



Food and Agriculture
Organization of the
United Nations



World Health
Organization

STRENGTHENING NUTRITION ACTION

A resource guide
for countries based on the
policy recommendations
of the Second
International Conference
on Nutrition (ICN2)



UNITED NATIONS DECADE OF
ACTION ON NUTRITION
2016-2025

STRENGTHENING NUTRITION ACTION

A resource guide for countries based on the policy recommendations
of the Second International Conference on Nutrition (ICN2)

Food and Agriculture Organization of the United Nations
World Health Organization
Rome, 2018

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the Food and Agriculture Organization of the United Nations (FAO) or of the World Health Organization (WHO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or products of manufacturers, whether or not these have been patented, does not imply that these are or have been endorsed or recommended by FAO or WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by FAO and WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall FAO and WHO be liable for damages arising from its use.

The views expressed herein are those of the authors and do not necessarily represent those of FAO or WHO.

FAO ISBN 978-92-5-130956-8

WHO ISBN 978-92-4-155025-3

© FAO and WHO, 2018

FAO and WHO encourage the use, reproduction and dissemination of material in this information product. Except where otherwise indicated, material may be copied, downloaded and printed for private study, research and teaching purposes, provided that appropriate acknowledgement of FAO and WHO as the source and copyright holder is given and that FAO and WHO's endorsement of users' views, products or services is not implied in any way.

All requests for translation and adaptation rights, and for resale and other commercial use rights should be made via www.fao.org/contact-us/licence-request or addressed to copyright@fao.org.

FAO information products are available on the FAO website (www.fao.org/publications) and can be purchased through publications-sales@fao.org.

© Cover photo: FAO/Gemina Garland-Lewis, WHO/Yoshi Shimizu, FAO/Marco Longari, FAO/Mia Cusack, FAO/Hoang Dinh Nam, WHO/Yoshi Shimizu, FAO/Alessia Pierdomenico.

CONTENTS

Foreword	V
Acknowledgements	VII
List of acronyms	IX
Purpose of this resource guide	XI
Audience and use	XI

Overview	1
UN Decade of Action on Nutrition, ICN2 and the SDGs	2
Unpacking the ICN2 Framework for Action	4
Introduction	4
Structure of guidance sheets	4
What are SMART commitments for action?	6
Introduction	6
What is a commitment?	6
Why a SMART commitment?	6
How are SMART commitments formulated and set?	7
How to monitor and report progress?	7

Guidance sheets for unpacking the ICN2 Framework for Action	9
--	----------

Action Area 1 - Sustainable, resilient food systems for healthy diets	11
Food systems for nutrition (Rec. 9, 10)	12
Food loss and food waste prevention and reduction for nutrition (Rec. 11)	15
Enhancing resilient food supply in crisis-prone areas (Rec. 12)	17
Saturated fat, sugars, salt and trans-fat reduction (Rec. 14)	19
Water management for nutrition (Rec. 50)	22
Food safety for nutrition (Rec. 53, 54, 55)	24
Antimicrobial resistance for nutrition (Rec. 56, 57)	27

Action Area 2 - Aligned health systems providing universal coverage of essential nutrition actions	31
Strong and resilient health systems (Rec. 25, 26, 27, 28)	32
Reduction of stunting and wasting among children under five years of age (Rec. 34, 35, 36, 37)	35
Health service policies and programmes to improve nutrition (Rec. 44, 46, 49)	38
Interventions related to health services to improve nutrition (Rec. 45, 47, 48)	41

Action Area 3 - Social protection and nutrition education	45
Nutrition education and information for behavioural change (Rec. 19, 20, 21)	46
Social protection for nutrition (Rec. 22, 23)	49
Income generation and decent rural employment (Rec. 24)	51
Action Area 4 - Trade and investment for improved nutrition	55
Sustainable investments for nutrition (Rec. 4, 8, 17)	56
International trade for nutrition (Rec. 17, 18)	59
Action Area 5 - Safe and supportive environments for nutrition at all ages	63
Influencing the food environment for healthy diets (Rec. 13, 15, 16)	64
Protect, promote and support breastfeeding (Rec. 29, 30, 31, 32, 33)	67
Childhood overweight and obesity (Rec. 38, 39, 40, 41)	71
Anaemia in women of reproductive age (Rec. 42, 43)	75
Sanitation and hygiene (Rec. 51, 52)	78
Action Area 6 - Strengthened governance and accountability for nutrition	81
Governance and coordination mechanisms for food security and nutrition (Rec. 1, 3, 6, 7)	82
Policies and programmes related to nutrition (Rec. 2, 8)	85
Multisectoral information systems related to food and nutrition (Rec. 5)	88
Annex 1: Recommendations from the ICN2 Framework for Action	92

FOREWORD

Eradicating hunger and ending all forms of malnutrition in the world remain major pervasive development challenges of our time.

Today, one in three people in the world suffer from at least one form of malnutrition. Not one country is free from malnutrition, be it hunger, undernutrition, micronutrient deficiency, overweight or obesity. Globally, dietary patterns have shifted from a diet rich in legumes, fruits and vegetables, and unrefined cereal foods to a diet with a high intake of refined carbohydrates, added sugars and fats, and excessive consumption of animal-source foods, especially meat in some regions.

Unhealthy diets and maternal and child malnutrition are among the current top risk factors for the global burden of disease and account for about one quarter of global deaths. Increasing numbers of people of all ages are affected by diet-related noncommunicable diseases (NCDs), including diabetes, hypertension, cardiovascular diseases and some cancers. Less than half of people in the world have full coverage with essential health services and treatment of people suffering from NCDs places a heavy burden on health systems. Low- and middle-income countries are assuming an increasing share of the economic burden of NCDs, as their populations grow and their food systems change.

Globally, significant quantities of food intended for human consumption are lost or wasted each year. This not only has implications in terms of economic losses for farmers and other stakeholders within the food value chain, but it also leads to higher prices for consumers and represents a major squandering of resources, including energy, labour, land and capital used in producing food. Reducing food losses in particular would contribute greatly to increasing the supply of available food in developing countries, thereby contributing to improving food security.

Climate change and other environmental factors impact food security and people's nutritional status and dietary choices, primarily through their effects on food production, food access, water safety, sanitation, time for necessary caregiving and income opportunities. The poor and vulnerable, especially women and children, are most affected by the consequences of the changing climate. Conversely, current food systems and dietary choices themselves contribute to climate change because of the greenhouse gas emissions they produce, some systems more than others.

The Second International Conference on Nutrition (ICN2), convened in 2014 and attended by 164 Member States of FAO and WHO, has been instrumental in raising global awareness about the need to transform food systems for better diets and a healthier planet. The adopted ICN2 outcome documents, the Rome Declaration on Nutrition and the Framework for Action (FfA), provide a global roadmap for addressing malnutrition in all its forms through multiple sectors, including food, agriculture, health, social protection, trade, education and the environment. We need food systems that are sustainable, resilient and efficient in providing year-round access to foods that cover people's nutrient needs in an equitable manner, and with due attention to environmental and health impacts.

In 2015, world leaders committed to achieve a set of goals and targets – the Sustainable Development Goals – and set out a vision for a more sustainable future for all, economically, socially and environmentally. At the centre of this 2030 Agenda for Sustainable Development is the elimination of all forms of malnutrition. To get there, we need a transformative change and a prioritization and acceleration of action-oriented efforts.

The United Nations (UN) Decade of Action on Nutrition (Nutrition Decade), proclaimed by the UN General Assembly in April 2016, has given us a window of high-level political attention to nutrition in order for us to scale up our collective efforts so that all people at all times and at all stages of life have access to affordable, diversified, safe and healthy diets. It calls upon national governments and other relevant stakeholders to actively support the implementation of the ICN2 commitments over 10 years, from 2016 to 2025. The Nutrition Decade provides an umbrella for all actors to work together to address malnutrition in all its forms.

This resource guide will support countries to make the policy changes that are required. The vision put forward by ICN2 is the consumption of diverse, nutritious and safe food for all through sustainable production, trade and distribution systems that enable healthy diets. This document also aims to support countries and other stakeholders in translating the ICN2 voluntary policy recommendations into concrete and SMART (**s**pecific, **m**easurable, **a**chievable, **r**elevant and **t**ime-bound) country-specific commitments for action.

The resource guide is structured around 24 themes that “unpack” the ICN2 FfA. Countries are invited to pick and choose those themes that are most relevant and applicable to their context.

The Nutrition Decade can be the movement of movements to provide all people with food that will contribute to healthy diets and optimal nutrition so that indeed by 2030 we have ended all forms of malnutrition and achieved food security and improved nutrition!

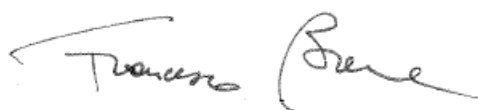
Anna Larrey

*Director
Nutrition and Food
Systems Division
FAO*



Francesco Branca

*Director
Department of Nutrition
for Health and Development
WHO*



ACKNOWLEDGEMENTS

This resource guide was prepared by a multidisciplinary team of the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) under the direction of Anna Lartey, Director of FAO's Nutrition and Food Systems Division, and Francesco Branca, Director of WHO's Department of Nutrition for Health and Development.

Core writing team

The primary conceptualization, drafting and coordination of this publication were carried out by Marie-Caroline Dodé, Matthias Leitner and Trudy Wijnhoven (FAO), and Lina Mahy and Simona Seravesi (WHO).

Additional FAO and WHO contributions

The development of the resource guide was made possible with substantial contributions from:

FAO: Amani Alfarra, Leslie Amoroso, Abisola Babalola, Daniela Battaglia, Camelia Bucatariu, Eleonora Canigiani, Francesca Distefano, Charlotte Dufour, Yenory Hernandez-Garbanzo, Ana Islas Ramos, Domitille Kauffmann, Tabitha Kimani, Ekaterina Krivonos, Hilde Kruse, Catherine Leclercq, Juan Lubroth, Sophia Lyamouri, Mark McGuire, Zofia Mroczek, Militezegga Abduk Mustafa, Anna Lisa Noack, Patrick Otto, Alessandro Patriarchi, Selvaraju Ramasamy, Cristina Rapone, Ahmed Raza, Maryam Rezaei, Alejandra Safa, Dia Sanou, Cristina Scarpocchi, Dirk Schulz, David Sedik, Florence Tartanac, Elvira Uccello, Benoist Veillerette, Esther Wieggers and Natalia Winder Rossi.

WHO: Tsogzolmaa Bayandorj, Sophie Boisson, Wendy Dawn Snowdon, Maria De Las Nieves Garcia Casal, Sandro Demaio, Mercedes De Onis, Albert Francis Domingo, Kaia Engesveen, Bruce Gordon, Laurence Grummer-Strawn, Dirk Horemans, Suvi Huikuri, Rania Kavar, Joseph Kutzin, Erand Llanaj, Benn McGrady, Kazuaki Miyagishima, John Murray, Leo Nederveen, Pham Thi Quynh Nga, Chizuru Nishida, Mohammad Qasem Shams, James Salisi, Howard Sobel, Theadora Swift Koller, Temo Waqanivalu, Zita Weise Prinzo, Juana Willumsen and Marzella Wüstefeld.

External technical reviewers

FAO and WHO gratefully acknowledge the review performed by and valuable feedback received from Hassan Aguenao (Ibn Tofaïl University, Morocco), Nawal Al Hamad (Public Authority for Food and Nutrition, Kuwait), Leila Alouane (National Institute of Nutrition and Food Technology, Tunisia), Entisar Al Shami (Public Authority for Food and Nutrition, Kuwait), Mona Al Sumaie (Public Authority for Food and Nutrition, Kuwait), Hajer Aounallah-Skhiri (National Public Health Institute, Tunisia), Mary Arimond (FHI 360), Nicolas Bidault (United Nations (UN) Network for Scaling Up Nutrition (SUN) Secretariat), Dennis Bittisnich (independent consultant), Shurooq Boodai (Public Authority for Food and Nutrition, Kuwait), Christine Campeau (UN System Standing Committee on Nutrition (UNSCN) Secretariat), Laila El Ammari (Ministry of Health, Morocco), Jalila El Ati (National Institute of Nutrition and Food Technology, Tunisia), Patrizia Fracassi (SUN Movement Secretariat),

Stuart Gillespie (International Food Policy Research Institute), Bart Goossens (Kombo Veterinary Services, The Gambia), Mirjana Gurinovic (Institute for Medical Research, Serbia), Christian Häberli (World Trade Institute, Switzerland), Amina Hajjab (Ministry of Agriculture, Morocco), Corinna Hawkes (City, University of London, United Kingdom), Alena Matzke (NCD Alliance), Louise Meincke (World Cancer Research Fund International) (WCRF), Mduduzi Mbuya (The Global Alliance for Improved Nutrition) (GAIN), Stineke Oenema (UNSCN Secretariat), Alia Poonawala (GAIN), Victoria Quinn (Helen Keller International), Felicitas Schneider (Johann Heinrich von Thünen Institute, Germany), Holly D. Sedutto (UN Network for SUN Secretariat), Fiona Sing (WCRF) and Helen Walls (London School of Hygiene and Tropical Medicine, United Kingdom).

Graphic design and editing

Sincerest gratitude is extended to Chiara Deligia (communication), Davide Moretti (graphic design), Simone Morini (publishing) and Brett Shapiro (editing).

LIST OF ACRONYMS

AMR	antimicrobial resistance
DRM	disaster risk management
FAO	Food and Agriculture Organization of the United Nations
FBDGs	food-based dietary guidelines
FfA	Framework for Action (ICN2)
FLW	food loss and waste
ICN2	Second International Conference on Nutrition
ILO	International Labour Organization
INFOSAN	International Food Safety Authorities Network
LLIN	long-lasting insecticidal net
NCD	noncommunicable disease
SDG	Sustainable Development Goal
SMART	specific, measurable, achievable, relevant and time-bound
UHC	Universal Health Coverage
UN	United Nations
WASH	(safe drinking) water, sanitation, and hygiene
WHA	World Health Assembly
WHO	World Health Organization

Purpose of this resource guide

In the context of the 2030 Agenda for Sustainable Development (“2030 Agenda”) and its Sustainable Development Goals (SDGs), countries are strongly encouraged to accelerate efforts in fighting hunger, food insecurity and malnutrition in all its forms. The achievement of the SDGs will only be met when much greater political focus is given to improving nutrition, as nutrition is both an input to and outcome of sustainable development.

The United Nations (UN) Decade of Action on Nutrition 2016-2025 (“Nutrition Decade”), under the normative framework of the 2014 Second International Conference on Nutrition (ICN2) and the 2030 Agenda, marks a new ambition and direction in global nutrition action.

While proclaiming the Nutrition Decade in April 2016, the UN General Assembly also endorsed the two outcome documents of the ICN2: the *Rome Declaration on Nutrition* and its *Framework for Action* (FfA). These documents provide the core elements and guidance from which national policies and programmes can be constituted.

FAO and WHO have developed this resource guide to support Member States, and regional and global communities to stimulate nutrition action and to consider the relevance of each of the recommended policies and actions included in the ICN2 FfA in their efforts to make existing commitments more ambitious or to make additional SMART (specific, measurable, achievable, relevant and time-bound) commitments where needed. These commitments will then be registered and monitored through a repository and reported on through existing World Health Assembly, FAO Conference and UN General Assembly reporting processes.

This resource guide is structured around 24 themes that are “unpacking” the ICN2 FfA (24 thematic guidance sheets). The reader is invited to pick and choose those themes that are most relevant and applicable to his or her area of work. This document is not a “how to” guide for multisectoral nutrition planning; it is a tool to support countries and other stakeholders in translating the generic ICN2 FfA recommendations into concrete and SMART country commitments for action.

Audience and use

This resource guide is intended primarily for policy advisors supporting government decision-makers and development partners involved in food security and nutrition policy development and implementation. It addresses all the ICN2 FfA recommendations and can be used by governments at national and decentralized levels, as well as relevant partners involved in multisectoral food and nutrition-related policy-making processes. It can also be used by other actors involved in a particular thematic area of work related to food and nutrition.



OVERVIEW



1

Second International Conference on Nutrition: better nutrition, better lives: www.fao.org/about/meetings/icn2/en/

2

ICN2 Rome Declaration on Nutrition: www.fao.org/3/a-ml542e.pdf; and ICN2 Framework for Action: www.fao.org/3/a-mm215e.pdf

3

UN Resolution on the 2030 Agenda for Sustainable Development: www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1

4

<https://sustainabledevelopment.un.org/sdg2>

5

UN Resolution on the UN Decade of Action on Nutrition: www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/259

6

A Work Programme for the Nutrition Decade has been developed according to the mandate of the UN General Assembly Resolution 70/259 and taking into account WHA Resolution 69/8 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R8-en.pdf). It describes the aims, added value and guiding principles of the Nutrition Decade; its action areas; its means of implementation for driving action and the roles of Member States and other stakeholders.

7

Noncommunicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression. The four main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

8

Global nutrition targets 2025: www.who.int/nutrition/global-target-2025/en; and diet-related voluntary global NCD targets: www.who.int/nmh/ncd-tools/definition-targets/en/

UN Decade of Action on Nutrition, ICN2 and the SDGs

In November 2014, at the Second International Conference on Nutrition¹ (ICN2) jointly organized by FAO and WHO in Rome, Italy, world leaders committed to eradicating hunger and preventing all forms of malnutrition (i.e. undernutrition, micronutrient deficiency, overweight and obesity) worldwide. A common vision for global action was set out, enshrined in the Rome Declaration on Nutrition and the ICN2 Framework for Action (FfA),² to ensure that everyone has access to sufficient, affordable, diversified, safe and nutritious foods that contribute to healthy diets. The ICN2 FfA provides a set of 60 policies and actions that governments, acting in cooperation with other stakeholders, may incorporate into their national nutrition, health, agriculture, development and investment plans (see Annex 1).

In September 2015, Member States adopted the 2030 Agenda for Sustainable Development ("2030 Agenda") and its Sustainable Development Goals (SDGs) at the United Nations (UN) General Assembly.³ Addressing malnutrition in all its forms is firmly embedded in the 2030 Agenda, in particular through SDG 2,⁴ which aims to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture.

Building on the momentum for an acceleration of actions on nutrition, the UN General Assembly declared the period from 2016 to 2025 a UN Decade of Action on Nutrition⁵ (hereafter "Nutrition Decade"), which provides a clearly defined, time-bound and cohesive framework for all countries and stakeholders to increase nutrition investments and implement policies and programmes to improve food security and nutrition (Figure 1).⁶

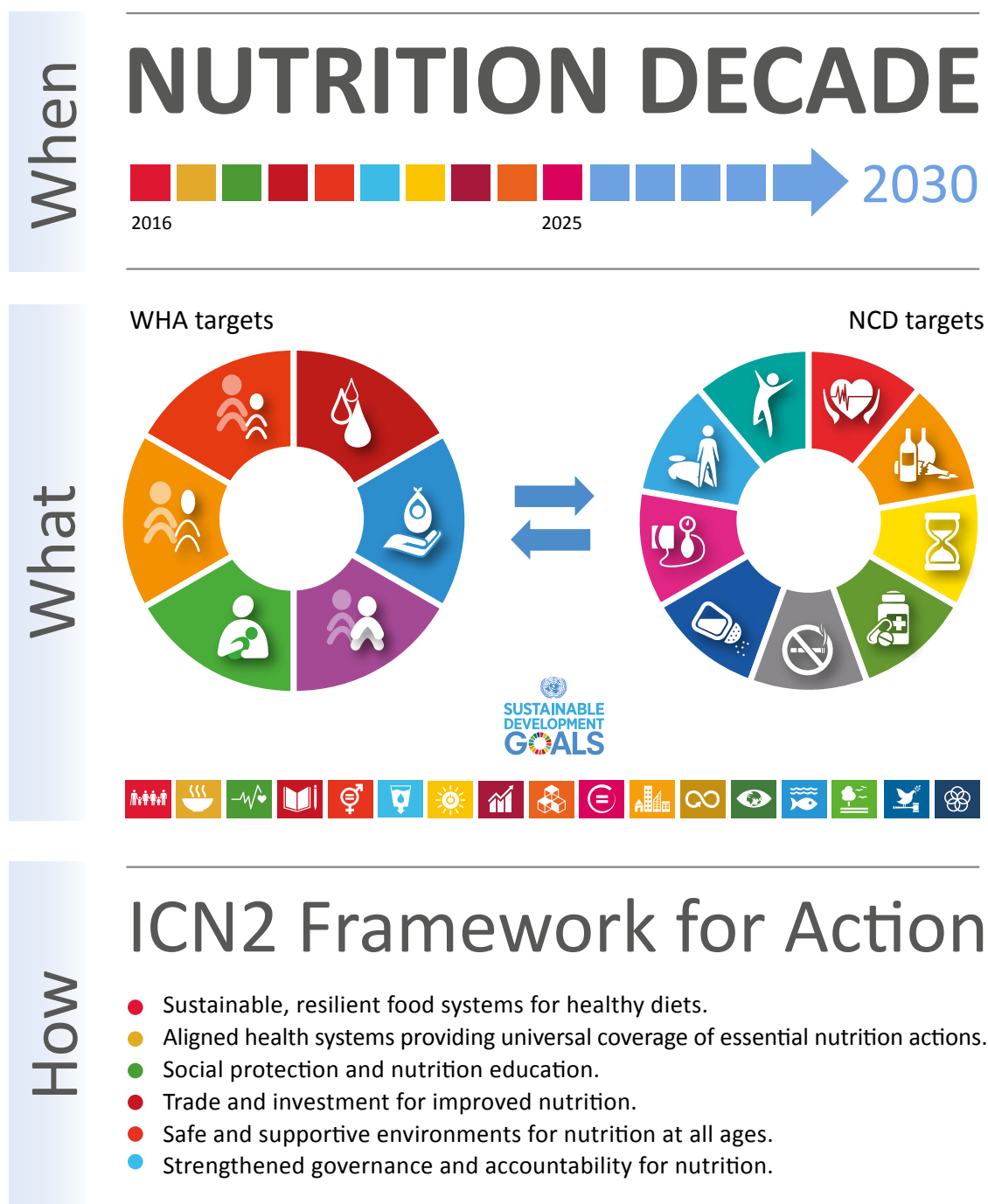
Figure 1. Timeline ICN2, SDG and Nutrition Decade.



The Nutrition Decade aims to increase the visibility, coordination, efficiency and effectiveness of nutrition action at all levels across the world. It fosters collaboration towards reaching the six global nutrition targets 2025 and the diet-related global noncommunicable disease⁷ (NCD) targets.⁸

The Nutrition Decade provides an opportunity for all partners to work together, mobilize action and accelerate efforts towards the elimination of hunger, food insecurity and all forms of malnutrition, and to meet the SDGs by 2030 (Figure 2).

Figure 2. Linkage between Nutrition Decade, SDG and ICN2.



Source: Adapted from UNSCN (2017).⁹

The Nutrition Decade is centred around six cross-cutting, integrative areas for impact, derived from the ICN2 FfA recommendations (see Box 1). These six areas are used to cluster the 60 ICN2 FfA recommendations (see Box 2).

⁹ By 2030, end all forms of malnutrition and leave no one behind: <https://www.unscn.org/uploads/web/news/NutritionPaper-EN-14apr.pdf>

Box 1: Six Action Areas of the UN Decade of Action on Nutrition

- Sustainable, resilient food systems for healthy diets;
- Aligned health systems providing universal coverage of essential nutrition actions;
- Social protection and nutrition education;
- Trade and investment for improved nutrition;
- Safe and supportive environments for nutrition at all ages; and
- Strengthened governance and accountability for nutrition.

Unpacking the ICN2 Framework for Action

Introduction

The set of 60 voluntary ICN2 FfA recommended policies and actions may be incorporated, as appropriate, by governments, acting in cooperation with other stakeholders, into their national nutrition, health, education, agriculture,¹⁰ environment, development, trade and investment plans, and can be considered in negotiating international agreements to achieve better nutrition for all.

The major focus of the ICN2 FfA is on policy options necessary to reach the overall objectives of ending all forms of malnutrition and transforming current food systems into sustainable food systems delivering healthy diets to all. These policy options encompass the comprehensive nutrition-specific¹¹ and nutrition-sensitive¹² dimensions of nutrition.

This resource guide unpacks the ICN2 FfA recommendations¹³ and groups them into 24 thematic guidance sheets. These 24 guidance sheets (see Box 2) aim to help the reader in the development of a country-level SMART commitment linked to any of the ICN2 FfA recommendations. Each guidance sheet can be used as a stand-alone document as a point of reference when working on a specific set of ICN2 FfA recommendations.

Structure of guidance sheets

The structure of each thematic guidance sheet is as follows:

Title of guidance sheet



List of ICN2 FfA recommendations covered



Rationale: A brief explanation on the current situation and why this topic is important for improving nutrition.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations:

A number of questions are listed that may be used as a springboard for (sub-) national dialogue as countries review what is actually being done vis-à-vis the different recommendations. It then opens ways to identify potential new actions and priorities that countries might consider to operationalize the ICN2 FfA recommendations. Some of these questions may also be used to monitor and report on progress (as a “checklist”) against the ICN2 FfA. These questions are not exhaustive and do not go into detail to reflect the circumstances in each country. Their main purpose is to encourage assessment of and reflection on the issue.



