INFLUENTIAL POLICIES AND LEGISLATION SUPPORTING WORKFORCE NUTRITION

A POLICY ANALYSIS ACROSS 12 COUNTRIES IN AFRICA, ASIA, AND LATIN AMERICA

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The Global Alliance for Improved Nutrition (GAIN) is a Swiss-based foundation launched at the UN in 2002 to tackle the human suffering caused by malnutrition. Working with governments, businesses and civil society, we aim to transform food systems so that they deliver more nutritious food for all people, especially the most vulnerable.

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SUMMARY

There is a continued need to address the multifaceted global malnutrition burden. The workplace offers an opportunity to increase access to and knowledge about healthy diets among employed adults. Workplaces are an integral part of our economic and social contexts and are governed by national employment policies and legislation. GAIN undertook an assessment of existing workforce nutrition-related policies to identify opportunities for improvement and generate insights into how policymakers and other policy stakeholders can contribute to healthier work environments.

This briefing paper summarises the findings of a cross-cutting policy assessment for 12 countries across Africa, Asia, and Latin America. Each country has a unique policy and legislative environment, but there are also patterns across countries and regions. Each country has existing policies that would at least partially fulfil one or multiple parameters within each of the four pillars of the Workforce Nutrition framework (Healthy Food at Work, Nutrition Education, Nutrition-focused Health Checks, and Breastfeeding Support). Similarly, each country has opportunities to further employer-driven approaches for improving nutrition among worker populations. The paper concludes by emphasising the potential of concerted action and how countries can further foster stronger workforce nutrition standards.

BACKGROUND AND OBJECTIVE

KEY MESSAGES

- Workplaces are unique settings for enabling lifestyle change for many adults.
- As they are governed by national policies and legislation, it is important to understand existing policies and how they could be improved.
- Each country already has some supportive measures for all four pillars of the Workforce Nutrition framework: Healthy Food at Work, Nutrition Education, Nutrition-focused Health Checks, and Breastfeeding Support.
- However, there is considerable scope for policy improvement. For example, few countries have mandated maternity leave in line with global recommendations and few national nutrition education plans recognise workplaces or specify reaching working populations.
- This information on existing policies and gaps can support policymakers wishing to use workforce nutrition to prevent or reduce malnutrition.

Malnutrition in all its forms, from micronutrient deficiencies to overweight/obesity and associated non-communicable diseases (NCDs), is a major global public health problem (1). As workplaces are

unique contained environments that allow repeated interactions with captive audiences, they can enable positive lifestyle changes—including as relates to nutrition. With people spending on average one-third of their adult lives at work, companies investing in and supporting the nutrition of working communities can unlock a range of health, societal, and economic benefits (2,3).

Alongside this, Sustainable Development Goal (SDG) 8 on Decent Work and Economic Growth highlights that workplaces should be healthy and safe environments in which labour rights are prioritised (4). Improved action in the policy arena supporting workforce nutrition (see Box 1) (5) could also contribute to addressing other SDGs, including SDG 2 (zero hunger), SDG 3 (good health and wellbeing), and SDG 5 (gender equality). Countries and organisations wishing to accelerate their progress towards achieving the SDGs should thus consider interventions in work settings, with a focus on reaching targeted population groups.

Workplaces are an integral part of the economic and social contexts and are governed by national employment rules and regulations. The International Labour Organisation (ILO) has defined multiple international conventions and standards on critical areas such as maternity entitlements, a safe environment, and employee well-being (6). This brief aims to highlight existing supportive policies and legislation for workforce nutrition efforts across 12 countries in Africa, Asia, and Latin America, with the intention of supporting advocacy opportunities.

METHODOLOGY

Effective workforce nutrition programmes are comprised of four pillars: Healthy Food at Work, Nutrition Education, Nutrition-focused Health Checks, and Breastfeeding Support, and are most effective when embedded within health and wellness programmes (see Box 1) (5).

BOX 1. THE DEFINITION OF WORKFORCE NUTRITION PROGRAMMES (5)

Workforce nutrition programmes are a set of interventions that work through the existing structures of the workplace - whether a corporate office or tea plantation - to address fundamental aspects of nutrition amongst employees or supply chain workers. These programmes aim to create improved access to - and demand for - healthier diets with the aim of changing employees' behaviours around food consumption, and thereby improving employee health and wellbeing.

