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National Nutrition Strategy

Position paper

Dietitians Australia position

There is an urgent need for the Federal Government to update the 1992 National Food and Nutrition Policy into an up-to-date National Nutrition Strategy with a well-resourced, co-ordinated, evidence-based and strategic action plan.

Summary

Unhealthy eating patterns are now the leading preventable risk factor contributing to the burden of disease globally and are a leading risk factor contributing to cardiovascular disease, diabetes, some cancers, dental disease and many other conditions in Australia. There is broad agreement on, and a strong evidence base describing, the most cost-effective nutrition policy actions required to support healthier, more equitable and sustainable eating patterns amongst Australians. However, relatively little is being done to address this problem and there is an urgent need for the development and implementation of a comprehensive, multi-faceted and co-ordinated response, which will require an overarching National Nutrition Strategy and accompanying well-resourced Action Plan.

Dietitians Australia, along with the Public Health Association of Australia, Nutrition Australia and the Heart Foundation, calls for the Australian Government to update the 1992 National Food and Nutrition Policy into an up-to-date National Nutrition Strategy with a well-resourced, co-ordinated, evidence-based and strategic action plan. Such a strategy would align with the draft National Preventive Health Strategy where the need for food and nutrition action guided by a specific policy document is acknowledged. It would also be an essential component of the National Obesity Prevention Strategy and National Breastfeeding Strategy and would deliver multiple complementary benefits in terms of health, the economy, equity and environmental sustainability.

A 1/8 Phipps Close, Deakin ACT 2600 | **T** 02 6189 1200
E info@dietitiansaustralia.org.au | **W** dietitiansaustralia.org.au
Dietitians Association of Australia | ABN 34 008 521 480

Dietitians Australia
The Leading Voice of Nutrition

Contents

Public health issue

1. Optimum nutrition is fundamental to good health throughout life. It is essential for the best possible growth and development of infants and children, contributes significantly to quality of life and well-being, resistance to infection and protection against chronic diseases and premature death and disability.[1, 2]
2. However, unhealthy eating patterns are responsible for more preventable deaths globally than any other risk factor, including tobacco smoking.[3]
3. There is increasing evidence that unhealthy eating patterns are driven by food systems that create unhealthy food environments, encourage unhealthy eating and undermine effective translation of evidence-based dietary guidelines into policy and practice.[4-7]
4. Since 1992, there has been no National Nutrition Policy in Australia. There is an urgent need for the Australian Government to update the 1992 National Food and Nutrition Policy into an up-to-date National Nutrition Strategy with an accompanying well-resourced, co-ordinated and evidence-based action plan.
5. Strategic government leadership is essential for policies and programs to support public health initiatives and community based interventions.[8, 9] A coordinated 'whole-of government' approach is required to support national, state and local governments to work together with non-government organisations and civil society to tackle unhealthy food environments, reduce the incidence and prevalence of preventable, diet-related health problems and promote health and wellbeing.[10]
6. Such a strategy and action plan also need to align with the World Health Organization (WHO), United Nations Standing Committee on Nutrition (UNSCN) and the Food and Agriculture Organization's (FAO) food and nutrition policy recommendations.
7. A National Nutrition Strategy would also need to align with the draft National Preventive Health Strategy[11] and would also be an essential component of the National Obesity Prevention Strategy[12] and National Breastfeeding Strategy.[13] It would deliver multiple complementary benefits in terms of health, the economy, equity and environmental sustainability.

Background and Priority

Role of nutrition in health

8. The International Congress on Nutrition declared "Food is the expression of values, cultures, social relations and people's self-determination, and the act of feeding oneself and others embodies our sovereignty, ownership and empowerment. When nourishing oneself and eating with one's family, friends and community, we reaffirm our cultural identities, our ownership over our life course and our human dignity. Nutrition is foundational for personal development and essential for overall well-being".[8]
9. Despite the importance of nutrition for health and well-being, unhealthy eating patterns are now the leading preventable risk factor contributing to the burden of death and disease globally, including for Australia.[3, 14]
10. In Australia, 38% of the burden of disease is preventable. This includes overweight and obesity (8.4%), dietary risks (5.4%), high blood pressure (5.1%) and alcohol use (4.5%).[15]

