



Double-duty actions to address the double burden of malnutrition

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Double Burden of Malnutrition 3

Double-duty actions: seizing programme and policy opportunities to address malnutrition in all its forms

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This is the third in a Series of four papers about the double burden of malnutrition

See Editorial Lancet 2020; 395: 2

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Introduction

Most countries, at all levels of development, experience multiple forms of malnutrition.¹ The coexistence of nutritional deficiencies and overweight or obesity and associated diet-related non-communicable diseases (DR-NCDs)—ie, the double burden of malnutrition

Key messages

- Actions to address undernutrition, and overweight and obesity have historically been developed and delivered separately from one another. Some evidence shows that programmes addressing undernutrition have unintentionally increased risks for obesity and diet-related non-communicable diseases (DR-NCDs) in low-income and middle-income countries where food environments are changing rapidly. Yet policies and interventions to address undernutrition typically fail to consider these risks.
- By contrast, double-duty actions aim to simultaneously prevent or reduce the risk of both nutritional deficiencies leading to underweight, wasting, stunting or micronutrient deficiencies, and obesity or DR-NCDs, with the same intervention, programme, or policy.
- Double-duty actions are based on the rationale that all forms of malnutrition share common drivers that can be leveraged for double impact. These drivers include early life nutrition, diet diversity, food environments, and socioeconomic factors.
- The available evidence indicates that there are ten strong candidates for double-duty actions across different sectors. These actions include interventions delivered through health services, social safety nets, educational settings, agriculture, food systems, and food environments
- Putting a double-duty approach into operation involves assessing the potential harm of existing actions and redesigning programmes and policies with a focus on double-duty actions. Changes in governance, financing, and capacity building will be needed to put the approach to use.
- Double-duty actions are urgently needed as part of a holistic approach to ending malnutrition in all its forms by 2030.

(DBM)—is observed within communities, households, and individuals.² In high-income countries, where overweight and obesity affects more than half of the population, food insecurity among people with low incomes manifests as low-quality diets often dominated by high consumption of foods, snacks, and beverages high in energy, sugar, fat, and salt.³ These diets lead to excessive intakes of energy, DR-NCDs, and deficiencies in protein and essential micronutrients such as iron, folate, vitamins B6, B12, C, D, and calcium.^{4,5} At the other extreme, low-income and middle-income countries (LMICs) still struggling with persistent problems of maternal undernutrition, child stunting and wasting, and widespread micronutrient deficiencies are having a rapid rise in overweight and obesity at lower levels of national income than previously seen.⁶

The DBM presents new challenges for policy and programming. In LMICs, national nutrition policies and donor funding have historically focused on undernutrition. Yet there is no longer just undernutrition, but also overweight, obesity, and DR-NCDs to deal with. There has been increasing global recognition that all types of malnutrition need to be addressed (panel 1). Target 2.2 of the Sustainable Development Goals is to “end malnutrition in all its forms”⁷ and the Lancet Commission on the global syndemic of obesity, undernutrition, and climate change highlights the need to tackle these interconnected problems simultaneously.⁸

Nevertheless, actions to address the different manifestations of malnutrition are still isolated from each other and implemented through different governance and funding mechanisms (panel 1). Studies over a decade

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)



What are double duty actions?

- “Interventions, programmes, and policies that simultaneously prevent or reduce the risk of both nutritional deficiencies leading to underweight, wasting, stunting and/or micronutrient deficiencies, and problems of obesity/diet-related non-communicable diseases”



- Take the opportunity to build on existing policies & programmes to make them work more efficiently & effectively in the new nutrition reality