Examples of SMART commitments for action at country level: One to two examples of country-specific SMART (specific, measurable, achievable, relevant and time-bound) commitments for action for each ICN2 FfA recommendation are provided that can inspire countries to make their own to accelerate action on nutrition. The examples do not go into the detail necessary to reflect the circumstances in each country.



FAO and/or WHO references to strategic and policy guidance: Existing evidence that relates to the theme is provided as well as documents listed that have been used for the writing up of the section “Rationale”. Here, references are made to WHO and FAO publications only. References external to FAO and WHO, when cited, are listed in a footnote for the respective text.

10

The term “agriculture” comprises crops, livestock, forestry and fisheries.

11

Nutrition-specific: those that address the immediate determinants of malnutrition in all its forms.

12

Nutrition-sensitive: those that address the underlying causes of malnutrition in all its forms.

13

ICN2 FfA recommendation 58 has only been indirectly included as countries establish their own nutrition targets and intermediate milestones based on the ICN2 FfA recommendations 1-57; ICN2 FfA recommendations 59 and 60 have not been included as they refer to FAO and WHO reporting requirements and monitoring under ICN2. This resource guide covers ICN2 FfA recommendations 1 to 57.

Box 2: 24 thematic guidance sheets for unpacking the ICN2 Framework for Action – listed here under the 6 Action Areas of the UN Decade of Action on Nutrition

Action Area 1 - Sustainable, resilient food systems for healthy diets

- Food systems for nutrition (Rec. 9, 10)
- Food loss and food waste prevention and reduction for nutrition (Rec. 11)
- Enhancing resilient food supply in crisis-prone areas (Rec. 12)
- Saturated fat, sugars, salt and trans-fat reduction (Rec. 14)
- Water management for nutrition (Rec. 50)
- Food safety for nutrition (Rec. 53, 54, 55)
- Antimicrobial resistance for nutrition (Rec. 56, 57)

Action Area 2 - Aligned health systems providing universal coverage of essential nutrition actions

- Strong and resilient health systems (Rec. 25, 26, 27, 28)
- Reduction of stunting and wasting among children under five years of age (Rec. 34, 35, 36, 37)
- Health service policies and programmes to improve nutrition (Rec. 44, 46, 49)
- Interventions related to health services to improve nutrition (Rec. 45, 47, 48)

Action Area 3 - Social protection and nutrition education

- Nutrition education and information for behavioural change (Rec. 19, 20, 21)
- Social protection for nutrition (Rec. 22, 23)
- Income generation and decent rural employment (Rec. 24)

Action Area 4 - Trade and investment for improved nutrition

- Sustainable investments for nutrition (Rec. 4, 8, 17)
- International trade for nutrition (Rec. 17, 18)

Action Area 5 - Safe and supportive environments for nutrition at all ages

- Influencing the food environment for healthy diets (Rec. 13, 15, 16)
- Protect, promote and support breastfeeding (Rec. 29, 30, 31, 32, 33)
- Childhood overweight and obesity (Rec. 38, 39, 40, 41)
- Anaemia in women of reproductive age (Rec. 42, 43)
- Sanitation and hygiene (Rec. 51, 52)

Action Area 6 - Strengthened governance and accountability for nutrition

- Governance and coordination mechanisms for food security and nutrition (Rec. 1, 3, 6, 7)
- Policies and programmes related to nutrition (Rec. 2, 8)
- Multisectoral information systems related to food and nutrition (Rec. 5)

What are SMART commitments for action?

Introduction

This section guides countries and their development partners on how to develop and strengthen nutrition-specific and nutrition-sensitive SMART commitments for action in the country (see Box 3). Countries are encouraged to either “SMART-en” existing commitments or formulate additional SMART commitments for action. Both types of commitments can be registered and monitored at global level for transparency, visibility and accountability.

What is a commitment?

This resource guide refers to commitments as commitments **for action** on nutrition, corresponding to policy development processes, delivery mechanisms or financial investments. These commitments can be financial or non-financial and should reflect national priorities and respond to the country's nutrition situation and current food and health systems. They may: (i) be set to achieve one or more nutrition targets and intermediate milestones, consistent with the timeframe for the implementation of the six global nutrition targets to be achieved by 2025 and the diet-related global NCD targets of the WHO *Global Action Plan for the Prevention and Control of Noncommunicable Diseases*;¹⁴ (ii) be linked to one or more of the ICN2 FfA recommendations; or (iii) mobilize domestic and international financial resources to implement actions related to the selected ICN2 FfA recommendations or the broader action areas of the Nutrition Decade.

Why a SMART commitment?

The ICN2 policy commitments are global, generic commitments. They are the result of a year-long negotiation process among Member States. However, these commitments do not include a concrete timeline for achievement, as they are global and as such need to be relevant to all countries. This makes it challenging to follow up and monitor the progress of their achievement. The Nutrition Decade provides a ten-year timeframe within which governments and their partners are encouraged to set, track and achieve concrete, focused and context-specific (SMART) commitments, which can easily be monitored using existing nutrition information systems.

14

*Global Action Plan
for the Prevention
and Control of
Noncommunicable
Diseases 2013-2020:*
[http://apps.who.int/iris/
bitstream/10665/
94384/1/9789241506236
_eng.pdf](http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf)

Box 3: Think SMART when revising current commitments and developing additional ones

- S = specific – The commitment refers to a specific action and indicates who is responsible for implementing it.
- M = measurable – The commitment can be monitored through (a set of) an indicator(s) to enable its progress and achievement to be tracked.
- A = achievable – The commitment refers to a realistic context, based on availability of human and financial resources as well as level of progress achieved in the past.
- R = relevant – The commitment reflects a country's situation, national priorities and the challenges it faces.
- T = time-bound – The commitment's key milestone is to be met within a realistic timeframe for achievement.

How are SMART commitments formulated and set?

An increasing number of countries have already established priorities and targets to improve nutrition as expressed through national policies and plans of action on nutrition, yet they may wish to turn them into SMART commitments for action and have these commitments registered. Registration in a public FAO/WHO repository will facilitate global monitoring and reporting, and as such is a transparent accountability tool.¹⁵ Countries and other actors that wish to strengthen current or develop additional commitments may consider the following elements:

- ✓ Review current priorities and related actions in order to convert currently existing commitments into SMART commitments for action;
- ✓ For additional SMART commitments:
 - Be inspired by the examples of SMART commitments for action on nutrition provided in this resource guide;
 - Check that the formulated SMART commitments respond as much as possible to the “SMART” criteria (see Box 3);
- ✓ For each of the (re-)formulated SMART commitments for action: assess the implications relative to (i) existing policies and programmes; (ii) institutional requirements; and (iii) costs.

How to monitor and report progress?

The Nutrition Decade offers a unique opportunity for governments to bring forward publicly their commitments for action on nutrition. Commitments from Member States are to be formalized through a communication between the Head of State or Minister and the Director-Generals of either FAO or WHO, or both. Commitments can be submitted continuously throughout the course of the Nutrition Decade. Commitments made by Member States are included in a publicly accessible repository managed by the joint FAO/WHO Secretariat of the Nutrition Decade.

Commitments can be made by national authorities at different levels of government, including municipalities, but should always be transmitted through government’s central authorities. High-level commitments on ICN2 FfA recommendations made through Nutrition for Growth or other existing platforms and relevant initiatives across multiple sectors may be included in the Nutrition Decade repository following the process described above. FAO and WHO coordinate with these platforms to ensure consistency of the commitments and the monitoring process.

The Nutrition Decade's Secretariat provides guidance and support for the development, recording and analysis of commitments made by governments. Governments submitting commitments are expected to provide information annually to allow tracking of progress on their implementation and to document achievements and successes.

A dialogue on accountability will be established through major events, with all relevant initiatives and platforms aimed at soliciting commitments in nutrition and related fields. Periodic gatherings of partners may provide opportunities to discuss and mobilize financial and political commitments from governments, donors, civil society, the United Nations and business. Biennial reports on the Nutrition Decade implementation will be submitted to the World Health Assembly (WHA),¹⁶ the FAO Conference¹⁷ and the UN General Assembly and contain a mapping of the commitments made by governments, their progress and achievements.

15
For further information on the FAO/WHO repository, please contact nutrition@fao.org or nutrition@who.int.

16
Outcome of the Second International Conference on Nutrition: http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_30-en.pdf

17
Progress report on the implementation of the United Nations Decade of Action on Nutrition and follow-up to the Second International Conference on Nutrition (ICN2): www.fao.org/3/a-mt359e.pdf



A photograph of a young, smiling baby sitting in a medical examination table. The baby is holding a colorful, ring-shaped toy in their right hand. A healthcare worker's hands are visible, one supporting the baby from behind and the other near the baby's feet. The background shows a clinical setting with a white paper towel dispenser and a yellow wall with a cartoon monkey sticker.

**GUIDANCE SHEETS
FOR UNPACKING THE ICN2
FRAMEWORK FOR ACTION**



ACTION AREA

1

SUSTAINABLE, RESILIENT FOOD SYSTEMS FOR HEALTHY DIETS

- **Food systems for nutrition** (Rec. 9, 10) 12
- **Food loss and food waste prevention and reduction for nutrition** (Rec. 11) 15
- **Enhancing resilient food supply in crisis-prone areas** (Rec. 12) 17
- **Saturated fat, sugars, salt and trans-fat reduction** (Rec. 14) 19
- **Water management for nutrition** (Rec. 50) 22
- **Food safety for nutrition** (Rec. 53, 54, 55) 24
- **Antimicrobial resistance for nutrition** (Rec. 56, 57) 27

FOOD SYSTEMS FOR NUTRITION

(REC. 9, 10)



Recommendation 9: Strengthen local food production and processing, especially by smallholder and family farmers, giving special attention to women's empowerment, while recognizing that efficient and effective trade is key to achieving nutrition objectives.

Recommendation 10: Promote the diversification of crops including underutilized traditional crops, more production of fruits and vegetables, and appropriate production of animal-source products as needed, applying sustainable food production and natural resource management practices.

Food production, consumption and waste trends and patterns are among the most important drivers of climate change and related environmental pressures. As such, there is an urgent need for food systems¹⁸ to function more sustainably, within the context of a finite and sometimes shrinking resource base, and in a way which uses natural resources more responsibly, preserving the ecosystems on which they rely. Food systems must also be reformed to improve production of and access to foods which comprise healthy diets, and to empower consumers to increase consumption of those foods. These two goals – improving the environmental and human health – can be approached simultaneously and are indeed best viewed as synergistic. Strengthening local food supply chains and increasing production diversification in an environmentally sustainable manner are critical to meeting both goals.



Rationale

Nutrition should be incorporated into all aspects of food systems – starting with nutrient-rich soils that will improve crop quality, and extending to food safety, food processing, food fortification and proper food preparation and consumption in households. Food processing can be important for making nutritionally rich but quickly perishable foods, such as fruits, vegetables and dairy products, available year-round and for protecting against food loss and waste (FLW). Improved food-processing technologies can also reduce food preparation time, and thus can free up time for individuals – most often women – to engage in other activities, including childcare or income generation. Nutrition education initiatives that increase food literacy and explain which food combinations will provide essential vitamins and minerals can have a big impact as well.

Linkages between food systems and nutritional outcomes, are often indirect – mediated through incomes, prices, access, knowledge, gender roles, and other factors. In addition, food system policies and interventions are rarely designed with nutrition as a primary objective, so impacts can be difficult to trace and researchers sometimes conclude that food system interventions are ineffective in reducing malnutrition. Every aspect of a national food system should align to support good nutrition or do no harm to it; any single intervention in isolation is unlikely to have a significant impact. Interventions that consider food systems as a whole are more likely to achieve positive nutritional outcomes.

Good food system governance is crucial. Increasingly, decisions regarding who produces food, what food is produced, when, where and how that food is produced, and who gets to eat it, are being made by a small number of large, multi-national agri-food companies. Public policy decisions that impact food systems and often facilitate structural change continue to be made at local, regional, national and international levels of government. Meanwhile,

18

A food system gathers all the elements (environment, people, inputs, processes, infrastructures, institutions, etc.) and activities that relate to the production, processing, distribution, preparation and consumption of food, and the outputs of these activities, including socio-economic and environmental outcomes: www.fao.org/docrep/018/i3300e/i3300e.pdf

farmers, consumers, policymakers and communities are trying to cope with the impacts that the increasing consolidation and concentration are having. Better governance of food systems at all levels, facilitated by high-level political support, is needed to build a common vision, to support evidence-based policies, and to promote effective coordination and collaboration through integrated, multisectoral and coherent action.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there national measures, strategies or action plans that aim to support local food producers (including smallholders and family farmers) and expand local agro-industry and value chain development as well as to facilitate investments in small- or medium-scale agribusiness?
- Are there national measures, strategies or action plans that take into account environmental stewardship and take active steps to build considerations of “externalities” to human and planetary health into overall aims to increase productivity and incomes?
- Are there national measures, strategies or actions plans on sustainable food production and natural resources management practices that help confer nutrition benefits (for example dietary diversification or reduction of free sugars in food products)?
- Are there national agricultural production strategies or policies that incorporate a nutrition perspective?
- Are there national nutrition policies that incorporate the status and potential limitations of the food system?
- Are there incentives for greater production of fruits and vegetables?
- Are there food price policies, agricultural subsidies (e.g. subsidies for sugar or palm oil production) or trade policies that may have led to counterproductive effects on nutrition and thus may need reform?
- Are there national measures, strategies or plans that aim to enhance the economic empowerment of women?
- What are the challenges to overcome in order to strengthen the linkages between agricultural investments and access to and availability of a healthy diet?
- Which steps have already been taken to mainstreaming nutrition in national agriculture and rural development investments?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 9:

- By December 2021, the legislative body,* with input from the Ministry of Agriculture, has passed a law requiring that XX percent of the national budget for meals served in public primary and secondary schools and other government-run facilities as prisons, hospitals and canteens of government agencies is used to procure food from smallholder and family farms, up from YY percent.
- By December 2025, the Government has implemented measures so that incomes of at least XX percent of all small-scale food producers have been doubled since 2018, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment.

✓ Example of a SMART commitment for Recommendation 10:

- By December 2025, the Ministry of Agriculture together with the Ministry of Health have facilitated programmes to increase crop production of context-appropriate fruit and vegetable crops for domestic consumption by XX percent compared to the current production of YY tons.

*
Legislative body refers to a law-making body of the government to account for different political systems and names of such bodies.



FAO and/or WHO references to strategic and policy guidance

FAO. 2017. *Nutrition-sensitive agriculture and food systems in practice: options for intervention*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i7848e.pdf

FAO. 2016. *Commission on Genetic Resources for Food and Agriculture. Voluntary Guidelines for Mainstreaming Biodiversity into Policies, Programmes and National and Regional Plans of Action on Nutrition*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i5248e.pdf

FAO. 2016. *Developing gender-sensitive value chains: a guiding framework*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i6462e.pdf

FAO. 2014. *Developing sustainable food value chains: guiding principles*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i3953e.pdf

FAO. 2014. *Building a common vision for sustainable food and agriculture: principles and approaches*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i3940e.pdf

FAO. 2013. *The State of Food and Agriculture: food systems for better nutrition*. Rome. [Accessed 27 November 2017.] www.fao.org/docrep/018/i3300e/i3300e.pdf

FAO. 2011. *Save and grow: a policymaker's guide to the sustainable intensification of smallholder crop production*. Rome. [Accessed 27 November 2017.] www.fao.org/docrep/014/i2215e/i2215e.pdf

WHO. 2015. *Healthy diet Factsheet N°394* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/mediacentre/factsheets/fs394/en/

FOOD LOSS AND FOOD WASTE PREVENTION AND REDUCTION FOR NUTRITION (REC. 11)



Recommendation 11: Improve storage, preservation, transport and distribution technologies and infrastructure to reduce seasonal food insecurity, food and nutrient loss and waste.

The global food system puts significant pressure on the world's natural resources and is a major cause of greenhouse gas emissions. At the same time, roughly one third of food produced, stored, processed, distributed, and purchased by consumers is annually either lost or wasted. This reduces productivity, availability and accessibility of safe and nutritious food for direct human consumption, and adversely impacts all food supply chain actors, including end-consumers, as well as the health of the planet.



Rationale

Actions to prevent and reduce FLW are part of a broader agenda to strengthen synergies between environmental sustainability and the promotion of nutrition-sensitive food systems. This duality calls for better practices in terms of environmental sustainability and health across the food supply chains – from improved agricultural production practices, food storage, transformation and distribution, all the way through to increased availability of and access to high-quality, diverse and nutritious foods that contribute to healthy diets. Reduction in FLW, and hence reduction in micronutrient losses in the food supply chain, may also potentially contribute to reducing micronutrient deficiencies among vulnerable populations.

Food safety considerations are key when linking reduced FLW to other nutrition-sensitive food system activities. Food safety should never be compromised while interventions are being implemented at the food supply chain level or when priorities are being established at the policy level, including education programmes for end-consumers' capacity and knowledge development. Food security and adequate nutrition imply the provision of safe food. The FLW that takes place because of food safety concerns – and the need to discard unsafe food that may represent a physical, biological or chemical hazard and put human health at risk – contribute to ensuring the food-safety aspect of food security and nutrition. Adequate solutions for preventing and reducing FLW should include addressing and monitoring the causes of potential food safety concerns.

In order to achieve the SDGs and other commitments concerning food security and nutrition, capacity to prevent and reduce FLW needs to be strengthened urgently. The measures considered may include: policies that enable or hinder recovery and redistribution of safe and nutritious food for direct human consumption; policies or regulatory measures on fish by-catch and discards; policies or regulatory measures on animal feed ingredients; inadequate or misinterpreted food hygiene regulations; food labelling and packaging regulations; and waste regulations and policies.

¹⁹
The term “agricultural”
comprises crops,
livestock, forestry and
fisheries.

²⁰
[https://
sustainabledevelopment.
un.org/sdg12](https://sustainabledevelopment.un.org/sdg12)



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there (sub-) national measures, strategies or programmes that aim to reduce and prevent FLW along the primary production level, handling and storage, processing, distribution and consumption stages of the agricultural¹⁹ food supply chains – in rural, peri-urban and urban areas? If so, how could the existing policies be strengthened to address FLW more effectively?
- Are there monitoring, reporting, evaluation and revision mechanisms in place for the above-mentioned measures, strategies or action plans?
- Is there a monitoring and reporting system in place to track and report on the global food loss index, which is the indicator of SDG target 12.3?²⁰

Food losses occur when the available mass, safety and nutritional quality of food is compromised due to inadequacies in production, storage and processing. Many types of food loss occur before food reaches the consumer – for example, if vegetables rot during inefficient post-harvest transport or if grain becomes moldy after being stored in damp conditions. Food losses can also occur when safe and nutritious food is discarded for direct human consumption: this type of food loss is referred to as food waste.

In addition to the US\$ 1 trillion in economic costs per year, the environmental costs of FLW reach around US\$ 700 billion and social costs around US\$ 900 billion. Depending on the country context, FLW may be especially heavy pre- and post-harvest (e.g. during handling and storage), or during the processing, distribution and consumption stages. For example, over 40 percent of FLW in developing countries occurs at the post-harvest and processing stages, while in industrialized countries, over 40 percent occurs at retail and consumer levels. Effective interventions such as appropriate national and local regulations, policies and investments can prevent and reduce FLW directly, minimizing their multi-layered impacts and contributing to food security and nutrition.



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 11:

- From December 2017 to December 2025, the Ministry of Food and Agriculture, in coordination with other relevant ministries, has halved per capita food waste at both the retail and consumer levels.
- By December 2025, the Government has increased the budget allocation from XX thousand per year in 2018 to YY million annually to prevent and reduce the loss and waste of safe and nutritious food by investing more in public infrastructure such as storage, preservation, processing, transport, and distribution technologies, adequate food contact materials and technologies, and other public goods and services.



FAO and/or WHO references to strategic and policy guidance

FAO. 2017. *Key facts on food loss and waste you should know* [online]. Rome. [Accessed 27 November 2017.] www.fao.org/save-food/resources/keyfindings/en

FAO. 2017. *SAVE FOOD: Global Initiative on Food Loss and Waste Reduction* [online]. Rome. [Accessed 27 November 2017.] www.fao.org/save-food

FAO. 2017. *Sustainable Development Goal 12: Ensure sustainable consumption and production pattern* [online]. Rome. [Accessed 27 November 2017.] www.fao.org/sustainable-development-goals/goals/goal-12/en

FAO. 2017. *Technical Platform on the Measurement and Reduction of Food Loss and Waste* [online]. Rome. [Accessed 27 November 2017.] www.fao.org/platform-food-loss-waste/food-waste/food-waste-reduction/country-level-guidance/en

FAO. 2014. *Food wastage footprint: full-cost accounting*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i3991e.pdf

FAO. 2011. *Global food losses and food waste: extent, causes and prevention*. Rome. [Accessed 27 November 2017.] www.fao.org/docrep/014/mb060e/mb060e00.pdf

ENHANCING RESILIENT FOOD SUPPLY IN CRISIS-PRONE AREAS (REC. 12)



Recommendation 12: Establish and strengthen institutions, policies, programmes and services to enhance the resilience of the food supply in crisis-prone areas, including areas affected by climate change.

The contribution of nutrition to sustainable development cannot be maximized if disaster risks are not anticipated, prevented and mitigated. Current global trends in terms of crises and shocks provide compelling evidence of the urgent need to strengthen the resilience to multi-hazard shocks. People who rely on agriculture for their livelihoods, including farmers, herders, fishers and forest-dependent communities, are often the most affected when a crisis or disaster strikes, putting their livelihoods and food security and nutrition at serious risk. When the resilience of families degrades in emergency situations, so does their nutritional and health status. Therefore, nutrition and health needs to be integrated in resilience-building policies and programmes to support a people-centered approach and build a bridge between short-term crisis management and longer-term development.



Rationale

Nutrition and resilience concepts are strongly interlinked: nutrition is both an input to and an outcome of strengthened resilience. Reducing malnutrition is crucial to strengthening resilience because well-nourished individuals are healthier, can work harder and have greater physical reserves. Households that are nutrition-secure are better able to withstand and recover more quickly from external shocks. Conversely, households that are least resilient are most affected by shocks and therefore face the greatest risk of undernutrition and ill-health. Therefore, strengthening resilience is essential in efforts to reduce undernutrition. While the discourse on resilience has been gaining ground, there is still room to improve the capacities to operationalize the concept at the field level. Effective capacity development, improved programming, and mobilization of financial and human resources will require developing the evidence base regarding which strategies are most effective to simultaneously strengthen resilience and improve food security and nutrition.

Explicit nutrition and supportive health objectives should be included in resilience and disaster risk management (DRM) policy frameworks (including development policies related to specific risks such as climate change). This implies using nutrition indicators for monitoring and evaluation. Ideally, a set of indicators, including individual nutritional status, should be used to measure the nutritional impact of food and agricultural programmes aimed at building resilience to shocks. This will help ensure that the needs of vulnerable individuals and groups are addressed, and that resilience-building and DRM programmes at least do not have negative impacts on people's nutritional status. Furthermore, synergies should be sought between resilience, DRM, climate change adaptation strategies and multisectoral food security and nutrition policies, health policies and planning processes. These are often unconnected and managed from different perspectives (i.e. food security from an agricultural-production perspective; nutrition from a health perspective; and resilience from a DRM perspective).

Examples of nutrition-friendly resilience programming

- Strengthen household livelihoods and promote dietary diversification to contribute not only to the prevention of chronic and acute malnutrition, but also to the prevention of overweight, obesity and diet-related NCDs, as well as the reduction of vulnerability to shocks through direct consumption or income generation.
- Incorporate nutrition education to improve dietary practices, especially for vulnerable groups, and contribute to improved food utilization and prevention of acute and chronic child malnutrition, short and long term.
- Link food and agricultural interventions with social protection measures to help protect the assets of the target population from shocks and to positively improve their nutritional status.
- Link food and agriculture to other programmes that address other determinants of malnutrition (e.g. health, water and sanitation, education), and create partnerships, where appropriate, to enhance nutritional impact.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there any institutions, policies, programmes and services that have been put in place that aim to enhance the resilience of the food supply in case of crisis or climate events?
- What measures are in place to ensure food security and nutrition in the face of different shocks?
- Do these measures include cash-based interventions that aim to provide resources to individuals and households that are vulnerable to, or living in, poverty and other forms of deprivation?
- Are nutrition and supportive objectives integrated in resilience, DRM and climate change policy frameworks?
- Are there any synergies between resilience, DRM and climate change adaptation strategies and multisectoral food security and nutrition policies and planning processes?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 12:

- By December 2025, the Government has implemented XX number policies and programmes to enhance the resilience of livelihood and production systems to climate variability and other shocks (based on Malabo target²¹).
- By December 2025, the Government has developed a national preparedness and contingency plan for climate-related extreme events that includes roles and responsibilities for nutrition and health interventions for prevention, risk reduction, response and recovery.



