



Ambitious, **SMART** commitments to address **NCDs, overweight & obesity**

Make the **UN Decade of Action on Nutrition** count for all forms of malnutrition

This brief illustrates how recommendations in the **Second International Conference on Nutrition (ICN2) Framework for Action** can be translated into policy commitments which are SMART (Specific, Measurable, Achievable, Relevant and Time-bound). The ICN2 Framework for Action contains a set of policy actions that governments pledged to implement as part of the ICN2 Rome Declaration to address malnutrition in all its forms (overweight & obesity, stunting, wasting, micronutrient deficiencies).¹

The brief focuses on SMART commitments which target overweight & obesity and nutrition-related non-communicable diseases (NCDs); where possible, policy actions are identified which reduce undernutrition at the same time (so-called double-duty actions). **Double-duty actions** have the potential to impact undernutrition, NCDs, overweight & obesity at the same time, as opposed to addressing specific types of malnutrition in isolation.

SMART commitments to address malnutrition in all its forms

Governments are currently off-track to meet **global nutrition and NCD targets**, namely the 2025 nutrition targets of the World Health Organization (WHO)², the global WHO NCD targets³, and the nutrition and food security related targets in the United Nations 2030 Agenda for Sustainable Development. Action to implement multi-sector policies and to increase policy coherence⁴ across different government ministries is urgently needed to achieve these global targets. Recognising this need for sustained and coordinated action, the UN General Assembly has proclaimed a **Decade of Action on Nutrition 2016-2025** (Decade of Action) reinforcing the commitments of the ICN2 Rome Declaration and Framework for Action.

Against the background of the Decade of Action, we call on governments to:

- ▶ **Set ambitious national food and nutrition targets aligned with the ICN2 Rome Declaration and Framework for Action** to ensure bold action to end all forms of malnutrition.
- ▶ **Make SMART financial and political commitments** to implement the ICN2 Framework for Action.
- ▶ **Develop robust accountability mechanisms** to review, report on and monitor SMART commitments with the involvement of civil society.
- ▶ **Align national agriculture, nutrition, and NCD strategies and related policies** to ensure policy coherence.
- ▶ **Prioritise double-duty actions** to address stunting, wasting and micronutrient deficiencies while simultaneously protecting against overweight & obesity.⁵

A universal challenge: malnutrition in all its forms



One in three people worldwide suffer from one or multiple forms of malnutrition.⁶ **800 million people remain chronically undernourished**, 159 million children under 5 are affected by stunting (low height-for-age) and 50 million by wasting (low weight-for-height).⁷ At the same time, 41 million children under 5 and more than **1.9 billion adults are overweight or obese**.⁸ Apart from being major causes of illness themselves, overweight & obesity and undernutrition are risk factors for NCDs such as cardiovascular disease, various types of cancer and Type 2 diabetes.

In particular, low- and middle-income countries face multiple burdens of malnutrition alongside escalating rates of nutrition-related NCDs. Overweight & obesity, stunting, wasting and micronutrient deficiencies often co-exist in the same community, household and individual. Malnutrition has a significant impact on people's health, and causes an estimated 2.8 million deaths worldwide per year.⁹ Malnutrition also impedes economic growth by increasing healthcare expenditure and reducing labour productivity due to absenteeism, resulting in foregone national income and entrenching household poverty.

The **global economic impact** of obesity is estimated at \$2 trillion a year, while the financial burden of undernutrition is \$2.1 trillion a year.¹⁰

What are SMART commitments?



This brief uses the SMART Guidance Note published by the 2016 Global Nutrition Report to show how governments can develop ambitious commitments for nutrition which are SMART: **Specific, Measurable, Achievable, Relevant and Time-bound**.

SMART commitments must be aligned with the ICN2 Rome Declaration and Framework for Action, and should be informed by an in-depth assessment of a country's burden of malnutrition and underlying determinants, and its capacity to respond.

