Double Duty Actions for Adolescents

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Definition of double duty actions

“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”

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

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

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

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**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.
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.”
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:
Are double duty actions needed for adolescents?

✘ 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?

More potential because fewer actions for adolescents overall?

DO NO HARM WITH EXISTING INTERVENTIONS

- Single form of malnutrition addressed by intervention

RETROFIT EXISTING INTERVENTIONS TO BE DOUBLE-DUTY

- Single form of malnutrition addressed

DE NOVO DOUBLE-DUTY ACTIONS

- New forms of malnutrition built into existing intervention
- New interventions developed to simultaneously address the double burden of malnutrition

Ensure no harmful impact on other forms of malnutrition
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 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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