FAO and/or WHO references to strategic and policy guidance

FAO. 2016. *Increasing the resilience of agricultural livelihoods*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i5615e.pdf

FAO. 2014. *Nutrition and resilience*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i3777e.pdf

FAO. 2014. *Strengthening the links between resilience and nutrition in food and agriculture*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i3824e.pdf

FAO. 2012. *Cash-based transfers in FAO's humanitarian and transition programming*. Rome. [Accessed 27 November 2017.] www.fao.org/fileadmin/user_upload/emergencies/docs/Guidance%20Note%20CashVoucher.pdf

21

Guidelines: CAADP country implementation under the Malabo Declaration: https://au.int/sites/default/files/documents/31251-doc-the_country_caadp_implementation_guide_-_version_d_05_apr.pdf

SATURATED FAT, SUGARS, SALT AND TRANS-FAT REDUCTION (REC. 14)



Recommendation 14: Encourage gradual reduction of saturated fat, sugars and salt/sodium and trans-fat from foods and beverages to prevent excessive intake by consumers and improve nutrient content of foods, as needed.

Unhealthy diet is among the top risk factors for the global burden of disease. Sales of highly processed foods that contribute calories, sugars, salt and fats grow fastest in lower-middle-income countries. Interventions to assist countries in implementing actions to achieve the global targets for the prevention and control of NCDs include: reducing salt intake through the reformulation of food products and the setting of target levels for the amount of salt in foods and meals; eliminating industrial trans-fats; and reducing sugar consumption through taxation on sugar-sweetened beverages.



Rationale

The exact make-up of a diversified, balanced and healthy diet varies depending on the individual needs (e.g. age, gender, lifestyle, degree of physical activity), cultural context, locally available foods and dietary customs, but the basic principles of what constitute a healthy diet are the same. Maintaining a healthy diet throughout one's life helps prevent malnutrition in all its forms as well as a range of NCDs and conditions.

The increased production of processed food, rapid urbanization and changing lifestyles have led to a shift in dietary patterns. A wide variety of processed foods and beverages are now available in most markets around the world. The extensive availability of these products with a high content of fat, free sugars and/or salt is increasing the consumption of these foods and is causing health problems such as obesity and other diet-related NCDs.

In markets saturated with processed foods, product reformulation is fundamental to reduce the content of salt and fat (i.e. saturated fat), eliminate trans-fat, replace saturated fat with unsaturated fat, and reduce the energy content and free sugars – all measures that governments should encourage. However, reformulation of processed foods does not replace efforts to make fresh, minimally processed food and food staples available and affordable. Promoting a healthy food environment, including food systems that promote a diversified, balanced and healthy diet, requires involvement across multiple sectors and stakeholders, including government and the public and private sectors. Governments should consider implementing evidence-guided strategies to promote healthy diets among the entire population, while protecting dietary guidance and food policy from undue influence of commercial and other vested interests.

Food reformulation should focus on whole food categories and on basic foods commonly eaten by all socio-economic classes of a population, as opposed to low-salt/fat/sugar niche products. Limitations to food reformulation in terms of choice of foods relate to consumer acceptance, safety aspects, technological challenges and food legislation. Food reformulation measures may be undertaken voluntarily by the food industry or by government legislations. Experience has shown that voluntary reformulation measures by the food industry can be ineffective in the absence of government legislation.

In addition to legal measures on product reformulation, governments may consider well-designed economic tools, including taxes and subsidies, that are justified by evidence and that create incentives for reformulation towards production of healthier food options.

A comprehensive and robust evaluation strategy is required to determine the progress of the reformulation efforts, and may require food consumption surveys to be conducted. In addition, the national food composition table needs to be updated regularly, including the newly reformulated foods.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Do any of the national nutrition-related policies and/or programmes include specific regulation of the reduction of saturated fat, free sugars and/or salt/sodium and trans-fat from foods and beverages? If so, which ones, and how can the existing policies be strengthened to address these issues more effectively?
- Are national nutrition-related policies established or designed with some targets and guidelines for the reduction of saturated fat, free sugars and/or salt/sodium and trans-fat with attention to specific categories of food and specific population groups such as children, adults, pregnant and lactating women, and elderly persons?
- Do national policies and/or programmes that influence food reformulation take into account individual needs, cultural context, locally available foods and dietary customs of affected populations?
- What are the monitoring, reporting, evaluation and revision mechanisms in place to assess the fat, sugars, salt/sodium and trans-fat intake levels in both foods and beverages? Are there similar mechanisms to assess the demand for and success of policy measures to change food content?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 14:

- By December 2020, the legislative body,* with input from the Ministry of Health, has passed a law requiring the elimination of industrially produced trans-fat in the food supply, by replacing trans-fat primarily with unsaturated fat.
- By December 2020, the legislative body,* with input from the Ministry of Health and Ministry of Commerce, has passed a law, with a phased implementation, introducing maximum levels of salt permitted in specific commercially available food products.

*
Legislative body refers to a law-making body of the government to account for different political systems and names of such bodies.



FAO and/or WHO references to strategic and policy guidance

FAO. 2010. *Fats and fatty acids in human nutrition: report of an expert consultation*. FAO Food and Nutrition Paper 91. Rome. [Accessed 27 November 2017.] <http://foris.fao.org/preview/25553-0ece4cb94ac52f9a25af77ca5cfba7a8c.pdf>

WHO. 2017. *e-Library of Evidence for Nutrition Actions (eLENA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/elena/en/

WHO. 2017. *Global database on the Implementation of Nutrition Action (GINA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/gina/en/

WHO. 2017. *Implementation Plan on Ending Childhood Obesity*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/259349/1/WHO-NMH-PND-ECHO-17.1-eng.pdf>

WHO. 2017. *Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018*. Copenhagen. [Accessed 27 November 2017.] www.euro.who.int/__data/assets/pdf_file/0010/340786/A70_27-en-cover.pdf

WHO. 2016. *SHAKE the salt habit - Technical package for salt reduction*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/250135/1/9789241511346-eng.pdf>

WHO. 2015. *Guideline: Sugars intake for adults and children*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028_eng.pdf

WHO. 2015. *Healthy diet Factsheet N°394* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/mediacentre/factsheets/fs394/en/

- WHO.** 2014. *Comprehensive implementation plan on maternal, infant and young child nutrition*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf
- WHO.** 2014. *Global status report on noncommunicable diseases 2014*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf
- WHO.** 2013. *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. Geneva. [Accessed 27 November 2017.] www.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf
- WHO.** 2012. *Guideline: Potassium intake for adults and children*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/guidelines/potassium_intake_printversion.pdf
- WHO.** 2012. *Guideline: Sodium intake for adults and children*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/guidelines/sodium_intake_printversion.pdf
- WHO.** 2010. *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf
- WHO.** 2004. *Global strategy on diet, physical activity and health*. Geneva. [Accessed 27 November 2017.] www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf
- WHO.** 2003. *Diet, nutrition and the prevention of chronic diseases: report of a Joint WHO/FAO Expert Consultation*. WHO Technical Report Series, No. 916. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/42665/1/WHO_TRS_916.pdf

WATER MANAGEMENT FOR NUTRITION

(REC. 50)



Recommendation 50: Implement policies and programmes using participatory approaches to improve water management in agriculture and food production.

Water of appropriate quality and quantity is essential for drinking, hygiene and sanitation purposes, and for food production, processing, transformation and preparation. Availability of water resources, including rainwater, surface water or ground water, varies greatly across geographical regions. Therefore, water resources and needs should be considered at national, regional and local levels.



Rationale²²

Improving water management aims to improve the productivity of agriculture and food systems for food security and nutrition, given existing water constraints. This can be achieved by improving water efficiency (how water is used, from ecosystems to plants) and by improving agricultural water productivity (the ratio of agricultural output to the amount of water used) in rain-fed and irrigated systems. Wastewater is also a resource, and water-scarce countries often resort to reusing wastewater for irrigation, benefitting the nutrient cycle (by e.g. supplying all of the nitrogen and much of the phosphorus and potassium that are normally required for agricultural crop production). However, wastewater poses risks to human health if not regulated effectively. Wastewater, currently undervalued and underused, can be a resource for the future, with adequate safeguards.

Moreover, climate change adds significant uncertainty to the availability of water in many regions. It affects precipitation, runoff, hydrological flows, water quality, water temperature and groundwater recharge. It will impact both rain-fed systems, through precipitation patterns, and irrigated systems, through availability of water at basin level. Climate change will modify crop and livestock water requirements, and impact water flows and water temperatures in water bodies, which will impact fisheries. Droughts may intensify in some seasons and areas due to reduced precipitation and/or increased evapotranspiration. Climate change will also significantly impact sea level, with impacts on freshwater resources in coastal areas.

Effective management of water resources also requires good water governance. Water governance implies dealing with competing policies, interests and actors coming from numerous sectors, with different degrees of political or economic power. Access to water, control over water resources, and water pollution can cause disputes and conflicts at various levels. Increasing scarcities and the growing and competing demands for water by a multiplicity of users and sectors make water governance for food security and nutrition particularly challenging, from local to broader levels. In many cases national water policies do not prioritize water for food security and nutrition. While some do outline the order of priorities for water allocation with a focus on food security and nutrition, fully implementing this order remains a challenge, not least due to the lack of integration in decision-making, with decisions on irrigation, industrial or power generation development being made in different departments and with little consideration for the cumulative impacts on water.

22

Water for food security and nutrition: a report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security: www.fao.org/3/a-av045e.pdf



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there national measures, strategies or programmes to improve water management in agriculture and food production?
- Do the (sub-) national policies on water management include nutrition and food security objectives?
- Which temporal planning scenarios are applied in water resources management by both general/national water sector administration and the agriculture sector?
- What other forms of non-conventional water are used, and what is their proportion in light of the total supply?
- Are there any legal provisions for regulating and governing the use of wastewater irrigation in agriculture, such as regulations on quantity as well as microbiological and chemical quality of wastewater?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 50:

- By December 2019, the Government has included food security and nutrition objectives in its water management policies.
- By December 2022, the Government has developed and implemented XX number policies and regulations as well as YY number programmes aimed at ensuring the safe reuse of wastewater in agriculture.



FAO and/or WHO references to strategic and policy guidance

FAO & World Water Council. 2015. *Towards a water secure and food secure future: critical perspectives for policymakers*. Rome, FAO, and Marseille, World Water Council. [Accessed 27 November 2017.] www.fao.org/3/a-i4560e.pdf

WHO. 2016. *Sanitation safety planning: manual for safe use and disposal of wastewater, greywater and excreta*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/171753/1/9789241549240_eng.pdf

WHO. 2006. *WHO Guidelines for the safe use of wastewater, excreta and greywater*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/78265/1/9241546824_eng.pdf

FOOD SAFETY FOR NUTRITION

(REC. 53, 54, 55)



Recommendation 53: Develop, establish, enforce and strengthen, as appropriate, food control systems, including reviewing and modernizing national food safety legislation and regulations to ensure that food producers and suppliers throughout the food chain operate responsibly.

Recommendation 54: Actively take part in the work of the Codex Alimentarius Commission on nutrition and food safety, and implement, as appropriate, internationally adopted standards at the national level.

Recommendation 55: Participate in and contribute to international networks to exchange food safety information, including for managing emergencies.

There is no food security without food safety. Yet, according to WHO estimates, 31 selected foodborne hazards alone cause 600 million illnesses and 420,000 deaths every year, resulting in 33 million disability-adjusted life years lost. Forty percent of the foodborne disease burden is among children under five years of age. Because of the global nature and complexity of modern food supply chains that cross national borders, health risks posed by unsafe foods can expand from a local problem to an international incident over a short period of time. Foodborne illnesses exacerbate nutrient deficiencies and have huge social and economic costs, particularly in developing countries. Foodborne hazards include microbiological agents such as bacteria, viruses, parasites, and prions and chemical contaminants such as heavy metals, environmental pollutants, mycotoxins and allergens.



Rationale

Safeguarding a nation's food supply as well as enabling access to international markets for local food producers requires risk-based regulations that are founded in sound science as well as suitable monitoring programmes along all value chains – from production and processing, through distribution, storage and preparation, until the point of consumption. An effective food control system is indispensable to ensure food safety; yet the effectiveness of these systems is undermined by frequently fragmented or non-existent legislation, poor coordination between jurisdictions and sectors, and weak capacity for surveillance, monitoring and enforcement – which also compromise food safety for local consumers and prevent access to markets for producers. To be trade-inclusive and health-protective, food control systems need to be built on sound science, utilize risk-based approaches and focus heavily on prevention, applying Codex text.²³ In addition, national food safety systems should be connected to international networks to prevent and respond to food safety events and emergencies that easily cut across national borders in an increasingly globalized world.

The joint FAO/WHO Codex Alimentarius Commission develops and updates international food standards, guidelines and recommendations, which serve as a single reference point for international harmonization of food safety measures. Countries are encouraged to actively participate in the standard development work of the Codex Alimentarius Commission and align their domestic standards with these texts. In addition to providing the scientific evidence base for food safety standards, FAO and WHO, in collaboration with other partners, have developed a range of tools and have been providing technical assistance to member countries to enable them to take full advantage of the Commission's work as they build their national food control systems. WHO and FAO have also established an International Food Safety Authorities Network (INFOSAN) to assist Member States in

23

Codex Alimentarius:
international food
standards:
www.fao.org/fao-who-codexalimentarius/en/

managing food safety risks, ensuring that information is shared rapidly during food safety emergencies to stop the spread of contaminated food from one country to another.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Is there a nationwide food control system in place? Has this system been regularly monitored on its effectiveness?
- Is the impact of food safety regulations on small-scale producers and street sellers being monitored?
- Are there national estimates on the magnitude of the national foodborne disease burden?
- Is there a nationwide surveillance system for foodborne diseases in humans in place?
- Is there a nationwide surveillance/monitoring system for foodborne hazards in the food chain in place?
- Are the current national food safety legislation and regulations risk-based and evidence-based? When were they last updated?
- Is there an officially nominated and fully functioning Codex contact point?
- Is there a national Codex committee that meets regularly?
- Is there a permanent budget line for national Codex activities (including for physical participation in Codex meetings) in the national budget?
- Has the country participated in meetings of the Codex Alimentarius Commission and its subsidiary bodies?
- Are delegates to Codex committees adequately prepared prior to attendance and are they providing feedback upon return?
- Is there a registered and active INFOSAN Emergency contact point and at least one other focal point?
- Is there a nationwide food recall/withdrawal system in place?
- Is there an import control system in place that monitors the safety of imported foods?
- Does the country apply principles of risk analysis during food safety emergency response?
- Does the country coordinate across sectors to provide timely risk communication messages to consumers during food safety emergencies?
- Are there national mechanisms for ensuring intersectoral collaboration and information-sharing concerning food safety and foodborne diseases?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 53:

- By December 2020, the Government has established a National Food Safety Authority that has full responsibility for all food safety aspects in the country.
- By December 2025, the Government has implemented XX number national programmes for surveillance of foodborne diseases in humans and contamination of foodborne hazards in the food chain.

✓ Examples of SMART commitments for Recommendation 54:

- By December 2020, the Government has contributed US\$ XXX,XXX to the FAO/WHO Codex Trust Fund to enhance the participation of developing countries in Codex.
- By December 2025, the Government has reviewed XX number national food safety legislations, including regulations, and harmonized them against the Codex text.

✓ Examples of SMART commitments for Recommendation 55:

- By December 2020, the Government has established a standard operating procedure for sharing food safety-related information through INFOSAN.
- From December 2020 to December 2025, the Government allocates US\$ XXX,XXX to food control laboratories in order for them to acquire capacity to manage food safety emergencies effectively.



FAO and/or WHO references to strategic and policy guidance

- FAO.** 2016. *Risk based imported food control manual*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i5381e.pdf
- FAO.** 2006. *Strengthening national food control systems: guidelines to assess capacity building needs*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-a0601e.pdf
- FAO.** 2005. *Perspectives and guidelines on food legislation, with a new model food law*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-a0274e.pdf
- FAO & WHO.** 2016. *Diagnostic tool for assessing status of national Codex programmes*. Rome, FAO, and Geneva, WHO. [Accessed 27 November 2017.] www.who.int/foodsafety/areas_work/food-standard/DiagnosticTool-En.pdf
- FAO & WHO.** 2016. *Risk communication applied to food safety: handbook*. Rome, FAO, and Geneva, WHO. [Accessed 27 November 2017.] www.fao.org/3/a-i5863e.pdf
- FAO & WHO.** 2016. *Understanding the Codex Alimentarius*. Rome, FAO, and Geneva, WHO. [Accessed 27 November 2017.] www.fao.org/3/a-i5667e.pdf
- FAO & WHO.** 2013. *Principles and guidelines for national food control systems* [online]. [Accessed 27 November 2017.] www.fao.org/input/download/standards/13358/CXG_082e.pdf
- FAO & WHO.** 2012. *FAO/WHO guide for developing and improving national food recall systems*. Rome, FAO, and Geneva, WHO. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/77746/1/9789241504799_eng.pdf
- FAO & WHO.** 2011. *FAO/WHO guide for application of risk analysis principles and procedures during food safety emergencies*. Rome, FAO, and Geneva, WHO. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/44739/1/9789241502474_eng.pdf
- FAO & WHO.** 2010. *FAO/WHO Framework for developing national food safety emergency response plans*. Rome, FAO, and Geneva, WHO. [Accessed 27 November 2017.] www.fao.org/docrep/013/i1686e/i1686e00.pdf
- FAO & WHO.** 2003. *Assuring food safety and quality: guidelines for strengthening national food control systems*. FAO Food and Nutrition Paper 76. Rome, FAO, and Geneva, WHO. [Accessed 27 November 2017.] www.fao.org/3/a-y8705e.pdf
- WHO.** 2017. *International Food Safety Authorities Network (INFOSAN)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/foodsafety/areas_work/infosan/en/
- WHO.** 2017. *Strengthening surveillance of and response to foodborne diseases. Stage two booklet: strengthening indicator-based surveillance*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/259472/1/9789241513258-eng.pdf>
- WHO.** 2015. *WHO estimates of the global burden of foodborne diseases*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/199350/1/9789241565165_eng.pdf

ANTIMICROBIAL RESISTANCE FOR NUTRITION

(REC. 56, 57)



Recommendation 56: Raise awareness among relevant stakeholders on the problems posed by antimicrobial resistance, and implement appropriate multisectoral measures to address antimicrobial resistance, including prudent use of antimicrobials in veterinary and human medicine.

Recommendation 57: Develop and implement national guidelines on prudent use of antimicrobials in food-producing animals according to internationally recognized standards adopted by competent international organizations to reduce non-therapeutic use of antimicrobials and to phase out the use of antimicrobials as growth promoters in the absence of risk analysis as described in Codex Code of Practice CAC/RCP61-2005.

Antimicrobial drugs are an essential tool to combat infectious diseases. When used prudently and correctly, they can play a critical role in ensuring good health in humans as well as in animals and plants. However, antimicrobials are often misused or overused in human and veterinary medicine, as well as in crop production. Additionally, they are used “non-therapeutically” for livestock-growth promotion purposes. All uses of antimicrobials are associated with the emergence and spread of antimicrobial resistance (AMR), which is in turn associated, directly or indirectly, with reduced effectiveness to treat infectious diseases in human and animal populations. While this phenomenon does occur naturally through microbial adaptation to the environment even after appropriate and prudent use of antimicrobials, it has been exacerbated by inappropriate and excessive use of antimicrobials. Factors that contribute to inappropriate use of antimicrobials are weaknesses in the following areas: awareness; regulatory frameworks, including legislation and enforcement; surveillance and monitoring systems regarding the use of antimicrobials and occurrence of AMR; and multisectoral collaboration between public health, veterinary, food and environment sectors on AMR.



Rationale

Strengthening (sub-) national policies and capacities regarding systems for the detection, monitoring, regulation and management of antimicrobial use, AMR and their risks in food and agriculture value chains can contribute to safer food and safe feed, an optimization of market opportunities, consumer protection, sustainable production of food, poverty alleviation, household income and food security.

Currently there are only a few well-established networks that regularly collect and report relevant data on AMR. Many countries lack laboratory capacities to detect and monitor AMR. This impairs the ability to detect and anticipate the emergence of resistant microorganisms, take preventive measures and act promptly, as well as assess the progress or efficacy of interventions. Similarly, there is insufficient research into new diagnostic techniques to detect resistant microorganisms, and vaccines for preventing and controlling infections. Responsible use of antimicrobials in the food and agriculture sectors is essential in light of increased demand for animal protein by a rapidly growing world population. Intensifying animal and crop production means additional challenges in disease management and even higher risks of emergence and spread of AMR. Tackling AMR requires a multisectoral (“One Health”) approach,²⁴ with the food and agriculture sectors working together with the human/public health sector and the environment sector to address this threat. Efforts to reduce the emergence and spread of AMR along the food

chain and the environment require working closely with veterinarians, agronomists, pharmacists, farmers, feed and food producers, environmentalists and food safety professionals to support best practices in terms of animal health and welfare and environmental sustainability. Both objectives require improved stewardship of and restrictions on non-therapeutic use of antibiotics, especially those classified as critical for human medicine by WHO.

Alternative scenarios will result in continued and perhaps accelerated emergence and spread of AMR, with subsequent reductions in effective treatments and prophylaxis for infectious diseases in human and animal populations.

Strategies to address antimicrobial resistance risks

- Strengthening national and international interdisciplinary cooperation and developing holistic strategies and action plans;
- Improving regulatory frameworks based on internationally agreed principles and standards (Codex Alimentarius and World Organisation for Animal Health);
- Reducing the need for antimicrobials in animal husbandry, by improving capacities and infrastructure to ensure animal health and welfare and applying good practices;
- Strengthening national surveillance/monitoring systems for AMR in bacteria from humans, food and food animals and improving reporting of antimicrobial use in humans, food animals and plants;
- Raising awareness (among students of medicine, animal science and agronomy; physicians, veterinarians and pharmacists; value chain actors, including producers; and the public) about AMR;
- Strengthening continuing education of professionals, or inclusion of AMR in licensing exams;
- Developing e-learning and social media communications to increase awareness of AMR among all stakeholders, including the general public, with a particular emphasis on children and youth;
- Developing appropriate policies/guidance on the prudent and responsible use of antimicrobials in medicine, animal husbandry and agriculture;
- Implementing good hygienic and husbandry practices and biosecurity measures along the food production chain to minimize the need for antimicrobials and reduce the risk of transmission of resistance through the food chain;
- Using adapted animal breeds and plant varieties which are more resistant to diseases;
- Avoiding the use of antibiotics for growth promotion purposes by proposing valuable alternatives;
- Supporting research to generate data on the prevalence of and trends in antimicrobial use and AMR, as well as supporting risk assessment, risk management and risk communication in AMR.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- How aware are the relevant stakeholders (e.g. consumers, farmers, food producers and retailers, patients, physicians, veterinarians, pharmacists, environmentalists) of the problems related to AMR?
- Are there any measures/actions to raise awareness among stakeholders on the problems of AMR?
- To what extent is the distribution and use of antimicrobials among humans and in agriculture regulated and controlled in the country?
- Is there adequate laboratory capacity and knowledge to undertake antimicrobial susceptibility testing in both humans and the food and agriculture sectors?
- Are data available for the import, manufacture and use of antimicrobials sector by sector?
- Are there surveillance mechanisms in place for the detection and monitoring of AMR in humans, food-producing animals and the environment?

- Are monitoring and surveillance data from different sectors analysed in an integrated manner?
- Are there adequate dialogues and information exchange (e.g. by fora) across different sectors (e.g. agriculture and aquaculture, public health, environment)?
- Are usage and resistance data from different sectors analysed in an integrated manner to inform policy?
- Are there any appropriate regulatory frameworks to ensure prudent use of antimicrobials in humans, in plant protection and in food-producing animals?
- Is there adequate control of imports (destined use) and control of exports (where and how much)?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 56:

- As of 2018 onwards, the Government will implement annual AMR awareness-raising events and campaigns, including World Antibiotic Awareness Week.
- By December 2025, the Government has implemented a national surveillance system on AMR in humans and contributes data to the WHO Global AMR Surveillance System database.

✓ Examples of SMART commitments for Recommendation 57:

- By December 2025, the Government has banned the use of antimicrobials for animal growth promoters on farms and in aquaculture.
- By December 2025, the Government has adopted XX number national legislation, regulation or guidelines on the prudent use of antimicrobials in the food chain.