Example of how a commitment can be assessed for its SMARTness:

"The legislative body passes a law requiring that X% of the national budget for meals served in government-run facilities (e.g. schools, prisons, hospitals, canteens of government agencies) is used to procure food from smallholder and family farms, up from Y%, by June 2018."

Specific	Measurable	Achievable	Relevant	Time-bound
Yes The actors and the action are identified.	Yes The baseline amount of local food procurement is identified and can be tracked to see if it increases.	Yes Other countries have demonstrated that it is possible to increase public procurement of food from smallholder and family farms.	Yes 'Short chain' public procurement can improve nutrition outcomes by providing fresh fruit and vegetables, and improving knowledge about food among school children.	Yes Concrete time frame included.

School feeding programmes – a double-duty action addressing malnutrition in all its forms



Schools provide compelling entry points to governments to address malnutrition in all its forms through reshaping school feeding programmes and introducing organic school gardens, which allow access to fresh, nutritious food at low cost while providing food and nutrition education to students and teachers.

School feeding programmes are a worldwide phenomenon. The World Food Programme (WFP) estimates that at least 368 million children receive at least one free meal at school – 49% of school children in middle-income countries and 18% in low-income countries.¹¹ Trends in nutritional status for many developing countries indicate a decrease in undernutrition with an associated rise in the prevalence of overweight & obesity. In fact, many programmes that aim to reduce child undernutrition may unintentionally promote excess energy intake, and thus increase the risk of childhood overweight & obesity.¹² For this reason, a growing number of countries, including Brazil and Mexico, have reformed their school feeding programmes with the objective of promoting healthy child growth, increasing nutrition literacy and healthy eating habits in early life. School gardens have been introduced in countries as diverse as Honduras, Uganda, and the USA.¹³

In **Mexico**, nutrition standards set strict limits on sugar and fat content of school breakfasts. The use of whole-grain cereal and fresh produce is prioritised and traditional foods from the Mexican diet, rich in micronutrients, are emphasised. Nutrition education for children and parents (who volunteer in meal preparation) accompany the meals.¹⁴

In **Brazil**, the national school feeding programme¹⁵ places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables, regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law¹⁶ limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks.

Example SMART commitments to translate the ICN2 Framework for Action into effective policies addressing NCDs, overweight & obesity

