# From *What* to *How*

## The role of double-duty actions in addressing the double burden

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**Key messages**

- Data on, and knowledge of, the different forms of malnutrition have grown, but the resources to address them have not grown in the same proportion.
- Double-duty actions are a potentially cost-effective way of reducing the risk of both nutrient deficiencies and overweight and obesity and nutrition-related noncommunicable diseases at the same time.
- Delivering double duty requires a change of mindset from thinking about different forms of malnutrition as separate problems with separate solutions to implementing actions with the goal of improving nutritional status overall, for now and in the future.
- As a first step, all countries and stakeholders should look to where they are already allocating resources to tackle malnutrition and assess how these policies, programs and actions can work double duty.

The world has known about the double burden of malnutrition for a long time. The question now is: what do we do about it? And *how*? On the 'what,' there is no shortage of solutions to the various manifestations of malnutrition, whether it's about treating children who are underweight for their age or not growing properly, tackling micronutrient deficiency and underweight among adults, or addressing obesity and other diseases and conditions associated with eating an unhealthy diet. Globally and nationally, there is increasing recognition of the need to address the different forms. The Sustainable Development Goals call for an end of malnutrition in *all* its forms. At a national level, 84% of countries are now reported to have targets for adult overweight and obesity alongside targets for undernutrition (e.g., 58% of countries have targets for stunting).[1] More countries have developed action plans designed to address the double burden. Tanzania's National Multisectoral Nutrition Action Plan (2016–21), for example, is designed to do "double action" to "address both undernutrition and the prevention and control of the burden of diet-related noncommunicable diseases (NCDs) such as overweight and obesity."[2]

> "As the recognition of the different forms of malnutrition has grown, the financial resources available have not"

But there is a challenge here: as the recognition of the different forms of malnutrition has grown, the financial resources available have not. In the case of Tanzania, it is reported that just 40% of the program costs in the plan are funded – and the parts of the plan focusing on obesity and NCDs are not.[1] Overall, it is not at all clear *if* and *how* actions designed to address overweight and obesity are costed in national nutrition plans in double-burden countries.[3] To some extent, this is a matter of prioritization. As put by the Scaling Up Nutrition Movement, "where prioritization is present within a [nutrition] plan, implementation can be more clearly directed and the costing process is more realistic."[3] In this framing, it makes sense that a country like Ethiopia – with a 51% stunting rate in 2005 – would allocate far more to undernutrition.[4] In 2008, three of the country's top budget allocations to nutrition were nutrition in social protection (US$89.7 million), nutrition-sensitive agriculture ($43.0 million) and school nutrition (US$36.4 million).[5] In contrast, there was no budget for improving the delivery of services for nutrition-related NCDs. Likewise, it makes sense that in 2016, the largest single overseas development donor to nutrition-related NCDs was the government of Australia (US$ 8.7 million in 2016), since it largely funds programs in the Pacific Islands where the burden of obesity and diabetes is among the highest in the world.[6]

But this is where double-duty actions come in. For if history is anything to go by, Ethiopia's obesity problem will only get worse.[7] The Pacific Islands were not always, after all, plagued by

Children in Ethiopia, where tackling undernutrition is a budget priority

these conditions. While undernutrition has been around a long time, the 'nutrition transition' to obesity and nutrition-related NCDs is creeping up everywhere. We only have to look to Latin America to see how treating the 'two sides' of the double burden as separate issues allowed this to happen.

"The 'nutrition transition' to obesity and nutrition-related NCDs is creeping up everywhere"

This struck me forcefully back in 2005 when attending the United Nations System Standing Committee on Nutrition (UNSCN) conference on the double burden of malnutrition. The 10th Abraham Horwitz lecture that year – a lecture with the goal of mentoring young talent – was given by the now leading Chilean epidemiologist, Dr Camila Corvalán. Latin America, she said, was doing "nothing or next to nothing" to respond to the nutrition transition.[8] Moreover, she said, "programs which in the past were successful in decreasing nutritional deficiencies may unintentionally contribute to the increasing obesity rates if they are not adequately adapted." Citing evidence from an article published in 2002 by Professors Ricardo Uauy and Juliana Kain,[9] she described how the Chilean National Nursery Schools Council Program (JUNJI) established in 1971 to provide food (along with childcare) to address undernutrition, was likely culpable in overfeeding. But, she noted:

