

# Policy Brief

## Healthy Diets for all in Jordan

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# Contents

Background and Objective	03
Legal, Policy and Institutional Framework	03
Jordan's National Context	04
The Change We Want to See	05
Recommendations	06





# Background and Objective

The United Nations (UN) is holding a Global Food System Summit in New York in September 2021. In preparation for the Food Summit, national dialogues were held across the world, including in Jordan, presenting a unique opportunity for national actors to engage in exchanging views and perspectives on how food systems should be transformed. Building on these national dialogues, at the Food Summit, participating States will make recommendations on how national authorities, civil societies, social movements, chefs, physicians, nutritionists, agronomists, companies, and people around the country could contribute to better design food systems that respond to people's needs. Fiscal policies, food production, marketing and labelling legislations, informational and educational activities, women and youth empowerment measures to incentivise healthy diets represent policy proposals that should guide the transformation of food systems and contribute to accelerating progress towards the 2030 Agenda for Sustainable Development.

This policy brief outlines the United Nations in Jordan key policy recommendations that Jordan should consider while transitioning towards sustainable food systems that deliver healthy diets for all.

## Legal, Policy and Institutional Framework

Jordan has ratified the United Nations Covenant on Economic, Social and Cultural Rights, which outlines the key elements of the right to food (art 11) and the right to health (art 12) and adequate nutrition represents an essential component of both rights.

Jordan developed a National Food Security Strategy 2021-2030, which further emphasizes Jordan's priorities for nutrition and food safety for different groups and settings (mother and child, adolescents, school aged children, adults, elderly and vulnerable populations including refugees and displaced persons). Jordan also has been adopting a National Strategy for School Health 2018-2022, which addresses nutrition at schools across all sectors (including for refugees and vulnerable groups).

A national nutrition strategy still does not exist. However, the Ministry of Health (MOH) has been leading a multisectoral committee (government, non-government, academia, and private sector) that regularly convenes to agree and coordinate interventions at all ages in fulfilment of a framework of action for obesity prevention endorsed by the MOH (2018-23).

Also, the MOH in collaboration with Jordan Standards and Metrology Organization (JSMO) have been working on reformulating food regulations to reduce salt, sugar and trans fats guided by WHO recommendations. Programs for flour fortification and salt iodization and vitamin A supplementation have been run by the MOH to reduce micronutrient deficiencies. Recently, standards to enhance public food procurement and services were adopted by the MOH and army sector to reduce calorie intake, salt and sugars and eliminate trans fats in menus served to the workers and patients at hospitals.



Moreover, the MOH developed and disseminated Food-based Dietary Guidelines (2020), which raise awareness on healthy diets, reduced salt and sugar consumption and promote physical activity for the general public, as well as a diet management guide for people living with Noncommunicable Diseases (NCDs). The Jordan Food and Drug Administration (JFDA) is currently preparing for food consumption patterns evaluations and the estimation of priority chemicals in foods as part of total diet studies, which aim at enhancing food safety in Jordan.



# Jordan's National Context

The World Health Organization (WHO) **Regional Strategy on Nutrition for the Eastern Mediterranean Region 2020–2030** indicated that the burden of diet-related NCDs continues to grow.<sup>1</sup> While the prevalence of undernutrition remains high in some Eastern Mediterranean countries, the burden of overweight, obesity and diet-related chronic diseases is increasing at an alarming rate.

Factors that may play a role in modulating malnutrition include maternal health and nutrition, early life feeding practices, dietary intake, and the food environment, gender inequality and the lack of educational and information campaigns on nutrition, including on the importance of breastfeeding infants up to 6 months old.

Jordan suffers from a double burden of micronutrient deficiencies and overweight/obesity, with women presenting the worst rates in both, pointing to a serious gender gap in nutrition. Jordan is '**off course**' to meet targets for maternal, infant and young child nutrition (MIYCN). No progress has been made towards achieving the target of reducing anaemia among women of reproductive age, with 34.7% of women aged 15-49 years now affected. Meanwhile, there has also been no progress towards achieving the low birth-weight target, with 13.8% of infants having a low weight at birth. The same result can be seen for exclusive breastfeeding. No progress has been made towards achieving its target, with 25.4% of infants aged (0-5) months exclusively breastfed. On the other hand, the latest data on prevalence of stunting show that 7.8% of children under 5 years of age are affected, which is lower than the average for the Asia region (21.8%). Similarly, data on wasting show a prevalence of 2.4% of children under 5 years of age, which is lower than the average for the Asia region (9.1%). The prevalence of overweight children under 5 years of age is 4.7%, and there is insufficient data available to assess whether Jordan is on course to prevent this figure from increasing.

