

CFS VOLUNTARY GUIDELINES ON FOOD SYSTEMS FOR NUTRITION

WHO Comments on the CFS VG Draft For Negotiations

WHO comments presented at the CFS OEWG 28/29 May 2020

We would like to remind that these CFS VG are the follow up of the outcomes of the Second International Conference on Nutrition (ICN2) and are of high importance for the UN Decade of Action on Nutrition, and for achieving food security, improved nutrition and related SDG targets.

Their added value needs to be to go steps further with the operationalization of the already agreed ICN2 Framework for Action.

Moreover, these voluntary guidelines need to build on and integrate the guidance adopted by other member state bodies of the UN system. This includes also the integration of relevant World Health Assembly guidance into the broader multisectoral context for enabling sustainable food systems supporting healthy diets and improved nutrition and health for all. This integration is particular relevant for part 3 of the document.

Paragraph	Text Proposal	WHO Comment and Rationale
Part 1- Introduction		
1.1 Background and Rationale		
Para 3	<p>Micronutrient deficiencies related to the inadequate intake of food rich in iron, vitamin A, iodine, folate, vitamin D, and zinc, among others, affect a large proportion of the global population with serious consequences on health, well-being, and development. Children under the age of five years, adolescent girls, women of childbearing age, and pregnant and lactating women have specific nutritional requirements across their lifecycle and are susceptible to a higher risk of anaemia, in particular iron deficiency anaemia. Also referred to as “hidden hunger,” micronutrient deficiencies increase a person’s vulnerability to infection, birth defects, impaired development, and lower life expectancy.</p>	<p>WHO Comment</p> <ul style="list-style-type: none"> Suggest to delete:’have specific nutritional requirements across their lifecycle and’.....
1.2 Key Concepts		
Para 20 Healthy Diet	<p>Healthy diets are those diets that are of adequate quantity and quality to achieve optimal growth and development of all individuals and support functioning and physical, mental and social wellbeing at all life stages. They help to protect against malnutrition in all its forms, including undernutrition, micronutrient deficiency, overweight and obesity as well as NCDs, such as diabetes, heart disease, stroke and cancer. The exact make-up of healthy diets varies depending on individual characteristics (e.g. age, gender, lifestyle and degree of physical activity), cultural context, local availability of foods and dietary customs. They are diversified, balanced, and safe and should limit the intake of saturated and trans fats, added <u>free</u> sugars,</p>	<p>WHO Comments:</p> <p>‘Healthy diets’ are at the center of food systems, and therefore rightly placed as key concept of these Voluntary Guidelines.</p> <p>We have 4 comments on this para:</p> <ol style="list-style-type: none"> Suggest to include the specifics of the essential components of WHO guidance on Healthy Diets Suggested edit into ‘free sugars’ Suggested edit on the long-term health benefits of breastfeeding Replacement of the current footnote

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<p>and sodium. <u><i>WHO indicates that for a diet to be healthy: A) daily needs of energy, vitamins and minerals should be met, but energy intake should not exceed needs; B) consumption of fruit and vegetables is at least 400 g per day; C) total fat intake is less than 30% of total energy intake; D) intake of saturated fats is less than 10% of total energy intake; E) intake of trans-fats is less than 1% of total energy intake; F) intake of free sugars is less than 10% (preferably, less than 5%) of total energy intake; D) intake of salt is less than 5 g per day.</i></u></p> <p>Healthy dietary practices start early in life – breastfeeding fosters healthy growth and improves cognitive development and may have <u>has</u> long-term health benefits¹.</p>	<p>with correct website link</p>
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Rational for the comments on para 20:

<p>WHO comments</p>	<p>First point</p> <ul style="list-style-type: none"> • WHO supports the inclusion of ‘Healthy Diet’ as key concept in the VG. The solid evidence base of what constitutes a healthy diet is summarized in the WHO Fact Sheet, with the more specific references to the relevant evidence base. • The definition provided now in the VG document is a rather generic description of a healthy diet. This should be complemented and the specifications on the essential components should be included in this definition. These specific details are central to a number of policy measures in Part 3. Therefore, the reader should have direct access to these specifics in this VG document, without needing to consult other references. This would make the document more userfriendly. <p>Therefore, WHO suggests that the specifics of the Healthy Diet should be included directly in the main text of the key concept. The suggested inclusion would state that:</p> <p><i>WHO indicates that for a diet to be healthy:</i></p> <ol style="list-style-type: none"> a) <i>daily needs of energy, vitamins and minerals should be met, but energy intake should not exceed needs;</i> b) <i>consumption of fruit and vegetables is at least 400 g per day;</i> c) <i>total fat intake is less than 30% of total energy intake, with intake of saturated fats is less than 10% of total energy intake;</i> d) <i>intake of trans-fats is less than 1% of total energy intake;</i> e) <i>intake of free sugars is less than 10% (preferably, less than 5%) of total energy intake;</i> f) <i>intake of salt is less than 5 g per day.</i> <p>Second point</p> <ul style="list-style-type: none"> • We would like to suggest amending throughout the document the term “added sugars” to replace it with “free sugars” in order to align with WHO guidance. <p>“ Free sugars are all sugars added to foods or drinks by the manufacturer, cook or consumer, as</p>
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	<p>well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.” Ref. WHO Fact Sheet.</p> <p>Third point: suggested rephrasing</p> <ul style="list-style-type: none"> • The statement on the benefits of breastfeeding is rather weak (“may have long-term health benefits”) when the evidence is actually quite strong. It should clearly state that there are long-term benefits. Moreover over, concrete language could be added along the lines that • “Breastfed children perform better on intelligence tests, are less likely to be overweight or obese and less prone to diabetes later in life. Women who breastfeed also have a reduced risk of breast and ovarian cancers” (Ref WHO breastfeeding page (https://www.who.int/health-topics/breastfeeding#tab=tab_1)) <p>Fourth Point (correction of the Footnote 24)</p> <ul style="list-style-type: none"> • The link to the WHO Healthy Diet fact sheet should be changed so that it leads to the site where the pdf document can be downloaded: https://www.who.int/who-documents-detail/healthy-diet-factsheet394
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Paragraph	Text Proposal	WHO Comment and Rationale
Para 21	Sustainable healthy diets are healthy diets that combine all the dimensions of sustainability to avoid unintended consequences and undermine healthy diets of future generations. They contribute to the preservation of biodiversity and have a low environmental pressure and impact ² .	<ul style="list-style-type: none"> • WHO supports the inclusion of this Key Concept, Based on the FAO/WHO jointly organized expert consultation last year.
Para 22	Nutritious foods are those foods that tend to be <i>high</i> in essential nutrients such as vitamins and minerals (micronutrients), as well as proteins, unrefined fibre-rich carbohydrates such as fibre , and/or unsaturated fats and are low in sodium, added free sugars, saturated fats and trans fats.	<p>We would like to suggest two edits:</p> <ul style="list-style-type: none"> • It would be more correct to say ‘unrefined fibre-rich carbohydrates ‘ Meaning:unrefined carbohydrates rich in fibre.... • As mentioned already: It should say “free sugars” instead of “added sugars”, to be in line with WHO guidance.

Part 2- Objectives and Guiding Principles

2.3 Guiding Principles for Transforming Food Systems or Promoting Sustainable Food Systems

Para 32 c	<p>Guiding principle on Accountability, transparency and participation....The text says.....</p> <p>“.....based on transparent rules of engagement including safeguards against potential conflicts of</p>	<ul style="list-style-type: none"> • WHO would like to express support for the Guiding principle on Accountability, transparency and participation. As well as the inclusion of ...” transparent rules of
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	interest.”	engagement including safeguards against potential conflicts of interest” as an important element of accountability.
Para 32 d	Healthy people, healthy planet. Promote policies and actions that enhance the livelihoods, health, and well-being of the population, as well as sustainable food production and consumption to protect natural resources, ecosystems and biodiversity, and ensure mitigation of and adaptation to climate change.	<ul style="list-style-type: none"> • WHO welcomes and supports the inclusion of the ‘healthy people – healthy planet’ concept among the guiding principles of the VG. <p>This Principle combines two key elements that are interlinked and indispensable for sustainable food systems: First, that current food systems do not adequately deliver on their core business which is actually to produce and provide the necessary food and nutrients for healthy diets for the population. Healthy Diets are a key element of people’s health. Second: The link between people’s health and planetary health is an important focus in the context of sustainability and sustainable food systems, and in the view of policy alignment across agriculture, food, nutrition and health.</p>