ICN2 Framework for Action Recommendation*	Example SMART Commitment**	Case studies
2: <i>Develop – or revise, as appropriate – and cost National Nutrition Plans, align policies that impact nutrition across different ministries and agencies, and strengthen legal frameworks and strategic capacities for nutrition.</i>	(Double-duty action) The Ministry of Health, with input from the Ministries of Agriculture, Education, Commerce and Social Protection, and in consultation with civil society, develops (or revises) and costs National Nutrition Plans by December 2017.	Brazil: the 1st National Food and Nutrition Security Plan 2011-2015 ¹⁷ aims to ensure access to adequate food and to reduce poverty while also addressing NCDs, overweight & obesity through reformulation, marketing restrictions and inter-sectoral governance. The 2nd National Food and Nutrition Security Plan 2016-2019 ¹⁸ maintains this focus on malnutrition in all its forms, including NCDs, and aims to promote and protect healthy diets through regulatory (e.g. marketing restrictions of ultra-processed foods in schools, mandatory sodium reformulation) and educational measures (e.g. public health campaigns on health and adequate diets). Malaysia: the 3rd National Plan of Action for Nutrition 2016-2025 (NPANM III) (forthcoming) adopts a whole-of-government approach, addressing all forms of malnutrition, from undernutrition to nutrition-related NCDs, and includes NCD-related indicators such as prevalence of hypertension and hypercholesterolemia. Nordic Region (Denmark, Finland, Iceland, Norway, Sweden): the “Nordic Plan of Action on better health and quality of life through diet and physical activity” focuses on obesity prevention, particularly in children and adolescents. It promotes the development of collaborative monitoring of healthy eating, knowledge sharing on best practices, and research and development, supporting ongoing national nutrition initiatives to promote healthy eating and to prevent overweight. ¹⁹
8: <i>Review national policies and investments and integrate nutrition objectives into food and agriculture policy, programme design and implementation, to enhance nutrition sensitive agriculture, ensure food security and enable healthy diets.</i>	(Double-duty action) Head of State/ Government establishes and oversees a multisectoral governance structure comprising all relevant ministries to coordinate health and nutrition matters, including collaborative budgeting, by June 2017.	Brazil: the National Food and Nutrition Security Council (CONSEA) ²⁰ is a presidential advisory body that brings together civil society and government representatives, and advises the Interministerial Food and Nutrition Security Chamber (CAISAN, composed of approximately 20 ministries), and other government bodies. ²¹ CARICOM: active NCD Commissions exist in 9 of the 20 CARICOM member states, which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies, and to a varying degree civil society and the private sector. ²² Finland: the National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions, and composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade, and agriculture. ²³ Malaysia: the National Coordinating Committee on Food and Nutrition (NCCFN), chaired by the Deputy Director General of Health (Public Health) and in operation since 1994, consists of representatives of the Ministry of Health and other ministries (such as the Ministries of Education, Agriculture, Youth and Sport, Domestic Trade, Rural and Regional Development), ministerial agencies, universities, professional bodies, the food industry, and NGOs. ²⁴ Pacific Islands: the Pacific Non-Communicable Disease Partnership is formed by representatives of the Pacific Island governments and their agencies, Australia, New Zealand, USA, UN agencies, World Bank, and civil society; it aims to strengthen and coordinate capacity and expertise to achieve the global NCD targets. ²⁵

*The example SMART commitments do not suggest that they are the only policy solutions to implement the Framework for Action recommendations, nor does this brief suggest that the selected recommendations are the only recommendations of relevance to NCDs, overweight & obesity.

**In this brief, the general term “legislative body” is used in the example SMART commitments to refer to the law-making body of a government to account for different political systems and names of such bodies. The names of ministries are exemplary, and may be called differently depending on country context. The suggested timelines are exemplary and may vary depending on country context and capacity.

