



POLICY BRIEF

Food Governance & Prevention of Noncommunicable Diseases in Pakistan

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Food systems are changing, and these are changing at an enormous speed. Along with the change in dietary patterns and lifestyles, community disease burden is also witnessing shifts in the composition of diseases. Instead of the infectious diseases like cholera and TB, now the non-communicable ailments (NCDs) such as cardiovascular diseases (CVDs), diabetes, hypertension, cancers, mental disorders and obesity are the main reasons behind unhealthy life, disabilities, and deaths.

Why is food or dietary pattern important in disease burden? The answer is simple: human beings are also chemical beings. What they eat interacts with their body and mind in various complex ways. With this simple sensibility comes a great understanding that oil and fats, added sugars (e.g. sugary drinks) and salt are dietary risk factors in the increasing incidence and prevalence of NCDs.

In Pakistan, NCDs now cause more than 60% of deaths, and around 29 % are attributed to CVDs and these deaths are higher than global average. Pakistan hosts the third largest population of people with diabetes in the world i.e. 33 million whereas 10 million more are pre-diabetic. Hypertension is also taking its toll with 43% of adults ageing 30-79 are carrying the disease, and, most importantly, not everyone is being treated with high-quality standard treatment regime for these diseases.

All this tells a sad story of lives being lost prematurely i.e. before the age of 79, family financial losses due to inability to work and spending hard-earned money on treatments of avoidable diseases, and deaths at the time when one is thought to be the most productive. These trends translate into stunted GDP at the macro-levels. This story calls for action not only for some sort of awareness, but also for policy and administrative measures to build and strengthen a health security regime in the country.

First and foremost, it is proposed that policy makers must be looking seriously into the prevalent state of affairs in food systems and its governance. One of the most important aspects is to ensure that food supply is safe to consume and it is nutritious. Pakistani foods, especially the highly processed foods, fast foods, and

processed frozen foods, have high quantities of added sugars, trans fats, and sodium. This is one of the sources Pakistanis are falling prey to hazards of risky food supplies. Over and above, such foods are sold without proper front of product labelling (FOPL) and warning signs. So, in addition to the need of having good quality accessible and affordable healthcare to everyone, there is a need to provide safe to consume food so that our health system does not break down due to the ever-increasing pressure of unwell and unhealthy population.

Last but not least, it is proposed that efforts should be directed towards modernising the system of food governance in line with the WHO mandated best-practice policies. Pakistan needs to build technical, human, infrastructure and legal-administrative capacity of various institutions such as Pakistan Standards and Quality Control Authority (PSQCA), PCSIR and provincial food authorities, and look at the “new foods” part of public health concerns. It is hoped that by controlling diet related risk factors of NCDs, Pakistan ensures a better health security regime for its citizens.

Pakistan’s Food Governance System:

At the operational level, for food governance, the constitution provides legislative assemblies with their parliamentary committees for legislative and administrative oversight on the work which line ministries undertake such as:

- Ministry of Science and Technology and Pakistan Standards and Quality Control Authority (PSQCA) to develop standards for packaged foods, and Pakistan Council of Scientific Research (PCSIR) as lab facility, Pakistan National Accreditation Council (PNAC) for accreditation services;
- Departments of food at the provincial level and provincial food authorities (PFAs) to develop standards and implement food safety measures;
- Islamabad Food Authority (IFA) for the capital territory with the Ministry of Interior as its line ministry; and
- Council of Common Interest (CCI) to

coordinate constitutional mandate related issues.

There are serious gaps in food governance system of Pakistan:

- There is no established mechanism with clearly defined administrative and legislative authority for institutional coordination to execute better food governance in Pakistan;
- There are issues related to the mandates to develop standards for various foods such as packaged and unpackaged foods, and food related technologies;
- Human resource and technical capacities such as testing labs are extremely limited; and
- Civil society is not involved in the decision-making processes.

CGPA, in unison with global health agenda, proposes actions for transformative change

While there is no one silver bullet to solve the problems of CVDs, high blood pressure, high blood glucose and high body mass index, there are certain policy measures and best-practice policies which can be applied to control dietary risk factors for a majority of population.

1. Surveillance Measures:

The idea is to follow the food (dietary risk factors) for various diseases, and it is said to be the most effective and cost-effective way to prevent NCDs. It is where the role of governance structures become central:

- Design a plan of action and provide resources as provided in the REPLACE package of the WHO;
- Strengthen technological, human, logistic and institutional capacity for surveillance, monitoring and evaluation;
- Develop and implement national nutrient- and food-based dietary guidelines, as well as nutrient profile models for different applications as appropriate; and
- Ensure front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets

2. Fiscal and Public Procurement Measures:

- Progressively eliminate subsidies for all types of fats/oils and sugar, and subsidize only healthy foods which are not dietary risk factors for NCDs, and have better nutritional value;
- Increased taxation on sugar-sweetened beverages as part of fiscal policies for healthy diets;
- Public food procurement and service policies for healthy diets (e.g. to reduce the intake of free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables);
- Ensure procurement and provision of healthy food in public institutions (e.g. schools, hospitals, military bases, prisons and other government institutions).

3. Reformulation Measures:

- Cooperate with and facilitate the private sector to adopt food reformulation to eliminate trans fats and reduce progressively total and saturated fat, salt, sugars, energy and portion size in a substantial proportion of processed foods.

4. Reassess the Food Governance Structure:

One of the fundamental steps which are needed to be taken are as following:

- In a systematic manner, evaluate the role and capacities of various institutions such as PSQCA, Provincial Food Authorities, and testing laboratories.
- Remove institutional bottlenecks and create institutional arrangements to improve harmonisation, coordination, and enforcement.

This policy brief is part of the food and governance program of CGPA.

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