The International Dairy Federation (IDF) is grateful for the opportunity to be able to comment again on the revised draft political outcome document of the ICN2. Since 1903, IDF is the pre-eminent source of scientific and technical expertise for all stakeholders of the dairy chain. IDF commits to help nourish the world with safe and sustainable dairy.

The IDF supports the need to promote healthy diets and to focus on balanced and diversified diets. Emphasis should be put on the value of a ‘whole food’ and ‘dietary approach’, rather than ‘isolated nutrients’ approach.

1. Specific comments on the paragraphs related to the multiple threats that malnutrition poses to sustainable development (paragraphs 4-10).

*Trans*-fats – the type needs specifying throughout the document

- Whenever the term *trans* fats is used, it should be specified that this relates to industrially produced *trans* fat, NOT the trans fatty acids that are naturally present in ruminant fat.

- This is because the detrimental effects of industrial TFA on heart health are well accepted. For example:

  - A 2009 WHO Scientific update on TFA concluded that:

    'The current growing body of evidence from controlled trials and observational studies indicates that TFA consumption from *partially hydrogenated oils* adversely affects multiple cardiovascular risk factors and contributes significantly to increased risk of CHD events.'
TFA produced by partial hydrogenation of fats and oils should be considered industrial food additives having no demonstrable health benefits and clear risks to human health.'  

- The 2010 FAO/WHO Expert Consultation on Fats and Fatty Acids in Human Nutrition contain similar conclusions on industrial TFA:

  ‘There is convincing evidence that TFA from commercial partially hydrogenated vegetable oils (PHVO) increase CHD risk factors and CHD events – more so than had been thought in the past. There is also probable evidence of an increased risk of fatal CHD and sudden cardiac death in addition to an increased risk of metabolic syndrome components and diabetes.’

- However, the conclusions of the 2009 WHO Scientific update on TFA about ruminant TFA were very different to those relating to industrial TFA:

  Although ruminant TFAs cannot be removed entirely from the diet their intake is low in most populations and to date there is no conclusive evidence supporting an association with CHD risks in the amounts usually consumed.

- The 2010 FAO/WHO Expert Consultation on Fats and Fatty Acids in Human Nutrition concluded:

  Among adults, the estimated average daily ruminant TFA intake in most societies is low.

- A systematic review and meta-analysis of cohort studies concluded that ‘industrial TFA may be positively related to CHD, whereas ruminant TFA is not, but the limited number of available studies prohibits any firm conclusions concerning whether the source of TFA is important. The null association of ruminant TFA with CHD risk may be due to lower intake levels.

- In a 2013 review of randomised controlled trials, Brouwer and colleagues found that gram for gram, ruminant TFA, CLA and industrial TFA had largely the same effect on blood lipoproteins, but commented that the question whether ruminant TFA cause cardiovascular disease is irrelevant, because their intake is too low.

- As the wording is at present, one of the nutrition improvements outlined in paragraph 12 f (removing trans-fat) is in practice recommending the removal of all dairy products and ruminant meat (e.g. beef, lamb, goat). As we do not believe that this is intended, we recommend that the wording is changed to ‘removing industrially produced trans-fat’.

In light of the evidence outlined above, we recommend that all mentions of trans-fats should be changed to ‘industrial trans-fats’ throughout the document.
Sugars – the type needs specifying throughout the document

We recommend that all mentions of sugar are changed to ‘added sugars’. This is because the WHO draft guidelines on free sugars and the evidence behind this, indicate that it is free sugars added to foods by the manufacturer, cook or consumer and sugars naturally present in honey, syrups, fruit juices and fruit concentrates, NOT intrinsic sugars (those incorporated within the structure of intact fruit and vegetables) or sugars from milk (lactose and galactose) that need to be restricted.

Slight wording change to paragraph 7 to improve clarity

The last sentence of paragraph 7 gives the indication that it is processed foods that are high in fat, sugars and salt/sodium that are associated with greater susceptibility to obesity and non-communicative diseases. In fact, these foods can be high in fat and/or sugars and/or salt/sodium.

In summary, we recommend that this wording is changed to:

……and greater consumption of processed foods that are high in fat, especially saturated and/or industrially produced trans-fats, and/or added sugars and/or salt/sodium.

