Comments to CFS Voluntary guidelines on Food Systems and Nutrition

Deadline February 5\textsuperscript{th} 2020

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And the Israeli Mission to the UN Agencies in Rome.

THE VOLUNTARY GUIDELINES ON FOOD SYSTEMS AND NUTRITION

TRANSPARENT, DEMOCRATIC AND ACCOUNTABLE GOVERNANCE OF FOOD SYSTEMS.

1. To mention the importance of POLITICAL WILL, without which the guidelines will not be adopted at the country level
2. Multi sectoral actions in order to achieve higher results
3. Food Industry – part of the problem, should also be part of the solution. Encouraging reformulations – (1 mention 3.3.3.d page 17) Should surely be among the Stakeholders page 7 (#27)
4. Food additives (1 mention 3.2.8.c page 15) and emulsifiers (no mention) in relation to Celiac and Inflammatory Bowel disease\textsuperscript{1} and as a challenge when doing reformulations
5. More emphasis on Highly and Ultra processed and hyper palatable foods\textsuperscript{2} and obesity (3.2.3.d page 13)
6. Including practical tools that can help governments to implement the guidelines.

SUSTAINABLE NUTRITION-ORIENTED FOOD SUPPLY CHAINS IN THE CONTEXT OF CLIMATE CHANGE

1. Mention encouraging career choices for young farmers. (Av age in Israel 63!)


2. No mention of Greenhouse gas emissions – role of agriculture eg deforestation to plant soya in S America as feed for poultry in Europe….

EQUITABLE ACCESS TO SUSTAINABLE AND HEALTHY DIETS
...
1. Food insecurity mentioned once (page 3, paragraph 10) see nutritionally vulnerable groups (3.6.2), especially the elderly
2. Minimal mention of mention of Food Fortification (3.2.3.d) – flour, salt, milk Iodine salt and more
3. No mention of Big / Industrial Agriculture and No discussion of power imbalances
4. Considering Urbanization - should mention Milan Urban Food Policy Pact
5. Food forests at urban places
6. Better food choice architecture

PEOPLE-CENTERED NUTRITION KNOWLEDGE, EDUCATION AND INFORMATION
1. Social media (two mentions pages 17 3.3.4.a, 19 3.4.2.k) also deserve a separate section Determining food choices. The future revolution in consumer habits and choices (no mention)
2. No junk food advertising to children and adolescents until the age of 18 –(no mention)

GENDER EQUITY AND WOMEN'S EMPOWERMENT ACROSS FOOD SYSTEMS

1. Elderly (special requirements 3 mentions always with special groups HIV TB disabled etc – deserve separate considerations)

FOOD SYSTEMS AND NUTRITION IN HUMANITARIAN CONTEXTS

1. No mention of manmade disasters (conflicts), migrants

Part 4. IMPLEMENTATION and MONITORING ….
There is no mention of any monitoring recommendations regarding assessing the process and outcomes of the voluntary guidelines. Ideally, there should be a standardized suite of indicators to compare progress in different countries. However, practically, we should encourage each country to develop a system of monitoring. All these efforts will help determine which interventions are successful and under what circumstances.

Paragraph 50. “highlighting successes”. Here the use of Positive Deviance methodology would be appropriate
An example of a multi-level approach to a major malnutrition issue – Obesity

The nine multilevel responsibilities and examples of strategies required for tackling obesity

<table>
<thead>
<tr>
<th>Level of Responsibility</th>
<th>Some Action Strategies</th>
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<tbody>
<tr>
<td>1 National</td>
<td>Prioritize the problem with focus on health inequalities and the socially disadvantaged; Health / Environment impact assessments; Legislation – “sin” taxes, sugary drinks in schools; junk food advertising</td>
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<td>2 Food System</td>
<td>Equitable, sustainable food security; Food industry to reformulate products with healthier ingredients; Marketing transparency; Food labeling</td>
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<td>3 Education System</td>
<td>Nutrition, cooking, activity and lifestyle education throughout school years; Infrastructure for regular exercise; Monitoring weight and eating disorders?; School lunches, Eating manners</td>
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<td>4 Health System</td>
<td>Health care system; Motivational, non-judgmental, shared-decision approach to obesity counselling; nutrition counselling; Insurance coverage; Personal example</td>
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<td>5 Public Health</td>
<td>Health literacy for breast feeding, nutrition and lifestyle choices according to social context; Positive deviance examples</td>
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<td>6 Local Authority, Municipality</td>
<td>Promoting safe, leptogenic environments for all ages, especially in deprived residential areas; Farmers markets; Healthy Cities initiatives; Milan urban food policy pact</td>
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<td>7 Society, Community</td>
<td>Family and communal meals; Cultural attitudes (norms, values, social support); Peer groups; Binge eating; Social media and influencers; Role models; Gender sensitivity; Civil society; Media</td>
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<tr>
<td>8 Parental</td>
<td>Intra-uterine effects; Breast feeding; Parenting skills; Nutrition and lifestyle education; Regulation of screen time; Personal example</td>
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<td>9 Individual</td>
<td>Lifestyle choices; Self-management, self-efficacy skills; Stress management; Coping strategies; Learned behaviors; Personality; Sense of humor</td>
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<td>Biology: Genetics; Epigenetics; Metabolic efficiency; Endocrine status; Energy homeostasis and Brain reward neurocircuitry</td>
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