



Gerald J. and Dorothy R.
Friedman School of
Nutrition Science and Policy

Dr. Tedros Adhanom Ghebreyesus
World Health Organization Secretariat
Avenue Appia 20
1211 Geneva
Switzerland

August 26, 2022

RE: *Updating Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030*

Dear Dr. Tedros Adhanom Ghebreyesus,

We were pleased to review the newest draft of the 2022 updated Appendix 3 of WHO's Global action plan for the prevention and control of noncommunicable diseases (NCDs) 2013–2030 ('Appendix 3') and appreciate the opportunity to submit our comments and recommendations.

The actions outlined in Appendix 3 represent a strong roadmap for reducing modifiable risk factors for NCDs and creating health-promoting environments. In addition, this strategy to implement the WHO Global Strategy on Diet, Physical Activity and Health (page 12) would be tremendously strengthened by adding two additional areas and actions of focus: (1) measuring and advancing nutrition security, and (2) Food is Medicine interventions.

Nutrition Security

It is time for a new global focus, in both policy and programming, from addressing food security alone to also advancing nutrition security. In practice, global metrics of food security largely consider diet quantity (calories) rather than diet quality (nourishing foods). This results in major lost opportunities to assess and address nutrition-related NCDs globally, in particular among the world's most vulnerable populations. A proposed definition of nutrition security – intended to be additive and complementary to existing food security metrics – is consistent access, availability, and affordability of foods and beverages that promote well-being and prevent and if needed, treat disease.¹ The United Nations Food and Agricultural Organization has updated its State of Food Security in the World (SOFI) reports to include nutrition, including a new metric on affordability of healthy, nourishing foods. The U.S. Department of Agriculture and Centers for Disease Control and Prevention (CDC) now emphasize the importance of nutrition security and new strategies to increase availability and consumption of healthful foods.^{2,3}

We recommend, adapted from the recent multi-stakeholder, consensus report of the Task Force on Hunger, Nutrition, and Health,⁴ the following nutrition security interventions to support and advance the WHO Global Strategy on Diet, Physical Activity and Health:

- Improving the nutritional quality of foods offered via local, national, and international food assistance programs and expanding access to such programs.
- Improving the resiliency, accessibility, and nutritional quality of food systems.
- Standardizing the collection and reporting methods of dietary surveys to include measures of diet quality.
- Facilitating health system screening for nutrition security.
- Promoting dietary patterns which align with food-based national nutrition standards.
- Funding and supporting nutrition education initiatives.

Food is Medicine

One of the most powerful, evidence-based strategies to improve nutrition security, advance health, and prevent and treat diet-related NCDs is to integrate and implement Food is Medicine strategies. The concept of Food is Medicine can be described as a framework of programs and interventions in healthcare and population health that integrate food-based nutrition interventions at multiple levels for specific needs of different focus populations (Figure).⁵