Results from the Jordan National STEPwise survey for NCDs risk factors (2019) **showed that 84% of adult Jordanians and Syrians (18-69 years old)** consumed unhealthy diets (less than the WHO recommended daily intake of fruit or vegetables).

Consumption of processed foods high in salt was reported by 33% of respondents. The mean average daily salt intake was 11 gm (double that recommended by WHO). Furthermore, overweight and obesity were prevalent among 61% of adults, 53% in males, 69% in females, showing a higher trend in women. At the same time, diabetes was found in 8% of adult population (18-69 years old), which further rose in older adults (45-69 years old) to reach 20%, with equal presentation in both genders. Similarly, prevalence of hypertension was reported in 22% of adults (18-69 years old), which was higher in older adults (45-69 years old) reaching up to 50%. Also, dyslipidaemia was seen in 18% of adults (16% in males and 19% in females).

The United Nations Secretary General pointed out in his **Policy Brief on the Impact of COVID-19 on Food Security and Nutrition** that "actors in all parts of the food system are impacted by this pandemic. Deep global economic shocks caused by COVID-19 will impact the cash flow and financial liquidity of producers, small and medium agri-businesses to financial institutions, due to inhibited production capacity, limited market access, loss of remittances, lack of employment, and unexpected medical cost". Disruptions to food security due to the pandemic were inescapable in Jordan and particularly affected vulnerable groups as the poor, refugees, migrants and other marginalized segments of the population. As **one example**, in 2021, 94 percent of households in Zaatari and Azraq refugee camps are either food insecure or vulnerable to food insecurity, while 79 percent of households reported World Food Programme assistance as their primary source of income.

Overcoming malnutrition in all of its forms – caloric undernourishment and obesity – necessitates a combination of evidence-based interventions in various areas, to guarantee the availability of and access to healthy diets.

3 GOOD HEALTH AND WELL-BEING



<sup>1</sup> World Health Organization. Regional Office for the Eastern Mediterranean. (2019). Strategy on nutrition for the Eastern Mediterranean Region 2020–2030. World Health Organization. Regional Office for the Eastern Mediterranean. <https://apps.who.int/iris/handle/10665/330059>.



# The Change We Want to See



Food insecurity in Jordan has been attributed to unsustainable and unhealthy consumption patterns, and to inadequate economic access to food, which is not only a question of food prices but also a question of decent work and in particular fair working conditions.

The effective transformation of food systems to deliver sustainable and healthy diets for all to prevent and counter undernutrition, obesity, micronutrient deficiencies and related diseases is crucial and requires the protection of fundamental human rights, particularly **the right to adequate food**, which entails devising legislative and policy measures, development programmes and other initiatives to tackle malnutrition and to identify patterns of discrimination, which are often root causes of hunger and malnutrition.

Shifting to sustainable and healthy consumption patterns can be achieved through priority food systems interventions.

Several actions have been identified as “game changing” for foods system, namely; fiscal policies for healthy and sustainable diets; public food procurement and service policies for a healthy diet sustainably produced; regulation of marketing of foods and non-alcoholic beverages, including breastmilk substitutes; food product reformulation; front-of-pack labelling; and food fortification.

Transforming food systems to lower the cost of nutritious foods and making healthy diets more affordable, while ensuring a fair price for the producer, is deemed another priority and would help prevent the double burden of malnutrition including diet-related NCDs, lower health costs associated with unhealthy diets, and decrease food waste, while saving expenses.



# Recommendations for the Transformation of the Jordanian Food Systems

For food systems to deliver safe, sustainable, healthy and affordable diets, the following is recommended:

**Availability** requires on the one hand that food should be available from natural resources either through the production of food, by cultivating land or animal husbandry, or enhance food processing especially for local food products. On the other hand, it means that food should be available for sale in markets and shops.

Jordan should foster new actions and partnerships and amplify existing initiatives to move forward with priority actions for food system transformation. This involves development of fiscal policies, review and reform subsidy regimes to ensure that they facilitate and promote healthy diets while taking environmental challenges into account. Jordan should support small-scale farmers with the provision of public goods, such as storage facilities, extension services, means of communications, access to credit, land, seeds, natural resources, technologies, insurance and agricultural research to both support their livelihoods and the shift towards sustainable farming. Rural women play a crucial role in maintaining and improving rural livelihoods and strengthening rural communities, as well as protecting rural ecosystems and combating climate change.