2. Specific comments on the vision for global action to end all forms of malnutrition (paragraphs 11-12).

If an example is given of nutritious animal source foods then milk and dairy foods should be added

The IDF supports the need to promote healthy diets and to focus on balanced and diversified diets as it has been shown that access to better and more diversified diets is key for combating problems of micronutrient malnutrition or “hidden hunger”. And FAO states that “the only sustainable means of addressing malnutrition is through the consumption of a high-quality, diverse diet that provides adequate but not excessive energy.”

Research on the consumption of animal-based foods by children has convincingly demonstrated improved growth, micronutrient status, cognitive performance and a level of physical activity. Milk and other dairy foods provide macronutrients, essential micronutrients (vitamins and minerals), fatty acids and growth factors that are needed for energy and for growth and development of children. Under-nutrition and micronutrient deficiencies, which could begin to be alleviated with
greater consumption of milk and other dairy products and animal based foods, are still highly prevalent in children less than 5 years old.

The FAO book on Milk and Dairy products in human nutrition poses that “Milk and dairy products play a key role in healthy human nutrition and development throughout life, but especially in childhood”. That milk and dairy products can help alleviate malnutrition and stunted growth is stated throughout the book:

- “Growing consumption of dairy and other livestock products is bringing important nutritional benefits to large segments of the population of developing countries.”
- “As a concentrated source of macro- and micronutrients, milk and dairy products can play a particularly important role in human nutrition in developing countries where the diets of poor people frequently lack diversity and consumption of animal-source foods may be limited.”
- “Milk plays a key role in treating under-nutrition both in industrialized countries, where almost all products used for enteral feeding of malnourished hospitalized children and adults are milk-based and in developing countries.”
- “In children with poor nutritional status, the addition of milk to the diet is likely to supply nutrients that are important for growth and are deficient in the diet.”

Also, Table 4.8 of this publication highlights many benefits in relation to chronic diseases:

- “There is moderate evidence showing an association between milk and dairy product consumption and lower incidence of T2DM in adults.”
- “Milk and calcium probably protect against colorectal cancer”
- “There may be a protective effect of milk and dairy on weight due to components such as protein. However, if such an effect exists the magnitude is likely to be small.”
- The majority of review studies conducting meta-analyses of prospective studies conclude that low-fat milk and total dairy product consumption is generally not associated with CVD risk and may actually contribute to a reduction of CVD.”
- ‘Although dairy foods contribute to SFA content of the diet, other components in milk such as calcium and PUFAs may reduce risk factors for CHD.’

Considering the important role milk and dairy products can play in healthy human nutrition, we feel that if examples are given of nutritious animal source foods then it would be relevant to mention milk and dairy products with the animal source foods:

- food systems need to promote healthy dietary patterns by providing year round access to safe and nutritious foods including fruits, and vegetables, pulses, wholegrains and animal source foods such as fish and milk and dairy products, while limiting the consumption of processed foods that negatively affect nutrition and health;
Make the wording of 12e consistent with that of 7

Paragraph 7 highlights that it is ‘greater consumption of processed foods that is high in fat, especially saturated and trans-fats, sugars, and salt/sodium’ that lead to higher susceptibility to obesity and non-communicable diseases.

Therefore, the nutrition improvement advised in paragraph 12 f should be consistent with this point and clarify that it excessive intakes of processed foods that are high in fat, especially and industrially produced trans-fats, and/or added sugars, and/or salt/sodium that should be avoided.

We recommend that the wording for 12e is changed to:

‘………….avoiding excessive intakes of processed foods that are high in fat, and/or added sugars, and/or sodium, and removal of industrially produced trans-fat from the food supply.’

3. We would also appreciate your vision on policies, programmes and investment that might help translate such commitments into action.

IDF would also like to suggest that as important as it is for FAO and WHO to maintain the cooperation they offer to support governments, a closer cooperation with appropriate members of the private sector in the development and implementation of programmes and plans for nutrition should also be considered. For example, international dairy organisations such as IDF and national dairy food organisations have specialist expertise in the valuable role that milk and dairy products play in health, and therefore can play a role in the development of nutrition policy, such as evidence based dietary guidelines. Their staff have expertise in dairy nutrition and are up to date with the latest scientific literature on dairy foods and health that can be of tremendous value in assisting policy makers in arriving at evidence based policies and guidelines. Also, many national dairy organisations fund research to fill gaps in knowledge relating to the impact of dairy consumption on health.

Comment on 13e

We would recommend that the elderly are added to the list in 13e. There is an aging population in many western countries and the higher rates of malnutrition, sarcopenia and frailty mean that they are a special group in terms of nutrition policies.