11. According to the Global Burden of Disease study,[16] unhealthy eating contributed to more than 28,000 deaths (almost 18% of total deaths) in Australia in 2015. This was closely followed by high blood pressure for which unhealthy eating is a significant risk factor.
12. Prevalence of key preventable conditions and risk factors influenced by the excessive availability, affordability, marketing and consumption of unhealthy foods and drinks in Australia include:[17, 18]
    a. 67% of adults (12.5 million) are either overweight or obese
    b. 34% of adults (6 million) have measured high blood pressure (≥ 140/90 mm Hg) or are taking medication for hypertension
    c. 10% of adults (1.7 million) have biomedical signs of chronic kidney disease
    d. 1.2 million Australian adults have diabetes
    e. 1.2 million Australians have heart, stroke and vascular disease
13. If it was easier for Australians to enjoy healthy foods and drinks consistent with the National Health and Medical Research Council (NHMRC) Australian Dietary Guidelines[2] the disease burden amongst the community would be reduced by 62% for coronary heart disease, 34-38% for stroke, 41% for type 2 diabetes, 37% for mouth, pharyngeal and laryngeal cancer, 22-29% for bowel cancer, 20% for oesophageal cancer, 12% for prostate cancer, 8% for lung cancer and 2% for stomach cancer.[18-20]
14. Nationally, less than 1% of the population report eating patterns consistent with the Australian Dietary Guidelines[21] In 2017-2018, 89% of women, 93% of girls, 96% of men and 95% of boys did not eat the recommended number of serves of vegetables.[20] More than 35% of energy intake in adults and more than 39% of energy intake in children is derived from unhealthy foods and drinks (those that are highly processed, not required for health and are high in added sugar, saturated fat, salt and/or alcohol).[2, 18, 20] Australian families are now spending 58% of their food budget on such unhealthy foods and drinks.[22]

Economic cost of unhealthy eating

15. In 2015-2016, an estimated $1.4 billion of healthcare expenditure was attributable to insufficient vegetable intake.[23]
16. Unhealthy eating patterns are a major contributor to the estimated $8.6 billion (in 2014-15 dollars) in annual health care costs and lost productivity from overweight and obesity in Australia.[24]
17. In 2015-2016 the estimated direct health care costs associated with cardiovascular diseases which are impacted by unhealthy eating patterns was $10.4 billion or 8.9% of total health care expenditure.[25]
18. At the same time, the estimated cost of diabetes to the Australian economy was $14.6 billion.[26]
19. In 2020, the estimated financial cost of stroke to government, individuals, employers and the community in Australia was $6.2 billion. This was up from $5 billion in 2013. Lost wellbeing from long-term disability and premature death was estimated to cost a further $26 billion.[27]

Causes of unhealthy eating patterns

Inequality

20. The risk of developing preventable diseases associated with unhealthy eating is not distributed equally among the population. Those groups who experience greater social disadvantage through relative lack of opportunity in education, employment, and income, suffer increased risk of malnutrition, food insecurity and diet-related chronic disease.[28, 29]

21. In 2012-13, compared with the non-Indigenous population, Aboriginal and Torres Strait Islander people were:[30-32]

    a. more than three times as likely to have diabetes
    b. twice as likely to have signs of chronic kidney disease
    c. twice as likely to have unhealthy blood fat levels
    d. more likely to have multiple diet-related chronic conditions
    e. twice as likely to have a heart attack
    f. 60% more likely to die of heart disease
    g. at least 5 times more likely to die of diabetes

22. Obesity rates for Aboriginal and Torres Strait Islander adults and children are significantly higher than comparable rates for non-Indigenous people in almost every age group.[30, 33] Aboriginal and Torres Strait Islander men are 40% more likely to be obese than non-Indigenous men, and Aboriginal and Torres Strait Islander women are 70% more likely to be obese than non-Indigenous women.[30, 34]

23. In 2017-18, Australian adults living in inner regional or outer regional and remote areas of Australia were more likely to be overweight or obese (72.4 and 72.2% respectively) compared with adults living in major cities (65%). More adults living in areas of most disadvantage were overweight or obese (71.8%) compared with those living in areas of least disadvantage (62.6%).[35]