Part 3- The Voluntary Guidelines on Food Systems for Nutrition

3.2

Para 37	The guidance is principally addressed to governmental actors who should consider it in relation to national and sub-national priorities, needs and conditions, and assess the relevance of the policy entry points and actions as they pertain to their own food system contexts. It is important for countries to undertake a diagnostic lens to their food systems in a systematic and holistic way. This would entail understanding the types of food systems that exist, the make-up and complexity of their food systems, and the major trigger points for change, disruption, exclusion/inclusion and growth. Governmental actors are encouraged to systemically analyze the potential transition costs, benefits, trade-offs, and impacts of their actions, considering their effects across sectors and actors within their own context of environmental, economic and socio-cultural conditions and objectives.	<p>We consider the element that countries are encouraged to undertake a diagnostic lens to their food systems in this para as relevant to the CFS VG and support its retention.</p> <p>An important element to add in this para, could be the monitoring of impacts of policy implementation.</p>
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3.2.3 Promoting nutrition within agriculture and food production

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3.2.3 f	<p>Governmental actors, private sector actors, donors and other relevant stakeholders should invest in research, development, and innovation for producing nutritious crops, such as fruit, vegetables, nuts and seeds, legumes, biofortified crops (developed through conventional on-farm breeding), and diverse animal-source food and breeding (e.g. dairy products, fish, eggs, and meat), which are developed keeping smallholder and/or family farmers' livelihoods in mind.</p>	<p>WHO Comment</p> <ul style="list-style-type: none"> We suggest leaving biofortified crops as such and deleting the element that follow in parenthesis, since this item refers to research and innovation. This would leave open the possibility to include other forms of biofortification in the future. <p>Deleted: (developed through conventional on-farm breeding)</p>
<p>3.2.4 Improving food storage, processing, transformation and reformulation</p>		
3.2.4 c	<p>Governmental actors should establish guidance on the use of processing technologies³⁷ that can improve the nutrient content of food, minimize post-harvest nutrient losses, and promote longer-term storage of food, particularly during periods of drought, flooding, and insufficient production.</p> <p>Footnote 37) Technologies include flash and solar drying, converting food to pastes and spreads, appropriate packaging to preserve nutrient content, and post-harvest fortification of food vehicles with micronutrients that are beneficial to health. Food fortification should be guided by national standards, with quality assurance and quality control systems to ensure quality fortification.</p>	<p>WHO comment:</p> <ul style="list-style-type: none"> We would like to express our concern that fortification seems to have been relegated to one short phrase (“and post-harvest fortification of food vehicles”) and buried in a footnote (footnote 37). The only other mentioning of fortification is in a rather negative statement in part 372c, that we recommended deleting. In fact, salt iodization is a global health recommendation and so it is problematic to have no mention of it in such an important document. WHO also recommends fortification of a number of staple foods, and this should be stated clearly in the document. For example:
3.2.4 e	<p>Private sector actors should strive to meet public health goals aligned with national food-based dietary guidelines by further producing and promoting nutritious foods and food products that contribute to a healthy diet, such as increasing and preserving nutrient content <u>through staple crops/foods fortification</u> and making efforts to reformulate foods, when necessary, by reducing the excessive content of sodium, sugar, and saturated fats, and eliminating trans fats in foods.</p>	<ul style="list-style-type: none"> In para 3.2.4e) We suggest to strengthen language through the inclusion of the terms ‘ <u>staple crops/foods fortification</u>’ . In para 3.3.2 d) we suggest the inclusion of <u>....’fortification of staple foods such as rice, maize or wheat , point-of-use fortification and/or micronutrients supplementation’</u> <ul style="list-style-type: none"> Reference is made to the WHO guidelines including: <p>Guideline: fortification of rice with vitamins and minerals as a public health strategy. Geneva: World Health Organization; 2018.</p> <p>WHO guideline: fortification of maize flour and corn meal with vitamins and minerals. Geneva: World Health Organization; 2016.</p>

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		<p>WHO, FAO, UNICEF, GAIN, MI, & FFI. Recommendations on wheat and maize flour fortification. Meeting Report: Interim Consensus Statement. Geneva, World Health Organization, 2009.</p> <p>WHO. 2019. Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva, Switzerland. https://www.who.int/publications-detail/9789241515856</p>
3.2.4 d	<p>Governmental actors should promote regulatory instruments and incentives to promote reformulation, complemented with appropriate measures such as front-of-pack labels (FOPL) and taxes to minimize the promotion of foods high in energy density with minimal nutritional value, (such as foods high in sodium, sugar, and trans and/or saturated fats), in accordance with World Trade Organization (WTO) rules.</p>	<p>WHO welcomes the inclusion of ‘the promotion of regulatory instruments and incentives to promote food reformulation, complemented with appropriate measures such as FOPL and taxes.</p> <p>Updated Annex 3 of the WHO Action Plan for the Prevention and Control of Noncommunicable Disease 2013-2020, was endorsed by the 70th WHA in May 2017. As an effective intervention for reducing unhealthy diet for tackling NCDs, the following are recommended:</p> <ul style="list-style-type: none"> - Reducing salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in food and meals - Replacement of saturated fats with unsaturated fats through reformulation and limiting portion and package size to reduce energy intake and the risk of overweight/obesity - The elimination of industrially-produced trans fatty acids through the development of legislation <p>References World Health Organization. Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva; 2017. https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf;sequence=1</p>
3.3		

