrition/publications/micronutrients/guidelines/mmpowders_pregnant_women/en/)
- WHO is updating the 2011 guidelines on the use of multiple micronutrient powders for home fortification of foods consumed by infants and children 6-23 months of age. This update is expected to be issued in November/December 2016.
- WHO is expected to issue new guidelines on the use of multiple micronutrient powders for the fortification of foods consumed by preschool and school-age children in November/December 2016.

2. WHO guidelines on infant feeding in the context of Zika virus

In February 2016, WHO published *interim* guidance on breastfeeding in the context of Zika virus. (<http://www.who.int/csr/resources/publications/zika/breastfeeding/en/>). Further guidance on infant feeding in the context of Zika virus transmission is expected to be issued in July 2016.

3. WHO guideline on sugars intake for adults and children

WHO issued the guideline on sugars intake for adults and children in March 2015 together with Information Note which provides detailed information on how to interpret the guidelines (http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/). The guideline provides the recommendations on the intake of free sugars to reduce the risk of NCDs in adults and children, with a particular focus on the prevention and control of unhealthy weight gain and dental caries. Free sugars are defined as monosaccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. The recommendations are to: 1) reduce intake of free sugars throughout the lifecycle; 2) in both adults and children, reduce the intake of free sugars to less than 10% of total energy intake; and 3) further reduce the intake of free sugars to below 5% of total energy intake for added health benefits. The guideline will help Member States and their partners in making informed decisions about nutrition policies, programmes and interventions. It is expected that the guideline will also help to accelerate the implementation of nutrition actions for improving health and development, and ultimately for reducing the burden of NCDs. The guideline is intended for a wide audience including government officials, scientists, the food industry and other

partners involved in the development, design and implementation of policies and programmes in public health nutrition.

4. Additional WHO guidelines expected to be released soon:

- a. **WHO guidelines on neonatal vitamin A supplementation** (by the end of 2016): The 2011 guidelines do *not* recommend neonatal vitamin A supplementation (that is, supplementation within the first 28 days after birth) as a public health intervention to reduce infant morbidity and mortality. Since 2011, with the support of the Bill & Melinda Gates Foundation, 3 large randomized controlled trials (in Ghana, India, Tanzania) on the effect of neonatal vitamin A supplementation on mortality in the first 6 months of life and 3 small trials to better understand the potential mechanisms of action of neonatal vitamin A supplementation were conducted. All studies have been completed and their results will inform the update of the new guideline.
- b. **WHO guidelines on maize flour fortification with micronutrients** (by the end of 2016): This guideline will provide recommendations on fortification of maize flour or cornmeal with iron and folic acid as a public health intervention.
- c. **WHO guidelines on the use of ferritin concentrations for assessing iron status in populations** (by the end of 2016): Indicators to assess the micronutrient status of populations are important for determining the magnitude and distribution of deficiency as a public health problem, for choosing the most appropriate intervention, and for monitoring and evaluating the impact of implemented public health programmes. Five reviews have been commissioned to inform the development of recommendations on the use of ferritin concentrations for assessing iron status. These reviews will be presented at a final guideline development group meeting in June 2016.
- d. **WHO guidelines on steps to successful breastfeeding in maternity facilities:** The guidelines will develop, update or consolidate evidence-informed recommendations on interventions for successful protecting, promoting and supporting breastfeeding in hospitals and maternity facilities based on previous recommendations, initially released in 1989 as the Ten Steps to Successful Breastfeeding. WHO has commissioned 21 reviews to inform the development of the recommendations. These reviews will be presented at a final guideline development group meeting in November 2016.
- e. **WHO guidelines on the control of soil-transmitted helminth infections in high-risk groups** (preschool and school- age children, non-pregnant adolescent girls and women of reproductive age, and pregnant women) in July 2016.
- f. **WHO guidelines on saturated fatty acid, *trans*-fatty acid, and total fat intakes** for the prevention of diet-related noncommunicable diseases: It is planned that the draft guidelines will be released for public consultation in June 2016 before the final guidelines are issued before the end of 2016.