24. The inequality in premature mortality between the most and least advantaged, as well as between urban and rural and remote populations in Australia is widening.[36] Australians aged 25-44 years living in the poorest parts of Australia are twice as likely to die from coronary heart disease than those living in the wealthiest parts.[32] People living in remote and very remote Australia are 40% more likely to die of cardiovascular disease than people living in major cities. They are also 30% more likely to be hospitalised for cardiovascular disease.[37] If all Australians had the same rates of coronary heart disease as the most advantaged groups, we could prevent about 20% of coronary heart disease deaths and 30% of hospitalisations.[32]

25. Healthy foods cost at least 30% more in rural and remote areas of Australia than in capital cities.[30, 38-40]

26. Australia is a food secure nation with enough food for its population, but many citizens do not have enough food and regularly rely on emergency food relief.[41] In 2011-2012, 4.0% of people lived in households that had run out of food in the previous 12 months and could not afford to buy more.[17] This was even higher in Aboriginal or Torres Strait Islander people, with more than one in five (22%) reporting food insecurity.[42] The 1995 National Nutrition Survey reported higher levels of food insecurity in unemployed people (11.3%), than those in the bottom 30% of income earners (10.6%) and those on a government pension or benefit (9.0%). Among recently arrived refugees, 71% reported food insecurity.[1]

27. Breastfeeding is beneficial to the health and wellbeing of infants, mothers, families and society, and is the ideal food for infants and young child. The NHMRC recommend that infants are exclusively breastfed until around 6 months of age when solid foods should be gradually introduced, and that breastfeeding be continued until 12 months of age and beyond, for as long as the mother and child desire.[43, 44]

28. While Australia's breastfeeding initiation rate is generally high at 96%, the majority of mothers cease exclusive breastfeeding earlier than recommended.[45, 46] In 2017-2018, 92% of children aged 0-4 years had received breastmilk at some stage, but only 61% were exclusively breastfed to at least 4 months, and 29% to at least 6 months.[47] Further, 64% of children in two parent families were exclusively breastfed to at least 4 months of age, compared with 46% in one-parent families. Additionally, 53% of infants in the lowest income areas compared with 70% of infants in the highest income areas were exclusively breastfed to at least 4 months of age. [47]

Environmental sustainability

29. Dietary intake is affected by the available food supply, which in turn is affected by the environment. [48-51] Current food systems have contributed to environmental degradation and inequitable food distribution, overconsumption of foods in general (especially unhealthy foods) and food waste. There is increasing evidence that the types of foods that minimise environmental impacts, are those associated with optimum health and well-being.[48, 49] Consequently, there are strong synergies between healthy eating patterns and minimal environmental impact and changes are needed to ensure a prosperous and ecologically sustainable food system in Australia.[2, 49]

30. The relationship between the food system and the climate is bidirectional. Each stage of the food system (production, processing, packaging, distribution, retailing, consumption and waste management) draws on a range of environmental inputs and these are returned in the form of greenhouse gases, waste-water, packaging and food waste, as well as land degradation and loss of biodiversity. A changing climate and poor environmental conditions also affect the food supply and food security, via factors such as decreased crop yield, availability and quality. This, in turn, adversely affects public health.[48]

31. Eating patterns consistent with the Australian Dietary Guidelines provide health benefits and also reduce the environmental impact associated with foods and drinks.[2] Conversely, sustainable eating patterns protect and respect biodiversity and ecosystems, and are culturally acceptable, accessible, economically fair and affordable. They are also nutritionally adequate, safe and healthy, and optimise the use of both natural and human resources.[8]

Commercial factors

32. Unhealthy eating patterns are also determined by commercial factors. Such 'commercial determinants of health' (CDH) have been defined as "strategies and approaches used by the private sector to promote products and choices that are detrimental to health".[52]

33. Three main areas of CDH include the production and promotion of unhealthy commodities, the use of business, market and political practices that are harmful to health, used to sell unhealthy commodities and ensure a favourable policy environment, and the practices of globalisation, trade agreements and market driven economies that facilitate such behaviour and promote ill-health.