Moving towards sustainable modes of agricultural production is vital for the sustainability of food systems and their positive impact on the environment, the climate and people's health. Agro-ecology has enormous potential and Jordan could promote the adoption of agroecological practices more vigorously. Globally, food systems remain a driver of climate change and the planet's unfolding environmental crisis. There is an urgent need to rethink rapidly how we produce, process, market, consume our food and dispose of waste. This crisis can serve as a turning point to rebalance and transform our food systems, making them more inclusive, sustainable and resilient. In particular, Jordan could support decentralized participatory research and the dissemination of knowledge by relying on existing farmers' organisations and networks and increase the budget for agroecological research at the field level, farm and community levels, and national and sub-national levels.

**Accessibility** requires economic and physical access to food to be guaranteed. Economic accessibility means that food must be affordable. Individuals should be able to afford food for an adequate diet without compromising on any other basic needs, such as school fees, medicines or rent.

The provision of social protection prevents people from falling into poverty and ensures their satisfaction of basic economic and social rights, including food. Jordan should allocate sufficient resources to put in place comprehensive and universal social protection programmes including for women. Such programmes should go hand in hand with awareness raising and educational campaigns on healthy diets and the importance of physical movement for peoples' health, targeting women, in particular, given their over-representation in groups most affected by obesity, diabetes and anaemia.

Jordan should draw on international studies that prove the point of the economic burden of malnutrition to alleviate the cost of healthcare especially for NCDs to encourage the investment in combating malnutrition in all its forms.

**Adequacy** means that the food must satisfy dietary needs, taking into account the individual's age, living conditions, health, occupation, sex, etc. For example, if children's food does not contain the nutrients necessary for their physical and mental development, it is not adequate. Food that is energy-dense and low-nutrient, which can contribute to obesity and other illnesses, could be another example of inadequate food. Food should be safe for human consumption and free from adverse substances, such as contaminants from industrial or agricultural processes, including residues from pesticides, hormones or veterinary drugs.





## Jordan could consider to:

- **Adopt statutory regulation of the marketing of food products** as an effective way to reduce marketing of foods high in saturated fats, trans fats, salt and sugar (HFSS foods) to children, and restrict marketing of these foods to other groups. This should be accompanied with community awareness on improved food consumption behaviour and dietary choices;
- **Scale up of food reformulation** to progressively reduce salt, sugar and saturated fats in a wider range of foods;
- **Tax soft drinks (sodas) and HFSS foods**, in order to subsidize access to fruits and vegetables and educational campaigns on healthy diets;
- **Abstain from imposing nutrition-based interventions** where local ecosystems and resources are able to support sustainable diets, and systematically ensure that such interventions prioritize local solutions;
- **Implement mandatory standards for food labelling** e.g., ingredient listing, back-of-pack nutrient declarations and simplified front-of-pack labelling for all pre-packaged foods, as it supports creating healthier food environment;
- **Develop a national nutrition strategy and action plan and implement the school health strategy**, and the national food security strategy and its action plan;
- **Scale up setting standards for public procurement and provision of healthy foods in public institutions** (e.g., schools, hospitals, military, prison and other government institutions);
- **Provide balanced school meals and healthy options** and prohibit selling processed food in schools and support implementation of the national school feeding programme;
- **Scale up and implement monitoring of pesticides in foods.**
- **Establish a nutrition monitoring system** allowing for future adjustment of policies.
- **Adopt into domestic legislation and comply with the International Code of Marketing of Breast-milk Substitutes** and the WHO recommendations on the marketing of formula products and foods for infants and of foods and non-alcoholic beverages to children and ensure their effective enforcement, even where local enforcement is weak or non-existent.

Infant and young child feeding (IYCF) programs reduce both undernutrition and overnutrition in children while ensuring protecting, promoting, and supporting the IYCF practices to improve morbidity and mortality related to nutrition. Jordan should improve IYCF and dietary diversity: With infant and young child feeding practices being sub-optimal to a large extent, policies and interventions should be strengthened to improve behaviours.

While certain guidelines and regulations around baby-friendly clinics and code of conduct for breast milk substitute promotion have been developed for Jordan, the extent of adherence to them needs to be elucidated. Breastfeeding rates in Jordan are low, and since inadequate breastfeeding and complementary feeding is associated with postpartum weight retention, campaigns targeting post-partum women should encourage exclusive and continued breastfeeding. Further, this behaviour should be stressed in behavioural change materials and during training of medical professionals who should in turn encourage, support, and protect breastfeeding.

### Right to education, access to information and meaningful participation

Lastly, access to education and information are crucial for rights-holders, Jordanians and non-Jordanians alike to obtain knowledge on nutrition and therefore contributes to informed decisions that lead to healthy diets. The enjoyment of the right to education should be explicitly acknowledged as an enabling right for healthy diets and a crucial point of a national roadmap for the transformation of food systems.

Jordan should also ensure the authentic participation of all rights holders in shaping food systems, which is a fundamental human right and for which access to information is key.

## 4 QUALITY EDUCATION





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