



Ambitious, SMART commitments to address NCDs, overweight & obesity

Make the UN Decade of Action on Nutrition
count for all forms of malnutrition



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Cover picture: Healthy eating programme for primary school children in Puerto Rico. School Food Authority, Department of Education, National Ministry of Education <http://bit.ly/2pmwPba>

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This brief illustrates how recommendations in the **2nd International Conference on Nutrition (ICN2) Framework for Action** can be translated into policy commitments which are SMART (Specific, Measurable, Achievable, Relevant and Time-bound). The ICN2 Framework for Action contains a set of policy actions that governments pledged to implement as part of the ICN2 Rome Declaration to address malnutrition in all its forms (overweight & obesity, stunting, wasting, micronutrient deficiencies)¹.

The brief focuses on SMART commitments which target overweight & obesity and nutrition-related non-communicable diseases (NCDs) and identifies opportunities for 'double-duty actions'. As defined by the World Health Organization (WHO), "**double-duty actions** include interventions, programmes and policies that have the potential to simultaneously reduce the risk or burden of both undernutrition (including wasting, stunting, and micronutrient deficiency or insufficiency) and overweight, obesity or diet-related NCDs (including type 2 diabetes, cardiovascular disease and some cancers). Double-duty actions leverage the coexistence of multiple forms of malnutrition and their shared drivers to offer integrated solutions."²

SMART commitments to address malnutrition in all its forms

Governments are currently off-track to meet **global nutrition and NCD targets**, namely the global WHO nutrition targets³, the WHO NCD targets⁴, and the targets of the United Nations 2030 Agenda for Sustainable Development (2030 Agenda) related to nutrition and food security.

Action to implement multi-sector policies and to increase policy coherence⁵ across different government ministries is urgently needed to achieve these global targets. The **UN Decade of Action on Nutrition 2016-2025 (Nutrition Decade)** is the framework to implement the commitments made at the ICN2 and in the 2030 Agenda, in order to catalyse integrated and coordinated action across sectors to address all forms of malnutrition.

Against the background of the Nutrition Decade, we call on governments to:

SET AMBITIOUS NATIONAL FOOD AND NUTRITION TARGETS aligned with the ICN2 Rome Declaration and Framework for Action to uphold their commitment to end all forms of malnutrition.



MAKE SMART FINANCIAL AND POLITICAL COMMITMENTS to implement the ICN2 Framework for Action.



ALIGN NATIONAL AGRICULTURE, NUTRITION, AND NCD STRATEGIES AND RELATED POLICIES to ensure policy coherence.



DEVELOP ROBUST ACCOUNTABILITY MECHANISMS to review, report on and monitor SMART commitments with the involvement of civil society.



INVEST IN RESEARCH ON AND PRIORITISE DOUBLE-DUTY ACTIONS⁶ to reduce the risk and burden of stunting, wasting, micronutrient deficiencies, overweight & obesity and nutrition-related NCDs.



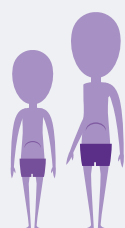
A universal challenge: malnutrition in all its forms

ONE IN THREE PEOPLE WORLDWIDE SUFFER FROM ONE OR MULTIPLE FORMS OF MALNUTRITION⁷



800 million PEOPLE remain chronically **UNDERNOURISHED**

159 million CHILDREN under 5 are affected by **STUNTING** (low height-for-age)

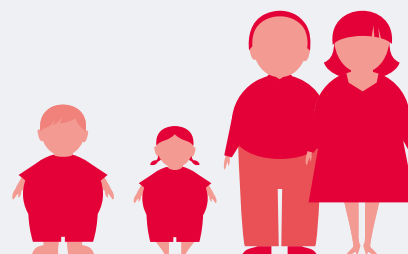


50 million by **WASTING** (low weight-for-height)⁸

AT THE SAME TIME

41 million CHILDREN under 5 and more than

1.9 billion ADULTS are **OVERWEIGHT** or **OBESSE**⁹



Overweight, obesity and undernutrition not only have direct health consequences, but are significant risk factors for NCDs such as cardiovascular disease, various types of cancer and Type 2 diabetes.

Many low-and middle-income countries face multiple burdens of malnutrition including escalating rates of nutrition-related NCDs. Overweight & obesity, stunting, wasting and micronutrient deficiencies often co-exist in the same community, household and individual.

MALNUTRITION has a **SIGNIFICANT IMPACT** on people's health, and causes an estimated



2.8 million DEATHS worldwide per year¹⁰

MALNUTRITION ALSO IMPEDES ECONOMIC GROWTH by increasing healthcare expenditure and reducing labour productivity due to absenteeism, resulting in foregone national income and entrenching household poverty.