34. Diet-related chronic disease prevention efforts should be targeted at these CDH and not just individual actions. Effective interventions include limiting the impact of commercial activities (eg corporate activity in marketing; lobbying; corporate social responsibility strategies and

activities along the food supply chain) that promote products and choices detrimental to population health.[53]

International recommendations for nutrition strategies

35. The World Health Organization (WHO) has called on member states to reduce the preventable and avoidable burden of morbidity, mortality and disability due to chronic disease. This requires multi-sectoral collaboration, cooperation and investment at national, regional and global levels. If chronic diseases are no longer a barrier to well-being or socioeconomic development, populations can reach high standards of health and productivity at every age.[5]
36. The WHO outlines a number of responsibilities for action by member states, which includes the formulation and promotion of national policies, strategies and action plans that facilitate healthy eating and physical activity.[54] The WHO Global Strategy on Diet, Physical Activity and Health identifies the crucial role of government in ensuring lasting change in public health and indicates the essential responsibility of health departments in coordinating and facilitating the contributions of other departments and agencies. It highlights the importance of marketing, fiscal and agricultural policies that empower communities to increase consumption of fruit, vegetables, legumes, whole grains and nuts, as well as the necessary provision of balanced and accurate information that enables healthy eating.[54]
37. The WHO's voluntary global targets for the prevention and control of non-communicable diseases (NCDs) encourages member states to strive for a halt in the rise of obesity and type 2 diabetes, a 30% relative cut in mean population intake of salt/sodium, and a 25% relative drop in the prevalence of high blood pressure.[5]
38. The WHO recommends "developing or strengthening national food and nutrition policies and action plans…"[5(p30)] to progress these voluntary global targets.
39. In 2015, the World Health Assembly backed the Rome Declaration on Nutrition[8] and a Framework for Action[55] recommending a series of policies and programmes across the health, food and agriculture sectors to address malnutrition in all its forms, including overweight and obesity. Governments, including Australia, had previously agreed to both documents at the Second International Conference on Nutrition (ICN2), organised by WHO and the Food and Agriculture Organization of the United Nations (FAO) in November 2014.
40. The World Health Assembly called on all governments to commit to policy changes and investments aimed at ensuring all people have access to affordable, acceptable, nutritious and more sustainable diets. Progress is to be reported every 2 years.[56]
41. Following advice from the World Health Assembly, in April 2016 the United Nations General Assembly proclaimed a UN Decade of Action on Nutrition from 2016 to 2025.[9] This proclamation provides an umbrella framework for aligning actions and galvanizing commitment by all member states to achieve the WHOs NCD targets, and the Global Targets to improve infant and young child nutrition. Sustainable food systems and nutrition are further recognised as a bedrock for achieving the Sustainable Development Goals, which includes Goal 2 Target 2.2 on ending all forms of malnutrition by 2030.[57]

National nutrition strategies and policies in Australia

42. Nationally, under Australia's Food and Nutrition Policy, developed in 1992, a range of guidelines have been established, including the Infant Feeding Guidelines for Health Workers,[44] the Australian Guide to Healthy Eating[58] and the Dietary Guidelines for Australians,[2] although the Dietary Guidelines are currently under review.[59]

43. However, in Australia there is a long history of development of strategies aimed at addressing and reducing the burden of preventable dietary related chronic disease that have had limited impact on halting the escalating rates of NCDs in the population.[60] For example, the Better Health Commission in the 1980s, Eat Well Australia in the late 1990s, the National Preventive Health Taskforce and associated National Preventive Health Strategy in the late 2000s, and the National Preventive Health Agency in the 2010s.

44. In the last 20 years, a range of government departments and bodies have called for or recommended the need for an up-to-date National Nutrition Strategy. These include the National Preventive Health Taskforce in 2008, the Department of Health and Ageing National Preventive Health Strategy in 2009,[61] the Australian National Preventive Health Agency between 2010 and 2014, and the Australian and New Zealand Food Regulation Ministerial Council Review of Food Labelling Law and Policy in 2011.[62]

45. The 2012 Federal budget included funding to develop the National Nutrition Policy. This was expected to take 2 years.[63] Following a tender process, in 2012, the Department of Health and Ageing commissioned a Scoping Study on such a policy. The study recommended the development and implementation of a contemporary, comprehensive National Nutrition Policy that aligned with international recommendations and provided an exemplar nutrition policy framework for government and non-government stakeholder action. However, the report was never enacted and was only released fully after a Freedom of Information request in March 2016.[63]