> *"Increasing food security need not imply increasing obesity. In fact, if we take a different perspective, nutrition-assistance programs can become a central and promising way to respond to the challenges associated with the nutrition transition if the energy and micronutrient content of the food is carefully determined and physical activity and healthy behaviors are encouraged. [This represents] a more cost-effective alternative than starting from zero because they already have material and human resources that ensure their functioning."*[8]

And that's exactly what double-duty actions seek to do: maximize the benefits of existing efforts and minimize the risks to simultaneously tackle both nutrient deficiencies and overweight and obesity/diet-related (DR) NCDs.[10,11] Key to the idea is to build on the human and material resources already available. If we go back to Ethiopia again, we can see how this could play out in practice: three of the country's top spending priorities – nutrition in social protection, nutrition-sensitive agriculture and school nutrition – could be tweaked to act double duty.[5] Taking the case of school nutrition, programs that supply in-school meals, snacks, or take-home rations could be designed to address all forms of malnutrition: sufficient in energy, rich in micronutrients, but mod-

Wall art from a street in Colombia

erate in fats, sugars and salt.[12,13] Yet at the moment, it is reported that school feeding programs in low- and middle-income countries rarely set standards for nutritional quality from an NCD perspective, and do little to address the growing availability of junk food sold around schools.[14,15] The fact this did not happen earlier in North America and Europe left these countries scrambling around to introduce school food standards when it was too late.

In the case of social protection, examples from Latin America indicate that adding in effective educational and behavior change components, and taking action simultaneously to make junk food less easily available and appealing, could make them doubly effective – and indeed, without this, they may present risks for obesity.[16] Agricultural development programs, too, could bring positives for the double burden, given that they can improve household and individual access to nutrient-rich foods.[17] But they would need to be tailored to this goal and the growth of unhealthy food environments tackled as part of the same package. Other obvious candidates for double duty include actions to protect and promote breastfeeding (since it brings benefits for undernutrition, obesity and NCDs) and to improve early child nutrition (since they benefit undernutrition at the time and obesity and NCDs later in life).[18]

“What these actions do is to leverage the common causes of the double burden”

What these actions do is to leverage the common causes of the double burden. That there are common causes has been known a long time, as highlighted by Dr Corvalán back in 2005. Even further back, in 1992, a paper prepared for the International Conference on Nutrition noted that improvements in nutritional problems associated with both insufficiency and excess will depend on “people having access to a variety of safe affordable foods, understanding what constitutes an appropriate diet and knowing how to best meet their nutritional needs from available resources.”[19]

Double-duty actions aim to tackle the deadly combination of insufficiency overlapping with excess. For while people may suffer the disadvantage of excess, they are not necessarily getting enough micronutrients or foods known to support good health.[6] As reported in the 2018 Global Nutrition Report this year, the proportion of babies who are exclusively breastfed still only stands at 41%, while sales of infant formula are growing rapidly.[1] Fewer than one in five children (16%) aged 6 to 23 months eat a minimally acceptable diet. One-third (33%) of school-aged children do not eat any fruit daily, yet 53% consume soda every day. Adults are eating too many refined grains and sugary foods and drinks, and not enough fruits, vegetables, legumes and whole grains.

There is a lot of work to do, and the double-duty idea centers on the belief that it is more efficient to deal with the problems together. This framing does not preclude prioritization – it means simply that priority actions are designed to deliver more.

A participant in the Goroka Show, Papua New Guinea.
What do we do about the double burden – and *how*?

Nor does it apply only to the combination of nutritional deficiencies with obesity and nutrition-related NCDs, but also to the overlap between any forms of malnutrition, such as wasting and stunting.[20]

"Acting double duty is not rocket science – it is common sense"

Acting double duty is not rocket science – it is common sense. Fortunately, we are beginning to see signs that this more holistic vision is being translated into planning. For example, the Action Plan to Reduce the Double Burden of Malnutrition (2015–20) in the WHO Western Pacific Region is based on the recognition that there are common conditions that could improve both aspects of the double burden.[21] But delivering change in practice will be tough, for it will require a change in the way we work: policies and practices will need to focus less on tackling a specific form of malnutrition and focus more on improving nutritional status overall, for people and populations, for now and into the future.

So, in answer to the question 'What do we do about the double burden – and how?' there is a clear first step. All countries and stakeholders should look to where they are already allocating resources to tackle malnutrition and should assess how these policies, programs and actions can work double duty. What do you have to lose?

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