

From Double Burden to Double Duty: Policy Implications of Double-Duty Actions to Address the Full Spectrum of Malnutrition

Technical Consultation – December 3, 7, 9, 2020



Acknowledgments

This report summarizes the inter-agency technical consultation, ***From Double Burden to Double Duty: Policy Implications of Double-Duty Actions to Address the Full Spectrum of Malnutrition***, held virtually on 3, 7, 9 December 2020. The report was prepared by Kate Kennedy-Wood and Silvia Holschneider (Consultants, Global Financing Facility), with support from Julie Ruel-Bergeron and Leslie Elder (Global Financing Facility). We thank the members of the technical organizing committee, Francesco Branca, Luz Maria De-Regil, Laurence Grummer-Strawn, Jorgen Johnsen, and Lina May (WHO), Marie Ruel (IFPRI), Corinna Hawkes (City, University of London), Barry Popkin (University of North Carolina), Meera Shekar (World Bank) and Rachel Nugent (RTI), for their invaluable contributions to the design and implementation of the consultation. The contributions of the presenters including several authors of the 2019 *Lancet Series on the Double Burden of Malnutrition*, the "country snapshot" presentations from Mexico, South Africa, Indonesia, India, and the Philippines, and inputs from key technical partners, including the Bill & Melinda Gates Foundation, IFPRI, and others, laid the foundation for rich discussions during the breakout sessions. Consultation participants represented multiple agencies, disciplines, and geographies and brought valuable perspectives to the virtual venue. We thank everyone for their contributions, questions, and collaboration (See Annex C for a list of participants). We also extend our sincere gratitude to the facilitators and producers of the consultation from the Training Resource Group, Inc. (TRG): Chevaun Jackson, Sherise Liles, and Stephanie Schalk-Zaitsev. Lastly, we are grateful to the Global Financing Facility for funding the consultation and the production of this report.

Photo credit: Cover@ Bart Verweij/World Bank, 2012. Laos: Nutritious meals are bringing more children to school.

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ACRONYMS

DBM	Double burden of malnutrition
DDA	Double-duty actions
DR-NCD	Diet-related non-communicable diseases
FSSAI	Food Safety and Standards Authority of India
GFF	Global Financing Facility
GOI	Government of Indonesia
IFPRI	International Food Policy Research Institute
INSP	National Public Health Institute (Mexico)
IYCF	Infant and young child feeding
LMIC	Low- and middle-income countries
NCD	Non-communicable disease
StraNas	Multisectoral Nutrition Strategy and Program to Accelerate Stunting Reduction (Indonesia)
SSN	Social safety net
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

This report provides a summary of the technical consultation *From Double Burden to Double Duty: Policy and Programmatic Implications of Double-Duty Actions to Address the Full Spectrum of Malnutrition*. The purpose of the consultation was to:

- Assess policy implications of the double burden of malnutrition (DBM)¹ and how double-duty actions (DDA) are or can be integrated into existing or new nutrition policies;
- Identify the key conditions and actions that underpin effective policy formulation/adaptation for DDA;
- Consider how to design new or adapt existing programs for DDA;
- Reflect on the need for improved data collection mechanisms for nutrition to provide evidence on the DBM and on the effectiveness and importance of DDA; and
- Build on the current experiences of select country examples to inform the consultation's conclusions about the principles and best practices for formulation and adaptation to support the integration of DDA in national policies and programs.

The meeting was hosted by the Global Financing Facility (GFF) in partnership with the World Health Organization (WHO), the International Food Policy Research Institute (IFPRI), City University of London, and other development partners. It was held virtually via Zoom on December 3, 7, and 9, 2020 with a 2.5-hour session each day.

The consultation provided a valuable experience-informed discussion and framing for the renewed interest in the DBM and the role that DDA can play in addressing the DBM. The meeting served to identify critical conditions, actions, and activities that set the stage for adapting the existing nutrition policies to incorporate DDA and enable the reformulation and redesign of programs to include DDA. Participants identified the next steps that country implementers and decision-makers should take. A summary of the discussion is provided below.