The **GLOBAL ECONOMIC IMPACT OF OBESITY** is estimated at



\$2 TRILLION a year the equivalent of 2.8% of global GDP

This is roughly the same as smoking, or the combination of armed violence, war and terrorism; both of which have an **ECONOMIC IMPACT** of



\$2.1 TRILLION a year



\$2.1 TRILLION a year

IN DEVELOPED COUNTRIES, **2 to 7%** of health-care spending is **OBESITY-RELATED**, which rises to **20%** if associated diseases are included.¹¹

School feeding programmes – a double-duty action to address malnutrition in all its forms

As recognized by the ICN2 Framework for Action (recommendation 23), **schools provide compelling entry points to governments to address malnutrition in all its forms**, in particular among vulnerable populations. School feeding programmes, guided by evidence-based national school food policies, guarantee access to healthy meals to all school-children independent of socio-economic background, and create environments that support early formation of healthy dietary habits. School food procurement can be an opportunity for **incentivizing food production that is both nutrition-sensitive and eco-smart** by taking broader sustainability concerns such as environmental impact and food waste into consideration.

School feeding programmes are a worldwide phenomenon. The World Food Programme (WFP) estimates that at least 368 million children receive at least one free meal at school – 49% of school children in middle-income countries and 18% in low-income countries.¹² Trends in nutritional status for many developing countries indicate a decrease in undernutrition with an associated rise in the prevalence of overweight & obesity. Therefore, it is critical that school feeding programmes are designed to reduce the risk or burden of both undernutrition and overweight & obesity. For this reason, a growing number of countries have reformed their school feeding programmes with the objective of promoting healthy child growth, nutrition literacy and healthy eating habits in early life.

In **Mexico**, nutrition standards set strict limits on sugar and fat content of school breakfasts. The use of wholegrain cereal and fresh produce is prioritised and traditional foods from the Mexican diet, rich in micronutrients, are emphasised. Nutrition education for children and parents (who volunteer in meal preparation) accompany the meals.¹³

In **Brazil**, the national school feeding programme¹⁴ places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks.

The **Swedish** Education Act from 2011¹⁵ states that school meals should be safe, nutritious and free of charge. School meal requirements include that caterers can show that their menus have undergone calculation of nutritional content and that no sweet drinks (juice, soft and energy drinks), pastries, ice cream or sweets are served. Apart from nutritional content, sustainability is a concern, and guidance on eco-smart menu planning is included in the National Food Agency's "Good School Meals" guidelines.

What are SMART commitments?

This brief uses the SMART Guidance Note published by the 2016 Global Nutrition Report to show how governments can develop ambitious commitments for nutrition that are **SMART: Specific, Measurable, Achievable, Relevant and Time-bound**. SMART commitments must be aligned with the ICN2 Rome Declaration and Framework for Action, and should be informed by an in-depth assessment of a country's burden of malnutrition and underlying determinants, and its capacity to respond. Example of how a commitment can be assessed for its SMARTness:

"The legislative body passes a law requiring that X% of the national budget for meals served in government-run facilities (e.g. schools, prisons, hospitals, canteens of government agencies) is used to procure food from smallholder and family farms, up from Y%, by (year)."



SPECIFIC

Yes

The actors and the action are identified



MEASURABLE

Yes

The baseline amount of local food procurement is identified and can be tracked to see if it increases.



ACHIEVABLE

Yes

Other countries have demonstrated that it is possible to increase public procurement of food from smallholder and family farms.



RELEVANT

Yes

'Short chain' public procurement can improve nutrition outcomes by providing fresh fruit and vegetables, and improving knowledge about food among school children.



TIME-BOUND

Yes

Concrete time frame included.



City hall of Puerto Barrios joins a healthy school program in Guatemala <http://bit.ly/2pXwyNQ>

Example SMART commitments* to translate the ICN2 Framework for Action** into effective policies addressing NCDs, overweight & obesity

*Example SMART Commitment

In this brief, the general term “legislative body” is used in the example SMART commitments to refer to the law-making body of a government to account for different political systems and names of such bodies. The names of ministries are examples, and may be called differently depending on country context.

**ICN2 Framework for Action Recommendation

The example SMART commitments do not suggest that they are the only policy solutions to implement the Framework for Action recommendations, nor does this brief suggest that the selected recommendations are the only recommendations of relevance to NCDs, overweight & obesity.