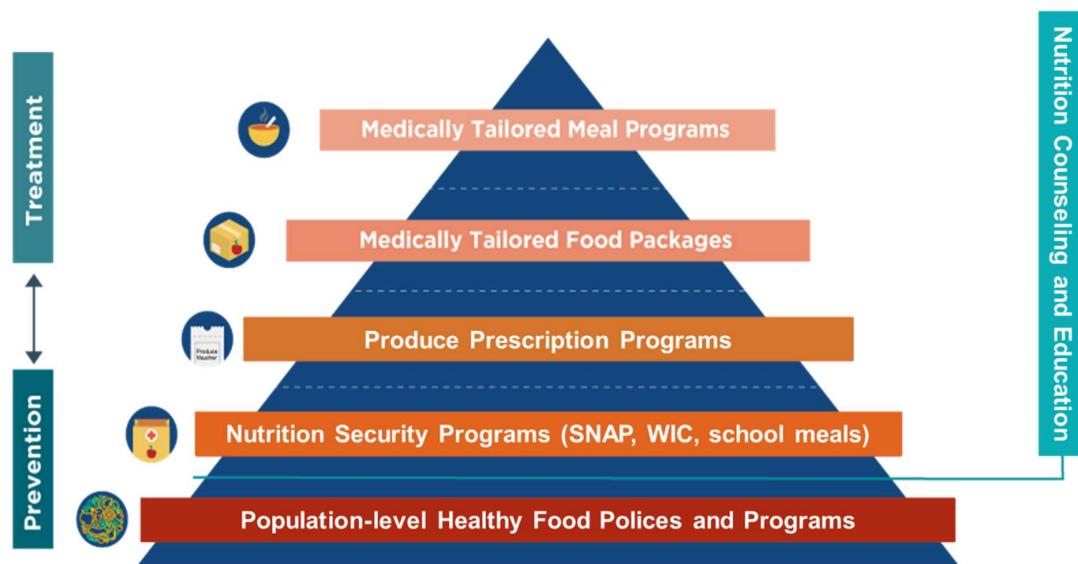


Figure. Food is Medicine: Achieving Nutrition Security from Health Care to Population Health. The Food is Medicine pyramid describes an evolving framework of programs and interventions in healthcare and population health that integrate food-based nutrition interventions at multiple levels for specific needs of different focus populations. *Source: Mozaffarian, D., Blanck, H. M., Garfield, K. M., Wassung, A., & Petersen, R. A Food is Medicine approach to achieve nutrition security and improve health. Nature Medicine 2022 (in press).*

In multiple interventional studies, Food is Medicine strategies have demonstrated significant improvements in health outcomes and health care utilization, with evidence for cost-effectiveness and even net cost savings in some circumstances.^{6,7,8} These programs are rapidly being prioritized by health care providers, health systems, payers, and patients in the U.S. as potential tools to improve clinical care for diet-related illness, especially for patients experiencing food and nutrition insecurity.

Evidence-based Food is Medicine interventions include:

- **Medically-tailored meals (MTMs):** Medically tailored meals are delivered to individuals living with severe illness through a referral from a medical professional or health care plan. Meal plans are tailored to the medical needs of the recipient by a registered dietitian nutritionist (RDN) and are designed to improve health outcomes.
- **Medically-tailored groceries:** Distributions of unprepared or lightly processed foods and ingredients that recipients are meant to prepare for consumption at home. Groceries are tailored to the medical needs of the recipient by a RDN and are designed to improve health outcomes.
- **Produce prescriptions:** Vouchers and debit cards that can be redeemed at retail settings or farmers' markets for produce in all forms (i.e., fresh, canned, frozen, dried) with no added sugar, fat, or salt, which

are made available to recipients based on a health condition or health risk. Some produce prescription models are similar to medically-tailored groceries, in which participants receive prepared packages of produce or community-supported agriculture (CSA) shares.

Adapted from the consensus report of the Task Force on Hunger, Nutrition, and Health,⁴ specific recommended Food is Medicine interventions to support the implementation of the WHO Global Strategy on Diet, Physical Activity and Health include:

- Policies to test, evaluate, and scale Food is Medicine interventions.
- Funding of new Food is Medicine projects, including evaluations of health outcomes and costs.
- Increasing coverage for and referrals to Food is Medicine interventions within government health insurance programs.
- Dissemination of resources to support community-based and private sector organizations leading Food is Medicine interventions.

In conclusion, we urge the WHO to include specific interventions related to nutrition security and Food is Medicine to support the success of the WHO Global Strategy on Diet, Physical Activity and Health in the creation of health-promoting environments.

We appreciate the WHO's dedication to the prevention and control of NCDs globally. We would be pleased to provide further information on any of these topics and stand ready to continue supporting this critical global agenda.

Sincerely,

Dariush Mozaffarian, MD DrPH

Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science & Policy, Tufts University

Professor of Medicine, Tufts School of Medicine and Division of Cardiology, Tufts Medical Center

Julia Reedy, MS

Researcher, Senior Research Coordinator, Friedman School of Nutrition Science & Policy, Tufts University

Literature cited

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- 2 U.S. Centers for Disease Control and Prevention. *Social Determinants of Health*, <<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>> (2022). Accessed July 1, 2022.
- 3 U.S. Department of Agriculture. Actions on Nutrition Security. (2022). <<https://www.usda.gov/sites/default/files/documents/usda-actions-nutrition-security.pdf>>. Accessed July 11, 2022.
- 4 Task Force on Hunger, Nutrition, and Health. Ambitious, Actionable Recommendations to End Hunger, Advance Nutrition, and Improve Health in the United States. Chicago Council on Global Affairs, Food Systems for the Future, the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, and World Central Kitchen. August 2022.
- 5 Mozaffarian, D. Blanck, H. M., Garfield, K. M., Wassung, A., & Petersen, R. (2022). A Food is Medicine approach to achieve nutrition security and improve health (in press). *Nature Medicine*.
- 6 Downer, S., Berkowitz, S. A., Harlan, T. S., Olstad, D. L. & Mozaffarian, D. Food is medicine: actions to integrate food and nutrition into healthcare. *BMJ* **369**, m2482, doi:10.1136/bmj.m2482 (2020).
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