Background: Low-middle income countries (LMICs) face high prevalence of nutritional diseases, with obesity prevalence up to 69-80% of male/female adults and 40% for diabetes, costing households and governments US$485 billion annually. Food insecurity, linked to low LMIC resilience to climate change, constrains policy options. With populations dispersed over wide areas and difficult, expensive communications and transport, LMIC governments work with very limited budgets and a skills shortage, resulting in staff overcommitted with many responsibilities. Further, policy inefficiencies strongly affect small economies. Consequently, national responses are difficult despite the magnitude of the problem.

Policy analysis: WHO supports a multisectoral approach to address NCDs, called ‘Health in All Policies’ (HiAP). HiAP is a policy framework incorporating health analysis in the formulation of policies in other sectors. Case studies of HiAP applied to nutrition from Thailand, Australia and Chile, involving agriculture, labour, environment, natural resources and other sectors, are presented. HiAP is especially relevant to LMICs because it structures limited public sector around the NCD crisis. Rising NCDs and food insecurity are shaped by agriculture, food production, transport costs and trade dependence on food imports. Thus, a multi-sectoral policy response is necessary and appropriate.

Next steps: LMIC responses to the NCD and food security crisis can benefit from HiAP. Policy makers require training to undertake HiAP with a ‘whole-government’ response to NCDs and food security. Research on HiAP implementation can adapt the model to different contexts. Civil society involvement in the process ensures cultural fit and gender equitability in policy formulation.