▶▶ Double-duty action

More SMART commitments and case studies, as well as references, can be found at www.wcrf.org/SMART

ICN2 Framework for Action Recommendation

Actions to create an enabling environment for effective action



2



Develop – or revise, as appropriate – and cost National Nutrition Plans, align policies that impact nutrition across different ministries and agencies, and strengthen legal frameworks and strategic capacities for nutrition.

Example – SMART Commitment



The Ministry of Health, with input from the Ministries of Agriculture, Education, Commerce and Social Protection, and in consultation with civil society, develops (or revises) and costs National Nutrition Plans by (year).

CASE STUDIES

Brazil

The 1st National Food and Nutrition Security Plan 2011-2015 aims to ensure access to adequate food and to reduce poverty while also addressing NCDs, overweight & obesity through reformulation, marketing restrictions and intersectoral governance.

The 2nd National Food and Nutrition Security Plan 2016-2019 maintains this focus on malnutrition in all its forms, including NCDs, and aims to promote and protect healthy diets through regulatory (e.g. marketing restrictions of ultra-processed foods in schools, mandatory sodium reformulation) and educational measures (e.g. public health campaigns on health and adequate diets).

Nordic Region

(Denmark, Finland, Iceland, Norway, Sweden)

The “**Nordic Plan of Action on better health and quality of life through diet and physical activity**” (2006) focuses on obesity prevention, particularly in children and adolescents. It promotes the development of collaborative monitoring of healthy eating, knowledge sharing on best practices, and research & development, supporting on-going national nutrition initiatives to promote healthy eating and to prevent overweight.

Malaysia

The 3rd National Plan of Action for Nutrition 2016-2025 (NPANM III) adopts a whole-of-government approach, addressing all forms of malnutrition, from undernutrition to nutrition-related NCDs, and includes NCD-related indicators such as prevalence of hypertension and hypercholesterolemia.

ICN2 Framework for Action Recommendation

Actions to create an enabling environment for effective action



3



Strengthen and establish, as appropriate, national cross-government, inter-sector, multi-stakeholder mechanisms for food security and nutrition to oversee implementation of policies, strategies, programmes and other investments in nutrition. Such platforms may be needed at various levels, with robust safeguards against abuse and conflicts of interest.

Example – SMART Commitment



Head of State/ Government establishes and oversees a multisectoral governance structure comprising all relevant ministries to coordinate health and nutrition matters, including collaborative budgeting, by (year).

CASE STUDIES

Brazil

The **National Food and Nutrition Security Council (CONSEA)** is a presidential advisory body that brings together civil society and government representatives, and advises the Interministerial Food and Nutrition Security Chamber (CAISAN, composed of approximately 20 ministries), and other government bodies. CAISAN, with the support of CONSEA, aims to address both undernutrition and overweight & obesity.

Finland

The **National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry** with advisory, coordinating and monitoring functions, and composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade, and agriculture.

CARICOM

Active NCD Commissions exist in 7 of the 20 CARICOM member states, which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies, and to a varying degree civil society and the private sector.

ICN2 Framework for Action Recommendation

Actions for sustainable food systems promoting healthy diets



14



Encourage gradual reduction of saturated fat, sugars and salt/ sodium and transfat from foods and beverages to prevent excessive intake by consumers and improve nutrient content of foods, as needed.

Example – SMART Commitment



The legislative body, with input from the Ministries of Health and Commerce, passes a law introducing **maximum levels of salt permitted** in specific food categories by (year), with a phased implementation to be completed by (year).



The legislative body, with input from the Ministry of Health, passes a law requiring the **elimination of trans fats** in the food supply by (year), replacing trans fats primarily with unsaturated fats, implementation to be completed by (year).

CASE STUDIES



Denmark

The sale of products containing trans fats are prohibited, effectively banning its use in products sold in Denmark.



Bulgaria

Mandatory maximum salt levels exist for breads, milk products, lutenica (vegetable relish on tomato base), and meat and poultry products.



Singapore

The trans fat content in pre-packaged edible fats and oils for sale or for use as an ingredient in the preparation of foods must not exceed 2%.



Argentina

Mandatory maximum levels of sodium exist for meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods.



South Africa

Salt reduction targets exist for 13 food categories, in particular bread, with a step-wise implementation approach to be completed by June 2019.



The sale, manufacturing and import of any oils or fats, alone or as part of processed foods, may not exceed 2g of trans fats per 100g of oil or fat.

