**WHO/NFS SUBMISSION: SPECIAL RAPPORTEUR ON THE RIGHT TO HEALTH - REPORT ON FOOD, NUTRITION AND THE RIGHT TO HEALTH**

**DATE: 29 MARCH 2023**

**Key Questions for input:**

You can choose to answer all or some of the questions below. (750 words limit per question)

1. What are the major factors that challenge quantitatively and qualitatively adequate access to food and nutrition in your country and/or community (including external to your country)? Taking into consideration the underlying determinants of health, in what ways do they contribute to health inequities?

* 3.1 billion people are not able to afford a healthy diet
* Inequalities exist across all diet-related health outcomes, linked to societal and individual factors.

2. What legislative or regulatory measures (such as those related to nutrition standards, labelling, marketing, procurement in institutional settings including – but not limited to – schools and prisons, and fiscal measures) have been considered or adopted in your country and/or community to improve food and nutrition, especially for persons in vulnerable situations? Where relevant, how are those measures being enforced?

WHO is promoting the implementation of a package of food systems policy actions, that focus on improving the nutritional quality and affordability of food along the food supply chain and creating healthier food environments[[1]](#footnote-1). Today’s food systems are simply failing to deliver healthy and sustainable diets for all. If food systems are transformed, they can become a powerful driving force towards ending hunger, food insecurity and malnutrition in all its forms. WHO is promoting this package of actions also in the context of the UN Food Systems Summit, the Tokyo Nutrition for Growth Summit 2021, as well as for the uptake of the CFS Voluntary Guidelines on Food Systems and Nutrition.

The package of actions[[2]](#footnote-2) comprises of

1. Fiscal policies for healthy and sustainable diets
2. Public food procurement and service policies for a healthy diet sustainably produced
3. Regulation of marketing of foods and non-alcoholic beverages to children (0-18 years) including breast-milk substitutes
4. Food product reformulation
5. Nutrition labelling to guide consumers to make informed food purchases and healthier eating decisions
6. Food Fortification, and
7. Food safety actions

3. In your context, have any legislative or regulatory measures attempted to simultaneously address undernutrition, on the one hand, and diet-related non-communicable diseases such as diabetes, cardiovascular diseases, and cancer, on the other hand? In doing so, have they been successful? Please provide concrete examples.

There are various concrete examples of “double duty actions” that have been proven successful.

* Evidence indicates that providing essential nutrients for growth and development (especially colostrum and breast milk) benefits infant biology and nutritional habits, protects against stunting and wasting in childhood and reduces the risk for overweight and obesity in later life[[3]](#footnote-3). Exclusive breastfeeding helps to regulate maternal weight gain in the postpartum period, which in turn provides added nutrition-related health benefits to the mother, protecting against obesity later in life[[4]](#footnote-4) For nursing women, breastfeeding gave protection against breast cancer [[5]](#footnote-5).
* Public food procurement and service policies can be a “double duty action” for improving health and reducing all forms of malnutrition in the population. Making public food procurement and service policies healthier is a low-cost strategy that can improve the health and nutritional status, including weight-related outcomes, of the population by increasing the availability and consumption of healthier food in public settings, while simultaneously decreasing availability and consumption of unhealthier food[[6]](#footnote-6)
* Limiting the marketing of breastmilk substitutes aims to mitigate inappropriate use of substitutes and provide an enabling environment for infant and young child feeding practices with implications for undernutrition and obesity[[7]](#footnote-7).
* Maternal nutrition and antenatal care programmes. Antenatal nutritional counseling provides adequate and accurate knowledge of which foods, in what quantities, are required for optimal intake. This has the effect of reducing gestational weight gain and subsequently protects against gestational diabetes for the mother, and overweight and obesity later in life for the child[[8]](#footnote-8)
* Sodium-related policies and actions that bring together the salt fortification (reducing of iodine deficiency) as well as sodium reduction programmes have the potential to deliver significant public health benefits[[9]](#footnote-9).

4. Beyond diet-related non-communicable diseases, food and nutrition are also relevant in relation to infectious diseases and other illnesses. For example, contaminated food can lead to foodborne illnesses, poor nutrition can make persons more susceptible to infectious diseases, and individuals living with infectious diseases and other chronic illnesses may have unique dietary requirements for health. Please describe any challenges and progress made in this regard in your country and/or within your community.

When food systems are directed towards profit and productivity, they can create a vicious cycle of disease and sickness that affects mainly the most vulnerable in society. Food and nutrition are intrinsically linked with infectious diseases. For example, individuals who are undernourished are more likely to develop active tuberculosis compared to those with a healthy body weight. They are also more likely to have a greater severity of TB and less likely to have successful TB treatment outcomes. The likelihood of TB mortality also significantly increases as weight decreases.

