



## Double Duty Actions for Adolescents

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# Definition of double duty actions

W10/NM/18/D/12.2

## Double-duty actions for nutrition

### Policy Brief

Addressing contrasting and confounding forms of malnutrition need not be a zero-sum game

Double-duty actions have the potential to improve nutrition outcomes across the spectrum of malnutrition, through integrated initiatives, policies and programmes



#### INTEGRATED ACTION ON THE DOUBLE BURDEN OF MALNUTRITION

In the framework of the Sustainable Development Goals (1), the United Nations Decade of Action on Nutrition (2) aims to trigger intensified action to end hunger and eradicate all forms of malnutrition worldwide. This effort includes conditions associated with undernutrition, such as wasting, stunting and micronutrient deficiencies, as well as those associated with dietary imbalance and excess, such as overweight, obesity, or diet-related noncommunicable diseases (NCDs). The coexistence of contrasting forms of malnutrition is known as the double burden of malnutrition. A global challenge, this double burden is united by shared drivers and solutions and therefore offers a unique opportunity for integrated nutrition action. This policy brief sets out the potential for double-duty actions to contribute to this intensified effort by addressing both sides of malnutrition through common interventions.

#### WHAT IS THE DOUBLE BURDEN OF MALNUTRITION?

In 2014, approximately 462 million adults worldwide were underweight, while 1.9 billion were overweight or obese, and 264 million women of reproductive age were affected by iron-deficiency-related anaemia (3, 4). In 2016, an estimated 41 million children under the age of 5 years were overweight or obese, while 155 million suffered from stunting (low height-for-age associated with chronic or recurrent undernutrition) (5). Nutrition-related factors contribute to approximately 45% of deaths in children aged under 5 years, while most low- and middle-income countries are now witnessing a simultaneous rise in childhood overweight and obesity (4, 6).

#### The global burden of malnutrition

- 462 million adults worldwide continue to be underweight (4)
- 1.9 billion are overweight or obese (4)
- 264 million women of reproductive age around the world are affected by iron-deficiency-related anaemia (3)
- 155 million children under the age of 5 years around the world are stunted (low height for age) (5)
- 41 million children under the age of 5 years worldwide are overweight (5)

 World Health Organization

 UNITED NATIONS DECADE OF ACTION ON NUTRITION 2016-2025

“Double-duty actions include interventions, programmes and policies that have the potential to simultaneously reduce the risk or burden of both undernutrition and overweight, obesity or diet-related NCDs”



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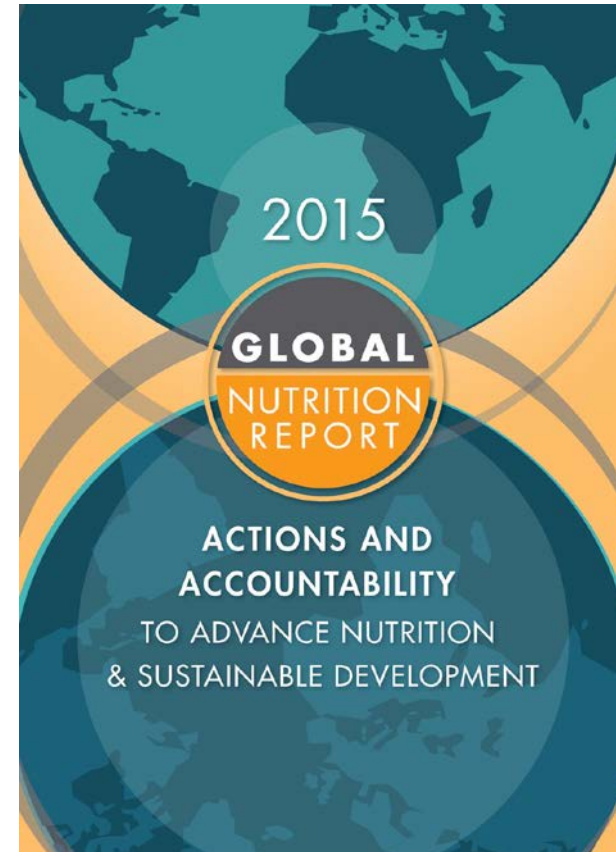
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# Concept first introduced in the 2015 Global Nutrition Report



6. There are opportunities for “double-duty actions” that can help address both undernutrition and unhealthy diets by promoting healthier growth in children’s first 1,000 days, healthier food environments, nutrition-friendly food systems, and more enabling political environments.