FAO and/or WHO references to strategic and policy guidance

FAO. 2016. *Drivers, dynamics and epidemiology of antimicrobial resistance in animal production*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i6209e.pdf

FAO. 2015. *FAO Action Plan on Antimicrobial Resistance*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-mp128e.pdf

FAO & WHO. 2015. *Codex texts on foodborne antimicrobial resistance*. Rome, FAO, and Geneva, WHO. [Accessed 27 November 2017.] www.fao.org/3/a-i4296t.pdf

WHO. 2017. *Antimicrobial resistance Factsheet* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/mediacentre/factsheets/fs194/en/

WHO. 2012. *Critically important antimicrobials for human medicine*. 3rd revision 2011. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/77376/1/9789241504485_eng.pdf



ACTION AREA

2

ALIGNED HEALTH SYSTEMS PROVIDING UNIVERSAL COVERAGE OF ESSENTIAL NUTRITION ACTIONS

- **Strong and resilient health systems** (Rec. 25, 26, 27, 28) 32
- **Reduction of stunting and wasting among children under five years of age** (Rec. 34, 35, 36, 37) 35
- **Health service policies and programmes to improve nutrition** (Rec. 44, 46, 49) 38
- **Interventions related to health services to improve nutrition** (Rec. 45, 47, 48) 41

STRONG AND RESILIENT HEALTH SYSTEMS

(REC. 25, 26, 27, 28)



Recommendation 25: Strengthen health systems and promote universal health coverage, particularly through primary health care, to enable national health systems to address malnutrition in all its forms.

Recommendation 26: Improve the integration of nutrition actions into health systems through appropriate strategies for strengthening human resources, leadership and governance, health system financing and service delivery, as well as the provision of essential medicines, information and monitoring.

Recommendation 27: Promote universal access to all direct nutrition actions and relevant health actions impacting nutrition through health programmes.

Recommendation 28: Implement the WHO Global Strategy on Infant and Young Child Feeding, the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2012-2025, and the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 through commensurate financing and adequate policies.

Many effective nutrition actions (e.g. breastfeeding and dietary counselling, management of acute malnutrition, provision of micronutrient supplements, weight and height measurements) and curative nutrition measures are delivered through the health system, which needs to be strong, resilient and accessible to all. The pillars of a strong health system are: the health work force; leadership and governance; medical products and technology; health information; health financing; and service delivery. Coverage of nutrition actions through the health system is still low and must be scaled up through increased nutrition investments in all these areas. Achieving Universal Health Coverage (UHC) must include the universal coverage of essential nutrition actions.



Rationale

Effective delivery of direct nutrition interventions as well as prevention and treatment of diseases which can aggravate nutrition problems require strong and resilient national health systems. Health systems need to be linked to and coherent with food systems providing healthy diets, and both need to strive for equity and the realization of human rights, including the right to enjoy the highest attainable standard of physical and mental health and the right to food.

However, health systems are increasingly challenged to tackle the evolving needs presented by the multiple forms of malnutrition and their health consequences, including NCDs. Strong people-centered integrated health systems are needed to prevent and treat malnutrition in all its forms through the delivery of evidence-informed nutrition interventions across the life course, including on breastfeeding and complementary feeding and micronutrient supplementation. Recurrent infections such as diarrhoea, which can aggravate undernutrition, need to be prevented and treated. In addition, health systems need to address the long-term health consequences associated with overweight and obesity, such as diabetes, hypertension and other diet-related NCDs.

Access to health services and financial risk protection for all mean UHC. This implies that all people and communities have access, without discrimination, to promotive, preventive, curative, palliative and rehabilitative essential safe and quality health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services and products does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population. Achieving UHC will lead to stronger, more efficient and more equitable health systems.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Do the nutrition and health services included in the UHC package respond to the priority health-care needs of the whole population?
- Do national health system strategies include policy actions to tackle malnutrition in all its forms, including “do no harm to nutrition” measures for other health interventions?
- Have indicators related to specific nutrition interventions been integrated into the national health system monitoring framework (e.g. human resources, governance, service delivery)?
- Are there health programmes in place that promote and support any direct nutrition actions?
- Does the national health plan reflect the: WHO/UNICEF *Global Strategy for Infant and Young Child Feeding*; WHO *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2012-2025*; and WHO *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 25:

- By December 2020, the Government has developed and adopted a National Health Quality Policy and Strategy with related procedures for fully incorporating nutritional services.
- By December 2025, the Government has ensured that every inhabitant has XX percent financial risk protection from out-of-pocket payments for health services.

✓ Examples of SMART commitments for Recommendation 26:

- By December 2020, the Ministry of Health has established and ensured funding for a health workforce registry system to track health workforce stock, distribution, education and remuneration.
- By December 2025, the Ministry of Health has posted a nutrition staff member with an MSc. in public health nutrition in each of the health centres and maternity clinics in the country.

✓ Examples of SMART commitments for Recommendation 27:

- By December 2020, a 100 percent-funded Nutrition Unit has been established in the Cabinet of the Ministry of Health or Prime Minister's Office or President's Office.
- From 2020 to 2025, the Ministry of Health has doubled its expenditures on the list of essential nutrition interventions, as defined nationally.

✓ Examples of SMART commitments for Recommendation 28:²⁵

- By December 2020, the Ministry of Health has ensured that physical activity counselling and referral is part of routine primary health care services through the use of a brief intervention.
- By December 2025, the Ministry of Health has ensured annual national data collection among adolescents as well as data analysis and dissemination on their body mass index-for-age.

25

For this recommendation, countries might prioritize some specific targets from: the WHO/UNICEF *Global Strategy on Infant and Young Child Feeding*; WHO *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2012-2025*; and WHO *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*.



FAO and/or WHO references to strategic and policy guidance

WHO. 2017. *e-Library of Evidence for Nutrition Actions (eLENA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/elena/en/

WHO. 2017. *Implementation Plan on Ending Childhood Obesity*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/259349/1/WHO-NMH-PND-ECHO-17.1-eng.pdf>

WHO. 2017. *National health workforce accounts: a handbook*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/259360/1/9789241513111-eng.pdf>

WHO. 2017. *Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018*. Copenhagen. [Accessed 27 November 2017.] www.euro.who.int/__data/assets/pdf_file/0010/340786/A70_27-en-cover.pdf

WHO. 2016. *Framework on integrated, people-centred health services*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_37-en.pdf

WHO. 2016. *Global strategy on human resources for health: workforce 2030*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/250368/1/9789241511131-eng.pdf>

WHO. 2016. *Strategizing national health in the 21st century: a handbook*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/250221/4/9789241549745-eng.pdf>

WHO. 2015. *Anchoring universal health coverage in the right to health: what difference would it make?* Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/199548/1/9789241509770_eng.pdf

WHO. 2015. *Global reference list of 100 Core Health Indicators*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf

WHO. 2014. *Comprehensive implementation plan on maternal, infant and young child nutrition*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf

WHO. 2014. *Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/topics/indicators_monitoringframework_miygn_background.pdf

WHO. 2014. *World Health Assembly resolution WHA67.14 on health in the post-2015 development agenda* [online]. Geneva. [Accessed 27 November 2017.] http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R14-en.pdf

WHO. 2013. *Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions.pdf

WHO. 2013. *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf

WHO. 2011. *The Abuja Declaration: ten years on*. Geneva. [Accessed 27 November 2017.] www.who.int/healthsystems/publications/abuja_report_aug_2011.pdf

WHO. 2011. *World Health Assembly resolution WHA64.9 on sustainable health financing structures and universal coverage* [online]. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/medicinedocs/documents/s21474en/s21474en.pdf>

WHO. 2008. *The World Health Report: primary health care, now more than ever*. Geneva. [Accessed 27 November 2017.] www.who.int/whr/2008/whr08_en.pdf

WHO & United Nations Children's Fund (UNICEF). 2003. *Global strategy for infant and young child feeding*. Geneva, WHO. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf>

REDUCTION OF STUNTING AND WASTING AMONG CHILDREN UNDER FIVE YEARS OF AGE (REC. 34, 35, 36, 37)



Recommendation 34: Adopt policies and actions, and mobilize funding, to improve coverage of treatment for wasting, using the community-based management of acute malnutrition approach and improve the integrated management of childhood illnesses.

Recommendation 35: Integrate disaster and emergency preparedness into relevant policies and programmes.

Recommendation 36: Establish policies and strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls and continuing through pregnancy and lactation.

Recommendation 37: Establish health policies, programmes and strategies to promote optimal infant and young child feeding, particularly exclusive breastfeeding up to six months, followed by adequate complementary feeding (from six to 24 months).

Combating malnutrition in all its forms is one of the greatest challenges all countries are facing. Today, nearly one in three people suffers from at least one form of malnutrition. While the numbers of overweight and obese children are increasing, the prevalence of stunting and wasting are not decreasing fast enough. The State of Food Security and Nutrition in the World 2017 report²⁶ showed that for the first time since 2015 the number of food-insecure people in the world has risen. Famines are looming and the grim reality is that still 151 million children are stunted and 51 million are wasted. Currently, treatment coverage for the latter group is not adequate. The world knows what to do and has even calculated the costs for reaching the global nutrition targets for stunting and wasting.²⁷ More global and domestic investment in stunting and wasting reduction efforts is needed.



Rationale

In 2012, the WHA Resolution 65.6 endorsed a *Comprehensive implementation plan on maternal, infant and young child nutrition* which is based on a set of six global nutrition targets to be reached by 2025. The primary goal of the plan was to accelerate the fight against the burden of malnutrition, including two specific targets on wasting and stunting:

- reduce and maintain childhood wasting to less than 5 percent;
- achieve a 40 percent reduction in the number of children under five years of age who are stunted.

These global nutrition targets have been integrated in SDG 2 of the 2030 Agenda, under SDG target 2.2 “by 2030, end all forms of malnutrition, including achieving, by 2025, the agreed targets on stunting and wasting in children under 5 years of age...”.

Low weight-for-height is known as wasting. It usually indicates recent and severe weight loss because a child has not had enough food to eat and/or was affected by an infectious disease, such as diarrhoea, which has caused weight loss. Severely wasted children are estimated to be, on average, 11 times more likely to die than their healthy counterparts. The global wasting target for 2025 will be achieved if high-burden countries: (i) take stock of their current prevalence and projected population growth, and identify and agree on the underlying causes of wasting and the resources available to address them; (ii) set target annual reduction rates to guide intervention efforts; (iii) mobilize the necessary resources; and (iv) develop and implement systematic plans to reduce wasting. Also, all

26

The State of Food Security and Nutrition in the World 2017: <http://www.fao.org/state-of-food-security-nutrition/en/>; Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group joint child malnutrition estimates, key findings of the 2018 edition: www.who.int/nutgrowthdb/2018-jme-brochure.pdf

27

“The World Bank, Results for Development Institute, and 1,000 Days – with support from the Bill & Melinda Gates Foundation and the Children’s Investment Fund Foundation – conducted an in-depth analysis of how much it will cost to meet four of the six global nutrition targets, and how to pay for it”: <https://thousanddays.org/resource/investing-in-nutrition/>

countries need to examine inequalities among populations and identify priority actions for vulnerable or marginalized groups, where there are clusters of vast numbers of children affected by these forms of malnutrition.

Both moderate and severe wasting can be addressed by community-based management approaches, comprised of treatment as well as community awareness raising to facilitate early detection and treatments. Children from 6 months to 5 years of age with moderate wasting need to receive nutrient-dense foods to meet their extra needs for weight and height gain and functional recovery either through improved home-based foods or supplementary foods in areas of food insecurity. Specific attention should be given to children living with HIV.

In the case of emergency situations, it is fundamental to recognize the unique needs of infants, young children and pregnant and lactating women. Nutritional care and support for these vulnerable groups should be ensured, including the protection, promotion and support of breastfeeding, the regulation of distribution of breast-milk substitutes, and avoidance of donations that can undermine breastfeeding.

Childhood stunting, low height for age, remains one of the world's most fundamental challenges to improved human development. It is a largely irreversible outcome of inadequate nutrition and repeated bouts of infection during the first 1000 days of a child's life. It results from a complex web of individual, household, environmental, socio-economic, political and cultural influences and it has long-term effects, including diminished cognitive and physical development, reduced productive capacity and poor health, and an increased risk of degenerative diseases such as diabetes. Direct nutrition interventions need to be integrated and implemented together with nutrition-sensitive interventions and actions on: social protection; health system strengthening; breastfeeding; prevention and treatment of diarrhoea and other infectious diseases; water, sanitation and hygiene; reproductive health; and food safety.

Episodes of wasting may negatively affect linear growth and consequently undermine child growth and development. Hence, actions to prevent, promptly detect and treat wasting may have direct impacts on stunting. Since wasting and stunting share direct and underlying causal factors and preventive services tackling these causes are likely to impact both conditions, efforts and actions to address wasting and stunting should be coordinated and integrated for better results.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Do any of the national nutrition or health policies and strategies include community-based management of acute malnutrition, including wasting and the integrated management of childhood illnesses?
- Do any of the nutrition policies and strategies look at the role of key sectors (such as agriculture, education, water and sanitation) in reducing child stunting and wasting?
- Are there national labour policies and regulations on maternity protection to prevent harm to the health of pregnant and lactating women in the workplace or their infants' health, to ensure adequate time to give birth, to recover, and to nurse their children?
- Are disaster and emergency preparedness measures included in relevant national policies and programmes?
- Are there national measures, strategies or programmes to improve maternal nutrition and health, including adolescents?
- Are there national measures, strategies or programmes to promote optimal infant and young child feeding, particularly exclusive breastfeeding up to six months, followed by adequate complementary feeding? Has their implementation been monitored and evaluated?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 34:

- By December 2018, the Ministry of Health has set a target for an annual reduction rate for both stunting and wasting to guide intervention efforts that are in line with, and will contribute to, achievement of the respective global WHA nutrition targets by 2025.
- By December 2019, the Ministry of Health has included the management of severe acute malnutrition in the national costed Nutrition Plan (context-specific, as the plan could be the Maternal and Child Health plan) and ensured that this programme is budgeted for within the same or consecutive fiscal year.

✓ Examples of SMART commitments for Recommendation 35:

- By December 2019, the Ministry of Health has trained all relevant staff at all levels in the country on the treatment of severe acute malnutrition according to the national policy.
- By December 2020, the Ministry of Health has updated the existing National Nutrition Plans to integrate disaster risk reduction strategies, including preparedness, early warning, and mitigation actions appropriate to national context.

✓ Examples of SMART commitments for Recommendation 36:

- By December 2020, the Ministry of Health and Ministry of Education have jointly developed and adopted a national policy to ensure that pregnant and lactating adolescent mothers' right to education is protected and that they are provided with adequate food through social protection schemes.
- By December 2020, the Government has increased investments by XX percent to ensure that at least YY percent of girls have successfully completed secondary school.

✓ Examples of SMART commitments for Recommendation 37:

- By December 2020, the Ministry of Health has updated the national infant and young child feeding policies to include nutrition counselling in the context of HIV.
- By December 2022, the Ministry of Health has fully integrated counselling and support for breastfeeding and appropriate complementary feeding in all public health facilities in the country.



FAO and/or WHO references to strategic and policy guidance

WHO. 2017. *e-Library of Evidence for Nutrition Actions (eLENA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/elena/en/

WHO. 2014. *Global nutrition targets 2025: stunting policy brief*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/149019/1/WHO_NMH_NHD_14.3_eng.pdf

WHO. 2014. *Global nutrition targets 2025: wasting policy brief*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/149023/1/WHO_NMH_NHD_14.8_eng.pdf

WHO. 2013. *Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions.pdf

WHO. 2013. *Guideline: updates on the management of severe acute malnutrition in infants and children*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/95584/1/9789241506328_eng.pdf

WHO. 2012. *World Health Assembly resolution WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/topics/WHA65.6_resolution_en.pdf

WHO. 2004. *Guiding principles for feeding infants and young children during emergencies*. Geneva. [Accessed 27 November 2017.] www.searo.who.int/entity/emergencies/documents/guiding_principles_for_feeding_infants_and_young_children_during_emergencies.pdf

WHO, United Nations Children's Fund (UNICEF) & European Commission (EC). 2017. *Global targets tracking tool* [online]. Geneva, WHO. [Accessed 27 November 2017.] www.who.int/nutrition/trackingtool/en/

HEALTH SERVICE POLICIES AND PROGRAMMES TO IMPROVE NUTRITION (REC. 44, 46, 49)



Recommendation 44: Implement policies and programmes to ensure universal access to and use of insecticide-treated nets, and to provide preventive malaria treatment for pregnant women in areas with moderate to high malaria transmission.

Recommendation 46: Implement policies and programmes to improve health service capacity to prevent and treat infectious diseases.²⁸

Recommendation 49: Implement policies and strategies to ensure that women have comprehensive information and access to integral health care services that ensure adequate support for safe pregnancy and delivery.²⁹

28

Including prevention of mother-to-child transmission of HIV, immunization against measles, and antibiotic treatment for girls with urinary infections.

29

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): www.who.int/life-course/partners/global-strategy/ewec-globalstrategy-report-200915.pdf

Ensuring healthy lives and promoting well-being for all at all ages by 2030 can only be achieved when everyone, including women, adolescent girls and children, have access to quality preventive and curative health care. Health service delivery systems that are safe, accessible, high-quality, people-centred, and integrated are critical for moving towards universal health coverage. A well-functioning health system is built on having trained and motivated health workers, a well-maintained infrastructure, and a reliable supply of medicines and technologies, backed by adequate funding, strong health plans and evidence-based policies.



Rationale

Health services, including health extension, constitute an important platform for delivering both direct and indirect nutrition interventions. Examples of direct nutrition interventions include interventions related to the promotion, protection and support of breastfeeding, and the supplementation of vitamin A, zinc and iodine. Other interventions delivered by health systems may have an indirect impact on nutrition, such as treatments of infectious diseases – malaria, HIV/AIDS, tuberculosis and some neglected tropical diseases – which contribute to the high prevalence of iron deficiency, anaemia and undernutrition in some areas. In these contexts, countries are encouraged to update national malaria strategies and operational plans, including the provision of iron where appropriate. In endemic areas with intense malaria transmission (stable malaria), all infants at their first immunization and all pregnant women as early as possible in pregnancy should receive one long-lasting insecticidal net (LLIN) through immunization and antenatal care visits.

Access to integral health care services that ensure adequate support for safe pregnancy and delivery for all women is critical to be able to improve maternal and child health, and to break the intergenerational cycle of malnutrition in all its forms. Adolescent pregnancy is associated with higher risk of maternal mortality and morbidity, stillbirths, neonatal deaths, preterm births and low birthweight. Women who have very closely spaced pregnancies are more likely to have maternal anaemia and preterm or low-birthweight babies. Efforts to prevent adolescent pregnancy and to encourage pregnancy spacing are therefore needed.

Overall, improving nutrition involves actions at health facility and community levels with a continuum of support to Primary Health Care. At district level, interventions should include monitoring nutrition, identifying and reaching poor segments of the population at greatest risk of nutrition problems, updating nutrition policies and protocols, and providing resources and tools to implement nutrition activities at health facilities. Actions at community level

should also be promoted through community workers and groups in supporting mothers and children.

However it must be noted that health services need to provide quality non-discriminatory care services, as increasing health service coverage alone will not ensure results. Adequate numbers of skilled and motivated health workers are instrumental to improve health service performance and access. Increased investments in nutrition training, provision of incentives and an enabling work environment for primary health care workers are essential to ensure staff retention and empowerment.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there monitoring, reporting and evaluation mechanisms in place to track rates and severity of malaria, infections, anaemia, etc., with a special focus on pregnant women, adolescents and children under five years of age?
- Are there national measures, strategies and/or programmes to ensure universal access to and use of LLINs and to provide preventative malaria treatment for pregnant women?
- Are there national measures, strategies and/or programmes to improve health service capacity to prevent and treat infectious diseases?
- Are there national measures, strategies and/or programmes to ensure that women have comprehensive access to quality health care services to support safe pregnancy and delivery?
- Are there national measures, strategies and/or programmes to ensure that women have comprehensive access to quality health care services for mothers, infants and children?
- Is the available infrastructure (e.g. roads, cold chain,³⁰ primary health care facilities) in place for distribution of vital medicines and for service delivery of preventive measures to at-risk populations, in particular pregnant women and children under five years of age? If not, what efforts are being pursued to expand capacity of distribution infrastructure?

30

Cold chain is the system used for keeping and distributing vaccines in potent condition: https://www.unicef.org/supply/index_68352.html



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 44:

- By December 2020, the Ministry of Health has integrated a LLIN distribution strategy into the National Malaria Control Programme, including the continuous distribution of LLINs in antenatal, immunization and child health clinics where contact rates are high.
- By December 2022, the Ministry of Health has organized two mass campaigns (within a maximum time interval of three years) on the prevention of malaria, which include the distribution of one LLIN for every two persons at risk of malaria.

✓ Examples of SMART commitments for Recommendation 46:

- By December 2019, the Ministry of Health, in collaboration with the Ministries of Education, Employment and Finance, has developed an intersectoral action plan and committed budgetary resources to increase by XX percent the number of decent health sector jobs, particularly for women.
- By December 2020, the Ministry of Health has ensured that access to treatment in accordance with the WHO recommendations for the management of severe acute malnutrition in children under five years of age is increased from XX percent to YY percent.

✓ Examples of SMART commitments for Recommendation 49:

- By December 2020, the Ministry of Health has ensured that vaccination coverage with tetanus toxoid among pregnant women has increased from XX percent to YY percent.

- By December 2021, the Ministry of Health has reduced maternal deaths from complications during childbirth from XX to YY per 100,000 live births through increased yearly investments in improved safe delivery services (increase of budget of ZZ percent per year as of 2018).



FAO and/or WHO references to strategic and policy guidance

WHO. 2017. *e-Library of Evidence for Nutrition Actions (eLENA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/elena/en/

WHO. 2016. *Global strategy on human resources for health: workforce 2030*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/250368/1/9789241511131-eng.pdf>

WHO. 2016. *WHO recommendations on antenatal care for a positive pregnancy experience*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf>

WHO. 2016. *Working for health and growth: investing in the health workforce. Report of the High-Level Commission on Health Employment and Economic Growth*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/250047/1/9789241511308-eng.pdf>

WHO. 2013. *Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions.pdf

WHO. 2013. *Updates on the management of severe acute malnutrition in infants and children*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/95584/1/9789241506328_eng.pdf

INTERVENTIONS RELATED TO HEALTH SERVICES TO IMPROVE NUTRITION (REC. 45, 47, 48)



Recommendation 45: Provide periodic deworming for all school-age children in endemic areas.

Recommendation 47: Provide zinc supplementation to reduce the duration and severity of diarrhoea, and to prevent subsequent episodes in children.

Recommendation 48: Provide iron and, among others, vitamin A supplementation for pre-school children to reduce the risk of anaemia.

The immediate causes of malnutrition are inadequate dietary intake as well as disease; the three underlying main causes are: i) household food insecurity; ii) inadequate maternal and childcare; and iii) lack of (access to) quality health services, and an unhealthy household environment.³¹ Many of the essential nutrition actions are delivered through the health system. In order to deliver these nutrition interventions, skilled and motivated health workers, and adequate nutrition supplies, including nutritional supplements, are key resources.



Rationale

Besides delivering interventions that directly improve nutrition (e.g. delivering supplements), health systems also need to deliver other interventions that impact less directly on nutrition (e.g. by increasing the use of health services, providing antenatal care, promoting health education, preventing and treating infections, improving women's reproductive health).

Worm infestations can impair nutritional status by causing blood loss, appetite suppression, and poor absorption of nutrients, leading to a significant impact on growth and physical development. Countries should provide preventive chemotherapy (deworming) to all school-age children living in endemic areas (where prevalence of soil-transmitted helminths is 20 percent or more) to reduce the burden of soil-transmitted helminth infection.

Furthermore, in order to sustainably control soil-transmitted helminth infections, provision of safe water, adequate sanitation and hygiene services is essential. Deworming should be implemented together with health and hygiene promotion to reduce transmission and reinfection and encourage healthy behaviours.

Diarrhoea is a leading cause of death among children under five years of age and contributes to nutritional deficiencies, reduced resistance to infections, and impaired growth and development. Severe diarrhoea leads to fluid loss, and may be life-threatening, particularly in young children and people who are already undernourished or have impaired immunity. Zinc supplementation should be provided, as it has been shown to reduce the duration and severity of diarrhoea, and to prevent subsequent episodes. WHO recommends that caregivers should provide children with 20 mg per day of zinc supplementation for 10 to 14 days (10 mg per day for infants under the age of six months).

Children are particularly vulnerable to iron-deficiency anaemia because of their increased iron requirements in the periods of rapid growth, especially in the first five years of life. Iron-deficiency anaemia in children has been linked to increased childhood morbidity and impaired cognitive development and school performance. In settings where the prevalence of anaemia in preschool (24-59 months) children is 20 percent or higher, intermittent iron supplementation is recommended as a public health intervention to improve iron status and reduce the risk of anaemia.