Workforce nutrition programmes can be divided into four categories. *Healthy Food at Work* programmes focus on increasing employees' access to healthy and safe foods at work. *Nutrition Education* programmes aim to change the nutrition and/or lifestyle behaviours of employees through increasing employees' knowledge of beneficial health habits. *Nutrition-focused Health Checks* are periodic one-to-one meetings with a health or nutrition professional to assess, and usually discuss, the employee's nutritional health. *Breastfeeding Support Programmes* enable working parents to provide adequate nutrition to their infants through breastfeeding.

For this review, five parameters were defined for each pillar to enable considering a range of options across contexts (Table 1). Subsequently, 12 countries across Asia, Africa, and Latin America were assessed according to their ability to fulfil the parameters of the four pillars. The parameters were defined by programme elements that were cited as being effective in leading to nutrition outcomes. Countries were selected based on having the potential to advocate for workforce nutrition programmes—either by having a GAIN office or ongoing engagement with the Workforce Nutrition Alliance[i].

Table 1. An overview of the parameters used to analyse policy and legislative enablers for the four workforce nutrition pillars.

Workforce nutrition pillars	Parameters	Workforce nutrition pillars	Parameters
 **Healthy food at work**	A1 Reference to in-kind remuneration/food allowance A2 Canteen or other provision for food at work/Provisions for vulnerable workers A3 Worker representation in workplace food committee A4 Reference to encouraging healthy food choices A5 National Food Security Policy/ Food for Work Programme	 **Nutrition education**	B1 National Nutrition Plan/Strategy stresses nutrition education B2 Standardised material available on nutrition education B3 National non-communicable diseases (NCDs) strategy emphasises healthy diet and exercise B4 National level awareness programme on NCDs B5 Trainings held concerning nutrition education
 **Nutrition-Focused Health Checks**	C1 Health checks beyond occupational health and safety C2 Universal health coverage/ social health insurance C3 Subsidised/affordable health checks C4 Additional screening for pregnant women C5 National Nutrition Plan/ Strategy includes nutritional counselling	 **Breastfeeding support**	D1 Mandated maternity leave of 18 weeks (ILO R191) D2 Payment of medical benefits to pregnant women (ILO R191) D3 Breastfeeding spaces within or close to the workplace D4 Nursing breaks/reduction of working hours for pregnant and lactating women D5 Provisioning of creche/child support

FINDINGS

Findings show that each country has existing policies that would (partially) fulfil one or more parameters within each pillar (Table 2). For example, all countries have a national NCD strategy that emphasises healthy diet and exercise (B3). Most countries also have policies in place that ensure payment of maternity benefits, in line with the ILO recommendation R191 (D2). Similarly, each country has opportunities to expand policies and fulfil more parameters, which would further advance employer-driven approaches for improving nutrition among worker populations. For example, encouraging workers' involvement and representation in workplace food committees is an opportunity for nearly all countries to advance on Healthy food at work (A3). There is also scope to

[i] The Workforce Nutrition Alliance was launched in October 2019 by the Consumer Goods Forum (CGF) and the Global Alliance for Improved Nutrition (GAIN) to help employers ensure their employees have access to and knowledge about healthy nutrition, breastfeeding support, and nutrition-focused health checks. (https://workforcenutrition.org/)

expand policies within the pillar of nutrition-focused health checks by stimulating subsidised health checks (C2) or referencing additional screening for pregnant and lactating women (C3).

Furthermore, the analysis shows that policy landscapes are more variable between regions than within regions. Colombia and Mexico have similar assessments for four out of five parameters under Healthy Food at Work and Breastfeeding Support but score differently on Nutrition-Focused Health Checks and Nutrition Education parameters. Within Asia and Africa, there are always two countries that have (partially) fulfilled a given parameter, providing an example for other countries in the region.

Healthy Food at Work: Most countries recognise many elements of healthy food at work, in particular enabling choices of healthy options and having food security programmes for workers. Most often overlooked are aspects of worker engagement in food provision choices. The labour laws and codes of Bangladesh (7), India (8), and Pakistan (9) have specific provisions for at-work cafeterias at public and private companies (specially manufacturing firms) over a specified size (A2). They also have provisions for worker involvement in managing such dining spaces or cafeterias (A3). Therefore, it is more likely that these may be amenable to a well-designed, contextual, healthy menu customised for workers (A4). Some countries have provisions for special circumstances where food (often noted as healthy food) may not be readily available, often due to specific circumstances. This includes provision of food for women doing night work in Indonesia (10), oil workers in Colombia (11), and ship workers, hotel staff, and domestic workers in Mexico (12)(A1).