## 4 TRACKING ACTIONS TO ADDRESS MALNUTRITION IN ALL ITS FORMS

Finally, we have an urgent need for a clear list of actions that can do double duty, combatting both undernutrition and obesity/noncommunicable diseases at once. Although the synergies in approaches have been debated for more than two decades (FAO and WHO 1992; UNSCN

2006b), more work is needed to bring together actions that address both undernutrition and unhealthy diets in an internationally agreed-upon package. The beginnings of such a list are already taking shape. The analysis in this chapter and in Chapter 7 on food systems points to four broad areas where shared actions could help address both concerns at the same time:

1. political actions and strategies to motivate and enable nutrition improvement;
2. development of food environments that support healthy growth by providing diverse diets throughout the life course;
3. actions in the first 1,000 days after conception as well as during mothers' preconception period; and
4. promotion of nutrition-friendly food systems.

Specific double-duty actions that could combat both undernutrition and obesity/nutrition-related noncommunicable diseases include counseling women during pre-



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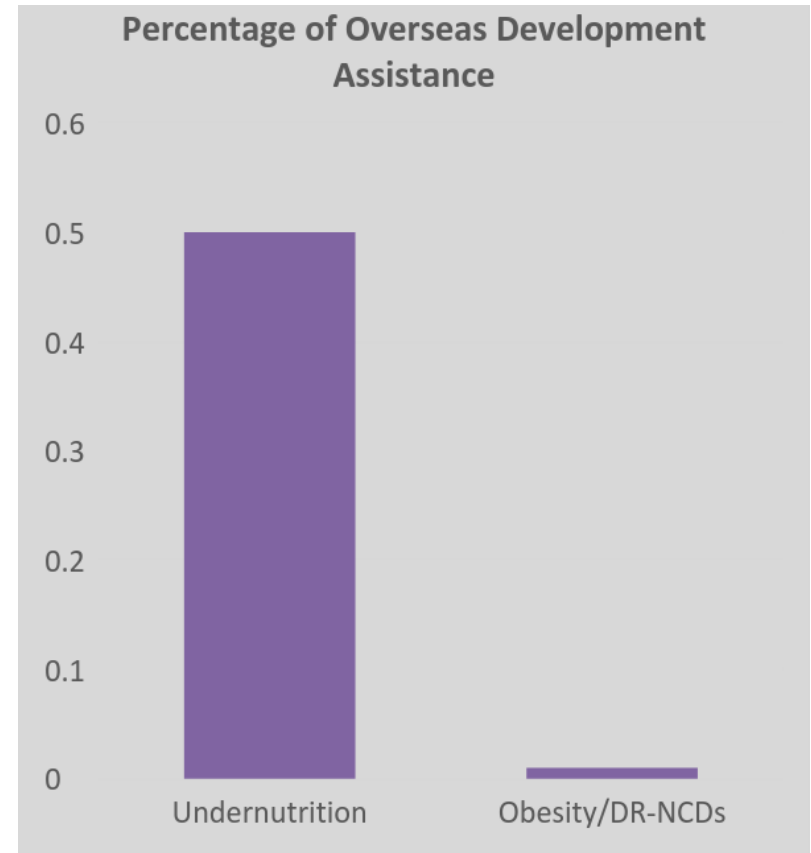
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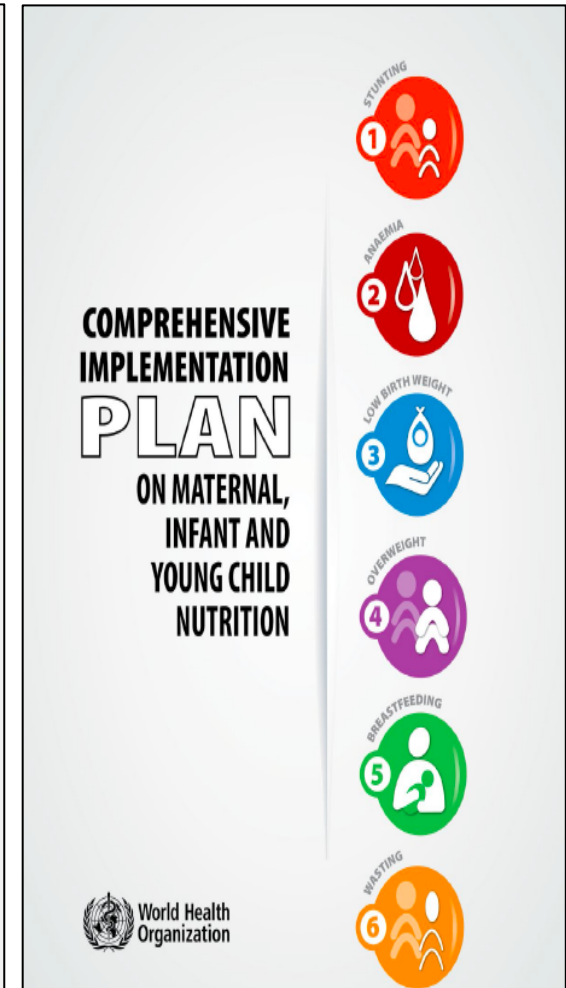
# The generalised rationale for double duty actions