INTEGRATING DDA INTO EXISTING OR NEW NUTRITION POLICIES

Creating the enabling conditions needed for a shift to DDA policy

- Increase awareness of diet-related non-communicable diseases (DR-NCDs), the link to early life nutrition, and the role of diet in protecting from all forms of malnutrition and related NCDs.
- Develop improved indicators for measuring the DBM and double-duty actions and establish a system to collect data and mobilize and translate evidence (including evidence of impact and cost to support decision making, advocacy, and program planning).
- Identify champions (individuals and networks) to push the DDA agenda and develop clear and cohesive language around DDA.
- Use existing program platforms from different sectors (e.g., health, social protection, agriculture/food systems, education) to bring about the integration of DDA without waiting for (longer-term) policy actions to be completed.

¹ The double burden of malnutrition is the "coexistence of undernutrition along with overweight and obesity, or diet-related non-communicable diseases, within individuals, households and populations, and across the life course" ([WHO | Double burden of malnutrition](#)). It is sometimes described as the triple burden of malnutrition, depending on the author and reference.

- Provide integrated governance and financing structures that enable multiple ministries and sectors to implement and finance DDA in an integrated fashion.
- Update dietary guidelines to reflect the role of healthy diets in the full spectrum of malnutrition and use them as a guide to policy formulation.
- Address sociocultural norms about thinness, overweight, foods as status symbols, etc. that contribute to unhealthy conditions of undernutrition and overweight/obesity and the DBM.

Integration of DDA into existing policies

- Shift the narrative from a narrow focus on reducing child stunting to an emphasis on promoting healthy diets (which addresses all forms of malnutrition) in policies with high potential for integrating a DDA lens.
- Strengthen existing policies for early childhood and school-age to address DDA.
- Understand priorities for related sectors and leverage the desired outcomes to drive integrated DDA policies.

Implications of the COVID-19 pandemic on DDA policy

- Capitalize on the pandemic as an opportunity to promote healthy diets and nutrition behaviors to boost the immune system and reduce risk factors for increased severity and poor outcomes from COVID-19.
- Integrate DDA into the health system strengthening response to the COVID-19 pandemic.
- Use COVID-19 response funds going to non-health sectors/programs such as social protection and social safety nets as a potential entry point for DDA.
- Ensure that food and beverage companies' philanthropy during COVID-19-induced food insecurity is not undermined by negative contributions of highly-processed foods to the DBM.
- Integrate DDA policies and programs as part of One Health.

KEY ENTRY POINTS TO DESIGN AND ADAPT SECTORAL PROGRAMS TO INTEGRATE AND OPERATIONALIZE DDA

The consultation discussed the following entry points to design and adapt sectoral programs and operationalize DDA among four sectors, based on the recommendations of Paper #3 in the 2019 Lancet Series on the DBM. These included the following and are further expanded on in Section 2.2:

Health

- Use the multiple existing entry points for DDA in the health sector throughout the life cycle.
- Be opportunistic in implementing DDA, as well as leading action in other sectors.

Social Protection, including Social Safety Nets

- Use existing cash or food transfer programs as an entry point to make nutritious food more available and affordable while pairing with knowledge transfer to promote optimal purchasing behaviors.
- Frame nutrition around healthy diets to reduce all forms of malnutrition using DDA. Having a menu/listing of all DDA is helpful to program planners.
- Build on financing opportunities like the UN Food Systems Summit to move towards greater financing for DDA.

Education

- Define/standardize an essential package for schools that has a double-duty lens.
- Apply a double-duty lens to meal programs and nutrition education by redesigning, reforming, and integrating them to emphasize meal quality standards, not just quantity standards.
- Engage with and use youth leaders to create demand for nutritious foods among children/students.

Food systems/ Agriculture

- Increase the production of and access to nutritious foods while decreasing the availability and appeal of unhealthy products and highly-processed foods.
- Promote a coordinated approach that includes actors and actions across the food system.
- Consider and address inequities in the food system, including gender and commercial inequities (skills in marketing and distribution of unhealthy products).
- Invest in research and data to identify incentives that increase the availability and affordability of nutritious foods while reducing those for unhealthy products.