Why double duty actions? Shared drivers



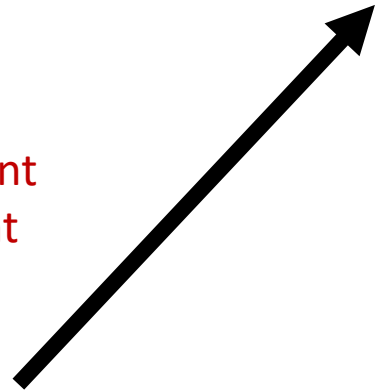
Early life nutrition



Diet



Stunting
Wasting
Micronutrient
Underweight
Obesity
NCDs

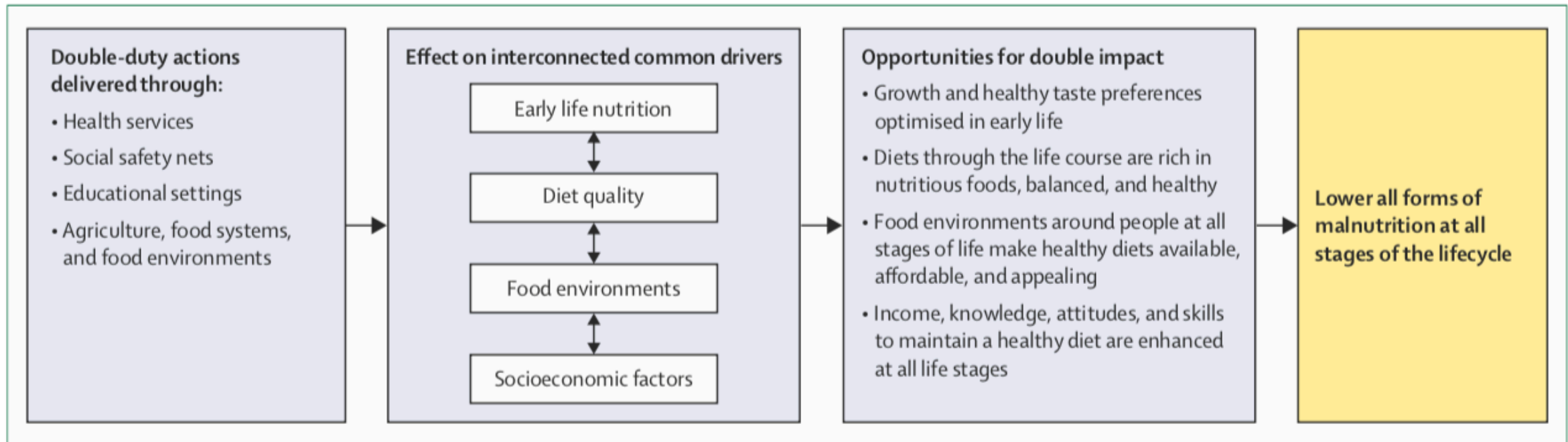


Food environments

Socioeconomic factors



... lead to opportunities for shared impact



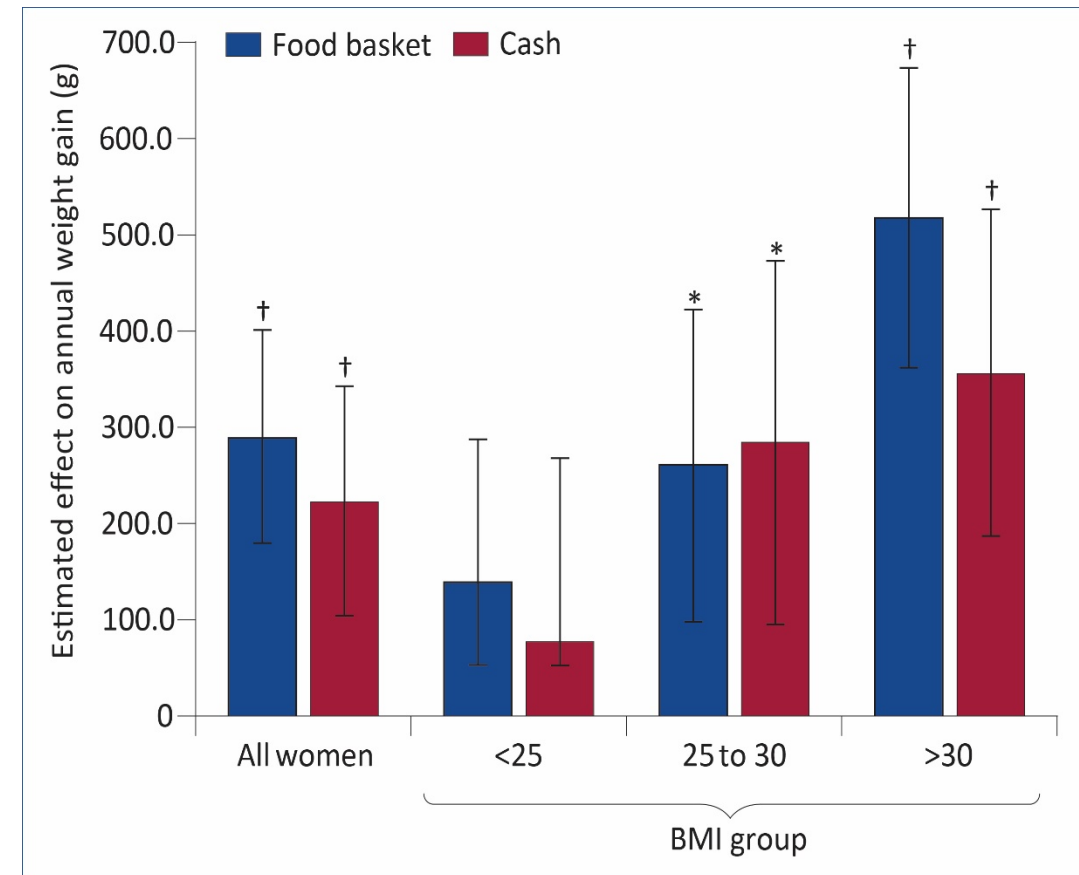
Source: Hawkes C, Ruel M et al. Lancet 2019