## 1. Efficiency

- Obesity is rising as under-nutrition continues – so it's *potentially* more efficient to take actions to reduce the risk of both
- Financing & other resources could be more efficiently used & spent



*But* currently, undernutrition and obesity/diet-related NCDs are dealt with by separate processes, financing, policies and interventions



## 2. **Biology:** There are links between early growth and development & onset of NCDs

- *Thus actions that promote healthy growth will be, de facto, double duty actions.*



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But, basic guidance designed to enhance early growth has not adequately incorporated obesity risk

TABLE 2.1: UN guidance on diet quantity and quality for vulnerable groups			
Group vulnerable to undernutrition	Measure of quantity and quality of diet	Foods included in the score	Threshold
Infants 0–6 months of age	Exclusively breastfed <sup>39</sup> (i.e. no other foods or liquids)	NA	Exclusivity threshold for individuals
Infants and young children 6–23 months of age	Minimum acceptable diet (MAD) <sup>40</sup>	Grains, roots, tubers; legumes and nuts; dairy products; flesh foods; eggs; vitamin A-rich fruits and veg; other fruits and veg	Indicator combines standards of dietary diversity and feeding frequency by breastfeeding status. Thresholds are contingent on these composite indicators.
	Minimum dietary diversity (MDD) <sup>41</sup>	As above	Score ranges from 0–7. A minimum recommended threshold is 4.
Women	Women's dietary diversity score (WDDS) <sup>42</sup> / <sup>43</sup>	Starchy staples; dark green leafy veg (GLV); other vitamin A-rich fruits and veg; other fruits and veg; organ meat; meat and fish; eggs; legumes/nuts/seeds; milk and products	As above
	MDD	Starchy staples; beans and peas; nuts and seeds; dairy; flesh foods; eggs; vitamin A-rich dark GLV; other vitamin A-rich veg and fruit; other veg; other fruit	Score ranges from 0–10. Minimum recommended threshold is 5 foods per day.
Low-income households	Household dietary diversity score (HDDS) <sup>44</sup>	Cereals; white roots and tubers vitamin A-rich vegs and tubers; dark GLV; other veg; vitamin A-rich fruit; other fruit; organ meat/offal; flesh meat; eggs; fish and seafood; legumes, nuts, seeds; milk and products; oils and fats; sweets; spices/condiments/beverages	Score ranges from 0–12. No threshold but 12 is highest.

Source: compiled in *Global Panel on Agriculture and Food Systems for Nutrition. 2016. Food systems and diets: Facing the challenges of the 21st century.* London, UK.



**3. Diets:** Healthy diets are beneficial whatever the nutritional risk. *Thus actions that promote healthy diets will be, de facto, double duty actions.*

### Box 2.3: Elements of a high-quality diet

Drawing the evidence together with an emphasis on adequacy, diversity and balance, current recommendations from UN agencies, governments and scientific bodies point towards the following choices for ensuring a high-quality diet for all people over two years of age:

- Eat a diverse diet drawing on as many food groups as possible.
- Consume diets that contain plenty of wholegrains, fruits and vegetables, fibre and nuts and seeds.
- Unless a vegetarian or intolerant to dairy, consume eggs, moderate amounts of dairy (mainly milk), fish and small amounts of meat.
- Avoid or consume low levels of added sugars, sugary snacks and beverages.
- Avoid or consume low levels of processed meat.
- Replace saturated and industrial trans fats with unsaturated fats.
- Eat low levels of salt and ensure that all salt that is consumed is iodized.



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## Britannia, Naandi and GAIN: A Public-Private Partnership for Delivering Nutrition through Fortification in India



But, actions taken to fill dietary gaps have not done enough to consider obesity risk

“... Biscuits were identified as a suitable vehicle for vulnerable populations as more than 50% of biscuits in India are consumed in rural ... Naandi distributed the biscuits to school-aged children via their midday-meals programme. Following the success of these biscuits in schools, Britannia began distribution of fortified biscuits throughout India. It is estimated that 2 billion packets of Britannia’s iron-fortified biscuits are now sold per annum in India.”



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**4. Opportunity:** There are delivery platforms available through which actions & financing designed to reduce undernutrition could be designed to also reduce risk of obesity. *Eg*

- ✓ Health systems
- ✓ Schools
- ✓ Agriculture
- ✓ Social safety nets

- Questions:



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# Are double duty actions needed for adolescents?

