



*This discussion paper aims to raise awareness of the importance of improving nutrition for effectively preventing and combating noncommunicable diseases. It calls for joint action of multiple stakeholders to scale up nutrition especially during the "window of opportunity" - the 1000 days between conception and a child's second birthday - the period within which the foundation for a healthy life course is laid. The UNSCN has established a Nutrition & NCDs egroup dedicated to sharing ideas, knowledge and experience on how to make nutrition considerations more central to NCD action on the ground. This paper reflects initial viewpoints and insights from its members.*

## **Nutrition and Noncommunicable diseases: critical to take action and move now!**

### **NCDs high up in the global policy agenda**

Member states are gathering in New York on 19-20 September 2011 for the High-level Meeting on the prevention and control of noncommunicable diseases during the United Nations General Assembly (UNGA). This is only the second time in the history of the UN that the UNGA will meet with the participation of Heads of State and Government on an emerging health issue with a major socio-economic impact.

The global health threat posed by noncommunicable diseases (NCDs) is enormous. NCDs are responsible for 63% of 57 million deaths worldwide and they are disproportionately high in lower and middle income countries (LMIC) and populations. In 2008, nearly 80% of NCD deaths – 29 million- occurred in LMIC, with 29% of deaths occurring below the age of sixty while in high income countries only 13% of the NCD deaths are premature<sup>1</sup>. Total NCD deaths are projected to rise to 52 million by 2030; furthermore, NCDs are projected to cause almost three quarters as many deaths as communicable, maternal, perinatal and nutritional diseases by 2020 and to exceed them as the most common causes of death by 2030.<sup>2</sup>

The World Economic Forum has placed NCDs among the most important and severe threats to economic development<sup>3</sup>. A study by the Institute of Medicine in 2010 found that NCDs cost developing countries between 0.02% and 6.77% of their GDP, a greater burden than that caused by malaria in the 1960s or AIDS in the 1990s. NCDs have a negative impact on poverty and hunger as they lead to reductions in productivity and family income. Their impact on national economies translates into fewer jobs and fewer people escaping poverty, perpetuating the vicious cycle of malnutrition and poor health outcomes.

**What needs to receive more attention is the fact that NCDs and nutrition are closely linked;** underweight, overweight and obesity, are having a direct impact on the global rise in NCDs. While undernutrition kills in early life, it can also lead to increased risk of NCDs and death later in life<sup>1</sup>. Undernutrition still affects over 1 billion people worldwide and 36 countries are considered high burden<sup>4</sup>. Undernutrition needs to be urgently addressed in a sustainable way. However, adding to this nutrition burden, in these same countries, obesity and diet-related chronic diseases are also emerging as a serious public health problem. While undernutrition, obesity and diet-related chronic diseases are often perceived as separate problems, they are closely linked and often rooted in poverty, coexisting in communities and at times even within the same household.

This double burden of undernutrition and obesity and diet-related chronic diseases is an emerging challenge for LMIC. Urbanization and reduced physical activity, the transition from traditional diets to diets consisting of energy-dense industrialized foods with high sugar, salt and saturated fat content, as well as increased consumption of animal products, and reduced consumption of fruits and vegetables, have all contributed to

<sup>1</sup> WHO Global Status Report on NCDs (2010),

<sup>2</sup> Secretary General's report (May 2011, A/66/83)

<sup>3</sup> WHO Global status report on NCDs (2010)

<sup>4</sup> Lancet Nutrition Series on maternal and child undernutrition, January 2008



imbalanced nutritional patterns in these countries. Furthermore, globalization of trade and marketing of food products are changing dietary habits in the direction of less healthy choices. It is estimated that approximately 16 million (1.0%) DALYs and 1.7 million (2.8%) of deaths worldwide are attributable to low fruit and vegetable consumption<sup>1</sup>. Approximately 3.2 million people die each year due to physical inactivity. People who are insufficiently physically active have a 20% to 30% increased risk of all-cause mortality<sup>1</sup>. Unhealthy diets and physical inactivity are modifiable, shared risk factors for NCDs which accumulate over the life course and can and must be prevented.

### **Policy and programming challenges faced by LMIC countries**

LMIC tackling poverty, hunger and undernutrition concurrently are showing greater concern with the need to address the growing challenge of obesity and diet-related chronic diseases and promote healthy dietary patterns now in order to avoid a further rise in NCDs. There is growing awareness of the particular importance of taking advantage of the "window of opportunity" for safeguarding nutrition - the 1000 days between conception and a child's second birthday - the period within which the foundation for a healthy childhood, adolescence and adulthood is laid. Research is highlighting how prenatal deprivation due to poor nutrition and poverty, among other things, can cause irreversible changes in the way that foetal organs and systems develop; these changes, in conjunction with inadequate care in the first two years of a child's life, can significantly increase the risk of developing diabetes, hypertension, bone disease and mental illness later in life. Global technical and financial support is needed for LMIC countries committed to take coordinated and effective action that is required to tackle the malnutrition challenge with "ONE common agenda".