46. In 2013, the Department of Agriculture, Fisheries and Forestry developed and launched an Australian National Food Plan.[64] However, the plan was rescinded and archived on 19 July 2013. Whilst the plan aimed to integrate food policy by considering the food supply from paddock to plate, the final plan was found to favour the views of food retail, manufacturing and farming sectors, rather than the views of public health and civil society stakeholders. It also allocated over 90% of implementation funding for the predominantly commercially beneficial objectives of the plan.[65, 66]

47. Recent analysis of comparable OECD country nutrition policy actions has demonstrated a reliance on behaviour change strategies and individual responsibility consistent with neoliberal economic ideologies which has had little impact on addressing the burden of preventable diet-related chronic disease[60]. Action targeting the food environment, regulatory, legislative and fiscal reforms are necessary to drive the systemic transformation required to meet relevant global health and sustainable development goals.[53]

48. Following a Freedom of Information request, the Evaluation of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 was released in 2015. It showed that lack of co-ordinated governance and inadequate allocation of resources by the Australian Government compromised the capacity to drive implementation of the Strategy and Action Plan.[67] It is vital that a future National Nutrition Strategy learn from this evaluation, as well as the achievements and failures of all other previous initiatives and strategies from the past 40 years.

49. Currently, the Australian Government is developing a National Preventive Health Strategy, the draft of which acknowledges the need for food and nutrition action that is guided by a specific policy document.[11] Such a document would also be an essential component of the National Obesity Prevention Strategy[12] and would deliver multiple complementary benefits in terms of health, equity and environmental sustainability. However, without an associated action and implementation plan as well as necessary funding, these strategies are likely to have limited impact.

Current situation

50. A National Nutrition Strategy would aim to increase Australia's health, well-being and prosperity, improve nutrition, reduce inequality, support environmental sustainability and reduce the incidence and prevalence of diet-related diseases among all Australians.[63] A National Nutrition Strategy would provide an overarching framework for coordinated action to improve population diets across Australia.

51. Poor diets are driven predominantly by food environments that promote and continually encourage unhealthy eating; such food environments are influenced by political, economic, commercial, social and cultural factors as part of the broader food and nutrition system.[6]

52. There is an urgent need for co-ordinated evidence-based nutrition policy actions to be implemented in Australia; the 1992 National Nutrition policy needs updating and expanding so it aligns with recommendations from the WHO, the United Nations Steering Committee on Nutrition (UNSCN) and the FAO.

53. As the United Nations General Assembly identifies, strategic government leadership is essential for policies and programs to support health initiatives and community based interventions.[9, 55] A coordinated 'whole-of government' approach is required to enable national, state and local governments to work together with non-government organisations and civil society to reduce the incidence, prevalence and cost of diet-related disease and to promote health and wellbeing.[10]

54. A major finding of the scoping study for a new National Nutrition Policy was that regulatory and legislative reforms are the most cost-effective nutrition policy actions but are rarely included in national nutrition policies. Additionally, there are few examples of quality, multi-strategy, co-ordinated, inter-sectoral, evidence-based nutrition policies being implemented internationally.[60, 63] Given this, it is not surprising that rates of chronic diet-related conditions continue to increase globally.

55. While the influences on population diets and nutrition are complex, there are many potential leverage points, at different levels, for intervention in the food and nutrition system. There is also broad global consensus among the public health community on the multiple policy actions needed.[5, 9, 54-56]

56. It is clear that comprehensive action to improve population diets, and to do so equitably, needs to involve action at different levels and across a diversity of sectors, including agriculture, trade, food manufacturing, food retail, employment, education, social protection, health, housing, transport, and planning.[6, 68]