ICN2 Framework for Action Recommendation

Actions for sustainable food systems promoting healthy diets



15



Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

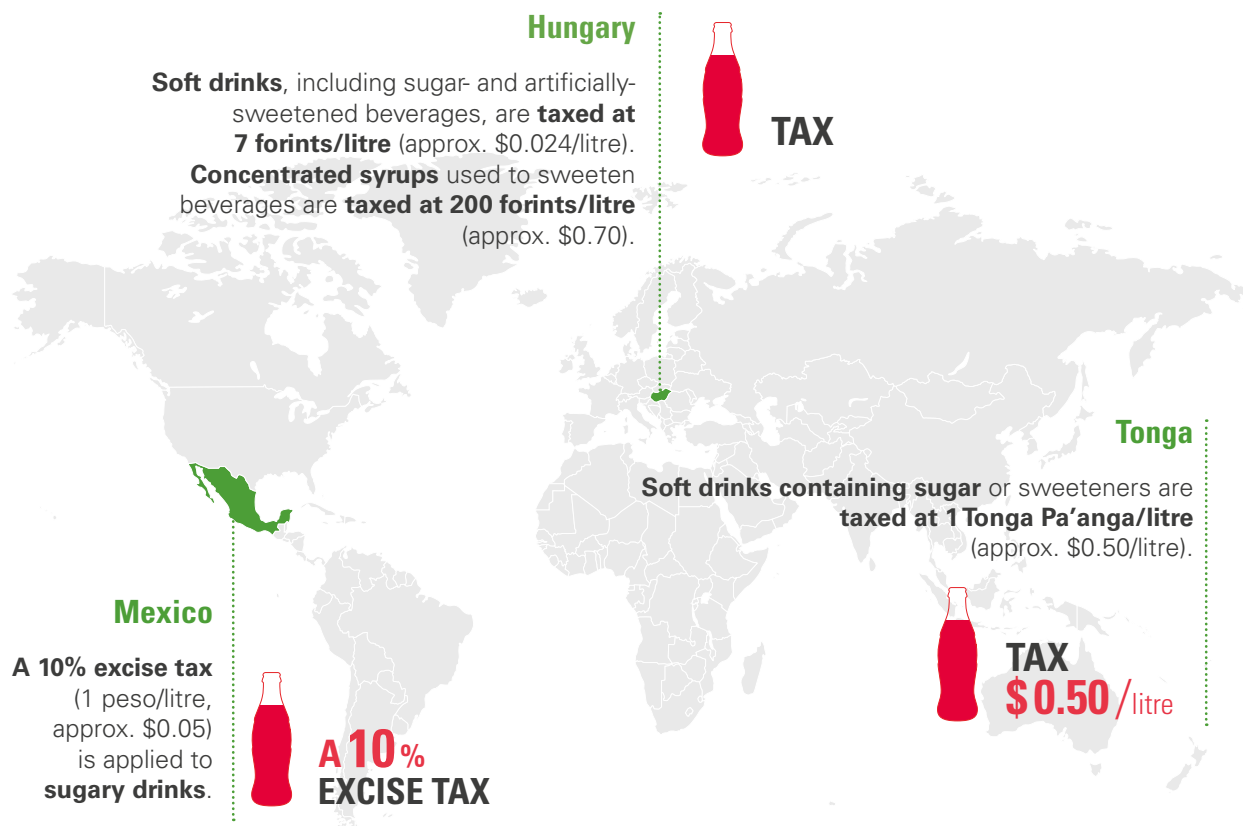
Example – SMART Commitment



The legislative body, with support from the Ministries of Health and Finance, introduces a 20% (or higher) excise tax on all sugary drinks by (year).*

Good practice: Part of the revenue is allocated to health-promotion activities, such as access to clean drinking water in schools and priority activities within national NCD strategies.

CASE STUDIES



* In 2016, taxes on sugary drinks were announced in Ireland, Portugal, South Africa and Spain (all to be implemented by 2017) as well as Estonia and the UK (both to be implemented by 2018); local taxes were approved by voters in several US locations: Boulder, CO, Albany, CA, Oakland, CA and Cook County, IL to be implemented in 2017, and San Francisco, CA in 2018. The soda tax in Philadelphia, PA, was implemented beginning of 2017, and tax revenue is collected despite pending legal action against the tax brought forward by the American Beverage Association, local restaurants and merchant associations.

ICN2 Framework for Action Recommendation

Actions for sustainable food systems promoting healthy diets



15



Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

Example – SMART Commitment



The legislative body passes a law requiring food producers and retailers to provide a list of the nutrient content (at the minimum energy, total fat, saturated and trans fat, carbohydrates, sugars, protein, and sodium) of pre-packaged food products, even in the absence of a nutrition or health claim, to be implemented by (year).