... rather than creating risk

Example: Mexican PAL programme - cash or food transfers

- Targeted remote poor HH (64% women ovwt/obese)
- Foods (450 kcal/day/AE (4) (20% kcal/protein) or ~\$14/mo:
 - Whole milk powder
 - Beans, rice, corn flour
 - Soup mix (6 packages of 200 g)
 - Vegetable oil
 - Cookies (1kg), powdered chocolate (400g), cereals (200 g)

↑ Weight Gain in Women



Double-duty actions to tackle malnutrition in all its forms

> Health services

- +Scale up programmes to support antenatal care and include counselling on healthy eating and balanced energy and protein intake

- +Scale up programmes to promote optimal breastfeeding and eliminate promotion of breastmilk substitutes

- +Redesign guidance for complementary feeding practices that emphasize healthy and diverse diets and snacks

- + Redesign growth monitoring programmes to include diagnostic of overweight and obesity, if operationally feasible

- + Prevent undue harm from energy-dense and micronutrient-fortified foods and supplements

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> Social safety nets

+ Redesign social safety nets to include counselling on nutrition, healthy diets, and health education; and facilitate access of beneficiaries to healthy foods, snacks, and beverages or introduce rewards for transfers or vouchers spent on nutritious foods



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> Education

+ Redesign school feeding programmes to offer meals that meet children's energy and nutrition needs and devise new nutrition guidelines that restrict unhealthy foods, snacks, and beverages in and around school



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> Food systems

- + Scale-up agriculture programmes that promote production and consumption of nutritious foods
- + Design new agricultural and food system policies with healthy and affordable diets in mind
- + Deliver public policies to improve food environments to tackle all forms of malnutrition



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Research needs

1. Analyses of the association between consuming foods, snacks, drinks high in energy, sugars, fat, and salt and obesity and DR-NCDs *and* undernutrition
2. Assessment of interventions focused on undernutrition during early life (eg ready-to-use therapeutic foods, follow-on formula) on longer-term effects on obesity and DR-NCD outcomes
3. Analysis of the role of food environments and the impact of food environment policies (typically obesity focused) on different forms of malnutrition
4. Assessment of the feasibility, cost and staff workload of double-duty actions
5. Pilot testing and evaluation of double duty actions

Next steps: designing for double duty

1. Decide where most needed
2. Design double-duty strategy
 - Existing programmes and policies targeting undernutrition reviewed to assess whether they present risks or do harm, and what opportunities they provide to be retrofitted as double-duty actions.
 - Existing programmes and policies redesigned to take a double-duty approach
 - New actions designed to purposively to tackle malnutrition in all its forms at all stages of the lifecycle
3. Evaluations built into the design and redesign of double-duty actions.
4. Governance of nutrition considers both sides of the double burden
5. Financing with a double duty approach
6. Training of nutrition professionals and policy makers on a double duty approach