ICN2 Framework for Action Recommendation	Example SMART Commitment	Case studies
	<p>(Double-duty action) The legislative body, with input from the Ministries of Health and Agriculture, introduces a law to subsidise only those food products which comply with the national (or regional WHO) Nutrition Profile by June 2018.</p> <p>(Double-duty action) The legislative body passes a law to make \$X million available to provide financial incentives for the establishment of healthier retail outlets in underserved areas by December 2017.</p>	<p>Fiji: the excise duty on fruits, vegetables and legumes not locally grown was lowered to 0%, and the import tax for most varieties was decreased from the original 32% to 5% (exceptions: 32% import tax on tomatoes, cucumbers, potatoes, squash/pumpkin; 15% on coconuts, pineapples, guavas, mangosteen; 0% on garlic, onions).²⁶</p> <p>Finland: cheese entitled to EU subsidies under the School Milk Scheme has to adhere to limits on salt and fat content.²⁷</p> <p>UK: pregnant women and families with children under the age of 4 receive weekly vouchers to spend on healthy foods (milk, plain yoghurt, fresh and frozen fruit and vegetables).²⁸</p> <p>New York City: the Food Retail Expansion to Support Health Program (FRESH) offers financial and zoning incentives to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in underserved communities.²⁹</p> <p>USA: the Healthy Food Financing Initiative (HFFI) provides funds to US states to spend on programmes aiming to attract healthy retail to underserved areas.³⁰</p>
<p>9: <i>Strengthen local food production and processing, especially by smallholder and family farmers, giving special attention to women's empowerment, while recognising that efficient and effective trade is key to achieving nutrition objectives.</i></p>	<p>(Double-duty action) The legislative body passes a law requiring that X% of the national budget for meals served in government-run facilities (e.g. schools, prisons, hospitals, canteens of government agencies) is used to procure food from smallholder and family farms, up from Y%, by June 2018.</p>	<p>Brazil: the Food Acquisition Programme³¹ allows states, municipalities and federal agencies to buy food from family farms through a simplified public procurement procedure, while the ordinance on the National School Food Programme³² requires that 30% of the national budget for food served in the school meals programme must be spent on foods from family farms, prioritising those using agroecological methods.</p> <p>USA: the farm-to-school programme, housed in the US Department of Agriculture, supports food operators to use more fresh local foods in school cafeterias through grant making, training, technical assistance and research, resulting in 42% of school districts participating in the programme.³³</p>
<p>14: <i>Encourage gradual reduction of saturated fat, sugars and salt/sodium and trans-fat from foods and beverages to prevent excessive intake by consumers and improve nutrient content of foods, as needed.</i></p>	<p>(Double-duty action) The legislative body, with support from the Ministries of Health and Finance, introduces a 20% (or higher) excise tax on all sugary drinks by December 2018.*</p>	<p>Barbados: a 10% excise tax is applied to imported and locally produced sugary drinks, energy drinks and juice, with revenues directed to the health sector.³⁴</p> <p>Belgium: a €0.068/litre excise tax is applied to all soft drinks, and any substance intended for the use of manufacturing soft drinks is subject to an excise duty (liquid: €0.41/litre; powder: €0.68/kg).³⁵</p> <p>Hungary: soft drinks, including sugar- and artificially-sweetened beverages and energy drinks, are taxed at \$0.24 per litre.³⁶</p> <p>Mauritius: an excise tax is applied on the sugar content of soft drinks (in 2015, \$0.03 per gram of sugar).³⁷</p> <p>Mexico: a 10% excise tax (1 peso per litre) is applied to sugary drinks.³⁸</p> <p>St. Helena: an excise duty of £0.75 per litre is applied to carbonated drinks containing ≥ 15 grams of sugar per litre.³⁹</p> <p>Tonga: soft drinks containing sugar or sweeteners are taxed at 1 Tonga Pa'anga/litre (around \$0.50/litre).⁴⁰</p> <p>USA: in the city of Berkeley, sugary drinks are subject to an excise tax of \$0.01 per fluid ounce, and the Navajo Nation levies a 2% tax on sugar-sweetened beverages (and other nutrient poor foods high in sugar, salt and fat).⁴¹</p>

*Taxes on sugar-sweetened beverages were announced in the 2016 budgets of Ireland and South Africa (both to be implemented by 2017) as well as the UK (to be implemented by 2018).