Most countries recognise the importance of food security for vulnerable worker population groups (A5). Nine of the 12 countries had comprehensive food security policies, strategies, and food-for-work programmes. The National Multisectoral Nutrition Action Plan of Tanzania referred to advocating for and developing nutrition packages at workplaces, though there was no specification of what these nutrition packages would entail (food or otherwise)(13). For Ethiopia and Mexico, food security programmes were reportedly in place, but there was no specific mention of a food-for work programme.

Table 2. Sub-component assessment across four thematic pillars of Workforce Nutrition

WFN Pillars and Parameters		Asia				Africa						Latin America	
		BD	IN	ID	PK	ET	KN	MZ	NG	TZ	UG	CB	MX
Healthy Food at Work	A1 Reference to in-kind remuneration/food allowance												
	A2 Canteen or other provision for food at work/Provisions for vulnerable workers												
	A3 Worker representation in workplace food committee												
	A4 Reference to encouraging healthy food choices												
	A5 National Food Security Policy/ Food for Work Programme												
Nutrition Education	B1 National Nutrition Plan/Strategy stresses nutrition education												
	B2 Standardised materials available on nutrition education												
	B3 National non-communicable diseases (NCDs) strategy emphasises healthy diet and exercise												
	B4 National level awareness programme on NCDs												
	B5 Trainings held concerning nutrition education												
Nutrition-focused Health Checks	C1 Health checks beyond occupational health and safety												
	C2 Universal health coverage/ social health insurance												
	C3 Subsidised/affordable health checks												
	C4 Additional screening for pregnant women												
	C5 National Nutrition Plan/ Strategy includes nutritional counselling												
Breastfeeding Support	D1 Mandated maternity leave of 18 weeks (ILO R191)												
	D2 Payment of medical benefits to pregnant women (ILO R191)												
	D3 Breastfeeding spaces within or close to the workplace												
	D4 Nursing breaks/reduction of working hours for pregnant and lactating women												
	D5 Provisioning of creche/child support												

Abbreviations: BD, Bangladesh; IN, India; ID, Indonesia; PK, Pakistan; ET, Ethiopia; KN, Kenya; MZ, Mozambique; NG, Nigeria; TZ, Tanzania; UG, Uganda; CB, Columbia; MX, Mexico. **Legend:** The colour indicates how national policies are fulfilling (dark grey), partially fulfilling (grey), or unfulfilling (light grey) the parameters described in the overview **Table 1**.

Nutrition Education: Most countries identified schools and communities as the traditional spaces for implementing nutrition education initiatives and often through health and community workers. Few countries refer to workplaces as the setting for introducing nutrition education or promoting dietary recommendations and healthy lifestyle shifts (B1). Nigeria's 2019 National Health Promotion Policy discusses the scope of health promotion interventions across diverse settings, including healthy workplaces (14). Likewise, most countries comment on the development or availability of standardised materials nationally, but there is limited mention of the development and dissemination of standardised nutrition education materials for workplaces (B2). India's Eat Right India campaign, which offers toolkits that can be used by worksites, is an exception (15).

Most countries have strategies for reducing NCD prevalence through information and communication materials (B3). Kenya is exceptional in terms of the private sector's mandate for supporting NCD prevention and control initiatives in the workplace. Its National Strategic Plan for the Prevention and Control of Non-Communicable Diseases states that 'the private sector is expected to support implementation of non-communicable disease prevention and control initiatives at their workplaces' (16). Other promising examples, including those related to national awareness programmes on NCDs (B4), are:

- Tanzania's 2018 National Noncommunicable Disease Strategy discusses the need to increase awareness of NCDs and related risk factors, for instance by carrying out workplace-based health promotion activities (17), and the 2021 National Multisectoral Nutrition Action Plan refers to working with the private sector to implement nutrition packages, which include the prevention of overweight and obesity (13).
- India's 2017 National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable Diseases aims to have healthy promotion approaches adopted in workplaces, such as: workshops, Information, Education and Communication (IEC) materials, and training packages (18).
- In Indonesia, the National Strategic Action Plan for Prevention and Control of Non-Communicable Diseases 2015-2019 presents campaigns through mass media about nutrition balance and physical activity as 'best buys' and identifies workplaces as institutions that should promote healthy behaviours and reduce NCDs (19).

Nutrition-focused Health Checks: Of the four workforce nutrition pillars, nutrition-focused health checks is the least fulfilled across the country policies. Contexts vary highly depending on the extent to which health care is socialised and which costs are borne by individuals or employers as opposed to the government. Some countries, such as Kenya, Tanzania, and Uganda, reference regular nutrition-focused health checks in worksites that include diet-related NCDs. In the case of Uganda (20), the current national policy instruments call for regular medical surveillance of workers, encompassing clinical examinations, biological monitoring, or medical tests (C1). Similarly, some countries have specific references to medical examination, treatment, or health care being subsidised and provided by the employer (C3). In many cases, countries have already achieved some level of universal health coverage or social health insurance, with other countries moving toward that (C2).