³¹ UNICEF's approach to scaling up nutrition for mothers and their children: https://www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf

Vitamin A supplements should also be part of health services and delivered to children from 6 months to 5 years of age twice yearly in settings where vitamin A deficiency is a public health problem. Where appropriate, supplements should be integrated into other public health programmes aimed at improving child survival, such as polio or measles national immunization days, or biannual child health days, delivering a package of interventions such as deworming, distribution of LLINs and immunizations.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Is there a deworming monitoring system for all school-age children in endemic areas?
- Is there a national mechanism in place to coordinate across sectors (health, education and water/sanitation) the provision of periodic deworming for all school-age children?
- Is there a mechanism in place to provide iron and vitamin A supplementation for preschool children to reduce the risk of anaemia? Is this mechanism reflected in the national health strategies?
- Has an anaemia situation analysis been conducted in the country to understand the causes of anaemia?
- Is there a national mechanism in place to coordinate and ensure across sectors the provision of timely interventions such as periodic deworming, provision of zinc supplementation and iron and vitamin A supplementation?
- Has an analysis of the health system's capacity for implementing the planned policies in the country been performed?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 45:

- By December 2020, the Ministry of Health, in collaboration with the Ministry of Education, has ensured at least a yearly delivery of anti-helminthic treatment to at least XX percent of school-age children in areas endemic for soil-transmitted helminths.
- By December 2022, the Ministry of Education has ensured that all public primary and secondary schools in the country have adequate sanitation facilities, including sustainable access to safe drinking water, from the current XX percent of primary and YY percent of secondary schools.

✓ Examples of SMART commitments for Recommendation 47:

- By December 2019, the Ministry of Health has eliminated the shortage of zinc supplements in all health centres by reviewing the zinc supplement supply chain and acting on its identified bottlenecks.
- By December 2020, the Ministry of Health has ensured that treatment of cases of diarrhoea in children under five years of age with a course of zinc supplementation for 10-14 days, in addition to Oral Rehydration Salts, is increased from XX percent to YY percent.

✓ Examples of SMART commitments for Recommendation 48:

- By December 2018, the Ministry of Health has ensured that all children diagnosed with measles have received one dose of a vitamin A supplement; in areas where measles case fatality is likely to be more than 1 percent, two doses should be given 24 hours apart.
- By December 2020, the Ministry of Health has ensured three months of intermittent iron supplementation to preschool children 24-59 months of age, followed by three months of no supplementation, after which the provision of supplements should restart – in settings where the prevalence of anaemia in preschool children is 20 percent or higher.



FAO and/or WHO references to strategic and policy guidance

WHO. 2017. *e-Library of Evidence for Nutrition Actions (eLENA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/elena/en/

WHO. 2017. *Global database on the Implementation of Nutrition Action (GINA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/gina/en/

WHO. 2017. *Guideline: preventive chemotherapy to control soil-transmitted helminth infections in at-risk population groups.* Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/258983/1/9789241550116-eng.pdf>

WHO. 2017. *Water, sanitation and hygiene to combat neglected tropical diseases: initial lessons from project implementation.* Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/255563/1/WHO-FWC-WSH-17.02-eng.pdf>

WHO. 2016. *Guideline: daily iron supplementation in infants and children.* Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/204712/1/9789241549523_eng.pdf

WHO. 2015. *Water sanitation & hygiene for accelerating and sustaining progress on neglected tropical diseases: a global strategy 2015–2020.* Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/182735/1/WHO_FWC_WSH_15.12_eng.pdf

WHO. 2014. *Global nutrition targets 2025: anaemia policy brief.* Geneva. [Accessed 27 November 2017.] www.who.int/iris/bitstream/10665/148556/1/WHO_NMH_NHD_14.4_eng.pdf

WHO. 2013. *Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition.* Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions.pdf

WHO. 2012. *World Health Assembly resolution WHA66.12 on neglected tropical diseases* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/neglected_diseases/mediacentre/WHA_66.12_Eng.pdf

WHO. 2006. *Implementing the new recommendations on the clinical management of diarrhoea: guidelines for policy makers and programme managers.* Geneva. [Accessed 27 November 2017.] http://whqlibdoc.who.int/publications/2006/9241594217_eng.pdf



ACTION AREA

3

SOCIAL PROTECTION AND NUTRITION EDUCATION

- **Nutrition education and information for behavioural change** (Rec. 19, 20, 21) 46
- **Social protection for nutrition** (Rec. 22, 23) 49
- **Income generation and decent rural employment** (Rec. 24) 51

NUTRITION EDUCATION AND INFORMATION FOR BEHAVIOURAL CHANGE (REC. 19, 20, 21)



Recommendation 19: Implement nutrition education and information interventions based on national dietary guidelines and coherent policies related to food and diets, through improved school curricula, nutrition education in the health, agriculture and social protection services, community interventions and point-of-sale information, including labelling.

Recommendation 20: Build nutrition skills and capacity to undertake nutrition education activities, particularly for front line workers, social workers, agricultural extension personnel, teachers and health professionals.

Recommendation 21: Conduct appropriate social marketing campaigns and lifestyle change communication programmes to promote physical activity, dietary diversification, consumption of micronutrient-rich foods such as fruits and vegetables, including traditional local foods and taking into consideration cultural aspects, better child and maternal nutrition, appropriate care practices and adequate breastfeeding and complementary feeding, targeted and adapted for different audiences and stakeholders in the food system.

Since the first International Conference on Nutrition in 1992, governments have taken actions to influence consumer awareness, attitudes, skills, preferences, and behaviour around food, diet and nutrition. These actions can all be considered part of the process of “nutrition education” when defined broadly as “any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviours conducive to health and well-being; nutrition education is delivered through multiple venues and involves activities at the individual, community, and policy levels”.³² This definition extends beyond perceiving “education” as purely a process of providing information, to one that encompasses information and communication strategies, the provision of skills, and changes to the food environment.



Rationale

Nutrition education actions take place in different settings, including where food is produced (e.g. agricultural settings/fields), sold (e.g. retailers, food service outlets, schools, workplaces) and consumed (e.g. households, restaurants), and where information and education on food and diet are provided (e.g. clinics, hospitals, schools). Well-designed and effectively implemented nutrition education can provide those participating with the knowledge and skills to pick up healthy eating habits in the context of their lifestyles and economic resources. It has been proven to make a significant contribution to improved dietary practices, necessary to improve nutrition and prevent NCDs.

32

Contento, I.R. 2007. *Nutrition education: linking theory, research, and practice*. Sudbury, MA: Jones & Bartlett.

Examples of what effective nutrition education can achieve

- Promote desirable food behaviour and practices by addressing the knowledge, attitudes and skills of the target audience and their surrounding food, social, economic or informational environment.
- Increase the diversity and quality of family meals by developing capacities on nutrition-sensitive crop selection; storage, preservation and processing; food preparation skills; household food distribution; and the prevention of food waste.
- Help fulfil the nutrition-related outcomes of agricultural development projects, and the success of social protection programmes such as cash transfer and school feeding programmes as well as infant and young child feeding interventions.
- Prevent malnutrition in all its forms, including overweight, obesity and NCDs.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there national nutrition-related policies that spell out the role of food and nutrition education to improve nutrition among school children?
- Are national food-based dietary guidelines (FBDGs) available for and promoted to specific population groups such as children, adults, pregnant and lactating women, and elderly persons?
- Are national standards for foods and beverages in and around schools available and in use?
- Have nutrition education and behaviour change interventions been implemented in different settings as well as been monitored and evaluated at the national level? Have these interventions been designed based on a national assessment to ensure effectiveness?
- Are comprehensive social marketing interventions on healthy diet and nutrition conducted, monitored and evaluated?
- Has a national consumer survey been conducted to assess the use of nutrition labelling such as back-of-pack/front-of-pack labelling and menu labelling that guide healthy eating habits?
- Has nutrition education been mandatorily included at the national level in primary and/or secondary school curricula or their extra-curricular activities?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 19:

- By December 2020, the Ministry of Health has implemented a national awareness campaign on the newly developed national dietary guidelines through communication messages developed and materials broadcast in order to reach XX percent of the target population.
- By December 2025, the Ministry of Health has developed and implemented in XX percent of all public primary schools a nutrition education and behaviour change programme based on the national dietary guidelines.

✓ Examples of SMART commitments for Recommendation 20:

- By December 2022, the Ministry of Agriculture has ensured that at least XX percent of all male and female agricultural extension workers have received nutrition counselling training.
- By December 2025, the Ministry of Health has provided XX number training sessions on nutrition counselling, including for NCD prevention, to YY,YYY number community health workers.

✓ Examples of SMART commitments for Recommendation 21:

- By December 2022, the Ministry of Education has developed and implemented a policy measure to ensure that in all public and private primary and secondary schools in the country, schoolchildren have, respectively, XX and YY hours of physical education.
- By December 2025, the Government has put in place XX number social marketing interventions to increase and diversify fruit and vegetable consumption among primary school children in XX out of the YY provinces in the country.



FAO and/or WHO references to strategic and policy guidance

FAO. 2016. *Food and nutrition education for healthy diets*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-c0064e.pdf

FAO. 2014. *Nutrition, education and awareness raising for the right to adequate food*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i3895e.pdf

FAO. 2013. *Promoting healthy diets through nutrition education and changes in the food environment: an international review of actions and their effectiveness*. Background paper for the International Conference on Nutrition (ICN2). Rome. [Accessed 27 November 2017.] www.fao.org/docrep/017/i3235e/i3235e.pdf

FAO. 2013. *Challenges and issues in nutrition education*. Background paper for the International Conference on Nutrition (ICN2). Rome. [Accessed 27 November 2017.] www.fao.org/docrep/017/i3234e/i3234e.pdf

WHO. 2017. *Health promoting schools: an effective approach to early action on noncommunicable disease risk factors*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/255625/1/WHO-NMH-PND-17.3-eng.pdf>

WHO. 2016. *Report of the Commission on Ending Childhood Obesity*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf

WHO. 2015. *Healthy diet Factsheet N°394* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/mediacentre/factsheets/fs394/en/

WHO. 2012. *Prioritizing areas for action in the field of population-based prevention of childhood obesity: a set of tools for Member States to determine and identify priority areas for action*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/80147/1/9789241503273_eng.pdf

SOCIAL PROTECTION FOR NUTRITION

(REC. 22, 23)



Recommendation 22: Incorporate nutrition objectives into social protection programmes and into humanitarian assistance safety net programmes.

Recommendation 23: Use cash and food transfers, including school feeding programmes and other forms of social protection for vulnerable populations to improve diets through better access to food which conforms with the beliefs, culture, traditions, dietary habits and preferences of individuals in accordance with national and international laws and obligations, and which is nutritionally adequate for healthy diets.

Social protection is one of the most effective ways to reach socially marginalized, resource-poor, nutritionally vulnerable populations. During the ICN2, countries identified social protection as a sector with high potential for improving nutrition. To carry this momentum forward, it is essential to encourage long-term investments and strategic partnerships within and among nations – primarily through the exchange of experiences and good practices – to strengthen institutional capacities for making social protection nutrition-sensitive. The positive impact of social protection interventions on nutrition can be greatly enhanced when the pathways through which social protection interventions impact nutrition are clearly explained, when nutrition objectives are made explicit, and when nutrition indicators are included in monitoring and evaluation of social protection programmes.



Rationale

Social protection programming comprises initiatives that protect vulnerable populations against shocks and which reduce risks, often through livelihood strengthening, efforts to improve social status and legal rights, and efforts to increase access to food, education and health care.

Examples of social protection instruments include conditional and non-conditional cash transfers, in-kind transfers, and school feeding activities. By increasing purchasing power as well as access to diversified and nutritious food and sanitation, health, and education services, these instruments promote better nutritional outcomes via improved food security, improved health, and improved diet diversity and quality.

Social protection will be most effective when embedded in a multisectoral approach, as called for in the guidance from the International Labour Organization (ILO) on social protection floors.³³ When combined with relevant health services, well-designed social protection programmes result in improved height, reduced anaemia, and greater consumption of nutrient-dense foods, especially in low-income households with infants and children. Every social protection instrument provides specific entry points for increasing impact on nutritional outcomes. Both immediate and long-term negative effects of shocks can be reduced if social protection systems already in place can be expanded and adapted in a timely manner, with due attention to ensuring that those in need do not face barriers to accessing social protection (such as complex administrative or residency requirements linked to needs-testing practices, or barriers linked to gender norms), that the systems strengthen local food systems (or at least do no harm) and that the systems are orchestrated, with adequate attention to accountability and transparency.

33
NORMLEX:
Information System on
International Labour
Standards: www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:1:

Key principles for social protection to have a positive impact on nutrition

- Target the nutritionally vulnerable.
- Incorporate explicit nutrition objectives and outcome indicators in social protection programming and evaluation frameworks.
- Empower women and make them the recipients of social protection benefits.
- Promote social protection programmes that enable households to access healthy diets and diversify livelihoods.
- Strengthen linkages to health and sanitation services.
- Integrate nutrition education and promotion in social protection programme activities.
- Scale up shock-responsive social protection and safety nets in times of crisis to mitigate the threat of increased food insecurity and compromised diet quality.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are nutrition objectives integrated into social protection programmes?
- Are nutrition indicators routinely collected and assessed?
- Is there a mechanism in place by which social protection programmes are formulated, implemented and monitored?
- Are cash and food transfer programmes (including school feeding programmes) for vulnerable populations effectively linked with nutrition-specific activities (e.g. nutrition education, communication sessions) as well as with nutrition-sensitive activities (e.g. local procurement to small-farmers, school gardens) to enhance impact, including promotion of healthy diets?



Examples of SMART commitments for action at county level

✓ Examples of SMART commitments for Recommendation 22:

- By December 2019, the Government has ensured that the nationwide supplemental food bank programme provides weekly vouchers to its users for purchase of fresh fruits and vegetables from local farmers.
- By December 2025, the Government has achieved at least XX percent coverage of nutrition-vulnerable populations through safety net programmes.

✓ Example of a SMART commitment for Recommendation 23:

- From 2018 to 2025, the Government has increased its budget gradually from US\$ XXX,XXX to US\$ YYY,YYY to ensure that the national food transfer programme reaches all food-insecure households in the country.



FAO and/or WHO references to strategy and policy guidance

FAO. 2016. *Cash transfers: myths vs. reality*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i6460e.pdf

FAO. 2015. *Nutrition and social protection*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i4819e.pdf

FAO. 2015. *The State of Food and Agriculture 2015: social protection and agriculture, breaking the cycle of rural poverty*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i4910e.pdf

FAO. 2014. *Social protection and an enabling environment for the right to adequate food*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i3894e.pdf

INCOME GENERATION AND DECENT RURAL EMPLOYMENT (REC. 24)



Recommendation 24: Increase income for the most vulnerable populations by creating decent jobs for all, including through the promotion of self-employment.

Given the fact that poor and vulnerable people may spend as much as 50 to 70 percent of their income on food, an increase in personal income can have immediate effects on household food security and nutrition and help avoid negative coping strategies such as opting for cheaper and less nutritious food. In the long term, access to gainful and stable employment enables households to invest in better nutrition, health and education. Such an investment in human capital will contribute to improved productivity and overall economic performance, with a multiplier effect on labour demand over time. Although creating new jobs in rural areas and upgrading the quality of existing ones should be core aspects of an agriculture and rural development strategy, actions should also cut across both rural and urban areas. Examples are: providing wide access to good-quality education, promoting economic diversification in rural non-farm income-generating activities, supporting economy-wide job creation, increasing the saving and investment potential of the poor, and implementing adequate social protection mechanisms.



Rationale

Ensuring regular and decent income for all is essential to achieve good nutrition, as it allows purchase of diversified, safe and nutritious foods that contribute to healthy diets, but also access to health care and education services. However, an increase in household income (as well as poverty reduction, at aggregate level) does not necessarily lead to improved nutrition. Several factors influence dietary practices, such as the amount of change in total household income and its stability, household preferences, and intra-household income distribution and control (in comparison to men, women tend to spend more on the collective good benefiting all the household members, including children and the elderly), as well as the role of market dynamics and other determinants of purchase. Nutrition has also an impact on labour productivity. Furthermore, jobs that are not decent may even have adverse effects on nutrition, by causing care deficits due to an increased work burden on the part of women. Employment policies and interventions should, therefore, be gender-sensitive and ensure access to adequate social services, along with a fairer distribution of care work within the households.

Income-generating activities and poverty reduction strategies should be designed explicitly to benefit nutrition. Gainful employment increases disposable income, with immediate effects in improving households' access to food. A decent work approach, by promoting safe work and protecting workers' health, also contributes to redress the vicious circle of low productivity, low wages, malnutrition, ill-health and low working capacity. At the macro level, improved nutrition and better health feed back into economic growth through improvements in human capital formation and productivity.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there national measures, strategies and programmes that promote the generation and maintenance of decent farm and non-farm employment opportunities for men, women and youth?
- Are there national measures, strategies and programmes that promote entrepreneurship and access to credit, markets and inputs, especially for youth and women?
- Are there national measures, strategies and programmes that ensure fair wages and provide an adequate income for rural workers?
- Are there mechanisms that ensure the effective application of occupational safety and health measures³⁴ and that promote access to social services (e.g. kindergartens, sanitary facilities)?
- Are there national measures, strategies and programmes that ensure coverage by social protection to rural populations?
- Are there national measures, strategies and programmes that promote income diversification strategies?

34

International labour standards on occupational safety and health: www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/occupational-safety-and-health/lang--en/index.htm



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 24:

- By December 2020, the Ministry of Employment has set up a national rural employment programme for young adults (18-25 years) and has enrolled at least XX,XXX number people.
- From 2019 to 2025, the Government has progressively decreased by XX percent the percentage of rural households that have a monthly income below the national poverty line.



FAO and/or WHO references to strategic and policy guidance

FAO. 2017. *Decent rural employment toolbox* [online]. Rome. [Accessed 27 November 2017.] www.fao.org/rural-employment/toolbox/en/

FAO. 2016. *Incorporating decent rural employment in the strategic planning for agricultural development*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i5471e.pdf

FAO. 2015. *Decent work indicators for agriculture and rural areas: conceptual issues, data collection challenges and possible areas for improvement*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i5060e.pdf

FAO. 2015. *Understanding decent rural employment*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-bc270e.pdf

FAO. 2012. *Decent rural employment for food security: a case for action*. Rome. [Accessed 27 November 2017.] www.fao.org/docrep/015/i2750e/i2750e00.pdf





ACTION AREA

4

TRADE AND INVESTMENT FOR IMPROVED NUTRITION

- **Sustainable investments for nutrition** (Rec. 4, 8, 17) 56
- **International trade for nutrition** (Rec. 17, 18) 59

SUSTAINABLE INVESTMENTS FOR NUTRITION

(REC. 4, 8, 17)



Recommendation 4: Increase responsible and sustainable investment in nutrition, especially at country level with domestic finance; generate additional resources through innovative financing tools; engage development partners to increase Official Development Assistance in nutrition and foster private investments as appropriate.

Recommendation 8: Review national policies and investments and integrate nutrition objectives into food and agriculture policy, programme design and implementation, to enhance nutrition sensitive agriculture, ensure food security and enable healthy diets.

Recommendation 17: Encourage governments, United Nations agencies, programmes and funds, the World Trade Organization and other international organizations to identify opportunities to achieve global food and nutrition targets, through trade and investment policies.

Investments in agriculture and food systems come from international financing institutions, national government expenditures and, most importantly, from farmers and other private sector entities. If these investments are to be nutrition-sensitive, they need to increase production, productivity, availability and accessibility of diverse, safe and nutritious foods and food products that contribute to healthy diets. Achieving this goal requires explicit consideration of the nutrition and health implications of agriculture and food sector investment policies. Investments in agriculture and food systems often need to be complemented by investments to improve infrastructure, public services and human capacities to improve nutritional outcomes.



Rationale

Nutrition-sensitive agriculture and food systems place consumers' nutrition and health needs at the centre of development planning. This means not only asking what can we produce and sell more of, but also, "what are people eating?"; "what should they eat more (or less) of?"; "how do they access their food?"; and "how can more diverse, safe and nutritious foods that contribute to a healthy diet be made more available and accessible?". It also entails seeing how agricultural activities affect individuals' health, such as through food safety, access to safe water, and reducing the workload associated with agricultural work, especially for women. Agriculture and food system investments³⁵ need to be tailored to specific contexts.

The nutrition-sensitivity of food systems can be increased through a wide range of investments – for example, public investments in infrastructure, investments that increase the diversity of household food production and improve market linkages, as well as investment strategies to increase availability of and access to nutritious foods through commodity value chains.

As urbanization increases, food systems are characterized by increased availability of packaged foods, including those of minimal nutritional value or foods high in fat, free sugars and/or salt (e.g. sugar-sweetened beverages). Nutrition-sensitive food system investments should focus on strengthening value chains for non-staples and more nutrient-rich crops, strengthening cold chain³⁶ technology and improving post-harvest handling, and connecting smallholders to emerging supply chains for growing urban centres. Another important investment area is in safety and nutrition standards, product

35

Principles for responsible investment in agriculture and food systems: www.fao.org/fileadmin/templates/cfs/Docs1314/rai/CFS_Principles_Oct_2014_EN.pdf

36

"A cold chain for perishable foods is the uninterrupted handling of the product within a low-temperature environment during the post-harvest steps of the value chain, including harvest, collection, packing, processing, storage, transport and marketing, until it reaches the final consumer": www.postharvest.org/Use%20of%20cold%20chains%20PEF%20white%20paper%2013-03%20final.pdf

reformulation and consumer awareness regarding the importance of consuming diversified and nutritious foods.

Increasingly, countries are being faced with a different set of challenges, related to the emergence of overweight or obesity, often co-existing with undernutrition or micronutrient deficiencies. Addressing these challenges requires managing the impacts of highly industrialized, vertically integrated agri-food industries that often favour low cost, long shelf life, and sub-standard quality over nutrient content and environmental sustainability. Nutrition-sensitive food system investments should focus on improving food subsidy schemes in favour of more diversity and better quality food commodities, and regulating food industries in terms of product reformulation, advertising, labelling, and other marketing strategies. At the same time, investments should be made that promote improved consumer choices through nutrition education, as well as the setting of standards for diversified and nutritious foods and beverages in public institutions. Examples include public sector investments in regulatory and social marketing measures, which aim to increase the availability and affordability of and consumer demand for nutritious food that contribute to healthy diets, and increased investments in research and development to reformulate products and improve nutrition.

Nutrition-sensitive investments in agriculture and sustainable food systems will yield nutritional benefits for food suppliers (e.g. producers, processors, retailers) and consumers. Moreover, investing in sustainable food systems can produce multiplier effects for complementary sectors, such as service or manufacturing industries, thus further contributing to food security and nutrition and overall economic development.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there any national commitments to increasing investments in nutrition?
- What is the governmental yearly budget allocated to nutrition investments (defined as a percentage of the overall national budget)?
- Is there a national policy-mapping and -monitoring mechanism or other system in place that facilitates assessing the integration of nutrition objectives into investments, policies and programmes?
- What measures are applied to promote and facilitate investment in food systems and agriculture, including by smallholders?
- Are sectoral policies (e.g. agriculture, education, trade, infrastructure, finance) well aligned with agricultural investment strategies?
- Are there public sector investment policies that aim to increase production, productivity, affordability, and consumption of as well as access to diverse and nutritious foods?
- Are there public sector investment policies that include government efforts to attract private sector investment in healthy food systems, for example by creating nutrition-enhancing value chains, supporting smallholder and family farmers, and improving infrastructure?³⁷
- What are the available means of implementing nutrition-sensitive and nutrition-specific interventions according to national agricultural, food and/or nutrition policies?

37
Investments for healthy food systems: a framework analysis and review of evidence on food system investments for improving nutrition:
https://www.unscn.org/files/ICN2_TPM/EN_final_Investments_for_Healthy_Food_Systems_UNSCN.pdf



Examples of SMART commitments for action at country level

✓ Example of a SMART commitment for Recommendation 4:

- From 2018 to 2022, the Ministry of Finance has increased the allocation of resources for nutrition from the current XX (US\$ or percentage) to YY (US\$ or percentage).

✓ Examples of SMART commitments for Recommendation 8:

- By December 2025, the Ministry of Finance, in collaboration with the Ministry of Agriculture, has redirected XX percent of the national agricultural subsidy scheme for cereals into support for the cultivation of more diverse and non-staple food crops according to the national agricultural investment and development plan.
- By December 2025, the Ministry of Finance has increased the public sector government budget for home gardening in districts YY and ZZ from the current US\$ XXX,XXX to US\$ YYY,YYY.

✓ Example of a SMART commitment for Recommendation 17:

- By December 2025, the Ministry of Agriculture and the Ministry of Rural Development and Infrastructure have developed, through a multi-stakeholder consultation process, a new investment programme with the aim to diversify crop production of XX number smallholders in YY number regions of the country.



FAO and/or WHO references to strategic and policy guidance

FAO. 2017. *Nutrition-sensitive agriculture and food systems in practice: options for intervention*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i7848e.pdf

FAO. 2016. *Compendium of indicators for nutrition-sensitive agriculture*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i6275e.pdf

FAO. 2015. *Designing nutrition-sensitive agriculture investments: checklist and guidance for programme formulation*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i5107e.pdf

WHO. 2017. *The double burden of malnutrition policy brief*. Geneva. [Accessed 27 November 2017.] www.who.int/iris/bitstream/10665/255413/1/WHO-NMH-NHD-17.3-eng.pdf

INTERNATIONAL TRADE FOR NUTRITION

(REC. 17, 18)



Recommendation 17: Encourage governments, United Nations agencies, programmes and funds, the World Trade Organization and other international organizations to identify opportunities to achieve global food and nutrition targets, through trade and investment policies.