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

The 9th meeting of the WHO Nutrition Guidance Expert Advisory Group (NUGAG) Subgroup on Diet and Health was held in Geneva, Switzerland in March 2016. The main objectives of the meeting were to: 1) Review the status and progress of the systematic reviews on carbohydrates; 2) Review and finalize the scope, PICO questions, priority outcomes and effects on health and other issues related to: a) the consumption of non-sugar sweeteners, b) the consumption of polyunsaturated fatty-acids (PUFA) including DHA and EPA, and 3) different dietary patterns, following the processes established in the WHO Handbook for Guideline Development (2014). The meeting finalized the scope, developed PICO questions, agreed on priority outcomes and health effects related to non-sugar sweeteners, PUFA and dietary patterns. Currently the systematic reviews are being carried out for the respective subject areas with a view for the NUGAG Subgroup on Diet and Health to review the quality of evidence and develop recommendations at the next meeting which will take place later in 2016.

6. Systematic reviews on specially formulated foods for the treatment and prevention of undernutrition

As part of the process to develop evidence-informed recommendations on formulated foods for the treatment and prevention of undernutrition in pregnant women and children 6 to 59 months of age in stable and emergency settings, WHO has commissioned the following systematic reviews:

- Lipid-based nutrient supplements to improve the nutrient intake of pregnant women and its impact on pregnancy, birth and infant developmental outcomes in stable and emergency settings.
- Provision of lipid-based nutrient supplements given with complementary foods to infants and young children 6 to 23 months of age for health, nutrition and development outcomes.
- The safety and effectiveness of lipid-based nutrient supplements (LNS) to treat severe acute malnutrition in infants and children 6-59 months of age.

- The safety and effectiveness of lipid-based nutrient supplements (LNS) to treat moderate acute malnutrition in infants and children 6-59 months of age.

These systematic reviews are expected to be completed by the end of 2016.

Additionally, WHO will commission systematic reviews on the following topics:

- Fortified blended foods to improve the nutrient intake of pregnant women and its impact on pregnancy, birth and infant developmental outcomes in stable and emergency settings.
- Provision of fortified blended foods to infants and young children 6 to 23 months of age for health, nutrition and development outcomes.
- The safety and effectiveness of fortified blended foods to treat severe acute malnutrition in infants and children 6-59 months of age.
- The safety and effectiveness of fortified blended foods to treat moderate acute malnutrition in infants and children 6-59 months of age.

7. Systematic reviews on maternal nutrition, pregnancy and foetal outcomes

WHO is currently undertaking the following systematic reviews:

- The impact of maternal nutrition prior to and during pregnancy on children's risk of overweight, obesity and noncommunicable disease later in life: a systematic review
- The impact of maternal nutrition during lactation, complementary feeding and the first two years of life on children's risk of overweight, obesity and noncommunicable disease later in life: a systematic review
- Gestational weight gain and risk of adverse perinatal outcomes, stratified by pre-pregnancy, maternal body mass index: a systematic review and meta-analysis

WHO meetings:

1. WHO Technical Meeting on Fiscal Policies on Diet

The ***Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013 – 2020*** endorsed by the 66th World Health Assembly provides a road map and a menu of policy options for all Member States and other stakeholders to take coordinated and coherent action, at all levels, from the local to the global, to attain the nine voluntary global NCD targets. One of these policy options recommended for Member States is to “*consider economic tools that are justified by evidence, and may include taxes and subsidies, that create incentives for behaviours associated with improved health outcomes, improve the affordability and encourage consumption of healthier food products and discourage the consumption of less healthy options*”. In 2014, the WHO Regional Office for Europe published the document “Using price policies to promote healthy diets”. This publication provides information on the use of fiscal policies to promote healthy diets and explores policy developments from around the WHO European Region (EURO). It examines the economic theory underpinning the use of subsidies and taxation and explores the current available evidence. The publication includes several cases studies from Member States of the WHO European Region. Building on this work of EURO as well as recent meta-analysis conducted by WHO and other available evidence reviews, WHO convened a technical meeting in Geneva on 5 – 6 May 2015 to: 1) Review evidence and existing guidance of taxes on sugar-sweetened beverages and other foods and beverages high in sugars, salt and fat, including health and economic impact; 2) Present and discuss case studies of countries with experience in taxing of sugar-sweetened beverages and other foods and beverages high in sugars, salt and fat; 3) Review and discuss modalities on policy options of taxes on sugar-sweetened beverages and other foods and beverages high in sugars, salt and fat: scope, tax rate, tax base, use of tax revenue. The meeting identified a list of considerations and next steps towards developing implementation tools for supporting national and international efforts in the scope, design and implementation of effective fiscal policies on sugar-sweetened beverages and other foods and beverages high in sugars, salt and fat.