## X No?

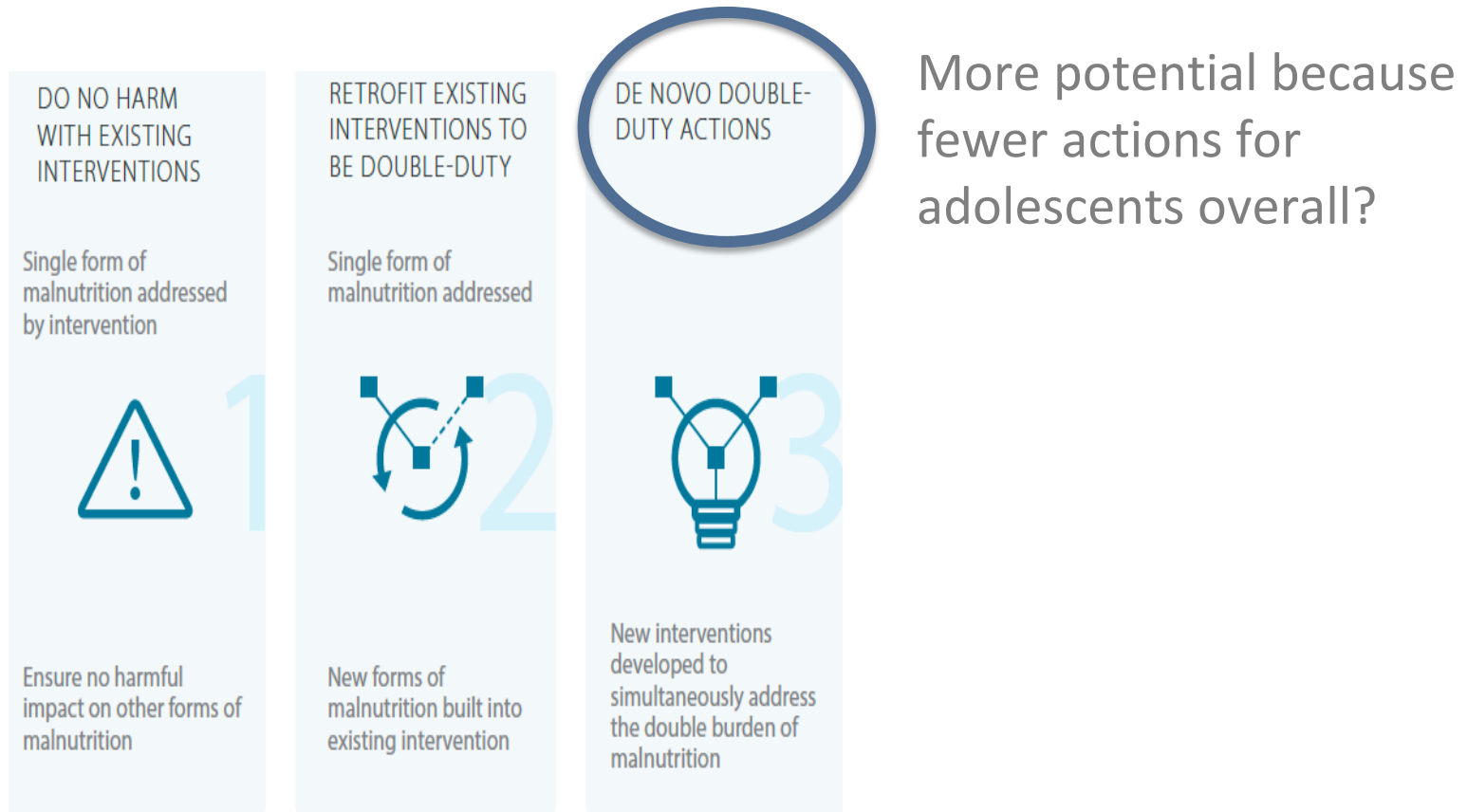
- Thinness and anemia are far bigger problems
- Rates of overweight are still relatively low compared to adults, and in some cases declining



## ✓ Yes?

- Owt/obesity rising among adolescents in most countries
- Owt/obesity also higher among younger adolescents
- Key lifestage for establishing healthy dietary habits
- Key lifestage for healthy pregnancies
- Means of preventing total switch of emphasis to owt/obesity (then leaving underweight and anaemic girls even further behind)

# If there is a rationale for double duty actions for adolescents, what might they look like?



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# What are the remaining questions that could be answered through evidence & research?

- Is there any evidence of “harm” to obesity from existing policies and programmes targeting adolescents (e.g. in schools)?
- What would be the most most effective platform to reach adolescents for double duty?
- How could double duty be delivered to ensure no harm for underweight?
- What actions could really make a difference?



THANK YOU!

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