Additional screenings for pregnant women were referenced in most cases, commonly via a mandatory health plan (Bangladesh, Colombia, Ethiopia, Kenya, Indonesia, and Nigeria). However,

two countries specifically reject requiring the private sector to provide certain maternity entitlements: Mozambique establishes that care during pregnancy is an employer's prerogative rather than an obligation (21), and in Nigeria employers are not liable for any medical expenses due to pregnancy (22)(C4).

In terms of national plans for nutrition-focused health checks, Ethiopia has strategised for broad nutritional assessment and counselling services, with the objective of setting up nutrition clubs in communities, schools, and all workplaces (23)(C5). Under its 2018 Multi-sectoral Nutrition Strategy, Pakistan advocates for adopting its National Essential Nutrition Service Delivery Package by private-sector employers, amongst others. This would entail, depending on provincial programmes, screening of pregnant and lactating women, nutrition counselling, and food provisioning (24).

Breastfeeding Support: Three countries (India, Pakistan, and Colombia) have existing policies that align with the ILO recommendation of 18 weeks of maternity leave, while it ranges from 8 to 12 weeks in many of the remaining countries (D1). Most countries have clear entitlements for workers during maternity leave. However, some countries have specified entitlements, including that financial benefits are provided based on specific criteria and not for all births (Bangladesh, India, and Pakistan); there is no clear reference to the amount of pay (Ethiopia); or there is reference to reduced pay during maternity leave (Nigeria)(D2).

Policies in Pakistan, Mozambique, Nigeria, and Tanzania have no clear reference to creating breastfeeding-friendly spaces at or close to the workplace. However, Tanzania's future policy objective is linked to improving breastfeeding practices within the National Multi-sectoral Nutrition Action Plan (13)(D3). The policies of Bangladesh, Pakistan, and Ethiopia have no clear mandate towards facilitating nursing breaks, flexible work schedules, or reduction in work time that would allow lactating mothers to feed their nursing infants (D4). Many countries have references to creches or child support centres, though no such reference was found for Nigeria, Tanzania, and Colombia (D5).

CONCLUSIONS

National policies, plans, and legislation act as guideposts for public- and private-sector organisations when it comes to improving workforce nutrition. Improved action in the policy arena supporting workforce nutrition can be achieved through the four thematic pillars. The findings of this paper demonstrate that all countries included in the analysis have a mandate and scope for accelerating progress across the four pillars and parameters, regardless of where they are currently positioned or the existing policy context (Box 2). Regional and country comparisons could provide insights to policymakers and policy influencers on how policies could be adapted and expanded. Nutrition-focused health checks and nutrition education programmes in the workplace are still not very

commonly mandated. More progress could be made to expand and strengthen policies to align with the evidence behind these two workforce nutrition pillars.

BOX 2. COUNTRY POLICY BRIEFS

Country policy briefs were developed to specifically highlight existing national workforce nutrition policies and opportunities for improvement. Countries were selected based on having the potential to advocate for workforce nutrition programmes either by having a GAIN office (Mozambique, Uganda, Kenya, Nigeria, Ethiopia, Bangladesh, India) or ongoing engagement with the Workforce Nutrition Alliance (Mexico, Colombia).

Promotion of workforce nutrition through policy has limitations. Effective accountability mechanisms need to be in place to monitor compliance with policies, otherwise they have limited use. In addition, many examined countries have large populations working in the informal sector, who are not reached through formal workplace-based interventions. Some workforce policies could expand to include supply chain workers. Businesses benefit from this workforce and can contribute to their wellbeing, even if they are not formal employees.

Continued policy action could help address the Sustainable Development Goals. As elaborated in a GAIN evidence brief (5), individual outcomes observed as a result of workforce nutrition programmes have included increased job satisfaction, reduced sick days, higher consumption of healthy foods, and increased duration of exclusive breastfeeding, amongst others. Business outcomes have included reduced absenteeism, enhanced productivity, reduced medical costs, and lower rates of accidents and mistakes, which together could lead to an increase in national GDP (25). When combined, it is clear that workforce nutrition actions are a win-win-win approach: improving individual lives, business outcomes, and national economies. GAIN, as part of the Workforce Nutrition Alliance[i], will continue to work with policymakers and policy influencers by drafting, implementing, and monitoring public policies for improved workforce nutrition to maximise these triple benefits.

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