2. WHO Technical Meeting on Nutrition Labelling for Promoting Healthy Diets

As part of the WHO's efforts in implementing the ***Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*** endorsed together with the 6 Global Nutrition Target 2025 by the 65th World Health Assembly (WHA) in May 2012 which stated that “*Trade measures, taxes and subsidies are an important means of guaranteeing access and enabling healthy dietary choices. They can be powerful tools when associated with adequate information for consumers through nutrition labelling and responsible food marketing, and with social marketing and promotion of healthy diets and healthy lifestyles.*” as well as the ***Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013 – 2020***

endorsed by the 66th WHA in May 2013 which also highlighted the implementation of nutrition labelling as a policy measure for preventing and controlling obesity and NCDs, 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. The objectives of the meeting were to: 1) review the types of front-of-pack labelling systems that are currently being implemented or proposed and identify their benefits and limitations; 2) review and assess the evidence on the effectiveness of different types of front-of-pack labelling systems; 3) review case studies of countries with experience in implementing front-of-pack labelling; 4) 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. Currently the background evidence review paper and meeting report are being finalized for publication. In addition, taking into account the outcomes of the technical meeting, a guidance framework manual is being developed to serve as a tool for countries in implementing front-of-pack labelling systems and countries are being identified to field-test this manual during the second half of 2016.

3. Technical Consultation on Addressing and Managing Conflicts of Interest in the Planning and Delivery of Nutrition Programmes at Country Level

Requested by the 65th World Health Assembly (WHA) in May 2012 as well as the 67th WHA in May 2014, WHO is in a process of developing risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistency with WHO's overall policy and practice. As part of this process, a technical consultation was held in Geneva on 8 - 9 October 2015 to: 1) Scope definitions, criteria, and indicators to help identify and prioritize conflicts of interest in the development and implementation of policies advocated by the *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (CIP)* at country level; 2) Identify situations in which the development and implementation of policies advocated by the CIP involve interactions between governments and non-State actors (mainly private sector) which may lead to conflicts of interest; 3) Identify a list of tools, methodologies and approaches that may help identify and manage conflicts of interest. The participants of the technical consultation included experts in the area of risk assessment, disclosure, management of conflicts of interest and other areas of expertise, and Member States participated as observers. The issues identified and recommended actions would be reported to the 69th World Health Assembly in May 2016.

4. WHO/FAO meeting on “Staple crops biofortified with increased vitamins and minerals: considerations for a public health strategy”

WHO and FAO convened a technical consultation on “Staple crops biofortified with increased micronutrient content for improving vitamin and mineral status in populations” in New York, USA on 6 - 8 April 2016. In addition to an ongoing Cochrane systematic review on the effects of staple crops biofortified with increased micronutrient content for improving vitamin and mineral status in populations, with particular emphasis on iron, vitamin A and zinc, WHO commissioned 14 papers on the following 11 topics which were presented at the meeting and provided the base for the technical discussion. The papers are planned to be published in a special supplement in the *Annals of the New York Academy of Sciences* upon peer-review:

1. Biofortified crops: agronomic biofortification, conventional plant breeding, and bio-engineering
2. Biofortified crops production, use and consumption
3. Bioavailability of biofortified crops
4. Models for estimating nutrient fortification levels in different biofortified crops
5. Economic feasibility and impact of biofortified crops: from consumers to added productivity and economic development
6. Legal framework for biofortified crop production
7. Food safety and environmental considerations of biofortified crops
8. Health equity and implementation consideration in biofortified crops
9. Seed markets, trade and intellectual property
10. Ethical considerations in biofortification of crops
11. Country experiences and case studies on biofortification

Recommendations to Prevent Inappropriate Marketing of Complementary Food:

In May 2010, the 63rd World Health Assembly expressed concern that inappropriate promotion of breastmilk substitutes and some commercial complementary foods and beverages for infants and young children has been undermining progress in optimal infant and young child feeding (http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R23-en.pdf). Inappropriate marketing of commercial complementary foods and beverages can mislead and confuse mothers and other caregivers about the nutrition and health-related qualities as well as the appropriate age and safe use of these foods and

beverages. In particular, the distinctions between milk products promoted for children of different ages are not well-understood. Furthermore, promotion of complementary foods and beverages before six months of age has been associated with earlier cessation of exclusive breastfeeding. Guided by the Scientific and Technical Advisory Group, WHO developed a draft guidance document on Inappropriate Promotion of Foods for Infants and Young Children. Throughout 2015 and early 2016, this guidance document was reviewed and commented by Member States and UN Agencies through informal consultations and by NGOs in official relations with WHO and the private sector entities through informal dialogues. The final document containing the recommendations is scheduled to be discussed at the 69th World Health Assembly in May 2016.

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

Nutrient profiling is the science of classifying and ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health and can complement and support food-based dietary guidelines (FBDG) in achieving dietary goals and recommendations. Nutrient profile models are, therefore, 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 confusions for target audience and consumers. Thus, there was an increased need for systematic evaluation and comparison of different models and WHO was requested by a number of Member States to take the lead in formulating coordinated approach for developing or adapting nutrient profile models which can be used for different public health interventions in order to facilitate the implementation of coherent public health strategies. WHO then developed a Guiding Principles and Framework Manual, following a similar manual developed by WHO which provided step by step process for developing FBDG. This manual was field-testing 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 foods and non-alcoholic beverages to children – European Region (2013-2015), Eastern Mediterranean Region (2014 – 2015), American Region (2015), Western Pacific Region (2015) and South East Asia Region (2016). WHO is now in a process of developing an unified global nutrient profile model for regulating the marketing, bringing together these regional models and also assessing if the marketing model could be adapted for other applications, such as for regulating school food procurement and possibly for implementing fiscal policies in collaboration with its Regional Offices.

WHO Fact Sheet on Healthy Diet:

Consuming a healthy diet throughout the lifecourse 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, initially in September 2014 and most recently updated in September 2015, a fact sheet on healthy diet (<http://www.who.int/mediacentre/factsheets/fs394/en/>), highlighting key facts including:

- 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.

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) has been developed that will provide users with eLENA content offline – no internet connection required. To achieve this, several new features have been 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. The field-testing of the eLENA mobile app took place from 1 October to 15 November 2015 and the final version of the eLENA mobile app (eLENA*mobile*) was launched in December 2015 (<http://www.who.int/elena/eLENAmobile/en/>).

Developing policy action guidance to implement the Framework for Action of the Second International Conference on Nutrition (ICN2)

The Rome Declaration sets out a vision for a world with coherent policies to promote a diversified, balanced and healthy diet at all stages of life, with national health systems integrating nutrition, coordinated action among different actors and sectors, empowerment of consumers, and policies that pay special attention to women. The Framework for Action then recommends a set of 60 voluntary policy options and strategies that cover: an enabling environment; sustainable food systems promoting healthy diets; international trade and investment; nutrition education and information; social protection; health systems delivery of direct nutrition interventions and health services to improve nutrition; water, sanitation and hygiene; and food safety and antimicrobial resistance. In 2015 - 2017, WHO expands its evidence-informed guidance to cover the policy areas identified in the Framework for Action. These include: reviewing and updating of the guidelines on healthy diets (recommendation 13); developing public health measures to reduce the content of sugars, salt/sodium, saturated fat and *trans*-fat in foods and beverages (recommendation 14 and also in accordance with the WHO guidelines); reviewing regulatory and voluntary instruments (i.e. marketing, publicity and labelling policies, economic incentives or disincentives) to promote healthy diets in accordance with the Codex Alimentarius Commission and World Trade Organization rules (recommendation 15); establishing food or nutrient-based standards to make accessible healthy diets and safe drinking water in public facilities (recommendation 16); developing measures to improve the availability and marketing of complementary foods (recommendation 39); and reviewing effective interventions on breastfeeding, childhood wasting, stunting, and overweight and women's anaemia (recommendations 29–43).