ICN2 Framework for Action Recommendation	Example SMART Commitment	Case studies
	<p>The legislative body, with input from the Ministries of Health and Commerce, passes a law introducing maximum levels of salt permitted in specific food categories by June 2018, with a phased implementation to be completed by December 2020.</p>	<p>Argentina: mandatory maximum levels of sodium exist for meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods.⁴²</p> <p>Bulgaria: mandatory maximum salt levels exist for breads, milk products, lutenica (vegetable relish on tomato base), and meat and poultry products.⁴³</p> <p>Greece: mandatory maximum levels of salt permitted in bread, tomato juice and tomato concentrates/purees have been in place since 1971.⁴³</p> <p>Paraguay: wheat flour used in widely consumed breads and farinaceous products may not exceed 1.5g salt per 100g.⁴⁴</p> <p>South Africa: salt reduction targets exist for 13 food categories, in particular bread, with a stepped implementation approach to be completed by June 2019.⁴⁵</p>
	<p>The legislative body, with input from the Ministry of Health, passes a law requiring the elimination of trans fats in the food supply by June 2018, replacing trans fats primarily with unsaturated fats, implementation to be completed by December 2020.</p>	<p>Argentina: the trans fat content must not exceed 2% of total vegetable fats in oils and margarines, and 5% of total fat in all other foods.⁴⁶</p> <p>Denmark: the sale of products containing trans fats are prohibited, effectively banning its use in products sold in Denmark.⁴⁷</p> <p>Iran: the maximum permissible trans fat content in corn oil, palm oil, frying oil and mixed liquid oils is 2%.⁴⁸</p> <p>Singapore: the trans fat content in pre-packaged edible fats and oils for sale or for use as an ingredient in the preparation of foods must not exceed 2%.⁴⁹</p> <p>South Africa: the sale, manufacturing and importation of any oils or fats, alone or as part of processed foods, may not exceed 2g of trans fats per 100g of oil or fat.⁵⁰</p>
<p>15: Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.</p>	<p>The legislative body passes a law requiring food producers and retailers to provide a list of the nutrient content (at the minimum energy, total fat, saturated and trans fat, carbohydrates, sugars, protein, and sodium) of pre-packaged food products, even in the absence of a nutrition or health claim, to be implemented by December 2019.</p>	<p>Central American Integration System members (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua): the Central American Technical Regulation RTCA 67.01.60:10⁵¹, in force since 2012, requires the declaration of energy, total fat, saturated fat, carbohydrates, protein and sodium on pre-packaged foods except foods for children under 3. The Regulation is also applicable to alcoholic beverages in Costa Rica and Honduras.</p> <p>EU countries: EU Regulation 1169/2011 on the “Provision of Food Information to Consumers”⁵², passed in 2011, requires a list of the nutrient content of most pre-packaged foods to be provided on the back of the pack from 2016.</p> <p>Gulf Cooperation Council members (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE): the Gulf Standard Organization’s regulations GSO 9/2013 “Labelling of Pre-packaged Food Products”⁵³ and GSO 2233/2012 “Requirements of Nutritional Labelling” require the mandatory declaration of energy, fat, protein, carbohydrates and dietary fibre as well as added salt and micronutrients for all foods except for raw products such as fresh meat, fish, fruit and vegetables.⁵⁴</p> <p>Malaysia: the Guide on Nutrition Labelling and Claims (2010)⁵⁵, which reflects labelling legislation from 2003 and subsequent amendments, outlines the select categories of packaged foods which require nutrition labelling, including bread, dairy products, canned food, fruit juices, salad dressings, special-purpose foods for infants and small children (infant and follow-up formula, canned and cereal-based food) and foods which have been fortified or enriched with micronutrients. Energy, protein, carbohydrates and fat have to be declared, and soft drinks must additionally include the total sugar content on the nutrition label.</p>

