

## A Missed Opportunity? The ICN & U.S. Food Policy

*By Marion Nestle, Ph.D., M.P.H.*

The International Conference on Nutrition (ICN) scheduled for December in Rome will bring together policymakers from throughout the world to define common goals for improving the nutritional status of their populations and to identify common strategies to achieve these goals. In preparation for this meeting, the co-sponsoring United Nations' agencies -- the World Health Organization and the Food and Agriculture Organization -- asked each member country to prepare a background paper. These are to:

- Assess the type and extent of nutritional problems within each country;
- Analyze the causes of existing nutritional problems;
- Analyze programs and policies that address these problems;
- Recommend future actions needed to improve nutritional status.

One explicit purpose of this exercise is to stimulate analysis of these issues in the hope that such discussion will lead to increased national political commitments and to mobilization of resources for nutrition programs.

At no place in the five pages of guidelines for preparation of country papers, however, is there any request for a statement of national food and nutrition policy. This was, no doubt, intentional, because most countries -- ours included -- do not have one.

Not that we lack food and nutrition policies and programs. We have a great many of them, and they are catalogued impressively in the U.S. country paper. They affect virtually every phase of our nation's \$700 billion food system, from basic research to the price of food in the market place.

These programs developed in the absence of any clearly articulated national policy. Instead, they were established in response to various needs or problems at various times by various congressional committees, and they were designed for highly varied political constituencies. As a result, they were distributed and fragmented among many federal agencies and departments. No single organization was ever appointed to oversee them.

In 1979, therefore, an inventory of federal food, nutrition, and agriculture programs identified more than 350 distributes among nearly 30 separate agencies and departments; a

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1980 update of the inventory contained more than 1300 pages of computer listings. The situation is unlikely to have changed much in the intervening years.

Under these circumstances, coordination of nutrition policies and programs is difficult, if not impossible. For example, attempts to coordinate the nutrition monitoring efforts of the Departments of Health and Human Services and Agriculture continued for about ten years before Congress finally passed legislation to require the agencies to work together more closely. Even with the legislation, progress has been slow.

More important, without a statement of national nutrition goals, it is difficult to identify gaps in policies or programs. That is why the U.S. country paper, which faithfully follows the ICN guidelines, has elicited so much criticism -- not about what it said, but about what it left out. The paper leaves the impression that the many -- and very expensive -- food programs in this country have solved domestic problems.

National policy statements matter because health and nutrition problems throughout the world -- in developing as well as industrialized countries -- are becoming increasingly similar. The ICN offers an opportunity to address common health and nutritional goals and, thereby, to mark a major change in the way policymakers view nutritional problems in their countries.

To explain: Historically, we nutritionists have tended to divide nutritional problems into two discrete problems -- those of undernutrition, and those of overnutrition. We used the term undernutrition to refer to nutritional deficiencies in developing countries, where income, education, housing, and sanitation are inadequate, and where nutritional problems are consequences of poverty; except in the very poorest countries, the amount of food produced is sufficient to meet the energy requirements of the population, but people cannot afford to buy it.

In developing countries, almost any reasonable type of intervention has been proven effective. Successful programs have included those that redistribute income, subsidize food prices, promote agricultural production, provide food supplements, educate, and promote breastfeeding. Programs that improve sanitation, primary health care, employment opportunities, and housing also have been effective. We in the U.S. have much to learn from these examples.

As for the second category, we customarily apply the term overnutrition to the high prevalence of chronic diseases in industrialized countries. As conditions of nutritional deficiencies have declined in prevalence, they are replaced by chronic conditions related to diet such as coronary heart disease, certain cancers, diabetes, and others that are now leading causes of death and disability. In such countries, dietary guidance policies aim to increase intake of fruits, vegetables, and grains, and to decrease intake of high-fat meat and dairy foods.

It should be obvious that in today's rapidly changing socio-political environment, the distinct separation of these two categories no longer exists. The situation is far more complex. In 1990, for example, I consulted with the public health departments of three profoundly different countries -- Hungary, Mauritius, and Cuba. These countries could not be more different in culture, food habits, or government policies, yet I was struck far more by the similarities of their nutritional problems than their differences. Officials in all three countries were deeply concerned about rapidly rising rates of diet-related chronic diseases; heart disease had suddenly become the leading cause of adult deaths. In addition to continuing the traditional anti-poverty programs, all were designing public health campaigns to improve diet, exercise, and other behavioral patterns. In all but the very poorest countries, rising rates of chronic disease are superimposed on classic patterns of malnutrition.

But patterns of nutritional problems in industrialized countries are also changing. As the economy worsens, we are witnessing early warning signs of a possible return to dietary deficiencies among the most vulnerable segments of the population. Despite huge federal outlays, inadequate access to food assistance has been estimated to affect millions of low-income children and adults in the U.S. Surveys continue to identify

nutrient intakes below RDA levels among poverty groups. To date, these findings are accompanied only rarely by clinical signs of nutrient deficiencies, but the record-breaking increases in demand for food stamps and for private food assistance should surely disturb us.

From the standpoint of the ICN, policies that aim only to increase food availability are necessary -- but no longer sufficient -- for developing countries. Policies that promote dietary changes to reduce chronic disease risk also are essential. Similarly, industrialized nations need an integrated nutrition policy that addresses both survival and chronic disease issues. It seems evident that the agricultural policies of all countries should address issues of nutritional health, and nutrition policies should address issues of food availability.

The challenge, of course, is how to make this happen. The ICN plan of action calls on each country to make a political commitment to:

- Integrate nutrition objectives into agricultural development programs;
- Conduct environmentally sound and sustainable agricultural development;
- Share economic growth and benefits among all segments

of the population;

- Assign priority to the most vulnerable population groups;
- Involve the community in planning food and nutrition programs;
- Improve access to food, health, education, housing, employment, and social services for all;
- Provide adequate resources for implementation of these commitments.

To achieve these goals, the ICN guidelines suggest that governments set priorities, and then develop appropriate strategies. The U.S. country paper does some of this, but it could do much more. Its many pages of proposed actions reflect the fragmentation of policies and programs in this country and our overall lack of vision for a national nutrition policy.

Calls for such a vision are not new. In 1974, a report in *Science* magazine (184:548-50) asked whether America was due for a national food and nutrition policy, noting that it had become impossible to talk about nutrition policy apart from its interrelationship with the world food situation. The American diet, it said, was going to have to change in response to the need to prevent chronic disease so as to put more emphasis on production of vegetable as opposed to animal protein. This, in turn, would require fundamental shifts in the economy to bring the elements concerned with food production and consumption

in line with one another.

Today, nearly 20 years later, the federal government has missed a vital opportunity to develop a coherent national nutrition policy. But it is not too late for nutrition educators to influence our government -- and those of other countries -- to make a commitment to an integrated national food and nutrition policy, one that considers agriculture, nutrition, and health as parts of the same continuum, and that incorporates these integrated concerns into our more general national policies.

Although the U.S. country paper is complete, comments on the action plan will be accepted through the first week of August. The U.S. delegation to the ICN in Rome, and to the Preparatory Committee (PrepCom) meeting in Geneva in mid-August, will consist entirely of federal officials. Individuals who wish to attend these meetings must do so through officially sanctioned non-governmental organizations. Inquiries about participation should be addressed to Timmie Jensen, FAO, 1001 22nd St., N.W., Washington, DC 20437, (202) 653-2452. For information about U.S. government participation and for copies of the U.S. country paper and action plan, contact Neil Gallagher, USDA, Room 3005 South Building, 14th and Independence Ave., S.W., Washington, DC, 20250, (202) 690-1817.

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