CASE STUDIES

Central American Integration System members

(Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua)

The Central American Technical Regulation RTCA 67.01.60:1051 requires the **declaration of energy, total fat, saturated fat, carbohydrates, protein and sodium on pre-packaged foods** except foods for children under 3. The Regulation is also applicable to alcoholic beverages in Costa Rica and Honduras.

European Union

EU Regulation 1169/2011 on the “Provision of Food Information to Consumers,” passed in 2011, requires a list of the nutrient content of most **pre-packaged foods to be provided on the back of the pack.**

Gulf Cooperation Council members

(Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE)

The Gulf Standard Organization’s regulations GSO 9/2013 “Labelling of Pre-packaged Food Products” and GSO 2233/2012 “Requirements of Nutritional Labelling” require the mandatory **declaration of energy, fat, protein, carbohydrates and dietary fibre as well as added salt and micronutrients** for all foods except for raw products such as fresh meat, fish, fruit and vegetables.

ICN2 Framework for Action Recommendation

Actions for sustainable food systems promoting healthy diets



15



Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

Example – SMART Commitment



The legislative body passes a law on front-of-package labelling which defines high content of energy, total fat, saturated fat, sugar and salt and requires food producers and retailers to include a defined labelling scheme on the front-of-pack of their products if they exceed the set limits, to be implemented by (year).

CASE STUDIES




Ecuador

Packaged foods must carry a “traffic light” label on the front-of-pack since 2014 in which **the levels of fats, sugar and salt are indicated by red (high), orange (medium) or green (low).**

Thailand

Five categories of snack foods are required to carry a “**Guideline Daily Allowance**” (GDA) label on the front-of-pack since 2007. The label includes text aimed to help consumers understand the GDA and requires a warning label that reads “Should consume in small amounts and exercise for better health”.



Energy	Total sugar	Total fat	Sodium
... kcal	... g	... g	... mg
... %	... %	... %	... %

Chile

Since 2016, **packaged foods high in calories, saturated fat, sugar and sodium have to carry a black and white warning message inside a stop sign that reads “HIGH IN”** followed by CALORIES, SATURATED FAT, CALORIES, SUGAR or SODIUM, as well as “Ministry of Health”. For each nutrient exceeding the set limits, a stop sign is required (e.g. a product high in fat and sugar will bear two stop signs on the front-of-pack).



ICN2 Framework for Action Recommendation

Actions in international trade and investment



18



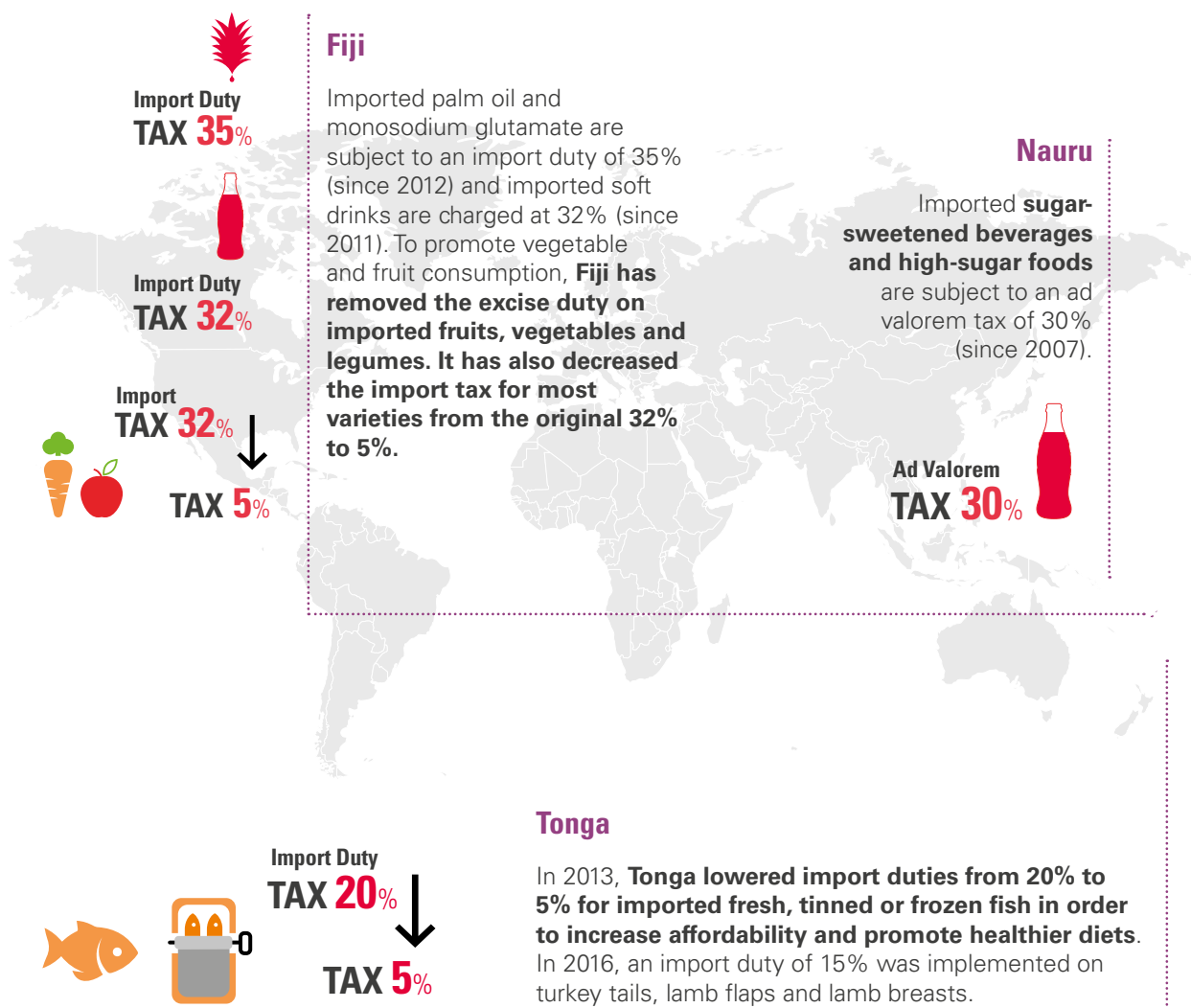
Improve the availability and access of the food supply through appropriate trade agreements and policies and endeavour to ensure that such agreements and policies do not have a negative impact on the right to adequate food in other countries.