ICN2 Framework for Action Recommendation	Example SMART Commitment	Case studies
<p>16: <i>Establish food or nutrient-based standards to make healthy diets and safe drinking water accessible in public facilities such as hospitals, childcare facilities, workplaces, universities, schools, food and catering services, government offices and prisons, and encourage the establishment of facilities for breastfeeding.</i></p>	<p>(Double-duty action) The Ministries of Education and Health develop nutrition standards for public schools adhering to WHO recommendations by June 2017, and ensure implementation in schools by December 2018.</p>	<p>Iran: the “Guideline for healthy diet and school buffets” includes a list of healthy and unhealthy foods based on their content of sugar, salt, fat, and harmful additives, and guidance on proper food preparation and catering as well as maintenance of the physical environment in which food is prepared.⁴⁸</p> <p>Jordan: the Ministry of Health has set food standards regulating which foods may be sold to students in school canteens as part of the National School Health Strategy 2013-2017.⁴⁸</p> <p>Mauritius: unhealthy snacks and soft drinks, including diet soft drinks, are banned from canteens of pre-elementary, elementary and secondary schools.⁵⁶</p> <p>Slovenia: school meals must follow dietary guidelines as set out by Slovenia’s School Nutrition Law, complemented by a list of foods that are not recommended, and recipe books.⁵⁷</p>
<p>20: <i>Build nutrition skills and capacity to undertake nutrition education activities, particularly for front line workers, social workers, agricultural extension personnel, teachers and health professionals.</i></p>	<p>(Double-duty action) The Ministries of Education and Health incorporate food and nutrition literacy, including on nutrition-related NCDs, in the mandatory school curriculum by developing (or revising) and disseminating course materials by June 2018.</p>	<p>Japan: the Basic Law on Shokuiku (Shoku = diet, iku = growth and education) promotes dietary education, including in schools and nursery schools.⁵⁸</p> <p>Slovenia: mandated by the national nutrition policy, nutrition education in primary schools is mainly delivered through science subjects, but also in home economics, and is designed to both aid knowledge and skills acquisition.⁵⁹</p> <p>Vietnam: the Ministry of Education and Training is responsible for incorporating nutrition education into the school curriculum at all levels and provides capacity building for teachers as part of the Vietnam National Nutrition Strategy 2011-2020.⁶⁰</p>
<p>26: <i>Improve the integration of nutrition actions into health systems through appropriate strategies for strengthening human resources, leadership and governance, health system financing and service delivery, as well as the provision of essential medicines, information and monitoring.</i></p>	<p>(Double-duty action) The Ministry of Health provides training on nutrition counselling, including for NCD prevention, to X% of community health workers and other front-line health workers, up from Y% by June 2019.</p>	<p>Brazil: based on the 2012 “Brazilian Breastfeeding and Complementary Feeding Strategy”, 18,125 health professionals as well as 3,400 tutors were trained by 2015 to support the promotion of breastfeeding and healthy complementary feeding in primary care, and a distance learning course in breastfeeding and complementary healthy feeding was established by the Ministry of Health.⁶¹</p> <p>South Africa: the standardised curriculum to train community health workers contains a mandatory lesson on healthy lifestyle and eating⁶², providing information on overweight & obesity, NCDs and undernutrition, as well as how nutrition affects health.⁶³</p>

