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Consultation for the development of the CFS Voluntary Guidelines on Gender Equality and Women's and Girls' Empowerment in the Context of Food Security and Nutrition

About this submission

The George Institute for Global Health is pleased to contribute to the Consultation for the development of the CFS Voluntary Guidelines on Gender Equality and Women's and Girls' Empowerment in the Context of Food Security and Nutrition.

We welcome the opportunity to further engage with the Committee on World Food Security regarding this important issue.

About The George Institute for Global Health

The George Institute is a leading independent global medical research institute established and headquartered in Sydney. It has major centres in China, India and the UK, and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide by using innovative approaches to prevent and treat the world's biggest killers: non-communicable diseases and injury. Our work aims to generate effective, evidence-based and affordable solutions to the world's biggest health challenges. We research the chronic and critical conditions that cause the greatest loss of life and quality of life, and the most substantial economic burden, particularly in resource-poor settings.

The George Institute's policy team works in Australia and overseas to reduce death and disease caused by diets high in salt, harmful fats, added sugars and excess energy. The team conducts multi-disciplinary research with a focus on generating outputs that will help government and industry deliver a healthier food environment for all.

The George Institute's Global Women's Health Program with a focus on promoting a lifecourse approach to addressing the burden of non-communicable disease and injury as well as focussing on important women-specific health issues. Our areas of research and advocacy include sex-disaggregated analysis and intersectional, gender-sensitive research; women as healthcare workers and carers; and gender based-violence.

Acknowledgement of Country

The George Institute acknowledges the Gadigal People of the Eora Nation as the Traditional Custodians of the land on which our Australia office is built, and this submission was written. We pay our respect to Elders past, present and emerging.





1. Does the Zero Draft appropriately capture the main challenges and barriers that hinder progress in achieving gender equality and the full realization of women's and girls' rights in the context of food security and nutrition? If not, what do you think is missing or should be adjusted?

The George Institute supports the main challenges and barriers as captured in the Zero Draft. It is crucial for gender considerations to be included in food systems discussions, and there is growing global momentum to include this lens [1]. We believe the Zero Draft is an important step in moving towards more equitable outcomes for women and girls.

To strengthen the Zero Draft, we recommend several areas that could be improved:

• The George Institute recommends an emphasis on nutrition for women and girls throughout the life-course. There is a strong focus in the draft on increased nutrition requirements during pregnancy and breastfeeding, along with a focus on women in terms of 'traditional' roles as caregivers of children. However, the health of women as they age, particularly in terms of non-communicable disease (NCD) burden is crucial and is a component that is largely lacking in the Zero Draft.

NCDs are the leading causes of death for both women and men globally [2]. Women are more likely than men to live longer, but with more co-morbidities, for example, living longer but in poor health [2, 3]. Diet is an important modifiable risk factor for many NCDs [4], and as such, gender-sensitive policies are needed to reduce the diet related NCD burden for women.

Further consideration of a life-course approach to food security and nutrition in the Zero Draft would highlight the importance of reducing the risk of the diet-related burden of disease, including its economic, social, and cultural impact.

- The George Institute recommends the promotion of policies that support the ongoing recognition of women in the workforce and agricultural production. Menstruation, childbearing, childcare, and breastfeeding impact on women's access to work and economic independence.
- The George Institute recommends better inclusion of data throughout the Zero Draft. For the Zero Draft to be as impactful as possible, it must include data that (a) describes the challenge, (b) provides evidence for suggested strategies and (c) identifies targets or priority target areas. Where there is a lack of data, this should be stated and appropriate strategies to address this deficit described. Please refer to below comment regarding 'Point 25' for further feedback on this recommendation.

This is particularly important throughout 'Part 1.1' and 'Points 4 and 5', which should reference data on the disproportionate impact of the COVID-19 pandemic on women and girls, and the link to food security and adequate nutrition. Data and references for the "large body of evidence" for 'Point 5' should also be provided.





2. Does Part 2 of the Zero Draft satisfactorily reflect the core principles which should underpin the Guidelines? If not, how do you propose to improve these principles?