Example – SMART Commitment



Government imposes an import excise duty of X% on unhealthy foods found to be particularly damaging to the health of its population and lowers import tariffs by Y% for specified healthy foods by (year).

CASE STUDIES



ICN2 Framework for Action Recommendation

Actions for nutrition education and information



20



Build nutrition skills and capacity to undertake nutrition education activities, particularly for front line workers, social workers, agricultural extension personnel, teachers and health professionals.

Example – SMART Commitment



The Ministry of Health provides training on nutrition counselling, including for NCD prevention, to X% of community health workers and other frontline health workers, up from Y% by (year).

CASE STUDIES

Vietnam

The Vietnamese Ministry of Education and Training is responsible for **providing capacity building in nutrition education for teachers** as part of the Vietnam National Nutrition Strategy (2011-2020).



South Africa

The **standardised curriculum** to train community health workers contains a mandatory lesson on healthy lifestyle and eating, providing information on overweight & obesity, **NCDs and undernutrition, as well as how nutrition affects health.**



Malaysia

“Empowering Communities, Strengthening the Nation,” known as **KOSPEN**, is a **community-based programme to address lifestyle risk factors of NCDs**. KOSPEN covers healthy eating, weight management, physical activity, smoking and early detection of NCD risk factors. Trained volunteers carry out health screenings on blood pressure, blood sugar and body mass index, and refer at-risk individuals to the nearest health clinic.

31,940 VOLUNTEERS
were trained in
5,551 LOCALITIES
by June 2016

ICN2 Framework for Action Recommendation
Actions to promote, protect and support breastfeeding



29



Adapt and implement the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions.

Example – SMART Commitment



The legislative body incorporates the International Code of Marketing of Breastmilk Substitutes and WHO Guidance on inappropriate marketing of commercial foods for infants and children into national law by (year).

CASE STUDIES

Armenia

A Law on **Breastfeeding Promotion and Regulation of Marketing of Baby Food** covers all provisions of the Code and relevant WHA resolutions.



Papua New Guinea

The sale of feeding bottles, cups, teats and dummies is strictly controlled, and there is a ban on advertising these products as well as **breast-milk substitutes**.

Botswana

A 2005 law in the form of a set of regulations under the Food Control Act covers all foods for infants and young children up to three years of age and goes beyond the minimum standard set by the Code. A wide range of marketing practices are prohibited, including telephone and internet marketing. Health workers are not allowed to accept benefits from industry and health facilities may not accept equipment, material or services that refer to a designated product or a company name or logo.