WHO has described five interconnected, interrelated pathways through which food systems negatively affect health[[10]](#footnote-10)

1. **Unhealthy diets and food insecurity.** This pathway comprises the aspects of food systems that lead to unhealthy diets or food insecurity and therefore contribute to malnutrition in all its forms. Malnutrition and hunger pose the highest risks to human health in terms of death and illness and include obesity, micronutrient deficiencies, stunting, wasting, communicable and noncommunicable diseases and mental illness.
2. **Zoonotic pathogens and antimicrobial resistance.** This pathway comprises the ways in which farmed, ranched and wild caught animals in food supply chains and the use of antibiotics result in zoonotic diseases and antimicrobial resistance, which further result in communicable and noncommunicable diseases in humans.
3. **Unsafe and adulterated foods.** In this pathway, food systems are the cause of various diseases and illnesses (e.g., micronutrient deficiency, stunting, wasting, communicable and noncommunicable diseases and mental illness) when foods and water contain infectious or toxic hazards, microbial pathogens, such as bacteria, viruses and parasites, or chemical residues, contaminants or biotoxins. These contaminants can occur in unsafe food supply chains or unhealthy environments or due to unsafe behaviour.
4. **Environmental contamination and degradation.** This pathway comprises contamination of the environment by use in food supply chains and food environments of fertilizers, manure, products containing heavy metals, endocrine-disrupting chemicals or hormone-growth promotors, which can cause various conditions, such as mental illness and other non communicable and communicable diseases. It includes the ways in which food production, food environments and citizen behaviour degrade the environment by emitting air pollution, greenhouse gasses and microplastics, which affect our health and well-being.
5. **Occupational hazards.** This pathway comprises the many physical and mental health effects on people working in the food system (e.g. farmers, fishermen, agricultural workers and people working in food retail, processing and other sectors of the food chain) due to the nature of their work or their working conditions. The effects include heat and cold stress, injuries, exposure to chemicals through the use of pesticides, fertilizers and insecticides, biological risks such as snakebites, infectious and parasitic diseases, zoonoses, ergonomic risks and psychosocial risks leading to stress and mental illness, including suicide.

5. Multi-stakeholder approaches to food and nutrition are often affected by power asymmetries that exclude persons and communities in situations of vulnerability.

5.1. Please provide concrete examples of the barriers and opportunities for these persons or communities, such as Indigenous peoples, women, children, and migrants, to participate in national and/or international policymaking processes pertaining to food and nutrition, including the process of participation.

* Coordinated health, social, economic and nutrition-related policies are needed to address the health of the most vulnerable and marginalized, who are often victims of inequity, inequality, discrimination, stigmatization, social exclusion and violence, and are the most exposed to health risk factors, owing mostly to their poor living conditions, poor health literacy and lack of access to health care and other relevant services.
* Globally, public health and nutrition communities have long been aware of power imbalances when considering, for example, the history of the marketing of breastmilk formula, the undue influence of processed food manufacturers over policy to address obesity, or the power and influence in global trade agreements of corporate actors and of larger and wealthier countries and regions over those smaller and more resource-constrained.

Recommended reading :

<https://www.nature.com/articles/s43016-021-00297-7>

<https://www.sciencedirect.com/science/article/pii/S0306919216305851>

<https://books.google.fr/books?hl=en&lr=&id=E12m3ydUGrgC&oi=fnd&pg=PA1&dq=jennifer+clapp&ots=A10-M3WnB6&sig=zzzu4EhVZPSkqwDPbhHOdmnvTSM>

5.2. What proactive steps or good practices can you report on taken by the State to engage in activities to strengthen people's access to and utilization of resources for food security in this regard?

Multi sectoral governance for improving food security and nutrition is key. There is a need for guiding principles that are designed to inform choices, provide direction, and offer adaptability to diverse contexts, recognizing that complex systems and our understanding of them changes over time. A priority for action is to convene a diverse cross-section of nutrition and food systems actors to foster shared understanding and convergence on Guiding Principles for the Governance of food and nutrition including the following[[11]](#footnote-11);

1. Uphold peoples’ right to food and nutrition. Build food systems based on the culture, identity, tradition, social, and gender equity of local communities that provide healthy, safe, accessible, affordable, diversified, nutritionally and culturally appropriate diets.
2. Ensure the conservation, protection, and restoration of the health and integrity of the Earth's ecosystems including through sustainable healthy food production and consumption based on ecologically sound methods within planetary boundaries, while ensuring resilience to future crises.
3. Ensure the protection of the climate system from the harmful impacts of food systems and enable food systems as well as people to adapt and increase resilience to climate change.
4. Ensure intergenerational, gender, and socio-economic equity so that our current way of food production and consumption does not compromise the ability of future generations or marginalized populations to achieve their own right to food and to secure their livelihoods.
5. Ensure agency so that all can fully participate and prosper from food systems, including the most vulnerable constituencies encompassing, but not limited to, Indigenous peoples, women, youth, refugees, small holder farmers/peasants/producers, pastoralists, fishers, and workers.
6. Leave no one behind, ensure access to safe and nutritious food, end poverty, hunger, and malnutrition in all their forms and dimensions with a focus in particular on the needs of the poorest and most vulnerable.
7. Do no harm and ensure that transformation pathways, nutrition and food system actors and stakeholders prevent and mitigate any negative impact on the environment and health of affected populations.
8. Ensure that the economic, social, and technological initiatives related to food systems occur in harmony with nature and are inclusive, building upon Indigenous, farmer, and local traditional knowledge as well as the best available scientific information in all implementation decisions.
9. Ensure urgent, timely, effective, and complementary humanitarian responses to crises are linked to development interventions, so as to strengthen food systems.