Recommendation 18: Improve the availability and access of the food supply through appropriate trade agreements and policies and endeavour to ensure that such agreements and policies do not have a negative impact on the right to adequate food in other countries.

Trade policies can promote good nutritional outcomes supporting healthy populations that can contribute to the economic development of countries. The links between trade policies and actions designed to address malnutrition, however, are complex and generate considerable controversies. Strengthening capacity for cross-sectoral coordination and improving governance of policy-making processes are essential to enable and motivate enhanced coherence between trade policy and nutrition action.



Rationale³⁸

Trade policy can support nutrition action when it has objectives and outcomes coherent with the intended outcomes of nutrition action, but trade policies can also introduce risks for nutrition – for example, by making it easier for people to access and afford foods high in fats, sugars and/or salt. The degree of coherence and/or incoherence between trade policy and nutrition action in countries depends on a wide range of factors, including the forms of malnutrition present and the foods concerned; the characteristics of their sub-populations (e.g. income, age, occupation, household location) and food systems (e.g. net food-importing or -exporting country, large producing country or small island state); and heterogeneity of associated trade reforms and related policies and institutions in place in countries and trading partners. The different contexts in which trade policies are put into place may thus lead to significant differences in the trade policies that are implemented. As a result of these (often inter-related) heterogeneities, even the same trade policy can have different impacts in different places. The lack of generalizability in the relationship between trade policy and nutrition means countries need to identify if there is coherence and/or incoherence between specific trade policies and nutritional policies and programmes in their own national and local contexts.

To enable and motivate policy coherence between trade policy and nutrition action, various actions are needed:

- a. Better analysis of the coherence between trade policy and nutrition action** to enable a common understanding of the opportunities and risks presented by trade policy for nutrition action (and by nutrition action for trade policies) and to identify complementary policies to enhance synergies and manage risks. This kind of analysis is needed for international and regional trade agreements, but most importantly at the national level, where trade and nutrition policies are actually implemented.

38

Enhancing coherence between trade policy and nutrition action:
<https://www.unscn.org/uploads/web/news/document/UNSCN-Trade-and-Nutrition-DP-EN.pdf>

- b.** *The implementation of complementary policies* as part of the package of trade reforms to ensure that benefits of trade policies are transferred to the people who most need them, and to mitigate the risks. For example, in cases where trade policy is undermining local production of fruits and vegetables, other policy instruments could be used to encourage their production by households and communities.
- c.** *Stronger institutional capacities* to enable analysis, implementation and greater coordination and cooperation. Trade, agriculture, and nutrition/health officials in countries need capacity to negotiate across government to implement trade and complementary policies and to expand the policy space for nutrition action in trade agreements.
- d.** *Better governance mechanisms* to enable, along with greater capacity, greater coordination and cooperation for trade and nutrition policy coherence.

Also of critical importance, governments need to identify nutrition as a national development priority and a shared challenge across sectors. Without this step it will be difficult to motivate increased coherence between trade and other economic development policies, and nutrition.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are the existing national trade agreements and policies conducive to achieving the global nutrition targets?
- Are there any tools or mechanisms available to assess that a country's trade policies do not have a negative impact on availability of and access to food in other countries?
- Are representatives from the health, agriculture, economic and trade sectors meeting regularly to review and discuss the impact of national trade policies on the nutritional status of the country's population?
- Is there a national evaluation mechanism in place to assess the coherence between national trade policies and related nutrition actions?
- Has a health and environmental impact assessment been conducted of the implemented national trade policies?
- Are nutrition policies supportive of achieving the goals underlying trade policies?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 17:

- By December 2019, the Government has established a national taskforce represented by different sectors for assessing the coherence between the national trade policies and the implemented nutrition actions.
- By December 2022, the Government has developed a risk management strategy to identify potential risks presented by trade policies on nutritional outcomes.

✓ Examples of SMART commitments for Recommendation 18:

- From 2016 to 2025, both the Ministry of Health and the Ministry of Agriculture have appointed a nutrition focal point from their ministries to participate in trade planning processes in order to mainstream nutrition issues in the national trade policies.
- By December 2019, the Government has implemented an import excise duty of XX percent on foods that are high in saturated fat (above YY grams of fat per 100 grams or above ZZ grams per 100 ml).



FAO and/or WHO references to strategic and policy guidance

FAO. 2017. *Strengthening sector policies for better food security and nutrition results: trade*. Policy guidance note 9. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i7910e.pdf

FAO. 2015. *The State of Agricultural Commodity Markets: trade and food security, achieving a better balance between national priorities and the collective good*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i5090e.pdf

FAO. 2006. *Trade reforms and food security: country case studies and synthesis*. Rome. [Accessed 27 November 2017.] www.fao.org/docrep/009/a0581e/a0581e00.htm

FAO. 2003. *Trade reforms and food security: conceptualizing the linkages*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-y4671e.pdf

FAO & World Trade Organization (WTO). 2017. *Trade and food standards*. Rome, FAO, and Geneva, WTO. [Accessed 27 November 2017.] www.fao.org/3/a-i7407e.pdf

WHO. 2006. *World Health Assembly resolution WHA59.26 on international trade and health* [online]. Geneva. [Accessed 27 November 2017.] http://apps.who.int/gb/ebwha/pdf_files/WHA59-REC1/e/Resolutions-en.pdf



ACTION AREA

5

SAFE AND SUPPORTIVE ENVIRONMENTS FOR NUTRITION AT ALL AGES

- **Influencing the food environment for healthy diets** (Rec. 13, 15, 16) 64
- **Protect, promote and support breastfeeding** (Rec. 29, 30, 31, 32, 33) 67
- **Childhood overweight and obesity** (Rec. 38, 39, 40, 41) 71
- **Anaemia in women of reproductive age** (Rec. 42, 43) 75
- **Sanitation and hygiene** (Rec. 51, 52) 78

INFLUENCING THE FOOD ENVIRONMENT FOR HEALTHY DIETS (REC. 13, 15, 16)



Recommendation 13: Develop, adopt and adapt, where appropriate, international guidelines on healthy diets.

Recommendation 15: Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.

Recommendation 16: Establish food or nutrient-based standards to make healthy diets and safe drinking water accessible in public facilities such as hospitals, childcare facilities, workplaces, universities, schools, food and catering services, government offices and prisons, and encourage the establishment of facilities for breastfeeding.

Poor dietary habits – including excessive consumption of meat, consumption of foods high in fat, sugar, and/or salt, and inadequate consumption of a variety of foods, including whole grains, legumes, nuts, fruits and vegetables – are a leading risk factor for NCDs. These illnesses are now among the primary causes of premature death not only in high-income countries but also in low- and middle-income countries. Their socio-economic impact is enormous, both in terms of health care costs and lost productivity. Empowering consumers to adopt and maintain healthy dietary practices is critical to reducing the prevalence of NCDs. Food environments are the “interface” or “link” between food systems and individual diets. Because they play an important role in consumer food choices, influencing food environments for promoting healthy diets is an emerging strategy to address today’s nutrition challenges.



Rationale

Food environments determine what food consumers can access at a given moment in time, at what price, and with what degree of convenience. Therefore, food environments both constrain and prompt the consumer’s choice. Food environments supporting healthy diets can be defined as those that make such diets available, affordable and appealing to people.

National FBDGs are an important tool that governments can use to inform, evaluate and align policy and programmes that aim to promote healthy diets. Using language and images that are intuitive and easy to understand, national FBDGs are the context-specific translation into foods and meals of what is a healthy diet and advice on how to achieve it. Successful development, dissemination and implementation of FBDGs requires participation by a range of public sector stakeholders. High-level political support is crucial, as is the sensitization of personnel across various sectors at the outset regarding the process to be used as well as expected level of involvement. At their best, FBDGs provide an official, accessible and easy roadmap for what food people should eat and how it should be purchased. To fulfil their potential, FBDGs need to be evidence-based and widely communicated to the general public and to health professionals. Dietary guidelines with clear links to national or sub-national food and nutrition policies that are actually implemented – such as school and hospital meal standards and public procurement standards and regulations on food marketing and advertising – stand the best chance of impact.

When FBDGs are available, it is important to align them with other tools that place consumers in a position to make healthy eating the easier, and possibly preferred, option. Globally there is consensus that such tools/areas of intervention include: food labelling; food provisioning in public settings such as schools; production diversification; food safety; economic incentives/disincentives; food composition; food promotion (advertising and marketing); food retailing; and nutrition-sensitive agriculture.

Food labels attract consumers' attention to the health benefits and risks of particular food products. Consumers use labels to compare products according to specific traits, to verify claims, and to select the products which are suitable for their needs. Labelling motivates food producers to formulate nutritious food. Manufacturers use labels to distinguish their products, extend their product lines, respond to regulations and public health communications, and enhance the image of their brand. Labels must be simple to understand and require no prior knowledge of nutrition.

In the case of agriculture, globally there has been a historic tendency to subsidize cereals to the detriment of legumes and fruits and vegetables, thus decreasing the availability of the latter. For this reason, governments should consider – and indeed some have done so – giving incentives for the production or consumption of fruits and vegetables, either in the form of production subsidies/incentives or consumer vouchers. Food composition can support decision-making on which crops to promote.

To have a real effect on food consumption, dietary guidelines need to:

- Be owned by the government – and supported by multiple departments within government.
- Be based on local evidence.
- Be aimed at the general public, health professionals, consumer organizations and those working in the food sector, programme planners and policymakers (different versions will be needed).
- Have clear links to food and nutrition policies that are actually implemented – e.g. school and hospital meals, public procurement, advertising regulations, industry standards.
- Be widely promoted – everybody should know about them.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Have national FBDGs been developed that are in line with FAO/WHO dietary recommendations?
- Are these FBDGs widely disseminated and implemented to inform programmes and policies?
- Are there any regulatory and voluntary instruments such as marketing, publicity and labelling policies to promote healthy diets?
- Are there any food and nutrient-based standards and/or legislation to make healthy diets and safe drinking water accessible in public facilities?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 13:

- By December 2022, the Ministry of Health has developed national dietary guidelines for children, adults and the elderly.
- By December 2025, the Ministry of Health has implemented XX number regulations to promote biodiversity and sustainable production, especially of fruits and vegetables.

✓ Examples of SMART commitments for Recommendation 15:

- By December 2020, the Government has implemented legislation that prohibits marketing and sale of foods and beverages high in saturated fat, trans-fat, free sugars, and/or salt in school settings where children gather, such as nurseries, primary and secondary schools, school grounds, sports facilities and preschool centres and playgrounds.
- By December 2022, the legislative body* has passed a law on front-of-pack labelling, which defines high content of energy, total fat, saturated fat, sugar and salt as well as requires food producers and retailers to include a defined labelling scheme on the front-of-pack of their food products if they exceed the set limits, to be implemented by 2023.

✓ Examples of SMART commitments for Recommendation 16:

- By December 2025, the Government has invested US\$ XXX,XXX to make safe drinking water mandatorily accessible in all public primary and secondary schools, universities and government offices throughout the country.
- By December 2025, the Government has put in place a national school fruit and vegetable programme aligned with the national FBDGs for public primary and secondary schools.

*

Legislative body refers to a law-making body of the government to account for different political systems and names of such bodies.



FAO and/or WHO references to strategic and policy guidance

FAO. 2016. *Handbook on food labelling to protect consumers*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i6575e.pdf

FAO. 2016. *Influencing food environments for healthy diets*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i6484e.pdf

FAO & FHI 360. 2016. *Minimum dietary diversity for women: a guide to measurement*. Rome, FAO. [Accessed 27 November 2017.] www.fao.org/3/a-i5486e.pdf

FAO & University of Oxford. 2016. *Plates, pyramids and planets: developments in national healthy and sustainable dietary guidelines, a state of play assessment*. Rome, FAO. [Accessed 27 November 2017.] www.fao.org/3/a-i5640e.pdf

FAO & WHO. 1996. *Preparation and use of food-based dietary guidelines*. Geneva, WHO. [Accessed 27 November 2017.] www.fao.org/docrep/x0243e/x0243e00.htm

FAO & WHO. 1985. *Guidelines on nutrition labelling*. Rome, FAO. [Accessed 27 November 2017.] www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252Fstandards%252FCAC%2BGL%2B2-1985%252FCXG_002e.pdf

WHO. 2015. *Healthy diet Factsheet N°394* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/mediacentre/factsheets/fs394/en/

WHO. 2013. *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf

PROTECT, PROMOTE AND SUPPORT BREASTFEEDING

(REC. 29, 30, 31, 32, 33)



Recommendation 29: Adapt and implement the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.

Recommendation 30: Implement policies and practices, including labour reforms, as appropriate, to promote protection of working mothers.

Recommendation 31: Implement policies, programmes and actions to ensure that health services promote, protect and support breastfeeding, including the Baby-Friendly Hospital Initiative.

Recommendation 32: Encourage and promote – through advocacy, education and capacity building – an enabling environment where men, particularly fathers, participate actively and share responsibilities with mothers in caring for their infants and young children, while empowering women and enhancing their health and nutritional status throughout the life course.

Recommendation 33: Ensure that policies and practices in emergency situations and humanitarian crises promote, protect and support breastfeeding.

No country in the world fully meets recommended standards for breastfeeding. In 2017, only 40 percent of children younger than six months were breastfed exclusively and only 23 countries had exclusive breastfeeding rates above 60 percent. Although breastfeeding is not included in any of the SDG targets, it is critical for the achievement of many of the SDGs, including SDG 2 and SDG 3.³⁹ Being one of the most cost-effective public health measures, investment in breastfeeding support, promotion and protection needs to urgently increase. Promotion and protection of exclusive breastfeeding in the first six months and continued breastfeeding up to two years of age and beyond is a double-duty action. Double-duty actions are interventions, programmes and policies that simultaneously reduce the risk or burden of undernutrition (including wasting, stunting and micronutrient deficiency or insufficiency) and overweight, obesity or diet-related NCDs. Breast milk provides essential nutrients for infant growth and development, and reduces the risks of overweight and obesity in later life and protects against stunting and wasting in childhood. In addition, exclusive breastfeeding helps to regulate maternal weight gain in the postpartum period, which in turn provides added nutrition-related health benefits to the mother, protecting against obesity and some NCDs later in life, such as breast cancer.

³⁹ <https://sustainabledevelopment.un.org/sdg3>



Rationale

Breastfeeding is beneficial to the health of both women and infants: women who breastfeed have a lower risk of maternal morbidity and mortality, as well as lower rates of breast cancer before menopause and potentially lower risks of ovarian cancer, osteoporosis, and coronary heart disease. Infants who are breastfed have a four- to 14-fold risk reduction of diarrhoeal disease and a five-fold risk reduction for respiratory illness. Additionally, breastfeeding has long-term benefits in the form of reduced risk of NCDs. Improved breastfeeding practices could prevent 823,000 annual deaths in children under five years of age and 20,000 annual deaths in women caused by breast cancer.⁴⁰ Furthermore, breastfeeding is good economics as it significantly reduces costs for treatment of childhood illnesses such as pneumonia, diarrhoea and asthma. Breastfed children perform better in intelligence tests, are less likely to be overweight or

⁴⁰ *Why invest, and what it will take to improve breastfeeding practices?:* [www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)01044-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)01044-2.pdf)

obese, and less prone to diabetes later in life. Breast milk contributes to an adequate and healthy diet for infants and young children and the enjoyment of the highest attainable standard of health, as recognized in the Convention on the Rights of the Child.

Aggressive marketing of breast-milk substitutes, its availability and free distribution increases rates of bottle feeding. Global sales of breast-milk substitutes are expected to grow by 2019 to reach US\$ 70.6 billion. In 1981 the International Code of Marketing of Breast-milk Substitutes was adopted by the WHA in order to curb inappropriate marketing practices. Yet globally, nearly two out of three infants under six months are not exclusively breastfed, and the world is off course to achieve the global breastfeeding target to increase the rate of exclusive breastfeeding in the first six months by up to at least 50 percent.

Government leaders have the primary responsibility for taking action at country level, in dialogue with a broad range of stakeholders, including affected communities. National legislation needs to be in place as well as a system to ensure its implementation. Only 39 countries have legislation incorporating all or most Code provisions. The quality and substance of specific Code-related provisions varies significantly. The scope of designated milk products under national legislation remains limited. Many countries cover infant and follow-up formula as designated products, but only one third explicitly cover products intended for use for children as of one year of age. Just over half of countries sufficiently prohibit public advertising and promotion of those products. Less than half of countries prohibit the provision of free or low-cost supplies of infant and follow-up formula to health facilities. Less than half of countries ban the use of nutrition and health claims on designated products.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Does the country's health information system include breastfeeding indicators?
- Is there a mechanism in place that monitors, implements and enforces sanctions in case of violations of the International Code of Marketing of Breast-milk Substitutes?
- Is there a national coordination mechanism involving different governmental sectors in order to provide specific policies and strategies for working mothers?
- Does the country apply principles of the Ten Steps to Successful Breastfeeding (Baby-Friendly Hospital Initiative) to implement practices that protect, promote and support breastfeeding?
- Are there measures, strategies or programmes that address communication, education and advocacy on the active engagement of fathers in caring for their infants and young children?
- Is there a national coordinating mechanism in place to protect, promote and support breastfeeding during emergency situations and humanitarian crises?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 29:

- By December 2019, the legislative body* has incorporated into national law the International Code of Marketing of Breast-milk Substitutes and WHO guidance on inappropriate marketing of complementary foods for infants and children.
- By December 2020, the Ministry of Health has established a functional unit to efficiently and actively monitor, implement and enforce sanctions in case of violations of the International Code of Marketing of Breast-milk Substitutes.

✓ Examples of SMART commitments for Recommendation 30:

- By December 2020, the Ministry of Labour has set up legislation to ensure that at least XX percent of the public workspaces have a private space where women can

*
Legislative body refers to a law-making body of the government to account for different political systems and names of such bodies.

breastfeed their child during working hours and that employers provide paid daily breaks or a daily reduction of hours of work for female lactating workers.

- By December 2020, the Government has ratified the ILO Maternity Protection Convention ensuring maternity leave of at least 14 weeks paid at XX percent of previous earnings, funded by compulsory social insurance or public funds.

✓ **Examples of SMART commitments for Recommendation 31:**

- As of 2018 onwards, the Ministry of Health will include a budget line item in its national budget covering lactation support services, including rolling out breastfeeding counselling and lactation management training to XX percent of health workers in maternity facilities.
- By December 2020, the Ministry of Health has passed legislation that requires all public hospitals and maternity clinics to fully practice the Ten Steps to Successful Breastfeeding (Baby-Friendly Hospital Initiative) criteria.

✓ **Examples of SMART commitments for Recommendation 32:**

- As of 2018, the Government will celebrate every year World Breastfeeding Week across the country by funding a mass media behaviour change campaign and has instructed each of the relevant ministries to issue a press release in support of breastfeeding.
- By December 2020, the Government has implemented legislation to ensure that all government employees can benefit from paid parental leave of a minimum of XX weeks.

✓ **Examples of SMART commitments for Recommendation 33:**

- By December 2018, the Ministry of Health has endorsed a national policy on infant feeding in emergencies to minimize the risks of any artificial feeding and to protect, promote and support breastfeeding in all contexts, and to build capacity for all relevant health staff.
- By December 2018, the Ministry of Health has set up a national breastfeeding support system for situations of natural disasters, including an effective referral system (e.g. registration, nutrition/health services), provision of secluded shelter areas for breastfeeding, and prioritization of access to food aid and water for women with infants and young children.



FAO and/or WHO references to strategic and policy guidance

WHO. 2017. *Double-duty actions for nutrition policy brief*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/255414/1/WHO-NMH-NHD-17.2-eng.pdf>

WHO. 2017. *Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/259386/1/9789241550086-eng.pdf>

WHO. 2016. *World Health Assembly resolution WHA69.9 on ending inappropriate promotion of foods for infants and young children* [online]. Geneva. [Accessed 27 November 2017.] http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R9-en.pdf

WHO. 2014. *Global Nutrition Targets 2025: Breastfeeding policy brief*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/149022/1/WHO_NMH_NHD_14.7_eng.pdf

WHO. 2011. *Guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries*. Geneva. [Accessed 27 November 2017.] www.who.int/entity/maternal_child_adolescent/documents/9789241548366.pdf

WHO. 2004. *Guiding principles for feeding infants and young children during emergencies*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/42710/1/9241546069.pdf>

WHO. 2003. *Infant and young child feeding: a tool for assessing national practices, policies and programmes*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/inf_assess_nnpp_eng.pdf

WHO. 1981. *International code of marketing of breast-milk substitutes*. Geneva. [Accessed 27 November 2017.] www.who.int/entity/nutrition/publications/infantfeeding/9241541601/en/index.html

WHO & United Nations Children's Fund (UNICEF). 2017. *Tracking progress for breastfeeding policies and programmes: global breastfeeding scorecard 2017*. Geneva, WHO, and New York, UNICEF. [Accessed 27 November 2017.] www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017/en/

WHO & United Nations Children's Fund (UNICEF). 2009. *Baby-friendly hospital initiative: revised, updated and expanded for integrated care*. Geneva, WHO, and New York, UNICEF. [Accessed 27 November 2017.] www.who.int/entity/nutrition/publications/infantfeeding/bfhi_trainingcourse/en/index.html

WHO & United Nations Children's Fund (UNICEF). 2003. *Global strategy for infant and young child feeding*. Geneva, WHO. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf>

WHO, United Nations Children's Fund (UNICEF) & International Baby Food Action Network (IBFAN). 2016. *Marketing of breast-milk substitutes: national implementation of the international code, status report 2016*. Geneva, WHO. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325_eng.pdf

WHO, United Nations Children's Fund (UNICEF), LINKAGES, International Baby Food Action Network (IBFAN) & Emergency Nutrition Network (ENN). 2001. *Infant feeding in emergencies: module 1 for emergency relief staff*. Geneva, WHO. [Accessed 27 November 2017.] <http://files.enonline.net/attachments/150/module1-manual-refer-ops-gv2-1.pdf>

CHILDHOOD OVERWEIGHT AND OBESITY

(REC. 38, 39, 40, 41)



Recommendation 38: Provide dietary counselling to women during pregnancy for healthy weight gain and adequate nutrition.

Recommendation 39: Improve child nutritional status and growth, particularly by addressing maternal exposure to the availability and marketing of complementary foods, and by improving supplementary feeding programmes for infants and young children.

Recommendation 40: Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations.

Recommendation 41: Create a conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life.

The number of obese children and adolescents (ages five to 19 years) worldwide has risen ten-fold in the past four decades. If current trends continue, more children and adolescents will be obese than moderately or severely underweight by 2022. In 2017, there were about 38 million overweight children under five years of age globally, an increase of 8 million since 2000. Almost half of overweight children under five years of age live in Asia.⁴¹ The global nutrition target of “no increase in childhood overweight” may appear modest because it implies acceptance of the existing high levels of overweight and obesity. However, the drivers of childhood overweight and obesity – overconsumption of foods that are high in fat, free sugars and/or salt, and low physical activity – continue to expand worldwide and will continue to increase the risk of childhood overweight and obesity. Recent figures show that childhood obesity continues to rise in low- and middle-income countries, leading to poor lifelong health outcomes.



Rationale

Structural factors such as globalization, liberalization of markets, free trade agreements, global agricultural policies, and urbanization modify how we experience our food system and the foods that we are exposed to. These factors – along with poverty, gender inequalities and lack of maternity protection (including breastfeeding protection), poor access to quality health care, lack of education, and inappropriate marketing to children – are leading to overweight and obesity of infants and young children in both high-income and low-income countries and populations. More and effective actions at the global level are required to reduce and prevent childhood overweight and obesity – in line with the global nutrition target of “no increase in childhood overweight by 2025” – alongside actions to address undernutrition (stunting, wasting and micronutrient deficiencies).

Children’s eating behaviours are susceptible to many influences within their families, schools and communities. Many of these influences promote dietary patterns that predispose children to obesity, including rapidly changing food systems, sedentary lifestyles and the spread of marketing of nutrient-poor foods or foods high in fat, free sugars and/or salt. Children who have been undernourished, either in utero or in early childhood, are at particular risk of becoming overweight and obese if they are then faced with an obesogenic environment.

41 Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)32129-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)32129-3.pdf); Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group joint child malnutrition estimates, key findings of the 2018 edition: www.who.int/nutgrowthdb/2018-jme-brochure.pdf

Many low- and middle-income countries are witnessing a steep rise in childhood overweight and obesity, often resulting in the coexistence of undernutrition and micronutrient deficiencies along with overweight and obesity, or diet-related NCDs within individuals, households and populations, and across the life course. Furthermore, overweight and obese children are at higher risk of developing serious health problems, including type-2 diabetes, high blood pressure, asthma, other respiratory problems, sleep disorders and liver diseases. They may also suffer from psychological effects, such as low self-esteem, depression and social isolation.