ICN2 Framework for Action Recommendation

Actions to promote, protect and support breastfeeding



31



Implement policies, programmes and actions to ensure that health services promote, protect and support breastfeeding, including the Baby-Friendly Hospital Initiative.

Example – SMART Commitment



The Ministry of Health mandates that all maternity facilities fully practice the Ten Steps to Successful Breastfeeding (WHO/UNICEF Baby-Friendly Hospital Initiative) by (year).

CASE STUDIES

China

More than 7,000 hospitals are 'baby-friendly', accounting for one third of baby-friendly hospitals in the world.

Sweden

All maternity hospitals are 'baby-friendly'.

New Zealand

All maternity services are required to achieve and maintain Baby-Friendly Hospital Initiative accreditation, resulting in **99.85% of infants born in 'baby-friendly' facilities.**

ICN2 Framework for Action Recommendation
Actions to address childhood overweight and obesity



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Provide dietary counselling to women during pregnancy for healthy weight gain and adequate nutrition.

Example – **SMART Commitment**



The Ministry of Health mandates that dietary counselling of prospective mothers (and fathers) is part of the standard counselling provided during regular pregnancy check-up appointments at maternity clinics by (year).

CASE STUDIES

Finland



Nutrition guidance by public health nurses is provided free of charge on a mandatory basis as part of antenatal care, and during appointments at child health clinics post-partum. Nutrition counselling is tailored to the family's needs and targets both parents, and is based on the **2016 Food Recommendations for Families with Children** of the Finnish National Institute for Health and Welfare.





Mexico

The **Integrated Nutrition Strategy** (ESIAN) includes individual counselling to pregnant women and mothers of children under 5 and the distribution of micronutrient supplements, and promotes breastfeeding and appropriate complementary feeding, as well as linear growth.




South Africa

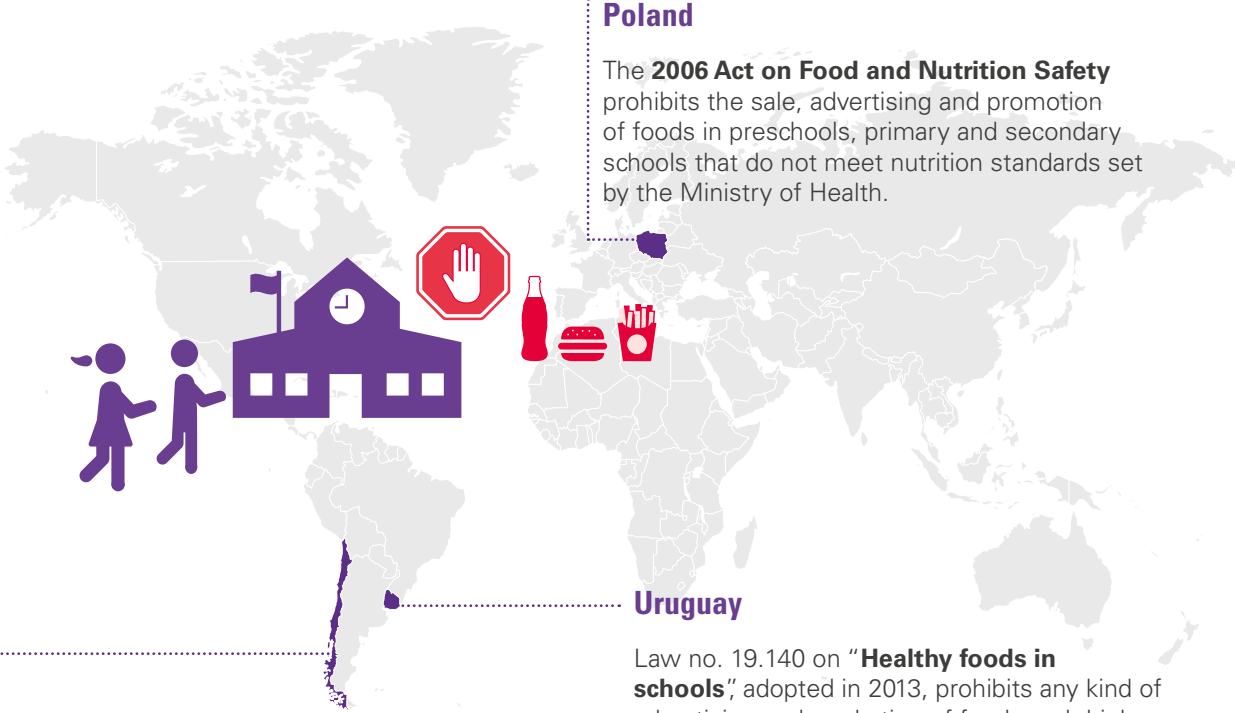
The **Integrated Nutrition Programme**, part of primary health care, focuses on children under 6, pregnant and lactating women as well as people living with chronic diseases. It includes protocols and guidelines on nutrition education and counselling.