6. What is the impact of gentrification, development, technology, industry activity and deforestation on food security? Please share some concrete examples.

* Inequity and health disparities can be exacerbated as a result of gentrification when long-term residents are displaced, or remain but are not able to take advantage of new opportunities. The disappearance of old and emergence of new food establishments may increase the proximity to and density of healthy food options, however, affordability and consumption of healthy food, nor a decrease in risk of adverse health outcomes are not guaranteed
* Deforestation triggered by escalating demand for food, fibre and fuel is degrading ecosystems, diminishing water availability and limiting the collection of fuelwood - all of which reduce food security, especially for the poor

7. Please provide examples related to the impact of food production, on the right to health of the population living or the people working in or near the areas of production/cultivation?

There are potential health impacts of agricultural practices; (1) production health risk, (2) consumption health risk and (3) health risks linked to the impact of agriculture on the natural environment[[12]](#footnote-12)

1. **Production health risks:** In addition to hazards from heavy machinery, equipment and noise, agriculture poses specific direct chemical and biological security risks to farmers, through the use of agrochemicals (fertilizers and pesticides). Exposure to agrochemicals causes harm to farmers via poisoning, affecting internal organs or systems or inflicting external injuries as irritants. Land conversion for agriculture is also linked to ecosystem degradation which can present additional health risks including emergence of infectious disease, but also degradation of ecosystem processes that further exacerbate the problem. Agricultural support measures that encourage the (over)use of agrochemicals increase health risks associated with agricultural production. From a biological security perspective, individuals associated with highly mechanized/intensive livestock production face an increased risk of catching zoonotic diseases. Hence the health impacts of incentivizing such production practices should be taken into consideration.
2. **Consumption health risk;** Foodborne diseases due to consumption of unsafe food is a risk. Agrochemicals used in production can enter the food chain via the soil and water, causing health problems
3. **Environmental health risks;** Agrochemicals, agricultural waste and emissions from crop and animal agriculture can impact the natural environment and by extension human health by contaminating air, degrading water quality or by altering organisms that are necessary to produce food. For example, chemical inputs and antibiotics that run off from farms can contaminate and/or degrade water bodies, affecting drinking water quality. While agriculture is just one of many contributing factors to water scarcity and quality, large-scale crop and animal agriculture production consumes more water than any other source, affecting water quantity. There is also a risk that antimicrobial agents used in food production may help develop and transmit antimicrobial-resistant bacteria into the environment The increased clustering and growth in the confinement of animals has led to growing environmental problems in many communities.
1. https://www.who.int/publications/i/item/9789240035263 [↑](#footnote-ref-1)
2. WHO. Food Systems for Health Information Brief. WHO, Geneva, Switzerland [↑](#footnote-ref-2)
3. Obes Facts 2019;12:226–243 [↑](#footnote-ref-3)
4. WHO. Double-duty actions for nutrition - policy brief. WHO/NMH/NHD/17.2 [↑](#footnote-ref-4)
5. DOI:https://doi.org/10.1016/S0140-6736(15)01024-7 [↑](#footnote-ref-5)
6. WHO. Double-duty actions for nutrition - policy brief. WHO/NMH/NHD/17.2

<https://www.who.int/publications/i/item/WHO-NMH-NHD-17.2> [↑](#footnote-ref-6)
7. WHO. Double-duty actions for nutrition - policy brief. WHO/NMH/NHD/17.2

<https://www.who.int/publications/i/item/WHO-NMH-NHD-17.2> [↑](#footnote-ref-7)
8. WHO. Double-duty actions for nutrition - policy brief. WHO/NMH/NHD/17.2 <https://www.who.int/publications/i/item/WHO-NMH-NHD-17.2> [↑](#footnote-ref-8)
9. WHO (2022). Universal salt iodization and sodium intake reduction – compatible, cost effective strategies o great public health benefit.

<https://www.who.int/publications/i/item/9789240053717> [↑](#footnote-ref-9)
10. WHO. Executive summary food systems delivering better health - a new narrative to guide policy and practice for better human, ecosystem and animal health and well being. WHO, Geneva, Switzerland <https://www.who.int/publications/i/item/9789240031814> [↑](#footnote-ref-10)
11. UNFSS (2021) Policy brief - Governance of food systems transformation https://www.un.org/sites/un2.un.org/files/2021/12/fssd\_deepdive\_governance.pdf [↑](#footnote-ref-11)
12. <https://www.unep.org/resources/repurposing-agricultural-support-transform-food-systems> [↑](#footnote-ref-12)