ICN2 Framework for Action Recommendation	Example SMART Commitment	Case studies
<p>29: <i>Adapt and implement the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.</i></p>	<p>(Double-duty action) The legislative body incorporates the International Code of Marketing of Breastmilk Substitutes and WHO Guidance on inappropriate marketing of commercial foods for infants and children into national law by December 2017.</p>	<p>India: legislation requires that packaging of infant formula carries a conspicuous warning about the potential harm caused by artificial feeding on the central panel of the label.⁶⁴</p> <p>Iran: government controls the import and sale of breast-milk substitutes. Formula is only available by prescription and must carry a generic label (no brand names, pictures or promotional messages are allowed).⁶⁴</p> <p>Papua New Guinea: the sale of feeding bottles, cups, teats and dummies is strictly controlled, and there is a ban on advertising these products as well as breast-milk substitutes.⁶⁴</p>
	<p>(Double-duty action) The Ministry of Health mandates that all maternity facilities fully practice the Ten Steps to Successful Breastfeeding (WHO-UNICEF Baby-Friendly Hospital Initiative) by June 2017.</p>	<p>China: more than 7,000 hospitals are ‘baby-friendly’, accounting for one third of baby-friendly hospitals in the world.⁶⁵</p> <p>New Zealand: all maternity services are required to achieve and maintain Baby-Friendly Hospital Initiative accreditation, resulting in 99.85% of infants born in ‘baby-friendly’ facilities.⁶⁶</p> <p>Sweden: all maternity hospitals are ‘baby-friendly’.⁶⁷</p>
<p>38: <i>Provide dietary counselling to women during pregnancy for healthy weight gain and adequate nutrition.</i></p>	<p>(Double-duty action) The Ministry of Health mandates that dietary counselling of prospective mothers (and fathers) is part of the standard counselling provided during regular pregnancy checkup appointments at maternity clinics by June 2017.</p>	<p>Finland: nutrition guidance by public health nurses is provided free of charge on a mandatory basis as part of antenatal care, and during appointments at child health clinics post-partum.⁶⁸ Nutrition counselling is tailored to the family’s needs and targets both parents,⁶⁹ and is based on the 2016 Food Recommendations for Families with Children⁷⁰ of the Finnish National Institute for Health and Welfare.</p> <p>Mexico: the Integrated Nutrition Strategy (ESIAN) includes individual counselling to pregnant women and mothers of children under 5 and the distribution of micronutrient supplements, and promotes breastfeeding and appropriate complementary feeding, as well as linear growth.⁷¹</p> <p>South Africa: the Integrated Nutrition Programme, part of primary health care, focuses on children under 6, pregnant and lactating women as well as people living with chronic diseases. It includes protocols and guidelines on nutrition education and counselling.⁷²</p>
<p>40: <i>Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations.</i></p>	<p>The Ministry of Health, in collaboration with the Ministries of Education, Information, and Family Protection and Social Services, sets mandatory regulations that restrict the commercial promotion of unhealthy foods to children in settings where children gather (e.g. preschools, schools, afterschools, day-care, sport and cultural events) by September 2017.</p>	<p>Chile: the 2012 Law of Nutritional Composition of Food and Advertising bans the promotion, marketing, or advertising of foods high in salt, sugar and saturated fat content in preschools, primary and secondary schools.⁷³</p> <p>Poland: the 2006 Act on Food and Nutrition Safety prohibits the sale, advertising and promotion of foods in preschools, primary and secondary schools that do not meet nutrition standards set by the Ministry of Health.⁷⁴</p> <p>Spain: the 2011 Law on Nutrition and Food Safety mandates that kindergartens and schools must be free from advertising. Food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns must adhere to criteria developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and regional health authorities.⁷⁵</p> <p>Uruguay: law no. 19.140 on “Healthy foods in schools”, adopted in 2013, prohibits any kind of advertising and marketing of foods and drinks in schools that don’t meet nutrition standards set by the Ministry of Health.⁷⁶</p>

