

# National Nutrition Strategy

## Policy Position Statement

**Key messages:** Strategic government leadership is essential for policies and programs to support health initiatives and community based interventions.<sup>1,2</sup> Since 1992, there has been no National Nutrition Policy in Australia. There is increasing evidence that unhealthy eating is 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.<sup>3-6</sup> 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, prevalence and cost of diet-related health problems and promote health and wellbeing.<sup>7</sup>

- Key policy positions:**
1. 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 a well-resourced, co-ordinated, evidence-based and strategic action plan.
  2. An up-to-date National Nutrition Strategy should be aligned with World Health Organization (WHO), United Nations Standing Committee on Nutrition (UNSCN) and the Food and Agriculture Organization (FAO) food and nutrition policy recommendations.
  3. An up-to-date National Nutrition Strategy would align with the draft National Preventive Health Strategy<sup>8</sup> 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 Strategy<sup>9</sup> and the National Breastfeeding Strategy<sup>10</sup> and would deliver multiple complementary benefits in terms of health, the economy, equity and environmental sustainability.

This call for an up-to-date National Nutrition Strategy is supported by the National Heart Foundation of Australia, Dietitians Australia and Nutrition Australia.

**Audience:** Federal, State and Territory Governments, regulatory bodies, policy makers, program managers and the media.

**Responsibility:** PHAA Food and Nutrition Special Interest Group

**Date adopted:** 23 September 2021

# National Nutrition Strategy

## Policy position statement

Note; This position statement should be read in conjunction with the [National Nutrition Strategy background paper](#) which provides evidence and justifications for the public health policy positions in this position statement.

### PHAA affirms the following principles:

1. Globally and nationally, there is broad agreement about what constitutes healthy eating patterns and strong evidence around the most cost-effective nutrition policy actions to enable healthy eating.<sup>1, 2, 4, 7, 11, 12</sup>
2. Contemporary food and nutrition strategies should be underscored by four pillars:
  - a. health;
  - b. equity;
  - c. environmental sustainability; and
  - d. monitoring, surveillance and evaluation.
3. The most effective national food and nutrition strategies internationally are:
  - a. co-ordinated from a central agency with associated adequate resources, expertise and capacity;
  - b. comprehensive;
  - c. multi-strategy;
  - d. multi-sectoral (include shared and sector-specific goals supported by detailed implementation strategies);
  - e. adequately financed with built-in performance and results incentives for implementing bodies;
  - f. supported by high-level champions within and outside government;
  - g. underpinned by governance structures inclusive of civil society groups as well as local, state and territory stakeholders;
  - h. exclude stakeholders with vested interests in policy formulation; and
  - i. regularly monitored, reviewed, revised and evaluated.<sup>13</sup>

### PHAA notes the following evidence:

4. Unhealthy eating patterns are now the leading preventable risk factor contributing to the burden of death and disease globally, including for Australia.<sup>14, 15</sup>
5. 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..<sup>16</sup>
6. Without additional and increased investment in well-designed obesity interventions, there will be 50% more obese people in Australia, and the cumulative, marginal economic costs of obesity will reach

\$87.7 billion by 2025, not including the impact on the quality of life of the obese, their families and carers.<sup>16</sup>

7. 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<sup>11</sup> 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, 22-299% for bowel cancer, 20% for oesophageal cancer, 12% for prostate cancer, 8% for lung cancer and 2% for stomach cancer.<sup>17-19</sup>
8. Nationally, less than 1% of the population report eating patterns consistent with the Australian Dietary Guidelines.<sup>11</sup> 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.<sup>18</sup> 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 not required for health and are high in added sugar, saturated fat, salt and/or alcohol).<sup>11, 17, 18</sup> Australian families are now spending 58% of their food budget on unhealthy foods and drinks.<sup>20</sup>
9. Further, 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, obesity and diet-related chronic disease.<sup>21, 22</sup>
10. However, recent studies have shown that much more can be done to combat unhealthy eating in Australia.<sup>12, 23</sup> Further, there is evidence that public health efforts to improve eating patterns are being actively undermined by those sectors of the food industry with vested interests in unhealthy foods and drinks.<sup>24, 25</sup>
11. Implementing this policy would contribute towards achievement of UN Sustainable Development Goals 3: Good Health and Wellbeing.

## PHAA seeks the following actions:

12. The Australian Government should:
  - 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 Scoping Study for a new national nutrition policy commissioned in 2013, and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) Evaluation Report.<sup>13, 26</sup>
  - Allocate adequate funding and provide the structure to develop a National Nutrition Strategy and a National Nutrition Implementation Action Plan.
  - 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 strategy and its action plan.
  - Reconsider the existing public private partnership approach to nutrition policy in Australia, particularly for the Health Star Rating and Healthy Food Partnership which rely heavily on voluntary industry action that has been repeatedly shown to be ineffective in achieving positive public health outcomes.<sup>27</sup> This action should be informed by WHO technical guidance on managing conflicts of interest in nutrition policy decision-making and programme implementation.<sup>28</sup>

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- 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', the WHO Global Nutrition Targets, and the WHO Voluntary Global non-communicable disease targets.<sup>1, 4-6</sup>
- Align a National Nutrition Strategy with the National Obesity Strategy, National Preventative Health Strategy and National Breastfeeding Strategy.

### 13. A new National Nutrition Strategy should:<sup>13</sup>

- Address the full spectrum of malnutrition in Australia, including from over-consumption of unhealthy foods and drinks, under-consumption of healthy foods, as well as undernutrition from food insecurity, micro-nutrient deficiencies and sub-optimal infant feeding.
- Address the high cost to governments and the community of 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.
- Provide food and nutrition security for all Australians with a commitment to equitable action.
- Promote sustainable eating patterns with low environmental impact.
- Reflect the NHMRC Australian Dietary Guidelines and their underpinning scientific evidence base and implement policy actions that support the guidelines. This includes more honest and easily understood food labelling, reduced advertising of, and relevant levies on, unhealthy foods and drinks.
- Involve departments beyond health and consider the role of sectors such as agriculture and trade.
- Be an essential component of the National Obesity Strategy and have strong synergies with the National Preventive Health Strategy and National Breastfeeding Strategy.

## PHAA resolves to:

14. Advocate for the above steps to be taken based on the principles in this position statement.

**(First adopted as a Joint Policy statement *Towards a National Nutrition Policy for Australia* in 2017;  
revised 2021)**

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