Childhood overweight and obesity also increase the risk of adult obesity, NCDs, premature death and disability in adulthood. Measures to limit such influences are therefore needed by starting with some key actions such as breastfeeding promotion and protection (considering its role in reducing the risk of childhood obesity), health-promoting school programmes (with the provision of fresh fruits, vegetables and safe drinking water as well as the removal of food and beverage offerings that are high in fat, free sugars and/or salt) and other policies and programmes that address the social determinants of health.

Good nutrition is critical for the health of the mother and the unborn child. Low or high birth weight place a child at increased risk of developing obesity and NCDs later in life. Behaviourally focused nutrition education and counselling are widely recognized as a key strategy to improve the nutritional status of women and children by:

- enhancing maternal diet quality by increasing the diversity of foods consumed;
- promoting adequate weight gain through sufficient and balanced protein and energy intake; and
- promoting consistent and continued use of micronutrient supplements, food supplements or fortified foods, as needed.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Does the country have an estimate on the magnitude of national childhood overweight and obesity?
- Does the country have nationally approved authoritative FBDGs for all age groups? If yes, are they in line with WHO recommendations on a healthy diet?
- Has the country developed nutrient profiles to identify the foods and beverages that are high in fat, free sugars and/or salt?
- Are diversified and nutritious foods accessible and in sufficient quantities for all people in the country?
- Is the country implementing a standardized nutrient labelling system?
- Is there a national control system or legislation to ensure that products that function as breast-milk substitutes are not promoted and are in alignment with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions?
- Are messages used to promote foods for infants and young children supporting optimal feeding in line with WHO recommendations and WHA resolutions?
- Does the country have a mechanism, such as legislation, in place at national and local levels to ensure breastfeeding protection and promotion activities?
- Is there a mechanism for multisectoral collaboration that facilitates and promotes physical activity for health for all age groups?
- Does the country have a mechanism, such as legislation, in place to regulate the marketing of food and non-alcoholic beverages to children in line with WHO recommendations?
- Is there policy coherence between health policies covering nutrition, NCDs, reproductive, neonatal and child health, and policies on agriculture, food, trade, education and social protection?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 38:

- By December 2018, the Ministry of Health has trained XX percent of maternity staff on the mandated dietary counselling of prospective mothers (and fathers) as part of the standard counselling provided during regular pregnancy check-up appointments at maternity clinics.
- By December 2020, the Ministry of Health has ensured that at least XX percent of the health professionals in all YY number regional primary health centres in the country have been trained to support and promote breastfeeding for pregnant and lactating women visiting the centres, in adherence to The 10 Steps to Successful Breastfeeding and the WHO International Code of Marketing of Breast-Milk Substitutes.

✓ Examples of SMART commitments for Recommendation 39:

- By December 2018, the Ministry of Health has adopted the WHO child growth standards and WHO child growth references to monitor individual growth patterns and population levels of stunting, wasting and overweight for children and adolescents up to 18 years of age.
- By December 2019, the Ministry of Health has communicated a written policy to all health care staff of all medical facilities about adequate complementary feeding for infants and young children.

✓ Examples of SMART commitments for Recommendation 40:

- By December 2018, the Ministry of Health has assessed the impact of all national legislation, regulations and guidelines to tackle the marketing of foods high in fat, free sugars and/or salt and non-alcoholic beverages to children up to 18 years of age.
- By December 2020, the Government has endorsed a policy framework to restrict all marketing to children up to 18 years of age of foods with a high content of saturated fat, trans-fat, free sugars, and/or salt, including sanctions and a system for reporting noncompliance.

✓ Examples of SMART commitments for Recommendation 41:

- By December 2020, the Ministry of Health has provided, in collaboration with the Ministries of Planning and Transportation, safe facilities, resources and opportunities for all children up to 18 years of age in order for them to be physically active during recreational time in all public schools.
- By December 2020, the Ministry of Health has developed and implemented a national evidence-based, targeted and 100 percent-funded public education campaign on the importance of physical activity among children, adolescents and adults.



FAO and/or WHO references to strategic and policy guidance

WHO. 2017. *Double duty actions for nutrition policy brief*. Geneva. [Accessed 27 November 2017.] www.who.int/iris/bitstream/10665/255414/1/WHO-NMH-NHD-17.2-eng.pdf

WHO. 2017. *Guideline: assessing and managing children at primary health-care facilities to prevent overweight and obesity in the context of the double burden of malnutrition. Updates for the integrated management of childhood illness (IMCI)*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/259133/1/9789241550123-eng.pdf>

WHO. 2017. *Implementation Plan on Ending Childhood Obesity*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/259349/1/WHO-NMH-PND-ECHO-17.1-eng.pdf>

WHO. 2017. *The double burden of malnutrition policy brief*. Geneva. [Accessed 27 November 2017.] www.who.int/iris/bitstream/10665/255413/1/WHO-NMH-NHD-17.3-eng.pdf

WHO. 2016. *Fiscal policies for diet and prevention of noncommunicable diseases*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/250131/1/9789241511247-eng.pdf>

WHO. 2016. *Guidance on ending the inappropriate promotion of foods for infants and young children*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/topics/guidance-inappropriate-food-promotion-iy-c-backgroundprocess.pdf

WHO. 2016. *Report of the Commission on Ending Childhood Obesity*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf

- WHO.** 2014. *Comprehensive implementation plan on maternal, infant and young child nutrition*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf
- WHO.** 2014. *Global nutrition targets 2025: childhood overweight policy brief*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/149021/2/WHO_NMH_NHD_14.6_eng.pdf
- WHO.** 2013. *Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions.pdf
- WHO.** 2013. *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. Geneva. [Accessed 27 November 2017.] www.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf
- WHO.** 2010. *Global recommendations on physical activity for health*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/44399/1/9789241599979_eng.pdf
- WHO.** 2010. *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf
- WHO.** 2010. *World Health Assembly resolution WHA63.14 on the marketing of food and non-alcoholic beverages to children* [online]. Geneva. [Accessed 27 November 2017.] http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R14-en.pdf
- WHO.** 2004. *Global strategy on diet, physical activity and health*. Geneva. [Accessed 27 November 2017.] www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf
- WHO, United Nations Children's Fund (UNICEF) & International Baby Food Action Network (IBFAN).** 2016. *Marketing of breast-milk substitutes: national implementation of the international code, status report 2016*. Geneva, WHO. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/206008/1/9789241565325_eng.pdf

ANAEMIA IN WOMEN OF REPRODUCTIVE AGE

(REC. 42, 43)



Recommendation 42: Improve intake of micronutrients through consumption of nutrient-dense foods, especially foods rich in iron, where necessary, through fortification and supplementation strategies, and promote healthy and diversified diets.

Recommendation 43: Provide daily iron and folic acid and other micronutrient supplementation to pregnant women as part of antenatal care; and intermittent iron and folic acid supplementation to menstruating women where the prevalence of anaemia is 20% or higher, and deworming, where appropriate.

Almost all countries in the world are off target to achieving the global target of reducing anaemia in women of reproductive age by 50 percent by 2025. Achieving that target would require an investment effort of US\$ 12.9 billion over 10 years. According to the World Bank and partners,⁴² not investing in anaemia reduction would result in 265 million more cases of anaemia in women in 2025 than there were in 2015 and nearly 800,000 more child deaths and 7,000-14,000 more maternal deaths.



Rationale

Micronutrient deficiencies are a global public health problem. Iodine, vitamin A and iron deficiencies are the most prevalent globally, and they represent a major threat to health and development, particularly among vulnerable groups, including children and pregnant women. In many low-income countries, micronutrient deficiencies are also aggravated by worm infections, malaria and other infectious diseases such as HIV and tuberculosis.

The control of anaemia in women of childbearing age is essential to prevent impaired health, maternal and neonatal adversities, low birth weight and perinatal and maternal mortality, as well as the prevalence of disease later in life. Anaemia also impairs physical work capacity; therefore investing in nationwide anaemia reduction interventions would be cost-effective and lead to positive economic returns for the country.

Reducing the prevalence of anaemia in women of reproductive age by half by 2025 is one of six global nutrition targets that were endorsed by the WHA in 2012. Nearly all countries are off course to achieve the anaemia target by 2025, and yet only 40 countries have a national nutrition plan including a SMART target on anaemia.

In order to achieve this anaemia reduction target by 2025, direct nutrition interventions including iron and folic acid supplementation and deworming need to be implemented, together with strategies to promote healthy diets. While iron deficiency is frequently the primary factor contributing to anaemia, it is important to recognize that the control of anaemia requires a multisectoral approach. Anaemia prevention and control interventions should also be tailored to local conditions and take into account anaemia's specific aetiology and the population groups affected, as well as local values and preferences. Implementation of recommendations in the following areas is also important: provision and promotion of sustainable production of local iron-rich foods; access to healthy diets in schools, preschools and in households; provision of nutrition education; treatment and prevention of infectious diseases; and improvements in hygiene and sanitation.

Policymakers need to make the necessary investments in anaemia reduction and control, as a means to promote human capital development and their nation's economic growth and long-term health, wealth and well-being.

42

An investment framework for nutrition: reaching the global targets for stunting, anaemia, breastfeeding and wasting: <http://documents.worldbank.org/curated/en/847811475174059972/pdf/108645-REVISED-PUBLIC-1700369-GlobalTargets-Execum-Web-10-3-16.pdf>



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Has a national anaemia situation analysis been conducted to identify the causes of anaemia in the country?
- Is there any collection and analysis of national food intake data (supported by ancillary information such as biochemical data on nutritional status)?
- Are there nutrition and agricultural policies and investments that include fortification, biofortification and supplementation strategies? Are these policies monitored and evaluated to measure impact?
- Are the different sectoral policies coherent in support of anaemia reduction efforts?
- Do national health policies include antenatal care strategies and investments to ensure iron and folic acid and other micronutrient supplementation to pregnant women?
- Is there routine monitoring of anaemia through the health system?
- Do relevant health policies (to address malaria, to address soil-transmitted helminth infections) include objectives on anaemia prevention/treatment and relevant monitoring indicators?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 42:

- By December 2020, the Ministry of Health has ensured the collection and analysis of national food intake data (supported by ancillary information such as biochemical data on nutritional status) as evidence for decision-making on micronutrient fortification programmes.
- By December 2020, the Ministry of Health and Ministry of Education have jointly developed, adopted and implemented a nationwide school policy that encourages children to adopt and maintain a healthy diet, including access to safe drinking water.

✓ Examples of SMART commitments for Recommendation 43:

- As of 2019 onwards, the Ministry of Health will ensure that the iron and folic acid supplementation programme for pregnant women is fully integrated in antenatal care interventions and includes investing of US\$ XXX,XXX annually.
- By December 2020, the Ministry of Health has ensured that daily iron and folic acid supplementation for pregnant women in line with the WHO recommendations is implemented nationwide with an 80 percent compliance rate from XX percent currently.



FAO and/or WHO references to strategic and policy guidance

WHO. 2017. *e-Library of Evidence for Nutrition Actions (eLENA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/elena/en/

WHO. 2017. *Guideline: preventive chemotherapy to control soil-transmitted helminth infections in at-risk population groups*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/258983/1/9789241550116-eng.pdf>

WHO. 2016. *Guideline: daily iron supplementation in infants and children*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/204712/1/9789241549523_eng.pdf

WHO. 2016. *WHO recommendations on antenatal care for a positive pregnancy experience*. Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf>

WHO. 2014. *Comprehensive implementation plan on maternal, infant and young child nutrition*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf

WHO. 2014. *Global nutrition targets 2025: anaemia policy brief*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/148556/1/WHO_NMH_NHD_14.4_eng.pdf

WHO. 2012. *World Health Assembly resolution WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/topics/WHA65.6_resolution_en.pdf

WHO. 2011. *Guideline: intermittent iron and folic acid supplementation in menstruating women*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/44649/1/9789241502023_eng.pdf

WHO & FAO. 2006. *Guidelines on food fortification with micronutrients*. Geneva, WHO, and Rome, FAO. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/43412/1/9241594012_eng.pdf

SANITATION AND HYGIENE

(REC. 51, 52)



Recommendation 51: Invest in and commit to achieve universal access to safe drinking water, with the participation of civil society and the support of international partners, as appropriate.

Recommendation 52: Implement policies and strategies using participatory approaches to ensure universal access to adequate sanitation and to promote safe hygiene practices, including hand washing with soap.

Evidence indicates that access to safe drinking water, sanitation, and hygiene (WASH) services has an important positive impact on nutrition. Lack of access to WASH can affect a child's nutritional status through at least three direct pathways: diarrhoeal diseases; intestinal parasite infections; and environmental enteropathy. Nutrition and health status can be improved by implementing culturally appropriate WASH interventions, including the use of improved household toilets or latrines, improved water supply, safe household water management, including treatment and storage, and handwashing with soap.



Rationale

Access to WASH is recognized as a human right essential for health. Scientific evidence indicates a close link between the lack of WASH and stunting. Adequate water, sanitation and hygiene can improve nutritional outcomes by preventing infectious diseases such as diarrhoea and soil-transmitted infections. Diarrhoea alone is the second-leading cause of death among children under five years of age, and lack of safe drinking water along with inadequate sanitation and hygiene are major risk factors. Children who are affected by undernutrition are more likely to die from diarrhoea. In turn, diarrhoea undermines nutrition by reducing appetite and food absorption. Children living in unsanitary environments are also exposed to high concentrations of pathogens which may impair intestinal function and negatively affect nutritional status. In addition, the consumption of safe drinking water instead of sugar-sweetened beverages can be used to counteract obesity as it promotes a decrease in total diet energy intake.

In 2015, 2.3 billion people still did not have basic sanitation facilities such as toilets or latrines, including 892 million people still defecating in the open. Yet, the evidence regarding the nutritional consequences of inadequate sanitation is strong, especially for open defecation without using a toilet or latrine. World leaders committed to achieve universal access to safe and affordable drinking water for all by 2030; and to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation (global SDG 6⁴³ targets 6.1 and 6.2).



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there national water and sanitation standards and a system in place to monitor compliance?
- Is there a costed and 100 percent-funded strategy to ensure that all citizens have access to safe drinking water?
- Is there a coherent multisectoral WASH policy framework that includes nutrition objectives and indicators?
- Are there national measures, strategies or programmes in social marketing and

43

[https://
sustainabledevelopment.
un.org/sdg6](https://sustainabledevelopment.un.org/sdg6)

behavioural change communication efforts that articulate the links between poor WASH and adverse nutritional outcomes?

- Are there national measures, strategies or programmes that aim to promote and support adequate hygiene practices, including hand washing with soap, in public facilities such as schools and hospitals?
- Is there a functional monitoring system that reports on access to adequate sanitation in schools, hospitals and health care facilities?
- Is some of the Government's annual budget allocated to water, sanitation and hygiene interventions?
- Is there a monitoring and evaluation system in place for household water treatment and safe storage programmes?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 51:

- By December 2025, the Ministry of Education, in collaboration with the Ministry of Health, has ensured that children in all primary and secondary schools have access to safe drinking water within their premises.
- As of 2018 onwards, the Government will establish a national WASH Day once a year, involving all ministries, focusing each year on a specific topic, and accompanied by the organization of a 100 percent-funded mass media campaign in collaboration with civil society organizations and other stakeholders, directly or indirectly reaching XX percent of the population.

✓ Examples of SMART commitments for Recommendation 52:

- By December 2020, the Ministry of Health has ensured that all public hospitals and health care facilities have improved their sanitation facilities, complying with WHO standards.
- By December 2020, the Ministry of Health, in collaboration with the Ministry of Finance and Planning, has included WASH in the health financing/costing plan and management systems and established a minimum annual allocation to WASH of XX percent of national expenditure.



FAO and/or WHO references to strategic and policy guidance

WHO. 2017. *e-Library of Evidence for Nutrition Actions (eLENA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/elena/en/

WHO. 2017. *Guidelines for drinking-water quality: fourth edition incorporating the first addendum.* Geneva. [Accessed 27 November 2017.] <http://apps.who.int/iris/bitstream/10665/254637/1/9789241549950-eng.pdf>

WHO. 2015. *Improving nutrition outcomes with better water, sanitation and hygiene: practical solutions for policy and programmes.* Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/193991/1/9789241565103_eng.pdf

WHO. 2015. *Sanitation safety planning: manual for safe use and disposal of wastewater, greywater and excreta.* Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/171753/1/9789241549240_eng.pdf

WHO. 2015. *World Health Assembly resolution WHA68.14 on maternal, infant and young child nutrition: development of the core set of indicators* [online]. Geneva. [Accessed 27 November 2017.] http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_DIV3-en.pdf

WHO. 2013. *Ending preventable child deaths from pneumonia and diarrhoea by 2025: the integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD).* Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/79200/1/9789241505239_eng.pdf

WHO. 2013. *Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition.* Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions.pdf

WHO. 2012. *World Health Assembly resolution WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/topics/WHA65.6_resolution_en.pdf

WHO. 2006. *WHO guidelines for the safe use of wastewater, excreta and greywater. Volume 4: excreta and greywater use in agriculture.* Geneva. [Accessed 27 November 2017.] http://whqlibdoc.who.int/publications/2006/9241546859_eng.pdf



ACTION AREA

6

STRENGTHENED GOVERNANCE AND ACCOUNTABILITY FOR NUTRITION

- **Governance and coordination mechanisms for food security and nutrition** (Rec. 1, 3, 6, 7) **82**
- **Policies and programmes related to nutrition** (Rec. 2, 8) **85**
- **Multisectoral information systems related to food and nutrition** (Rec. 5) **88**

GOVERNANCE AND COORDINATION MECHANISMS FOR FOOD SECURITY AND NUTRITION (REC. 1, 3, 6, 7)



Recommendation 1: Enhance political commitment and social participation for improving nutrition at the country level through political dialogue and advocacy.

Recommendation 3: Strengthen and establish, as appropriate, national cross-government, inter-sector, multi-stakeholder mechanisms for food security and nutrition to oversee implementation of policies, strategies, programmes and other investments in nutrition. Such platforms may be needed at various levels, with robust safeguards against abuse and conflicts of interest.

Recommendation 6: Promote inter-country collaboration, such as North-South, South-South and triangular cooperation, and information exchange on nutrition, food, technology, research, policies and programmes.

Recommendation 7: Strengthen nutrition governance and coordinate policies, strategies and programmes of United Nations system agencies, programmes and funds within their respective mandates.

Evidence shows that successful, sustainable implementation of strategies and programmes to improve food security and nutrition is greatly facilitated by adequate institutional capacity. However, improving nutritional outcomes requires action across sectors, including food and agriculture (e.g. improving access to a diversified and healthy diet), health (e.g. promoting adequate breastfeeding and childcare practices), education (e.g. ensuring a supportive school nutrition environment), finance (e.g. ensuring budget allocation for the implementation of agriculture, food and nutrition policies), trade (e.g. increasing incentives for availability of and access to safe, diversified and nutritious foods), and water and sanitation (e.g. improving access to potable water and safe toilets). Given this complex challenge, national coordination mechanisms are essential to ensure that relevant actions and stakeholders are coordinated across sectors. These mechanisms depend on effective governance systems, with inclusiveness, transparency, equity and accountability as key principles.



Rationale

Fulfilling the human right to food and fighting malnutrition in all its forms requires a sustained enabling policy environment and improved governance mechanisms for food, health and related systems. Thus, achieving food security and good nutrition depends on actions taken by different stakeholders and across sectors associated with a range of ministries. Governments are now routinely encouraged to create high-level, inter-ministerial food security and nutrition secretariats (or similar) mandated to coordinate action and foster partnerships, where appropriate, at national and decentralized levels. Representation by different sectors – including health, agriculture, nutrition, education, social welfare and finance – is essential. In addition to high-level secretariats, decentralized coordination structures are also crucial. These mechanisms empower municipalities and communities to play a role in formulating and implementing sustainable programmes, thus increasing local buy-in, sustainability and accountability.

Non-state actors with varying levels of involvement and expertise in one or more “nutrition-relevant” areas are equally important, as coordination between stakeholders prevents duplication and ensures the best use of resources, and pooling of ideas and funds. These actors include non-governmental and civil society organizations, the private

sector, national and international development partners, and research institutions. Representation of civil society partners in food security and nutrition coordination mechanisms is particularly essential, as active civil society participation tends to contribute to concrete results at country level and improved accountability of different partners. Formalizing these coordination mechanisms through policy and legislation, including mechanisms to prevent and/or manage conflicts of interest, designated funding streams and accountability frameworks is key to operationalization and to preventing and managing conflicts of interest.

The UN system also provides support to further advocate for nutrition, maximizes (inter-agency) policy coherence, helps develop and implement robust country nutrition strategies, convenes stakeholders and brokers agreements between them, develops guidelines and analytical/monitoring tools, strengthens information systems, and leverages financial and technical assistance.⁴⁴

44

Global governance for nutrition and the role of UNSCN: <https://www.unscn.org/uploads/web/news/GovernPaper-EN-WEB-apr17.pdf>

Key elements of a functional (sub-) national coordination mechanism

- Clear mandate.
- Regular information exchange (e.g. through regular meetings).
- All members actively participate in meetings and decision-making and contribute to the dialogue.
- Adequate number of dedicated staff.
- Adequate financial resources allocated to the functioning of the coordination system.
- Engages in national food security and nutrition policy/programme formulation.
- Enforces recommendations and holds its stakeholders accountable.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Is there a multisectoral and multi-stakeholder national coordination mechanism that addresses the country's food security and nutrition challenges and meets regularly?
- Is the private sector and/or civil society involved in the national coordination mechanism for food security and nutrition?
- Are adequate procedures in place to prevent and manage undue influence and conflict of interest? Have these procedures been communicated and are they available?
- Is there a national intergovernmental mechanism to oversee implementation of policies, strategies, programmes and other investments in nutrition? If yes, is it located in a line ministry or at higher level?
- Is there a national food and/or nutrition strategy, policy and/or action plan? If yes, has it been endorsed by the Government? Is it part of the national development plan?
- As part of the overall governmental budget, has budget been allocated yearly for the implementation of the national nutrition strategy, policy and action plan?
- Is the country engaged in a South-South/North-South and/or triangular cooperation processes?
- Are there any guidelines/standards/agreements in favour of a South-South/North-South and/or triangular cooperation process?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 1:

- By December 2025, the Government has established, through a multi-stakeholder consultation process (including the Ministry of Agriculture, Ministry of Health, Ministry of Finance and other relevant governmental sectors, civil society and academia), a governance and coordination mechanism for enhancing food security and improving nutrition.
- As of 2019 onwards, the Ministry of Finance will ensure that XX percent of the public sector government budget will be allocated yearly to nationwide programmes for enhancing food security and improving nutrition.

✓ Example of a SMART commitment for Recommendation 3:

- By December 2025, the Government has established, through a multi-stakeholder consultation process (including the Ministry of Agriculture, Ministry of Health, Ministry of Finance and other relevant governmental sectors, civil society and academia), a governance and coordination mechanism that monitors and evaluates implementation of national policies, strategies and programmes for food security and nutrition.

✓ Example of a SMART commitment for Recommendation 6:

- By December 2025, the Government has mobilized US\$ XXX,XXX to promote South-South and triangular cooperation to enhance food security and improve nutrition.



FAO and/or WHO references to strategic and policy guidance

FAO. 2017. *Nutrition-sensitive agriculture and food systems in practice: options for intervention*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i7848e.pdf

FAO. 2015. *Key recommendations for improving nutrition through agriculture and food systems*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i4922e.pdf

FAO. 2014. *Acting on food insecurity and malnutrition: food security and commitment and capacity profile*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i3998e.pdf

WHO. 2016. *Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/206554/1/9789241510530_eng.pdf

WHO. 2010. *NLIS country profile indicators interpretation guide*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/44397/1/9789241599955_eng.pdf

POLICIES AND PROGRAMMES RELATED TO NUTRITION

(REC. 2, 8)



Recommendation 2: Develop – or revise, as appropriate – and cost National Nutrition Plans, align policies that impact nutrition across different ministries and agencies, and strengthen legal frameworks and strategic capacities for nutrition.

Recommendation 8: Review national policies and investments and integrate nutrition objectives into food and agriculture policy, programme design and implementation, to enhance nutrition sensitive agriculture, ensure food security and enable healthy diets.

The *Rome Declaration on Nutrition* calls for greater policy coherence to ensure that policies, strategies and activities of each relevant sector contribute to and reinforce (rather than undermine) the work of other sectors in reducing all forms of malnutrition. There is a growing need for policy coherence to ensure that actions by different stakeholders aiming at sectoral goals to address the immediate, underlying and basic causes of all forms of malnutrition are well coordinated and lead to tangible results. This means that nutrition objectives should be incorporated into countries' relevant sectoral policies, legal frameworks and programmes and that, collectively, they contribute to a greater achievement of nutritional outcomes.