57. Recent research has applied the INFORMAS Healthy Food Environment Policy Index (Food-EPI) to assess national, state and territory government actions across 42 policy areas related to food environments, in order to benchmark the diet-related aspects of obesity prevention policies of Australia and compare them to international best practice.[69, 70] While results show that Australia is meeting best practice in the implementation of some policies, including food prices (no GST on basic foods), there are a number of areas where Australia is lagging significantly behind other countries in their efforts to address unhealthy eating and obesity. For example, healthy levies/taxes to increase the price of unhealthy foods (especially sugary drinks) and regulations to reduce exposure of children to excessive marketing of unhealthy food. State and Territory governments varied in their level of implementation of internationally recommended policies, especially around menu labelling regulations, support and training systems to help schools and other organisations to provide healthy foods. There was also variation in the establishment of independent statutory health promotion agencies

and mechanisms to incorporate population health considerations into all policy development processes. Greater national policy co-ordination and consistency is required, and the priority recommendation of the report was for Australia to develop a national strategy, funding and implementation plan for improving population eating patterns and nutrition.[69, 70]

58. In addition, current government policies do not adequately address inequities in population dietary intakes, with a current focus on actions that target the individual, rather than structural determinants of unhealthy eating patterns.[71] Population eating patterns are significantly shaped by commercial interests, with 77% of global processed food sales predominantly controlled by 100 large companies.[72] This disconnect between commercial gain and public health is a major barrier to policy adoption, implementation and accountability to enable safe and supportive food environments for healthy diets.
59. Policy making is rarely a rational or linear process in which evidence is used to assess the relative costs and benefits of options.[73] Rather, policy development is impacted by a range of factors including political constraints, resource constraints, resistance to change, vested interests and power imbalances.[74] However, recent experience with the international COVID-19 pandemic has shown the importance of following the advice of health experts and scientific evidence rather than preferencing commercial interests.
60. Recent investigation into the factors that drive political commitment for nutrition in order to inform the United Nations Decade of Action on Nutrition found that actors, institutions, political and societal contexts, knowledge, evidence, framing of arguments, as well as capacities and resources are critical factors.[75] In Australia, studies have identified opportunities to better influence decision making, such as through application of political science policy process theories.[76] Also, for policy change to occur, there needs to be political, organisational and/or public will for the proposed policy problem and solution.[77-80] Pressure from sections of the food industry,[77, 78] including political lobbying, shaping social norms and food demands through marketing and use of emotions and values, and public profile[77-80] are common barriers influencing this process. Nutrition policy systems analysis, indicates pervasive neoliberal ideologies, a lack of policy coherence across different sectors of government, as well as lack of consistency between government, community organisations and industry, are also common barriers influencing nutrition policy implementation.[76-80]
61. In 2017, more than 35 leading community, public health, medical and academic groups united under the Tipping the Scales campaign, to call for eight policy initiatives to prevent obesity in Australia.[81] These policy actions would be most effective if embedded within a comprehensive, evidence-based food and nutrition strategy.[63]

Policy options

62. The Scoping Study for a new National Nutrition Policy included the following recommendations:
    a. **Recommendation 1:** Four key principles should frame a National Nutrition Strategy in Australia:
        i. health;
        ii. equity;
        iii. Environmental sustainability; and
        iv. Monitoring, surveillance and evaluation.

b. **Recommendation 2:** A National Nutrition Strategy should be guided by the recommendations of the WHO for necessary policies and a framework for effective policy action developed by the United States Nutrition and Obesity Policy Research and Evaluation Network.

c. **Recommendation 3:** The development process for a National Nutrition Strategy should involve a broad range of stakeholders and enable all interested Australians to contribute. However, involvement of the food industry should be according to current WHO and PHAA Policy.[82, 83]

d. **Recommendation 4:** Development, implementation and evaluation of a National Nutrition Strategy should be underpinned by strong whole-of-government governance mechanisms with cross sectoral and expert representation.

e. **Recommendation 5:** A National Nutrition Strategy should set clear aims, goals, objectives and targets that are specific, measurable, achievable, realistic and timely.

f. **Recommendation 6:** A comprehensive, multi-strategy approach should be adopted that includes interventions to:

   i. improve the sustainable supply of healthy foods and drinks;

   ii. promote and ensure accessibility and affordability of healthy foods;

   iii. decrease the supply and promotion of unhealthy foods; and

   iv. evaluate and regularly review the strategy mix to determine effectiveness.

g. **Recommendation 7:** Develop a National Nutrition Implementation and Action Plan that includes capacity building initiatives and details funding and resourcing commitments from all levels of government.