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3.3.2 Improving the availability and affordability of food that contributes to healthy diets		
3.3.2 a	<p>Governmental actors should consider fiscal policies to promote the affordability of healthy diets. This includes subsidies to promote nutritious food options to ensure they are affordable and competitive compared with food and beverages high in energy density with minimal nutritional value for which industry tax benefits for their development and marketing should be removed. <u>This also includes, among others, taxing foods high in energy density with minimal nutritional value.</u></p>	<p>WHO comment:</p> <ul style="list-style-type: none"> • While we are supporting the inclusion of fiscal policies, we are concerned that only one element is addressed in the current text. Other than subsidies to promote the affordability of healthy food items such as fruits and vegetable, the current text lacks reference to the other important measure namely the taxation of foods with high energy density and minimal nutritional value. • We like to suggest the addition of language to include taxation. There are now the considerable number of 77 countries that apply this measure. <p>It should be noted that Fiscal policies also include <i>taxation to reduce unhealthier food options, such as, on foods high in sodium, free sugars and saturated fats or trans fats, or removing industry tax benefits for the development and marketing of unhealthier foods.</i></p> <ul style="list-style-type: none"> • <i>Tax revenues can then be used to finance the subsidies on healthier options, and health promotion programmes, including the provision of clean, safe water available in public settings.</i> <p>Ref.:</p> <ul style="list-style-type: none"> • WHO. 2017. Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva, Switzerland. https://www.who.int/ncds/management/best-buys/en/ • World Health Organization. Report of the Commission on ending childhood obesity. Geneva; 2016. • World Health Organization. Fiscal policies for diet and prevention of noncommunicable diseases: Technical Meeting Report. Geneva; 2016
3.3.2 b	<p>Governmental actors should strengthen public procurement systems by ensuring healthy diets are available and convenient in public settings and</p>	<p>WHO comment:</p> <ul style="list-style-type: none"> • This is an important measure and WHO is in support of this point.

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	institutions such as kindergartens and other childcare facilities, schools, hospitals, foodbanks, workplaces, government offices and prisons in line with national food-based dietary guidelines.	
3.3.2 c	Governmental actors should link the provision of healthy school meals with clear nutritional objectives , aligned with national food-based dietary guidelines and adapted to the needs of different age-groups, with special attention to the needs of adolescent girls. Policymakers and UN agencies should consider promoting home grown school meals , where food served in schools is procured from local, smallholder and/or family farmers.	<p>WHO comment:</p> <ul style="list-style-type: none"> This is an important measure and WHO is in support of this point.
3.3.2 d	Governmental actors and intergovernmental organizations should facilitate the affordability of healthy diets for poor households through social protection programmes such as vouchers, cash, school feeding, or food supplement <u>fortification of staple foods such as rice, maize or wheat , point-of-use fortification and/or micronutrients supplementation</u> programmes.	<p>WHO comment:</p> <ul style="list-style-type: none"> We suggest including here some language on food fortification, such as ... '...fortification of staple foods such as rice, maize or wheat , point-of-use fortification and/or micronutrients supplementation' programmes. <p>To delet: food supplement</p>
3.3.2 e Suggest additional related to COVID19	Governmental actors, consumers, and farmer organizations should promote the availability of nutritious food that contributes to healthy diets through local farmers markets, community cooperatives and other community-building efforts that engage people around local food cultures. <u>Suggestion to add additional point along the lines that: Governmental actors and intergovernmental organizations should strengthen the capacities of and equip social protection programmes for certain scale up as could be needed in the face of increased food insecurity and malnutrition for example due to COVID19 pandemic.</u>	<p>WHO comment:</p> <ul style="list-style-type: none"> We would like to suggest that the VG could also address the mid-term or longer term needs of those most affected by potential food insecurity and malnutrition crisis, for example due to the COVID19 pandemic. Therefore, an additional point could be added on the need to strengthen social protection programmes, as these could become overburdened by the increased need of support, as already shown in some countries. This aspect is also relevant in section 3.6.3.
3.4		
3.4.2 Ensuring food safety across food production systems		
3.4.2 a	Governmental actors and private sector actors should consider a One Health Approach ³ to food safety along the entire food and feed chain, recognizing the interconnection between food safety and human,	<p>WHO comment:</p> <ul style="list-style-type: none"> In the context of COVID19, we would like to suggest to further elaborate on the ONE Health Approach.