Rationale

Improving nutrition requires a supportive and coherent multisectoral policy environment, guided by an overarching independent coordinating authority, where nutrition objectives, targets and actions are mainstreamed in relevant sectoral policies, plans and programmes. Different sectors, including agriculture, aquaculture, environment, health, trade, education, labour, social welfare and water, sanitation and hygiene, contribute to improve nutrition and promote healthy diets in multiple ways. This means a country's policy framework should take into account the contribution of these different sectors to ensure meaningful action across sectors for greater nutrition impact – in other words, to ensure that their activities become more nutrition-sensitive and are coherent with policies and legal frameworks (including human rights frameworks) to contribute to improve nutrition and protect and promote healthy diets.⁴⁵

For example, national food and agriculture policies and strategies often do not comprehensively address malnutrition in all its forms. In many countries, their food and agriculture strategies do not include any nutrition objectives or actions to address relevant nutrition issues. Moreover, they may include strategies that are counterproductive to the promotion of healthy diets. Therefore it is important to ensure that food and agriculture policies and programmes do not have a negative impact on nutrition and that they have explicit nutrition objectives with measurable outcomes and targets at different levels. In this way, they will facilitate production diversification, increased production of nutrient-rich crops (e.g. fruits, vegetables, legumes, nuts) and the promotion of small-scale livestock and fisheries, as well as non-timber forest products, all of which are essential to improving diets.

45

Various examples of possible nutrition actions across different sectors can be found here: www.reachpartnership.org/documents/312104/fa572e1e-b8a9-48bf-89c0-cd3afb203c60

Key recommendations for making agricultural and food programmes and investments more “nutrition-sensitive”

- Incorporate explicit nutrition objectives and indicators into their design and track and mitigate potential harms, while seeking synergies with economic, social and environmental objectives.
- Assess the context at the local level, to design appropriate activities that address the types and causes of malnutrition and promote healthy diets.
- Target and involve vulnerable groups and improve equity of access to resources and decent employment for them.
- Collaborate and coordinate with other sectors and programmes, through joint strategies with common goals, to address concurrently the multiple underlying causes of malnutrition.
- Maintain or improve the natural resource base critical to the livelihoods and resilience of vulnerable farmers and to sustainable food security and good nutrition for all.
- Empower women by ensuring access to productive resources, income opportunities, extension services and information, credit, labour- and time-saving technologies, and other measures.
- Facilitate production diversification, and increase production of nutrient-rich crops and small-scale livestock.
- Improve processing, storage and preservation, retaining nutritional value, shelf-life, and food safety, to reduce seasonality of food insecurity and post-harvest losses, and to make nutritious foods convenient to prepare.
- Expand markets and market access to vulnerable groups, particularly for marketing nutritious foods.
- Incorporate nutrition promotion and education around food and sustainable food systems that build on existing local knowledge, attitudes and practices.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Is there a national food and/or nutrition strategy, policy and/or action plan? If yes, has it been endorsed by the Government? Has its implementation been monitored and evaluated? Has its implementation been costed and 100 percent-funded?
- Has the Government conducted a mapping of all policies and programmes that are related to nutrition and an assessment of their impact on nutrition?⁴⁶
- Are nutrition objectives integrated in the national policies that impact nutrition, e.g. a national health policy, development policy, NCD policy or agricultural and food policy? Are these other national policies in line with the existing national nutrition policy and action plan?
- Are nutrition objectives taken into account in the nationwide food and agriculture measures, programmes and investments?
- Is there a national policy-mapping and -monitoring mechanism or system in place that facilitates assessing the integration of nutrition objectives into the various national policies, programmes and investments that may have an impact on nutrition?

46

See for example:
Impact assessment
of policies to
support healthy food
environments and
healthy diets: [https://
www.unscn.org/
uploads/web/news/
document/DiscPaper3-
EN-WEB.pdf](https://www.unscn.org/uploads/web/news/document/DiscPaper3-EN-WEB.pdf)



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 2:

- By December 2025, the Government has developed a multisectoral National Nutrition Plan, which includes SMART national targets for progressing on the WHA global nutrition and diet-related global NCD targets, a costed implementation plan with clear responsibilities allocated, and a monitoring and evaluation plan for measuring progress towards these targets.

- By December 2025, the Ministry of Health and the Ministry of Agriculture have ensured, through a multi-stakeholder consultation process that all new and revised national health-, food- and agriculture-related policies, legal frameworks and investment plans promote and support nutrition and healthy diets.
- ✓ **Examples of SMART commitments for Recommendation 8:**
- By December 2025, the Government has performed at least one nutrition impact assessment of its food and agriculture policies that are being implemented since 2015.
- By December 2025, the Government has integrated country-relevant nutrition objectives into all its food and agriculture policies that will be newly developed as of 2018 onwards.



FAO and/or WHO references to strategic and policy guidance

FAO. 2017. *FAOLEX: legislative and policy database* [online]. Rome. [Accessed 27 November 2017.] www.fao.org/faolex/en/

FAO. 2017. *Nutrition-sensitive agriculture and food systems in practice: options for intervention*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i7848e.pdf

FAO. 2016. *Compendium of indicators for nutrition-sensitive agriculture*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i6275e.pdf

FAO. 2015. *Designing nutrition-sensitive agriculture investments: checklist and guidance for programme formulation*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i5107e.pdf

FAO. 2015. *Key recommendations for improving nutrition through agriculture and food systems*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-i4922e.pdf

WHO. 2017. *A Country Planning Cycle Database: a World Health Organization resource* [online]. Geneva. [Accessed 27 November 2017.] www.nationalplanningcycles.org/

WHO. 2017. *Global database on the Implementation of Nutrition Action (GINA)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/gina/en/

WHO. 2014. *Planning and costing nutrition actions: the OneHealth Tool*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/138171/1/WHO_NMH_NHD_NPU_14.1_eng.pdf

WHO. 2013. *Global nutrition policy review: what does it take to scale up nutrition action?* Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/84408/1/9789241505529_eng.pdf

WHO, United Nations Children's Fund (UNICEF) & European Commission (EC). 2017. *Global targets tracking tool* [online]. Geneva, WHO. [Accessed 27 November 2017.] www.who.int/nutrition/trackingtool/en/

MULTISECTORAL INFORMATION SYSTEMS RELATED TO FOOD AND NUTRITION (REC. 5)



Recommendation 5: Improve the availability, quality, quantity, coverage and management of multisectoral information systems related to food and nutrition for improved policy development and accountability.

Targeted action to eradicate hunger, food insecurity and all forms of malnutrition is only possible if actors understand who is deprived, and where and why they are deprived. Such understanding requires the availability of reliable data, statistics and information, adequate capacity to analyse and interpret the information, and good communication skills to inform decision-makers. Functional multisectoral information systems related to food, diets and nutrition should allow governments to monitor trends, track and map actions, and assess impact in a manner that is timely and comprehensive, and allow for lessons learned to be fed back into the policy process.



Rationale

Understanding the extent, geographical location and determinants of food insecurity, unhealthy diets and all forms of malnutrition is vital to be able to provide appropriate and effective responses to nutrition challenges and, accordingly, to allocate adequate resources to tackle them. A range of data, disaggregated by age, sex, area, and income and collected at regular intervals, are needed to be able to analyse determinants, target vulnerable groups, prioritize effective interventions and allocation of resources, map stakeholders and determine coverage of services and programmes. These data should include information on individual or household food consumption, knowledge, attitudes and dietary practices as well as the nutritional status of the population; nutrition curricula for schoolchildren as well as health professionals; food production, supply and trade; food prices and taxation; food environment where foods are available and accessible to people; and the underlying causes of the nutrition situation in a country. Moreover, a comprehensive multisectoral information system should also include indicators for tracking policy commitments and investments. Such a system should inform policy and track its implementation, enhance effectiveness of the measures, policies and programmes in place, as well as enhance accountability and coordination of responses in order to improve the food security and nutrition situation in the country.

Decision-making on policy and programme design, legislation, channelling of resources and implementation needs to be based on evidence. Many countries have data on their food security and nutrition situation, which relate to various sectors (e.g. agriculture, health, education, trade, economy, gender) generated by various stakeholders (e.g. ministries and other governmental institutions, non-governmental and civil society organizations, private sector organizations, research institutions, development agencies). The relevance of the information from multiple systems to inform decision-making depends on a number of factors, including how well the systems are integrated, their geographical and population coverage, the indicators and analytical techniques they use, the quality and reliability of the information they produce, and their institutional sustainability. Differences with regard to the availability of financial resources, access to state-of-the-art technology, the skill level of officers responsible for day-to-day operation and management, and the strength of institutional support structures may all affect performance. Components of many national systems are funded and managed

as projects, which are often dependent on external financial and technical assistance. Many countries, however, are moving towards establishing national frameworks in line with multisectoral policies and strategies and adapted to local needs and context, in order to facilitate the exchange of information from multiple sources in order to inform multisectoral responses.⁴⁷

In 2012, Member States at the WHA, endorsed resolution WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition, which included six global nutrition targets to be achieved by 2025 and five corresponding actions. As a follow up, in 2015, Member States at the WHA adopted a *Global Monitoring Framework on Maternal, Infant and Young Child Nutrition*, whose purpose is to facilitate a harmonized and internationally accepted approach to monitoring progress towards the six targets at both the national and global levels.

47
National information
platforms for nutrition:
www.nipn-nutrition-platforms.org/

Key functions of a multisectoral information system related to food and nutrition

- Ensuring that high-quality data, statistics and standardized information are available and easily accessible across sectors for monitoring and analysis of the food and nutrition situation.
- Ensuring that available food and nutrition data, statistics and information are analysed, interpreted and presented according to the needs of a variety of decision-makers.
- Ensuring that information is transferred in a timely, reliable and user-friendly manner for policy formulation and investment decisions aimed at eradicating hunger and addressing all forms of malnutrition.
- Strengthening institutional structures for easy exchange and coordination of information for consensus-building and harmonized policy and programmatic responses.



Suggested questions for understanding where the country stands in relation to the ICN2 FfA recommendations

- Are there information systems related to food and nutrition that provide the information that enables food system and nutrition policy-making to improve the food security and nutrition situation in the country?
- Are there information systems that provide the information to enable the tracking of implementation of national food and nutrition policies and action plans and their effectiveness?
- Is there an agency/governmental institution with resources and authority that can bring together sectoral information systems?
- How is the information system being used for improved policy development and monitoring?



Examples of SMART commitments for action at country level

✓ Examples of SMART commitments for Recommendation 5:

- By December 2019, the Government has commissioned a governmental institution to map all existing national data systems that include food and nutrition indicators in order to identify challenges and gaps for informed and effective policy-making.
- By December 2021, the Government has adopted a national nutrition monitoring framework in line with the WHO *Global Monitoring Framework on Maternal, Infant and Young Child Nutrition* and has commenced biannual reporting to the WHA.



FAO and/or WHO references to strategic and policy guidance

FAO. 2015. *Information systems for food security and nutrition*. Rome. [Accessed 27 November 2017.] www.fao.org/3/a-au836e.pdf

FAO, International Food Policy Research Institute (IFPRI) & World Food Programme (WFP). 2017. *Food Security Information Network* [online]. Rome, WFP. [Accessed 27 November 2017.] www.fsincop.net/

WHO. 2017. *Nutrition Landscape Information System (NLIS)* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/nlis/en/

WHO. 2015. *Global reference list of 100 Core Health Indicators*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/173589/1/WHO_HIS_HSI_2015.3_eng.pdf

WHO. 2015. *World Health Assembly resolution WHA68.14 on maternal, infant and young child nutrition: development of the core set of indicators* [online]. Geneva. [Accessed 27 November 2017.] http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_DIV3-en.pdf

WHO. 2014. *Comprehensive implementation plan on maternal, infant and young child nutrition*. Geneva. [Accessed 27 November 2017.] http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf

WHO. 2014. *Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition*. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/topics/indicators_monitoringframework_miyen_background.pdf

WHO. 2012. *World Health Assembly resolution WHA65.6 on the comprehensive implementation plan on maternal, infant and young child nutrition* [online]. Geneva. [Accessed 27 November 2017.] www.who.int/nutrition/topics/WHA65.6_resolution_en.pdf

WHO, United Nations Children's Fund (UNICEF) & European Commission (EC). 2017. *Global targets tracking tool* [online]. Geneva, WHO. [Accessed 27 November 2017.] www.who.int/nutrition/trackingtool/en/



48
 ICN2 Framework for
 Action: www.fao.org/3/a-mm215e.pdf

ANNEX 1: RECOMMENDATIONS FROM THE ICN2 FRAMEWORK FOR ACTION⁴⁸

Recommended actions to create an enabling environment for effective action

- **Recommendation 1:** Enhance political commitment and social participation for improving nutrition at the country level through political dialogue and advocacy.
- **Recommendation 2:** Develop – or revise, as appropriate – and cost National Nutrition Plans, align policies that impact nutrition across different ministries and agencies, and strengthen legal frameworks and strategic capacities for nutrition.
- **Recommendation 3:** Strengthen and establish, as appropriate, national cross-government, inter-sector, multi-stakeholder mechanisms for food security and nutrition to oversee implementation of policies, strategies, programmes and other investments in nutrition. Such platforms may be needed at various levels, with robust safeguards against abuse and conflicts of interest.
- **Recommendation 4:** Increase responsible and sustainable investment in nutrition, especially at country level with domestic finance; generate additional resources through innovative financing tools; engage development partners to increase Official Development Assistance in nutrition and foster private investments as appropriate.
- **Recommendation 5:** Improve the availability, quality, quantity, coverage and management of multisectoral information systems related to food and nutrition for improved policy development and accountability.
- **Recommendation 6:** Promote inter-country collaboration, such as North-South, South-South and triangular cooperation, and information exchange on nutrition, food, technology, research, policies and programmes.
- **Recommendation 7:** Strengthen nutrition governance and coordinate policies, strategies and programmes of United Nations system agencies, programmes and funds within their respective mandates.

Recommended actions for sustainable food systems promoting healthy diets

- **Recommendation 8:** Review national policies and investments and integrate nutrition objectives into food and agriculture policy, programme design and implementation, to enhance nutrition sensitive agriculture, ensure food security and enable healthy diets.
- **Recommendation 9:** Strengthen local food production and processing, especially by smallholder and family farmers, giving special attention to women's empowerment, while recognizing that efficient and effective trade is key to achieving nutrition objectives.
- **Recommendation 10:** Promote the diversification of crops including underutilized traditional crops, more production of fruits and vegetables, and appropriate production of animal-source products as needed, applying sustainable food production and natural resource management practices.
- **Recommendation 11:** Improve storage, preservation, transport and distribution technologies and infrastructure to reduce seasonal food insecurity, food and nutrient loss and waste.
- **Recommendation 12:** Establish and strengthen institutions, policies, programmes and services to enhance the resilience of the food supply in crisis-prone areas, including areas affected by climate change.
- **Recommendation 13:** Develop, adopt and adapt, where appropriate, international guidelines on healthy diets.
- **Recommendation 14:** Encourage gradual reduction of saturated fat, sugars and salt/sodium and trans-fat from foods and beverages to prevent excessive intake by consumers and improve nutrient content of foods, as needed.
- **Recommendation 15:** Explore regulatory and voluntary instruments – such as marketing, publicity and labelling policies, economic incentives or disincentives in accordance with Codex Alimentarius and World Trade Organization rules – to promote healthy diets.
- **Recommendation 16:** Establish food or nutrient-based standards to make healthy diets and safe drinking water accessible in

public facilities such as hospitals, childcare facilities, workplaces, universities, schools, food and catering services, government offices and prisons, and encourage the establishment of facilities for breastfeeding.

Recommended actions in international trade and investment

- **Recommendation 17:** Encourage governments, United Nations agencies, programmes and funds, the World Trade Organization and other international organizations to identify opportunities to achieve global food and nutrition targets, through trade and investment policies.
- **Recommendation 18:** Improve the availability and access of the food supply through appropriate trade agreements and policies and endeavour to ensure that such agreements and policies do not have a negative impact on the right to adequate food in other countries.

Recommended actions for nutrition education and information

- **Recommendation 19:** Implement nutrition education and information interventions based on national dietary guidelines and coherent policies related to food and diets, through improved school curricula, nutrition education in the health, agriculture and social protection services, community interventions and point-of-sale information, including labelling.
- **Recommendation 20:** Build nutrition skills and capacity to undertake nutrition education activities, particularly for front line workers, social workers, agricultural extension personnel, teachers and health professionals.
- **Recommendation 21:** Conduct appropriate social marketing campaigns and lifestyle change communication programmes to promote physical activity, dietary diversification, consumption of micronutrient-rich foods such as fruits and vegetables, including traditional local foods and taking into consideration cultural aspects, better child and maternal nutrition, appropriate care practices and adequate breastfeeding and complementary feeding, targeted and adapted for different audiences and stakeholders in the food system.

Recommended actions on social protection

- **Recommendation 22:** Incorporate nutrition objectives into social protection programmes and into humanitarian assistance safety net programmes.
- **Recommendation 23:** Use cash and food transfers, including school feeding programmes and other forms of social protection for vulnerable populations to improve diets through better access to food which conforms with the beliefs, culture, traditions, dietary habits and preferences of individuals in accordance with national and international laws and obligations, and which is nutritionally adequate for healthy diets.
- **Recommendation 24:** Increase income for the most vulnerable populations by creating decent jobs for all, including through the promotion of self-employment.

Recommended actions for strong and resilient health systems

- **Recommendation 25:** Strengthen health systems and promote universal health coverage, particularly through primary health care, to enable national health systems to address malnutrition in all its forms.
- **Recommendation 26:** Improve the integration of nutrition actions into health systems through appropriate strategies for strengthening human resources, leadership and governance, health system financing and service delivery, as well as the provision of essential medicines, information and monitoring.
- **Recommendation 27:** Promote universal access to all direct nutrition actions and relevant health actions impacting nutrition through health programmes.
- **Recommendation 28:** Implement the WHO Global Strategy on Infant and Young Child Feeding, the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition 2012-2025, and the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 through commensurate financing and adequate policies.

Recommended actions to promote, protect and support breastfeeding

- **Recommendation 29:** Adapt and implement the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions.
- **Recommendation 30:** Implement policies and practices, including labour reforms, as appropriate, to promote protection of working mothers.
- **Recommendation 31:** Implement policies, programmes and actions to ensure that health services promote, protect and support breastfeeding, including the Baby-Friendly Hospital Initiative.
- **Recommendation 32:** Encourage and promote – through advocacy, education and capacity building – an enabling environment where men, particularly fathers, participate actively and share responsibilities with mothers in caring for their infants and young children, while empowering women and enhancing their health and nutritional status throughout the life course.
- **Recommendation 33:** Ensure that policies and practices in emergency situations and humanitarian crises promote, protect and support breastfeeding.

Recommended actions to address wasting

- **Recommendation 34:** Adopt policies and actions, and mobilize funding, to improve coverage of treatment for wasting, using the community-based management of acute malnutrition approach and improve the integrated management of childhood illnesses.
- **Recommendation 35:** Integrate disaster and emergency preparedness into relevant policies and programmes.

Recommended actions to address stunting

- **Recommendation 36:** Establish policies and strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls and continuing through pregnancy and lactation.
- **Recommendation 37:** Establish health policies, programmes and strategies to promote optimal infant and young child feeding, particularly exclusive breastfeeding up to six months, followed by adequate complementary feeding (from six to 24 months).

Recommended actions to address childhood overweight and obesity

- **Recommendation 38:** Provide dietary counselling to women during pregnancy for healthy weight gain and adequate nutrition.
- **Recommendation 39:** Improve child nutritional status and growth, particularly by addressing maternal exposure to the availability and marketing of complementary foods, and by improving supplementary feeding programmes for infants and young children.
- **Recommendation 40:** Regulate the marketing of food and non-alcoholic beverages to children in accordance with WHO recommendations.
- **Recommendation 41:** Create a conducive environment that promotes physical activity to address sedentary lifestyle from the early stages of life.

Recommended actions to address anaemia in women of reproductive age

- **Recommendation 42:** Improve intake of micronutrients through consumption of nutrient-dense foods, especially foods rich in iron, where necessary, through fortification and supplementation strategies, and promote healthy and diversified diets.
- **Recommendation 43:** Provide daily iron and folic acid and other micronutrient supplementation to pregnant women as part of antenatal care; and intermittent iron and folic acid supplementation to menstruating women where the prevalence of anaemia is 20% or higher, and deworming, where appropriate.

Recommended actions in the health services to improve nutrition

- **Recommendation 44:** Implement policies and programmes to ensure universal access to and use of insecticide-treated nets, and to provide preventive malaria treatment for pregnant women in areas with moderate to high malaria transmission.
- **Recommendation 45:** Provide periodic deworming for all school-age children in endemic areas.
- **Recommendation 46:** Implement policies and programmes to improve health service capacity to prevent and treat infectious diseases.

- **Recommendation 47:** Provide zinc supplementation to reduce the duration and severity of diarrhoea, and to prevent subsequent episodes in children.
- **Recommendation 48:** Provide iron and, among others, vitamin A supplementation for pre-school children to reduce the risk of anaemia.
- **Recommendation 49:** Implement policies and strategies to ensure that women have comprehensive information and access to integral health care services that ensure adequate support for safe pregnancy and delivery.

Recommended actions on water, sanitation and hygiene

- **Recommendation 50:** Implement policies and programmes using participatory approaches to improve water management in agriculture and food production.
- **Recommendation 51:** Invest in and commit to achieve universal access to safe drinking water, with the participation of civil society and the support of international partners, as appropriate.
- **Recommendation 52:** Implement policies and strategies using participatory approaches to ensure universal access to adequate sanitation and to promote safe hygiene practices, including hand washing with soap.

Recommended actions on food safety and antimicrobial resistance

- **Recommendation 53:** Develop, establish, enforce and strengthen, as appropriate, food control systems, including reviewing and modernizing national food safety legislation and regulations to ensure that food producers and suppliers throughout the food chain operate responsibly.
- **Recommendation 54:** Actively take part in the work of the Codex Alimentarius Commission on nutrition and food safety, and implement, as appropriate, internationally adopted standards at the national level.
- **Recommendation 55:** Participate in and contribute to international networks to exchange food safety information, including for managing emergencies.
- **Recommendation 56:** Raise awareness among relevant stakeholders on the problems posed by antimicrobial resistance, and implement appropriate multisectoral measures to address antimicrobial resistance, including prudent use of antimicrobials in veterinary and human medicine.

- **Recommendation 57:** Develop and implement national guidelines on prudent use of antimicrobials in food-producing animals according to internationally recognized standards adopted by competent international organizations to reduce non-therapeutic use of antimicrobials and to phase out the use of antimicrobials as growth promoters in the absence of risk analysis as described in Codex Code of Practice CAC/RCP61-2005.

Recommendations for accountability

- **Recommendation 58:** National governments are encouraged to establish nutrition targets and intermediate milestones, consistent with the timeframe for implementation (2016-2025), as well as global nutrition and noncommunicable disease targets established by the World Health Assembly. They are invited to include – in their national monitoring frameworks – agreed international indicators for nutrition outcomes (to track progress in achieving national targets), nutrition programme implementation (including coverage of interventions) and the nutrition policy environment (including institutional arrangements, capacities and investments in nutrition). Monitoring should be conducted, to the fullest possible extent, through existing mechanisms.
- **Recommendation 59:** Reports on implementation of the commitments of the Rome Declaration on Nutrition will be compiled jointly by FAO and WHO, in close collaboration with other United Nations agencies, funds and programmes and other relevant regional and international organizations, as appropriate, based on country self-assessments as well as information available through other monitoring and accountability mechanisms (e.g. Scaling Up Nutrition self-assessment reports, reports to the FAO Conference and the World Health Assembly, and the Global Nutrition Report).
- **Recommendation 60:** The governing bodies of FAO and WHO, and other relevant international organizations are requested to consider the inclusion of reports on the overall follow-up to ICN2 on the agendas of the regular FAO and WHO governing body meetings, including FAO regional conferences and WHO regional committee meetings, possibly on a biennial basis. The Directors-General of FAO and WHO are also requested to transmit such reports to the United Nations General Assembly as appropriate.



The *Strengthening Nutrition Action* resource guide is part of the follow-up to the Second International Conference on Nutrition (ICN2) that was held in November 2014 in Rome, Italy. It aims at guiding countries to translate the 60 recommended policies and actions of the voluntary ICN2 *Framework for Action* into more binding concrete country-specific commitments for action on nutrition. This process should be done according to the national needs and conditions, and be built on existing policies, strategies, programmes, plans and investments in order to achieve the 10 commitments of the *Rome Declaration on Nutrition*.

This resource guide is structured around 24 themes that are unpacking the ICN2 *Framework for Action* policy recommendations and is intended primarily for policy advisors supporting decision-makers and development partners involved in multisectoral food and nutrition-related policy-making processes.



**Food and Agriculture
Organization of the
United Nations**

For more information, please contact:

Nutrition and Food Systems Division
Food and Agriculture Organization
of the United Nations
Viale delle Terme di Caracalla
Rome, Italy
Email: nutrition@fao.org
www.fao.org/nutrition



**World Health
Organization**

For more information, please contact:

Department of Nutrition for Health and Development
World Health Organization
Avenue Appia 20
CH-1211 Geneva 27, Switzerland
Fax: +41 22 791 4156
Email: nutrition@who.int
www.who.int/nutrition

ISBN 978-92-5-13095-6



9 789251 309568

CA1505EN/1/09.18