The George Institute support 'Part 2' of the Zero Draft and agree with the core principles included to underpin the Guidelines. It is encouraging to see a focus on gender transformative approaches (Point 21), strengthening policy coherence (Point 22) and including an intersectionality and multidimensional approach (Point 27). To strengthen the Zero Draft, we believe there are several areas that could be improved:

- The George Institute supports a commitment to Human Rights and Realisation of the right to adequate food under 'Point 19'. Included in this is the United Nations Declaration on the Rights of Indigenous Peoples, specifically "Recognizing also that respect for Indigenous knowledge, cultures and traditional practices contributes to sustainable and equitable development and proper management of the environment" [5]. The rights include the right to self-determination that is also highly relevant to the Guidelines' principles.
- The George Institute recommends an additional principle be included that specifically speaks to the rights of self-determination of Indigenous and Tribal women and girls.
- The George Institute supports the need for reinforcing the collection and use
 of gender-disaggregated data under 'Point 25'. However, the principle falls short
 in failing to recognise the importance of abiding by principles of Indigenous Data
 Sovereignty that should be applied to all types of data. We suggest this rewording:
 "The Guidelines recognise that regular collection and use of sex-, age- and disabilitydisaggregated data and gender-sensitive statistics and indicators are critical to the
 development of policies that advance gender equality".
- The George Institute supports inclusiveness and participation in policymaking under 'Point 26'. This Point should include recognition that First Nations women are cultural knowledge holders and as such, their involvement in policy development would strengthen those policies. We suggest this rewording: "Enabling and promoting the participation of women in marginal and vulnerable situations, including indigenous women, is not only critical to ensure that policy goals respond to their priorities, but also offers a strategic means for overcoming social exclusion. Further, the Guidelines recognise Indigenous and Tribal women can be cultural knowledge holders, and as such, their direct involvement in policy development would serve to strengthen policies".
- The George Institute recommends an intersectional approach be incorporated throughout the Guidelines under 'Point 27'. An intersectional approach recognises that gender is only one part of a person's identity and different parts of one's experience or identity may be the target of discrimination and / or racism, contributing significantly to systemic, cumulative disadvantage. This cumulative disadvantage may relate to one's identity or experience in terms of, race and / or ethnicity, transgender, gender diversity, neurodivergence, sexual orientation, gender





expression, ability, immigration status, class and / or socio-economic status, among other identities and experiences.

- The George Institute recommends acknowledgement of gender as a construct that varies across cultures and geographies. This should include a recognition that the concept of gender has changed and continues to change over time and is not a binary construct. For example, there are genders beyond man and woman.
- The George Institute recommends a definition of food security that includes access to healthy, nutritious, and safe food, and a sufficient quantity of food. For example, "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life" [6].

We agree that critical to the success of these Guidelines is the collection of data to (1) describe the current status of gender equality in the context of food security and nutrition, (2) focus local policy efforts and (3) monitor progress. Acknowledging and addressing existing data gaps could be included here.

3. Do the nine sections of Part 3 of the Zero Draft comprehensively cover the policy areas to be addressed to achieve gender equality and the full realization of women's and girls' rights in the context of food security and nutrition? If not, what do you think is missing?

The George Institute support the nine sections of 'Part 3' of the Zero Draft. To strengthen the Zero Draft, we believe there are several areas that could be improved:

- The George Institute recommends that problem statement (Point 32) specifically refer to First Nations women. We suggest this rewording: "Women, particularly First Nations women, are insufficiently represented in decision-making processes for food security and nutrition at all levels".
- The George Institute recommends that 'Point 36' also refer to experiences of racism. We suggest this rewording: "Together with other factors, such as discrimination and racism, limited access".
- The George Institute recommends a re-write of '48 problem statement'. While the emphasis in the original statement on education of women is critical, it must also include the education of men and boys about gender roles and the unpaid work of women. We suggest this rewording: "Women and girls' education correlates positively with healthier dietary practices for themselves and their families...".
- The George Institute recommends additional text in 'Section 3.4, Point 74'. We recommend this rewording: "Women play active roles across food systems. This is particularly the case for First Nations women; however, access to, and the sustainability of, traditional diets and food systems have been disrupted by colonisation and dispossession. However, The legal inequality together with discriminatory institutional frameworks, social norms, and cultural practices ...".
- The George Institute recommends 'Part 3.5' explicitly reference the importance of food aid that is healthy and nutritious. 'Part 3.5' makes note of the severe