³ One Health is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors (such as public health, animal health, plant health and the environment) communicate and work together to achieve better public health outcomes. Reference: <https://www.who.int/features/qa/one-health/en/>

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	plant, animal and environmental health.	
3.4.2 Ensuring food safety across food production systems		
3.4.2 b	Governmental actors, in collaboration with intergovernmental organizations, should develop and implement national guidelines on the prudent use of antimicrobials in food-producing animals according to internationally adopted standards, relevant to World Trade Organization/Sanitary and Phytosanitary (WTO/SPS) agreements and Codex ad hoc Intergovernmental Task Force on Antimicrobial Resistance, to reduce the non-therapeutic use of antimicrobials and to phase out the use of antimicrobials as growth promoters.	<p>WHO comment:</p> <ul style="list-style-type: none"> • Suggest including a reference to the WHO 2015. Global Action Plan on Antimicrobial Resistance. https://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/ • And its WHA Resolution https://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R7-en.pdf?ua=1
3.5		
3.5.1 Utilizing policies and tools to provide education and information on healthy diets		
3.5.1 b,c,d	<p>b) which includes marketing of food and non-alcoholic beverages to children.</p> <p>c) which includes the marketing of commercial infant formula and other breastmilk substitutes, CODE implementation.</p> <p>d) which includes nutritional labelling and FOPL</p>	<p>WHO comment:</p> <ul style="list-style-type: none"> • The integration of relevant World Health Assembly guidance into the broader multisectoral context for enabling sustainable food systems supporting healthy diets and improved nutrition and health for all, is of relevance for the CFS VG as a whole, and particularly for the recommendations in this section 351. • In particular para 351 b, c and d, are critical points to WHO policy guidance, and we express our support to the proposed language. See suggested correction in para d). <p>References for the rational include (but are not limited to):</p> <p>b) marketing of food and non-alcoholic beverages to children:</p> <ul style="list-style-type: none"> • In 2010, WHO Member States endorsed the WHO Set of recommendations on the marketing of food and non-alcoholic beverages to children at the Sixty-third World Health Assembly • In 2012, WHO published A framework for implementing the Set of Recommendations on the marketing of food and non-alcoholic beverages to children to guide implementation. <p>c) marketing of commercial infant formula</p>

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		<p>and other breastmilk substitutes, CODE implementation:</p> <ul style="list-style-type: none"> • In order to protect and promote breast-feeding, WHO Member States adopted a legal instrument, the International Code of Marketing of Breast-milk Substitutes, at the Thirty-fourth WHA in 1981. • The Code has since been reinforced with a number of subsequent relevant World Health Assembly resolutions. • This includes, in 2016, WHA Resolution 69.9 on ending the inappropriate promotion of foods for infants and young children. <p>d) nutritional labelling and FOPL:</p> <ul style="list-style-type: none"> • WHO Guiding Principles and Framework Manual for Front-of-Pack Labelling for Promoting Healthy Diets. Geneva; 2019. • Codex Committee of Food Labelling. Guidelines on front of pack nutrition labelling (FOPL) systems. http://www.fao.org/fao-who-codexalimentarius/committees/committee/related-electronic-working-groups/pt/?committee=CCFL
3.5.1 d	<p>Governmental actors should regulate nutritional labelling and consider front-of-pack labelling (FOPL) to promote healthy diets. The FOPL system should be aligned with national public health and nutrition policies and food regulations, as well as relevant WHO guidance and Codex guidelines. The FOPL system should comprise an underpinning nutrient profile model that considers the overall nutrition quality of the product or the nutrients of concern for <u>achieving an adequate nutritional status while avoiding</u> NCDs (or both). Complementary policies could be considered for foods of high energy density with minimal nutritional value to not be sold or marketed in public places or near schools, including kindergartens and child care facilities.</p>	<p>WHO comment / suggested edits:</p> <ul style="list-style-type: none"> • The correct word would be ‘nutrition labeling’ • Suggested change is to include the words: ...’ achieving an adequate nutritional status while avoiding’ ... NCDs. • And to deleted: “(or both)” <p>WHO comment in support of applying nutrient profiling models:</p> <p>In order to support the implementation of such measures, the composition of respective foods in terms of their nutritional quality needs to be identified and taken into account.</p> <p>Nutrient profiling: is "the science of classifying / ranking foods according to their nutritional composition for reasons related to preventing disease and promoting health".</p>