h. **Recommendation 8:** A National Nutrition Strategy should be readily accessible to all stakeholders, should cover a 10 year period and be reviewed after the first 5 years.[63]

63. The Scoping Study for a new National Nutrition Policy also included an exemplar policy framework consistent with the recommendations, that included four goals:

    a. To increase the proportion of Australians eating dietary patterns consistent with the Australian Dietary Guidelines;

    b. To improve eating patterns and nutrition in vulnerable groups and reduce related health disparities;

    c. To secure an environmentally sustainable food and nutrition system that promotes health and wellbeing both now and into the future; and

    d. To implement effective, coordinated food and nutrition monitoring, surveillance and information systems, to track progress and inform the evidence base for policy and practice.[63]

64. Steps in the *development* of a new National Nutrition Strategy would be to:

    a. Develop a discussion paper informed by the Scoping Study and release it for public consultation. This paper would cover the rationale, vision, objectives and strategies for a National Nutrition Strategy and would be developed readily from the information available.

b. Assign funding and set up governance structures to develop a National Nutrition Strategy that prioritises new and includes existing government initiatives and uses a clear strategy to outline accountability.

c. Appoint an oversight group and engage external consultants to develop a National Nutrition Strategy in a similar fashion to the process used to develop the Australian Dietary Guidelines.

d. Release the draft National Nutrition Strategy for public consultation.

65. Steps in the *implementation* of a new National Nutrition Strategy;

a. Complete, release, fund and set up a National Nutrition Strategy through a ten-year implementation and action plan. This would outline the accountability and responsibility of all key stakeholders.

b. Identify long-term funding for continued investment and capacity to achieve long-term outcomes through a multi-strategy, multi-sectoral approach.

66. Steps in the *evaluation* of a new National Nutrition Strategy:

a. Commit to, and implement, a quality, ongoing food and nutrition monitoring and surveillance system to support the evaluation of a National Nutrition Strategy as well as its continued implementation and review.

b. Report key targets to the WHO and FAO as part of the response to the Rome Declaration, the United Nations 'Decade of Nutrition Action' and the WHO Voluntary Global NCD Targets.[5, 8, 9, 56]

67. A new National Nutrition Strategy would:

a. Address the high cost to governments and the community of the continually increasing rates of diet-related chronic diseases, including coronary heart disease, stroke, hypertension, atherosclerosis, some forms of cancer, Type 2 diabetes, dental caries and erosion, osteoporosis, some forms of arthritis and kidney disease, gall bladder disease, dementia, nutritional anaemias and infant failure to thrive.

b. Provide food and nutrition security for all Australians with a commitment to equitable action.

c. Promote sustainable eating patterns with low environmental impact.

d. Reflect the NHMRC's Australian Dietary Guidelines and their underpinning scientific evidence base and implement policy actions that support the guidelines. This would include more honest and easily understood food labelling, reduced advertising of, and relevant levies on, unhealthy foods and drinks.

e. Involve departments beyond health and consider the role of sectors such as agriculture and trade.

f. Be an essential component of the National Obesity Prevention Strategy[12] and be in alignment with the National Preventive Health Strategy[11] and National Breastfeeding Strategy.[13]

Recommended action

68. The Australian Government should:

a. Commission a discussion paper informed by the best available evidence for the purpose of commencing public consultation. This discussion paper should align with international (WHO, UNSCN, FAO) policy advice as well as national advice from the commissioned Scoping Study for a new national nutrition policy and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan Evaluation Report.[63, 67]

b. Allocate adequate funding and provide the structure to develop a National Nutrition Strategy and a National Nutrition Implementation Action Plan.

c. Commit to a comprehensive, ongoing national food and nutrition monitoring program to benchmark and assess Australia's food and nutrition system and to support evaluation of the policy and its strategies.

d. Report progress on key targets to the WHO and the FAO as part of the response to the Rome Declaration, the United Nations 'Decade of Nutrition Action' and the WHO Voluntary Global non-communicable disease targets.[5, 8]

e. Align a National Nutrition Strategy with the National Obesity Prevention Strategy, National Preventative Health Strategy and National Breastfeeding Strategy.

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