AGREED-UPON ACTIONS AND COMMITMENTS

Participants agreed on the following actions and commitments for each DDA intervention. These are expanded upon in Section 2.4.

1. Implement policies to improve food environments from the perspective of malnutrition in all its forms

- Develop new case studies based on the existing implementation of DBM policies for the operationalization of DDA.
- Support research to expand the knowledge base on the health and economic impacts and costs of DDA on healthy diets and on indicators of undernutrition and overweight/obesity.
- Develop improved indicators for assessing the DBM in national household expenditure surveys, including measuring the consumption of unhealthy products.

2. Redesign school feeding programs and devise new nutritional guidelines for food in and around educational institutions

- Reframe school feeding programs to focus on nutrition and diet quality, not solely on feeding and diet quantity.
- Develop indicators to effectively/feasibly monitor the health and nutritional status of school-aged children and the quality of school feeding programs (including outputs and outcomes).
- Build on existing initiatives and examples such as those listed in 2.4.2.

3. Scale-up programs to protect, promote, and support breastfeeding

- Provide concrete advocacy on breastfeeding and DDA, targeting different audiences (donors, implementers, policymakers).
- Create a menu of options on how to easily integrate DDA into breastfeeding programs.
- Focus on specific messages, actions, and behaviors and less on conceptual frameworks.

4. Redesign cash and food transfers, subsidies, and vouchers

- Develop targeted policy brief to raise awareness and push for programming and advocacy for DDA in social safety net (SSN) programs, including the need to incentivize and use cash transfers to purchase nutritious foods; ensure focus on quality (versus quantity) for foods delivered through food transfer programs, and protect against doing harm.
- Widely disseminate positive study results to policymakers on the effectiveness of using DDA in SSN programs.
- Disseminate WHO framework on the procurement of foods in the public sector (e.g., through schools and social protection programs), outline results and next steps.

1 INTRODUCTION AND BACKGROUND

The coexistence of overweight and obesity and undernutrition (stunting, underweight, wasting, and micronutrient deficiencies) at all levels of the population is referred to as the double burden of malnutrition (DBM).² Many low- and middle-income countries (LMICs) are currently facing a new nutrition reality in which stunting and wasting remain significant public health issues while overweight and obesity rates are accelerating.

The many forms of malnutrition have previously been managed separately, which has led to the exclusion of obesity from nutrition initiatives and the implementation of undernutrition interventions that inadvertently increased risks of obesity and diet-related non-communicable diseases (DR-NCDs). In 2019, the World Health Organization (WHO) led a four-paper Lancet Series on the Double Burden of Malnutrition that proposes new approaches to the DBM through Double-Duty Actions (DDA). By holistically and simultaneously tackling both undernutrition and overweight, obesity, and DR-NCDs through the same intervention, program or policy, DDA have the potential to accelerate progress towards health and nutrition at the global level.

Given the renewed interest in the DBM and DDA, a virtual technical consultation titled "From Double Burden to Double Duty: Policy and Programmatic Implications of Double-Duty Actions to Address the Full Spectrum of Malnutrition" was held by the Global Financing Facility (GFF), WHO, the International Food Policy Research Institute (IFPRI), the World Bank, and other development partners on December 3, 7, and 9, 2020. The consultation was timely, not only because of the urgent need to focus on all forms of malnutrition but also considering the COVID-19 pandemic, which has likely greatly exacerbated both undernutrition and excess weight gain.

The consultation aimed to:

- Assess policy implications of the DBM and how DDA are, or can be, integrated into existing or new nutrition policies;
- Identify the key conditions and actions that underpin effective policy formulation/adaptation for DDA;
- Consider how to design new or adapt existing programs for DDA;
- Reflect on the need for improved data collection mechanisms for nutrition to provide evidence on the DBM and on the effectiveness and importance of DDA; and
- Build on the current experiences of select country examples to inform the consultation's conclusions about the principles and best practices for formulation and adaptation to support the integration of

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