impacts that climate-induced weather-related events can have on food security, particularly for women (Point 89). However, it does not note that a significant portion of food aid comes in the form of energy dense, nutrient poor, ultra-processed and packaged foods [7]. While food aid used in times of acute crises can have important short-term benefits, prolonged use of this type of aid, or introduction of this type of food into communities through aid, can go on to have negative long-term health impacts. This is contributing to the prevalence of women living with overweight and obesity [8] over time. We recommend food that is provided as 'food aid' be healthy, nutritious, and where possible utilise relevant Indigenous foods and knowledge. This should fit in the policy area for 'Discussion 94.iii and 94.iv'. We agree that special attention must be paid to tenure rights of Indigenous Peoples under 'Point 92'. Refer to comments regarding the impact of colonisation under 'Point 74' above.

- The George Institute recommends a re-write on '107 problem statement'. We suggest replacing 'productive' with 'paid' and including the lack of engagement of men and boys in unpaid care work as part of the problem statement.
- The George Institute recommends several amendments to 'Part 3.8':
 - 'Point 116' should focus on healthy food options also being the cheapest food options, whereby healthy food is also affordable and appropriate for women and girls.
 - 'Point 117, 118 and 119' should include a life-course approach for women, beyond reproductive capacity. In 2019, dietary risks for women were ranked as the second highest contributor to deaths, with high systolic blood pressure ranking first [8]. It is crucial that food and nutrition are understood as being essential factors in health and wellbeing throughout the life-course. Food security should also entail access to safe and nutritious foods that reduce the risk of non-communicable diseases.
 - 'Policy area for discussion 123.II' should broaden its focus to include policies and programs that encourage and enforce healthier food environments, and not education alone.
- The George Institute recommends 'Part 3' should include potential harms caused by the food industry when using gender stereotypes to promote unhealthy foods, along with the targeting of marketing to children [9,10].
- The George Institute recommends 'Part 3' highlight the need to adopt, implement, and monitor the World Health Organization (WHO) International Code of Marketing of Breast-Milk Substitutes [11,12]. There are well established benefits of breast milk and breast feeding in terms of health for both the person breast-feeding and the infant receiving breast milk [13,14,15], in addition to food security benefits. However, harmful marketing practices encouraging use of infant formula are still prevalent, and there is evidence that the use of formula is increasing [16]. Focus needs to be given to adopting, implementing, and monitoring the WHO International Code of Marketing of Breast-Milk Substitutes [12], and ensuring policy making processes are free from conflicts of interest, particularly from manufacturers and industry.





4. Does Part 4 of the Zero Draft provide all the elements necessary for effective implementation and monitoring of the use and application of the Guidelines? If not, what do you propose to add or change?

The George Institute supports 'Part 4' of the Zero Draft. To strengthen the Zero Draft, we believe there are several areas that could be improved:

- The George Institute recommends 'Part 4' be strengthened to encourage key stakeholders to participate in reform. This must include involving women as participants and in leadership roles in reform processes. This will be crucial to the process of formulating and implementing successful policy. Monitoring the applications of Guidelines must also be included to enable civil society groups, health and nutrition stakeholders and others to hold governments to account.
- The George Institute recommends 'Point 4.3' should be strengthened. CFS is leading the development of these Guidelines, and as such CFS programs of work should be complying to these Guidelines. In addition, CFS could actively advocate for governments to use these Guidelines to frame national policy priorities and related indicators.

Further, we recommend a platform to support and monitor adoption of these Guidelines is developed. This platform could act as a mechanism that progress of governments and organisations who adopt these Guidelines can be monitored. Fundamental to monitoring progress will be the collection and reporting of sexdisaggregated data, and a platform that supports governments and organisations to do this will be critical. For example, the Global Food 50/50 report [1], shares experiences and outcomes reported.

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