ICN2 Framework for Action Recommendation	Example SMART Commitment	Case studies
	<p>The legislative body, with input from the Ministries of Health, Commerce and Communications, bans the marketing of foods high in fat, sugar and salt to children under 16 on non-broadcast media by June 2018.</p>	<p>Brazil: any kind of ‘abusive publicity’ aimed at children and adolescents below 18 is prohibited, which encompasses food marketing on any communication channel (incl. internet and apps) and child-directed marketing techniques (incl. child language, children’s songs, child representation, people or celebrities that appeal to children, comics or animations, dolls or puppets, promotions using prizes, collectible gifts, competitions or games that appeal to children).⁷⁷</p> <p>Chile: the 2012 Law of Nutritional Composition of Food and Advertising restricts advertising directed to children under the age of 14 of foods high in salt, sugar and saturated fat content on websites directed to children. The law also bans promotional marketing strategies and incentives that could attract the attention of children, such as cartoons, animations, interactive games, apps, toys, gifts and competitions.⁷³</p> <p>South Korea: internet advertising of food to children and adolescents under 18 may not include “gratuitous” incentives (e.g. free toys).⁷⁸</p>
<p>41: Create a conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life.</p>	<p>The Ministries of Education and Sport, together with the Ministry of Health, introduce, or increase, time allocated to physical activity in the mandatory school curriculum from X hours to Y hours per week by June 2017.</p>	<p>Australia: the Australian Curriculum specifies the skills and competencies that need to be acquired in physical education and health classes; to achieve these goals, the Australian Curriculum, Assessment and Reporting Authority (ACARA) sets 80 hours per year, or 8% of class time, as a notional guideline. States and schools are allowed to set their own requirements on allocated hours to sports to suit their particular circumstances to reach the prescribed physical activity and health competencies.⁷⁹</p> <p>Switzerland: based on the 2012 Law on Sport Promotion, the Federal Office of Sport, in consultation with district governments, set the minimum number of physical education lessons in elementary and secondary schools at three hours per week.⁸⁰</p>
	<p>The Ministries of Transport and Infrastructure, together with the Ministry of Health and local government, increase the kilometres of protected bicycle lanes in cities from X% to Y% by June 2020.</p>	<p>Germany: based on the National Bicycle Traffic Plan 2013-2020, the Federal Ministry of Transport, Traffic and Digital Infrastructure is responsible for building bicycle lanes along national roads, and acts as moderator, coordinator and promoter of bicycle use to support states’ and municipalities’ capacity and construction efforts.⁸¹</p> <p>Netherlands: the Dutch government supports municipalities’ bicycle policies by providing funding (e.g. a total of €350 million to build bicycle parking at train stations), capacity building, and ensuring that national legislation favours the use of bicycles (e.g. traffic and building regulations).⁸²</p>
	<p>The Ministries of Sport and Education, together with the Ministry of Health and local government, provide free weekly physical activity classes to children and adolescents by June 2020, ensuring at least 50% of classes are held in low-income areas.</p>	<p>Brazil: the Health Academy programme (Academia da Saúde, formerly Academia da Cidade) is present in around 400 cities across Brazil in often poor and dangerous neighbourhoods, providing safe public spaces with infrastructure and equipment as well as free physical activity classes led by qualified instructors. The programme is integrated with the public primary care system.⁸³</p> <p>Colombia: based on the national physical activity programme 2003 by Coldeportes, the Colombian department responsible for sport, public health and physical activity professionals are trained to deliver community-based programmes, and free physical activity classes are offered in parks, plazas and community centres. The programme is complemented by ‘open street’ programmes whereby streets are closed for citizens to be used for walking, biking and other activities.⁸³</p> <p>Switzerland: Youth + Sport is a collaborative programme between national government, districts, sport federations and local sports associations, providing affordable sports classes and camps in 70 disciplines to children and adolescents nationwide.⁸⁴</p>

- ¹ Specific policy recommendations to address overweight & obesity and nutrition-related NCDs are also set out in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 (http://www.who.int/nmh/events/ncd_action_plan/en/; accessed on 18/04/2016), and the Final Report of the WHO Commission on Ending Childhood Obesity (2015) (<http://www.who.int/end-childhood-obesity/final-report/en/>; accessed on 18/04/2016).
- ² World Health Assembly Res. 65.6: Comprehensive implementation plan on maternal, infant and young child nutrition (2012) (http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R6-en.pdf; accessed on 18/04/2016).
- ³ World Health Assembly Res. 66.8: WHO Global Monitoring Framework for the Prevention and Control of Non-Communicable Diseases (2013) (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_8-en.pdf?ua=1; accessed on 18/04/2016).
- ⁴ Policy coherence is the “systematic promotion of mutually reinforcing policy actions across government departments and agencies creating synergies towards achieving the agreed objectives”; cited from: OECD Observer, Policy coherence: Vital for global development, Policy Brief, July 2003 (<http://www.oecd.org/pcd/20202515.pdf>; accessed on 18/04/2016).
- ⁵ More research is required in the area of double-duty actions. WHO, FAO, governments and donors need to invest in research to expand the evidence base in this area.
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About World Cancer Research Fund International and NCD Alliance

World Cancer Research Fund International is the world's leading authority on the link between diet, weight, physical activity and cancer, working collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other NCDs.

NCD Alliance unites 2,000 civil society organisations in more than 170 countries, dedicated to improving NCD prevention and control worldwide. The mission of NCD Alliance is to unite and strengthen civil society to stimulate collaborative advocacy, action and accountability.



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