National Nutrition Policy
Policy Position Statement

Key messages:
Strategic government leadership is essential for policies and programs to support health initiatives and community based interventions.\textsuperscript{1, 2} Since 1992, there has been no National Nutrition Policy in Australia. There is increasing evidence that poor diets are driven by food systems that produce ‘obesogenic’ food environments, encouraging unhealthy eating and undermining effective translation of evidence-based dietary guidelines into policy and practice.\textsuperscript{3-6} 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 poor food environments reduce the incidence and prevalence of diet-related health problems and promote health and wellbeing.\textsuperscript{7}

Key policy positions:
1. There is an urgent need for the Australian Government to develop a new National Nutrition Policy with well-resourced, co-ordinated evidence-based strategic actions.

2. The 1992 National Food and Nutrition Policy needs updating and expanding to align with World Health Organization (WHO), United Nations Standing Committee on Nutrition (UNSCN) and the Food and Agriculture Organization food and nutrition policy recommendations.

3. This call is supported by the National Heart Foundation of Australia, the Dietitians Association of 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

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National Nutrition Policy

Policy position statement

This position statement should be read in conjunction with the National Nutrition 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 dietary patterns and strong evidence around the most cost-effective nutrition policy actions to help make healthier dietary choices the easier options.1, 2, 4, 7-9

2. Contemporary food and nutrition strategies should be underscored by four pillars: health; equity; environmental sustainability; monitoring, surveillance and evaluation.

3. The most effective national food and nutrition policies internationally are: co-ordinated from a central agency with adequate resources, expertise and capacity; comprehensive; multi-sectoral; multi-strategy; include shared and sector-specific goals supported by detailed implementation strategies; adequately financed with built-in performance and results incentives for implementing bodies; supported by high-level champions within and outside of government; underpinned by governance structures inclusive of civil society groups and sub-national stakeholders; exclude stakeholders with vested interests in policy formulation; and are regularly monitored, reviewed, revised and evaluated.10

PHAA notes the following evidence:

4. Poor diet is now the leading preventable risk factor contributing to the burden of disease globally and a leading risk factor in Australia.11

5. Poor diet is a major contributor to the estimated >$50 billion in annual health care costs and lost productivity from overweight and obesity in Australia.12

6. If Australians consumed healthy diets consistent with the NHMRC Australian Dietary Guidelines8 disease burden would be reduced by: 52% coronary heart disease, 38% stroke, 34% diabetes, 37% mouth, pharyngeal and laryngeal cancer, 29% bowel cancer, 20% oesophageal cancer, 12% prostate cancer, 8% lung cancer and 2% stomach cancer.13

7. Nationally, less than 1% of the population report dietary intakes consistent with the Australian Dietary Guidelines 10 and more than 35% of energy intake in adults and more than 39% of energy intake in children is derived from discretionary food and drinks (those that are not required for health and are high in added sugar, saturated fat, salt and/or alcohol).8,14 Australian families are now spending 58% of their food budget on discretionary foods and drinks.15

8. Further, dietary risks are not distributed equally; those groups who experience greater social disadvantage through relative lack of opportunities in education, employment, and income, including Aboriginal and Torres Strait Islanders, have poorer diets, and suffer increased risk of malnutrition, obesity and diet-related chronic disease.
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9. However, recent studies have shown that much more can be done to combat poor diets in Australia. Further, there is evidence that public health efforts to improve diets are being undermined actively by those sectors of the food industry with vested interests.  

PHAA seeks the following actions:  

10. The Australian Government should:  

- Start public consultation with a discussion paper informed by the best available evidence. This should align with international (WHO, UNSCN, FAO) policy advice and 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 (NATSINSAP) Evaluation Report.  
- Commit to a comprehensive national food and nutrition monitoring program to benchmark and assess Australia’s food and nutrition system to support evaluation of the policy and its strategies.  
- Reconsider the existing public private partnership approach to nutrition policy in Australia. Consideration should be given in particular to the role of the Healthy Food Partnership as a vehicle for vested interests to undermine support for a comprehensive national nutrition policy. This could be informed by recent WHO technical guidance on managing conflicts of interest in nutrition policy decision-making and programme implementation.  
- Report 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.  

11. A new National Nutrition Policy should:  

- Have strong synergies with a National Obesity Strategy and a National Breastfeeding Strategy, and also address the full spectrum of malnutrition, including undernutrition, micro-nutrient deficiencies, infant feeding, over-consumption of discretionary foods and drinks, and under-consumption of healthy, protective foods  
- Address the high cost and 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 failure to thrive.  
- Equitably provide food and nutrition security for all Australians.  
- Promote sustainable diets which have low environmental impact.  
- Reflect the NHMRC’s Australian Dietary Guidelines and their underpinning scientific evidence base, and implement policy actions that at support the guidelines, including food labelling, advertising and relevant healthy levies.  
- Involve sectors beyond health and consider areas such as agriculture and trade.  

PHAA resolves to:  

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

ADOPTED 2018  
(First adopted as a Joint Policy statement Towards a National Nutrition Policy for Australia in 2017)
References