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		Regional nutrient profile models have been developed by WHO Regions. These can be adapted to implement various policy measures to promote healthy diets.
3.5.3 Promoting “hubs” for nutrition knowledge, education and information		
3.5.3 c	Governmental actors should adopt and implement comprehensive school food and nutrition policies , review education curricula to incorporate nutrition principles, involve communities in promoting and creating healthy food environments and healthy diets in schools, and support school health and nutrition services.	WHO is in support of this para on comprehensive school food and nutrition policies.
3.7		
3.7.2 Improving the quality of food and nutrition assistance		
3.7.2 c	Governmental actors and humanitarian assistance organizations should <u>support social protection mechanisms by be encouraged to purchase locally produced foods, including fortified foods, and support wasting treatment programmes by purchasing locally produced (including Ready to Use Supplementary and Therapeutic foods in some context and supplementary foods where feasible and ensure they are available through social protection mechanisms and acute malnutrition management programmes, with improved adequate coverage also during times of crisis. Fortification should be used only in limited times and places and should not disrupt local market and accessibility of nutritious food in the longer term.</u>	<p>WHO comments (ZitaWP): We would like to make three points on para c) regarding Improving the quality of food and nutrition assistance:</p> <ol style="list-style-type: none"> Supplementary foods and Therapeutic foods should not be part of a social protection programme, but should be provided through health system based programmes. <p>Ref.: WHO 2019. Supplementary foods for the management of moderate acute malnutrition in children aged 6–59 months. https://www.who.int/elena/titles/food_childre_n_mam/en/</p> <p>WHO. 2013. Guideline. Updates on the management of severe acute malnutrition in infants and children. Geneva, Switzerland. https://apps.who.int/iris/bitstream/handle/10665/95584/9789241506328_eng.pdf?ua=1.</p> <p>WHO 2012. Supplementary foods for the management of moderate acute malnutrition in infants and children 6-59 months of age. Technical note . https://www.who.int/nutrition/publications/moderate_malnutrition/9789241504423/en/</p> <ol style="list-style-type: none"> We would prefer to replace the term ‘Acute Malnutrition’ with the term ‘wasting’ <p>-Wasting is not always acute.</p>

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		<p>-Malnutrition can be both over- and undernutrition. -Therefore, to avoid this ambiguity, WHO and partners have agreed to use the term wasting. Accordingly, all recent publications refer to wasting.</p> <p>e.g. reference: FAO, UNHCR, UNICEF, WFP, and WHO. 2020. Global action plan on child wasting: a framework for action to accelerate progress in preventing and managing child wasting and the achievement of the Sustainable Development Goals. https://www.who.int/who-documents-detail/global-action-plan-on-child-wasting-a-framework-for-action</p> <p>3. We suggest deleting the last sentence on fortification in this para: The sentence that says: Fortification should be used only in limited times and places and should not disrupt local market and accessibility of nutritious food in the longer term.</p> <p>In line with these three points, text edits have been suggested and communicated to the CFS Secretariat:</p>
3.7.2 d	<p>Governmental actors should have an explicit policy on infant and young child feeding (IYCF) in emergencies, and governmental actors, UN agencies and NGOs should ensure that such policies on IYCF practices are implemented Coordination, promotion and improvement during humanitarian crises.</p>	<p>WHO comment:</p> <ul style="list-style-type: none"> • In this para, Policy work and humanitarian response seems to be mixed up. • During a humanitarian crisis, the focus should be on the implementation of the policy. It seems confusing to include here as well the ... Coordination, promotion and improvement.... of the policy. <p>Ref.: IFE Core Group 2017. Infant and young child feeding in emergencies. Operational guidance for emergency relief staff and programme managers. Developed by the IFE Core group. Version 3.0. Geneva, Switzerland. https://www.enonline.net/attachments/2671/Ops-G_2017_WEB.pdf</p>