ICN2 Framework for Action Recommendation Actions to address childhood overweight and obesity		40	
Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations.			

Example – **SMART Commitment**

 *The Ministry of Health, in collaboration with the Ministries of Education, Commerce, Information, and Family Protection and Social Services, sets mandatory regulations that restrict the commercial promotion of unhealthy foods and beverages to children in settings where children gather (e.g. preschools, schools, after school programmes, day-care, sport & cultural events) and bans their marketing to children under 16 on all media by (year).*

CASE STUDIES



Chile
 The **2012 Law of Nutritional Composition of Food and Advertising** bans the promotion, marketing, or advertising of foods high in salt, sugar and saturated fat content in preschools, primary and secondary schools.

Poland
 The **2006 Act on Food and Nutrition Safety** prohibits the sale, advertising and promotion of foods in preschools, primary and secondary schools that do not meet nutrition standards set by the Ministry of Health.

Uruguay
 Law no. 19.140 on “**Healthy foods in schools**”, adopted in 2013, prohibits any kind of advertising and marketing of foods and drinks in schools that do not meet nutrition standards set by the Ministry of Health.

ICN2 Framework for Action Recommendation
Actions to address childhood overweight and obesity



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Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations.

Example – **SMART Commitment**



The legislative body, with input from the Ministries of Health, Commerce and Communications, bans the marketing of foods high in fat, sugar and salt to children under 16 on non-broadcast media by (year).

CASE STUDIES

Brazil

Any kind of **'abusive publicity'** aimed at children and adolescents below 18 is prohibited, which encompasses food marketing on any communication channel (incl. internet and apps) and child-directed marketing techniques.

South Korea

Internet advertising of food to children and adolescents under 18 may **not include "gratuitous" incentives** (e.g. free toys).

Chile

The **2012 Law of Nutritional Composition of Food and Advertising** restricts advertising directed to children under the age of 14 of foods high in salt, sugar and saturated fat content on websites directed to children. The law also bans promotional marketing strategies and incentives that could attract the attention of children, such as cartoons, animations, interactive games, apps, toys, gifts and competitions.



References and notes

- 1 Specific policy recommendations to address overweight & obesity and nutrition-related NCDs are also set out in the **WHO Global Action Plan** for the Prevention and Control of Noncommunicable Diseases 2013-2020 (http://www.who.int/nmh/events/ncd_action_plan/en/; accessed on 18/04/2016), and the Final Report of the **WHO Commission on Ending Childhood Obesity** (2015) (<http://www.who.int/end-childhood-obesity/final-report/en/>; accessed on 18/04/2016).
- 2 **WHO**. Double-duty actions. Policy brief. Geneva: World Health Organization; 2017.
- 3 **World Health Assembly** Res. 65.6: Comprehensive implementation plan on maternal, infant and young child nutrition (2012) (http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R6-en.pdf; accessed on 18/04/2016).
- 4 **World Health Assembly** Res. 66.8: WHO Global Monitoring Framework for the Prevention and Control of Non-Communicable Diseases (2013) (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_8-en.pdf?ua=1; accessed on 18/04/2016).
- 5 Policy coherence is the “systematic promotion of mutually reinforcing policy actions across government departments and agencies creating synergies towards achieving the agreed objectives”; cited from: **OECD Observer**, Policy coherence: Vital for global development, Policy Brief, July 2003 (<http://www.oecd.org/pcd/20202515.pdf>; accessed on 18/04/2016).
- 6 More research is required in the area of double-duty actions. WHO, FAO, governments and donors need to invest in research to expand the evidence base in this area.
- 7 **McKinsey Global Institute** (2014) Overcoming obesity: An initial economic analysis (<http://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/how-the-world-could-better-fight-obesity>; accessed on 11/04/2017).
- 8 **McKinsey Global Institute** (2014) Overcoming obesity: An initial economic analysis (<http://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/how-the-world-could-better-fight-obesity>; accessed on 11/04/2017).
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NCD Alliance unites 2,000 civil society organisations in more than 170 countries, dedicated to improving NCD prevention and control worldwide. The mission of NCD Alliance is to unite and strengthen civil society to stimulate collaborative advocacy, action and accountability.

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World Cancer Research Fund International is the world's leading authority on the link between diet, weight, physical activity and cancer, working collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other NCDs.

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