### **There is momentum now that should be built upon**

There is now broad international consensus to put nutrition at the centre of development efforts. The Scaling Up Nutrition Framework<sup>5</sup> describes two key areas of policy response needed to be implemented at scale to achieve impact: nutrition-specific interventions and nutrition-sensitive development actions. It then introduced the SUN Road Map for intensifying collective efforts on nutrition over the next five years and as a way of working better together to achieve these goals<sup>6</sup>. Countries are progressively engaging and building a global Movement to Scaling Up Nutrition. WHO Member States have requested its Secretariat to work on an Action Plan to scale up actions to promote maternal, infant and young child nutrition to be presented to the World Health Assembly in May 2012. Work is ongoing with intense discussions taking place at the regional level.

These opportunities to attract global attention and joint action to eradicate undernutrition should be utilized to simultaneously address the burden of overweight/obesity and NCDs.

Decisions taken at the High-Level Meeting in New York need to be rapidly translated into concrete country-level actions sustainably addressing malnutrition. Therefore, in order to tackle the double burden of malnutrition, specific nutrition interventions and nutrition-sensitive development - with special emphasis on agriculture and trade policies - that take fully into account the need for preventing obesity and diet-related chronic diseases should be scaled up. Prevention of Low Birth Weight through better maternal nutrition, decreased exposure to environmental contaminants and antenatal care; increase of exclusive breastfeeding rates through the implementation of the Baby Friendly Hospital initiative, the Code of marketing breastmilk substitutes and nutrition training of caregivers; improvement of complementary feeding through community programmes as well as better quality of commercial products are important actions that can benefit nutrition in the short term and contribute to NCD prevention in the longer term.

Healthy nutrition choices need to be accessible, affordable and safe for example by investing in diet diversification and sustainable small-scale agriculture. Moreover, using agricultural tools - such as plant breeding, fertilization, cropping systems, soil and livestock systems etc. - as a strategy to reduce malnutrition, address in this way the root causes of the problem and are thereby contributing to food security. Improvements of

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<sup>5</sup> Scaling Up Nutrition, A framework for Action (September 2010)  
([http://www.unscn.org/files/Annual\\_Sessions/2009\\_Brussels/SUNframework\\_sept2010.pdf](http://www.unscn.org/files/Annual_Sessions/2009_Brussels/SUNframework_sept2010.pdf))

<sup>6</sup> A Road Map for Scaling-Up Nutrition (SUN) (2010)  
([http://www.unscn.org/files/Announcements/Other\\_announcements/FINAL\\_SUN\\_Road\\_Map\\_FINAL\\_dn.pdf](http://www.unscn.org/files/Announcements/Other_announcements/FINAL_SUN_Road_Map_FINAL_dn.pdf))



availability and access to nutritious food need to be combined with correct utilization of it, which in turn depends on accurate knowledge of good nutrition and the social and cultural acceptability of a healthy diet; emphasis must be placed on family-level and village-level systems in which nutrition decisions are made. In alignment with the WHO "Recommendations on the marketing of foods and non-alcoholic beverages to children",<sup>7</sup> policies should be implemented in order to reduce the exposure of children to marketing messages that promote foods high in saturated fats, trans-fatty acids, free sugars, or salt, and to reduce the use of powerful techniques to market these foods to children.

### Move it!

The UNSCN calls upon nutrition stakeholders to tackle the burden of NCDs by advocating and promoting policies and practices that address undernutrition but also prevent NCDs, as well as helping to hold all stakeholders accountable at all levels. Nutrition stakeholders, in particular for organized civil society groups and local leaders could help increase awareness on the need for scaling up nutrition actions and investments in ways that prevent NCDs, promote consumers' engagement, advocate for policy options and monitor implementation of policies. Food products need and can be reformulated into healthier ones and broad distribution ensured. Clarity on the role of the food and beverage industry and the nature and extent of public-private partnerships would be an important step forward as this is needed to build trust and ensure inclusive and transparent processes to eradicate malnutrition.

If all stakeholders act together and continue their support and engagement in a global movement to accelerate the sustainable prevention and mitigation of all forms of malnutrition by focusing on the 1000 day "window of opportunity", the common goal of achieving the MDGs, while reducing NCDs, can be sustainably reached.

## Nutrition and Noncommunicable Diseases eGroup



To join, go to the **UNSCN** webpage at [www.unscn.org](http://www.unscn.org) and click on the NutNCD eGroup logo.

<sup>7</sup> WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children (2010)